WHO recommendations

Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting

Annex 8

Contextualizing the guidelines – workbook

World Health Organization
**Contextualizing the guidance to optimize health worker roles to improve access to key maternal and newborn health interventions through task shifting**

Health systems strengthening by using evidence-informed guidance is a developing area of interest internationally. (1) Using global-level guidance based on evidence can help support policy development at the global and national levels as well as guidance at the national level. (2) However, to date, health systems guidance has not included information to help users at the national (or sub-national) level combine global guidance with national assessments of the situation, including health system arrangements and political system considerations. (2) Developing health systems policy is a complex process by which characteristics of the problem (as well as options for addressing it and implementation considerations), health system arrangements, and political system factors influence policy agenda-setting, development and implementation. (2) If these contextual factors can be addressed during the policy development process, then the policy recommendations or policy decisions should be designed to fit the specific needs of policymakers and stakeholders grappling with these issues within their countries, which should facilitate the decision-making and implementation steps.

This annex is intended to help policymakers and stakeholders contextualize the recommendations with national evidence and other considerations, to help develop policy recommendations or policy decisions around the issue of optimizing health workers’ roles (through training, regulation and support) to improve maternal and newborn health in low- and middle-income countries (LMICs). Some people call this task shifting or task-sharing; however, this term is unfortunately taken by some to mean simply the transferring of tasks from one cadre of health worker to another cadre, which, in reality, has complex legal and professional implications. In addition, a workbook based on this material has been created in order to make the information as user-friendly as possible. This annex and included workbook are based primarily on the second article of the ‘guidance for evidence-informed policies about health systems’ series (1-3) which in turn draws from the content of the ‘SUPPORT tools for evidence-informed health policymaking’ articles [clarifying evidence needs in policymaking, (4-6) taking equity into consideration, (7) preparing policy briefs and policy dialogues, (8;9) engaging the public, (10) and planning monitoring and evaluation of policies (11)]. In addition, insights from the OptimizeMNH Guidance panel discussions were incorporated into this chapter. The WHO health systems building blocks show how interventions can only be implemented successfully if health workers are supported by the other interrelated parts of health systems (i.e., governance, financing, health workforce, medicines and technologies, information, service delivery). Even though the building blocks are not addressed as categories in this chapter, per se, all the topics within the building blocks are covered in a format which fits with current political science and health systems research concepts.

This annex will guide users through the 8 steps of the evidence-based health systems guidance for policymaking framework (see Figure 1) which include: 1) clarify the problem; 2) frame the options; 3) identify implementation considerations; 4) consider the broader health system context; 5) consider the broader political system context; 6) refine the statement of the problem, options and
implementation considerations in light of health system and political system factors; 7) anticipate monitoring and evaluation needs; and 8) make national policy recommendations or decisions. A workbook summarizing this information will help the users navigate each section. It is recommended to follow each step of the workbook while reading this section in order to understand the full picture. Generally, each step utilizes broad health systems (or political systems) questions, integrates specific maternal and newborn health considerations, prompts for use of research evidence (where applicable), and ends with a summary of findings to highlight key messages from that section. The prompts are labeled as coming from a systematic review (more rigorous evidence); systematic analysis of programmes; or simply as a prompt, which is meant to serve as an example. Citations are included for each systematic review or systematic analysis of programmes used throughout the workbook.

Users should start by identifying their specific national processes for policymaking in order to determine the proper venue (e.g. national guidance panel, ministry of health, etc.) to address this guidance. This is important for determining the proper product, audience, format, and language to be used in making recommendations or policy decisions. Step 8 (make national policy recommendations or decisions) guides users in engaging the public in the policymaking process, developing an evidence brief, and planning a policy dialogue; however, these may not be appropriate measures for all venues. An evidence brief uses systematically developed statements created at the national or sub-national level to assist making decisions about appropriate options for addressing a health system problem in that specific setting. A brief also assists with implementation, monitoring and evaluation and can be used in national guidance development processes or in policy development processes. The policy dialogue uses systematically planned processes organized at the national or sub-national level to solicit the views, experiences and tacit knowledge of those who will be involved in or affected by decisions about appropriate options for addressing a health system problem in that specific setting. A summary of the policy dialogue may also be used in guidance and policy development processes. In addition to finding the right venue, it is also important to determine if now is the time to bring this issue forward. Waiting for an open policy window (e.g. the issue was discussed during an election and citizens want change) can increase the likelihood that one or more of the policy options can be pursued.
Figure 1. Evidence-based health systems guidance for policymaking framework

**STEP 1 – 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 this step, a series of general questions (first column of the workbook) from the SUPPORT tools for evidence-informed health policymaking, article 4,(5) is used to guide policymakers and stakeholders through clarifying the problem addressed by the OptimizeMNH guidance documents as it is being experienced in their country. These questions are followed by specific maternal and newborn health considerations in the second column, which should help determine if the OptimizeMNH guidance documents would be applicable in a given country. Following these considerations, two columns prompt users to think about important systematic reviews or other systematically collected global data, and national data and research evidence, where applicable, to ensure global and local evidence are included in the policy decision-making process. Examples of types of national data and research evidence are given in the last column.

Questions include: 1) What is the problem? (which can relate to one or more of four areas – a) a risk factor, disease or condition; b) the programmes, services or drugs currently being used to address a risk factor, disease, or condition; c) current health system arrangements, including delivery, financial and governance arrangements; or d) the current degree of implementation of an agreed upon course of action); 2) How did the problem come to attention, and has this process influenced the
prospect of it being addressed, in addition to the guidance?; 3) What indicators can be used or collected to establish the magnitude of the problem and to measure progress in addressing it?; 4) What comparisons can be made to establish the magnitude of the problem and to measure progress in addressing it?; and 5) How can the problem be framed (or described) in a way that will motivate different groups?

- Questions specific to the OptimizeMNH guidance which should help users determine if the OptimizeMNH guidance recommendations would be helpful for their country include: 1) Is there a significant problem with a lack of provision of key interventions needed to attain MDGs 4 & 5 in particular communities/regions which affect the access to / utilization of these interventions?; 2) Is the availability of skilled health workers a significant contributor to the problem, and if so, which cadres of health workers are in short supply and in which communities (rural/urban; poor/wealthy neighbourhoods)?; 3) What cadres covered by the OptimizeMNH guidance recommendations might be candidates for expanded training, regulation and support to enhance access to / utilization of key interventions needed to attain MDGs 4 & 5, and for which interventions might they take responsibility?; and 4) Are health system supports (e.g. training and supervision) for existing and needed cadres lacking? OptimizeMNH

1) What is the problem?

a) A risk factor, disease or condition - the OptimizeMNH guidance addresses preventable maternal and newborn morbidity and mortality. As an example to be followed throughout this step, the sources of national data and research evidence which could be used here include community surveys and vital registries. The remaining examples will not be listed in the chapter, but are listed in the workbook.

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

- **Is there a significant problem with a lack of provision of key interventions needed to attain MDGs 4 & 5 in particular communities/regions which affect the access to / utilization of these interventions?** Key interventions addressed in the OptimizeMNH guidance include:
  - Promotional interventions for maternal and newborn health
  - Distribution of oral supplements
  - Initiation and maintenance of antiretroviral treatment or antiretroviral prophylaxis for pregnant women and for prevention of HIV infection in infants
  - Continuous support during labour
  - Prevention and treatment of postpartum haemorrhage
  - Delivery of neonatal resuscitation
  - Management of puerperal sepsis using parenteral antibiotics before referral
• Initiation and maintenance of kangaroo mother care
• Delivery of antibiotics for neonatal sepsis
• Delivery of injectable antibiotics for preterm pre-labour rupture of membranes (PROM)
• Undertaking of external cephalic version (ECV)
• Delivery of therapeutic interventions in pregnancy and childbirth

c) The current health system (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 consumer’s needs, by whom care is provided, where care is provided, and with what supports is care provided; financial arrangements include: financing systems, funding organizations, remunerating providers, purchasing products and services, and incentivizing consumers; governance arrangements include: policy authority, organizational authority, commercial authority, professional authority, and consumer and stakeholder involvement.

• Is the availability of skilled health workers a significant contributor to the problem and if so, which cadres of health workers are in short supply and in which communities (rural/urban; poor/wealthy neighbourhoods)? The health worker cadres addressed in the OptimizeMNH guidance documents include:
  • Lay health workers (LHW)
  • Auxiliary nurses
  • Auxiliary nurse midwives
  • Nurses
  • Midwives
  • Associate clinicians (non-physician clinicians)
  • Advanced level associate clinicians (non-physician clinicians)
  • Non-specialist doctors

• What cadres covered by the OptimizeMNH guidance recommendations might be candidates for expanded training, regulation and support to enhance access to / utilization of key interventions needed to attain MDGs 4 & 5, and for which interventions might they take responsibility?

• Are health system supports (e.g. training and supervision) for existing and needed cadres lacking?
• See the full guidance document and annex 1 to find the definitions of cadres and determine which cadres could be doing different (or additional) tasks. Key interventions addressed in the OptimizeMNH guidance are listed down the left column. Each cadre is listed across the top row. Various colors are used to denote whether an intervention was recommended prior to the guidance work, is recommended by the OptimizeMNH guidance panel, is to be considered with targeted monitoring and evaluation, is to be considered only in the context of rigorous research, is not recommended by the guidance panel, or was not recommended prior to the guidance development (i.e. would not be considered safe). It is recommended to note which cadre of workers are currently performing which key interventions (e.g. with tick marks), and, based on the OptimizeMNH guidance, which cadres could be performing other key interventions (e.g. with question marks). The areas with question marks can then be the focus for the rest of the workbook in developing policy options. For full details of the research evidence used in the OptimizeMNH guidance, and to find which targeted monitoring and evaluation or rigorous research methods are suggested, please refer to other chapters in this book.

d) The current degree of implementation of an agreed upon course of action (e.g. policy or guideline), which can include implementation problems at four levels – healthcare recipient and citizen level (e.g. unaware of available programmes), healthcare provider level (e.g. lack of adherence to national guidelines), organizational level (e.g. poor management of staff), and system level (e.g. policies not enforced).

2) How did the problem come to attention, and has this process influenced the prospect of it being addressed, in addition to the guidance?

Three factors usually bring attention to a problem. These include a focusing event, such as the national release of the WHO OptimizeMNH guidance (which is an event that can be capitalized upon in a given country); a change in indicator, such as maternal mortality increasing; 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. Examples of indicators to measure outcomes or changes for maternal and newborn health are provided in worksheet 1, but could include maternal and newborn mortality data or human resources for health distribution (HRH) measures, such as a maldistribution of high-level providers across communities.

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 the MDGs or national targets; and comparisons against what policymakers and / or stakeholders predicted or wanted, which could include decreasing maternal and newborn mortality.

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

How a problem is stated can motivate different groups to act. For example, 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”) whereas others may be more motivated to keep to goals (e.g. “We will achieve the national goals for infant mortality within 5 years by improving access to and utilization of key interventions.”) Targeted goals may also motivate some groups to act (e.g. support routine care in underserved communities / regions, but not everywhere).

As stated earlier, areas for incorporating important systematic reviews or other systematic data (e.g. systematic analysis of programmes) and examples of sources for national data and research evidence are listed in the last two columns of worksheet 1. The table ends with a **summary of findings on clarifying the problem section**, in which important concepts around describing the nature and scope of the problem can be consolidated from the work done throughout this step.

In addition, the cross-cutting theme of equity considerations will be listed for steps 1-3 at the end of each table. However, these considerations should be part of the discussion for each question. For clarifying the problem, an equity consideration includes: **Are there differences in access to or quality of care for disadvantaged groups or communities?**

**Step 2 – Frame the options**

Policy or programme options may be more appropriate when they are technically feasible (e.g. have appropriate resources), fit with dominant values (e.g. national mood; political support), and are workable within the budget.(12) In this step, policy options should be developed based on the findings of the work from Step 1. For example, option 1 could be to focus on the cadres with the most number of interventions that they could safely and effectively deliver but are not now delivering; option 2 could be to focus on the interventions with the most number of cadres who could safely and effectively deliver them but are not now delivering them; and option 3 could be to focus on all of the combinations of cadres who could safely and effectively deliver key interventions but are not now delivering them. There are three columns in worksheet 2 which allow for these options to be developed. The policy options need not be mutually exclusive and can, in fact, be complementary, but they should help foster discussion about the costs and consequences (benefits and harms) of each proposed option.(6;7;13) In addition, information on what types of evidence can be used to help answer these questions can be found in the table of worksheet 2. The questions for this step are from the SUPPORT tool series, article 5,(6) which will walk the user through the process of framing the policy options.

The questions used to guide this step include: 1) Has an appropriate set of options been identified to address the problem?; 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, 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?; 5) What adaptations might be made to any given option and how might they alter its benefits, harms and costs?; and 6) Which stakeholder’s views and experiences might influence the acceptability of each option and its benefits, harms and costs?

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 (to be developed further in step 4, but listed in step 1)

For the purposes of the OptimizeMNH guidance work, the combination of interventions and cadres, plus or minus additional supportive health system arrangements (to be developed further in step 4) would be used to develop the options. Once these elements are chosen, it can be decided if they can stand alone or if they are 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, 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. costs of transportation, etc.).

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

6) Which stakeholder’s views and experiences might influence the acceptability of each option and its benefits, harms and costs?

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

Worksheet 2 ends with a summary of costs, benefits, and harms of each option section in which important concepts can be considered from the work done throughout this step.

Equity considerations to be included throughout the framing of the options are:
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 particular characteristics, such as economic status, employment or occupation, education, place of residence, gender or ethnicity?

2) Is there evidence of differences in baseline conditions of groups which would change the absolute effectiveness of each option for disadvantaged groups or communities?

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

Step 3 – Identify implementation considerations

Implementation of a policy can be complex and cause the policy to fail if adequate considerations are not taken. Identifying barriers to implementation and finding strategies to deal with these issues will facilitate the work of translating policy into practice. Building on what was learned from step 2, carry over the modified options 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, the option columns across the page allow for each option to be assessed with each question found on the rows in the left column. Again, types and/or sources of evidence which could be used to answer these questions are given throughout worksheet 3. The questions for this step are from the SUPPORT tool series, article 6 which will walk the user through the process of planning for the implementation of the options.

Questions for step 3 include: 1) What are the potential barriers to the successful implementation of each option?; 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 healthcare professionals?; 4) What strategies should be considered in order to facilitate the necessary organizational changes?; and 5) What strategies should be considered in order to facilitate the necessary system changes?

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

Consider barriers at four levels:

a) At the healthcare recipient and citizen level

b) At the healthcare professional level

c) At the organizational level

d) At the system level
Examples of considerations for each of these levels, which are taken from systematic reviews, are given in worksheet 3.

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 healthcare professionals?** (e.g. reconciliation of ‘competing’ guidelines and accountabilities for different cadres in relation to this guidance; training and supervision which is focused on confidentiality)

4) **What strategies should be considered in order to facilitate the necessary organizational 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)

A **summary of implementation considerations for each option** section is found at the end of worksheet 3 in which important concepts from this step can be condensed.

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?**

In addition, the OptimizeMNH guidance document mentions general implementation considerations for all cadres which cut across all of the above categories:

**Role distribution**

- Clear scopes of practice are needed, and these need to be implemented at all levels of the health system. Linked to this, the distribution of roles and responsibilities between the health worker taking on the intervention and other health workers needs to be made clear, including through regulations and job descriptions

**Regulatory issues**

- Changes in regulations may be necessary to support any changes in the health worker’s scope of practice

**Stakeholder involvement**

- Health worker representatives and relevant professional bodies should be involved in the planning and implementation of the intervention to ensure acceptability among affected health workers

- Recipients of the intervention should also be involved in planning and implementation

- Local beliefs and practical circumstances related to the health conditions in question should be addressed within the programme design
**Training and supervision**

- Health workers and their supervisors need to receive appropriate initial and ongoing training in the intervention
- Responsibility for supervision needs to be clear and supervision needs to be regular and supportive

**Systems for referral**

- Where necessary, referral systems need to function well, i.e. financial, logistical (e.g. transport) and relational barriers need to be addressed. Specifically, local health systems need to be strengthened to improve quality of care at the first referral facility

**Supplies**

- Supplies of drugs and other commodities need to be secure

**Incentives**

- Optimizing health worker’s roles needs to be in the context of a comprehensive remuneration scheme, in which salaries and incentives reflect any changes in scope of practice. Giving incentives for certain tasks but not for others may negatively affect the work that is carried out.
Step 4 – Consider the broader health system context

After working through the problem, options and implementation considerations from steps 1-3, it is 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 regarding these cadres. (2) Step 4 walks the user through these health system factors, with consideration given to delivery (e.g. training and supervision supports and referral processes), financial (e.g. incentives), and governance (e.g. regulations governing scopes of practice) arrangements. Each option (columns across worksheet 4) should be brought forward from worksheet 3 and deliberated in turn in relation to the health system factors, which are found down the rows in the left column on worksheet 4. Either findings from a systematic review, findings from a systematic analysis of programmes, or prompts are given for each health system factor in the worksheet as an example(s).

Questions to work through in step 4 include: 1) How do delivery arrangements influence the possibility of each option being adopted and implemented successfully?; 2) How do financial arrangements influence the possibility of each option being adopted and implemented successfully?; and 3) How do governance arrangements influence the possibility of each option being adopted and implemented successfully?

1) **How do delivery arrangements influence the possibility of each option being adopted and implemented successfully?**
   - How care is designed to meet consumer’s needs
   - By whom care is provided
   - Where care is provided
   - With what supports is care provided

2) **How do financial arrangements influence the possibility of each option being adopted and implemented successfully?**
   - Financing systems
   - Funding organizations
   - 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
   - Organizational authority
• Commercial authority
• Professional authority
• Consumer and stakeholder involvement

Worksheet 4 wraps up with a **summary of health system considerations for each option** section to revisit the main health system factors gathered through this step.

**Step 5 – Consider the broader political system context**

Understanding how key features of the political system (institutions, interests, ideas, and external factors) influence these policy options will help account for further potential barriers or facilitators during policy development and implementation.(2) Start by transferring viable policy options from worksheet 4 to the top of the columns across 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 venues and processes could be faced), interests (e.g. which cadres are likely to face concentrated benefits or costs), ideas (e.g. values about equity of access / utilization), and external factors (e.g. new health minister) are posed down the rows on the left column. Prompts are given for each political system factor in the worksheet as an example. You may wish to work through each section, and place an X in a corner of the box if this would be a barrier, or a check mark (v) if the policy option does not meet any significant barriers in that category (e.g., interest groups).

Questions for step 5 include: 1) Would current political institutions allow for or hinder each policy change?; 2) Which politically active group(s) might have an interest in (face concentrated or diffuse costs or benefits) and mobilize for or against each option?; and 3) Does each option resonate with the beliefs and values of the government and the public? Is there any local research evidence on stakeholder’s views and experiences?; and 4) Are there external factors which may press the issue forward or draw attention away from each option?

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. national, provincial, district, etc.)

• 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 (face concentrated or diffuse costs or benefits) and mobilize for or against each option?**
• Interest groups (e.g. patient groups, professional groups)

• Civil society

3) Does each option resonate with the beliefs and values of the government and the public? Is there any local research evidence on stakeholder’s 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. election brings in new political party)

• Economic changes (e.g. global economic crisis)

• Major reports (e.g. OptimizeMNH guidance documents released)

• Technological changes (e.g. expanded use of mobile phones)

• New diseases (e.g. influenza epidemic)

• Media coverage (e.g. 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 gathered through this step.

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

Worksheet 6 is meant as a tool for users 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 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 being 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 is working. Monitoring involves systematically collecting evidence to answer questions about the nature and extent of implementation, and evaluation is similar but tends to focus more on the achievement of results. Indicators are factors used to measure achievement or reflect changes from an intervention, while an impact evaluation helps determine if observed changes in outcomes (impacts) are caused from a policy or programme. Throughout the first 6 steps, viable options should have been determined. Place these policy options at the top of the columns across worksheet 7. Then, answer the questions in the left column of the worksheet. Questions in this section are from the SUPPORT tools, article 18.

Questions in step 7 include: 1) Is monitoring necessary?; 2) What should be measured?; 3) Should an impact evaluation be conducted?; and 4) How should the impact evaluation be done?

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?

What indicators should be monitored and does the capacity exist to monitor and to make changes based on the data (and which, if any, cadres require targeted monitoring related to the delivery of specific interventions?

For options from the Cadre Worksheet in which the recommendation was in the context of monitoring and evaluation (M&E), follow the directions for M&E given for each area in the full OptimizeMNH guidance document. If not, then the M&E activities should look at the interventions and on the cadres’ engagement in specific interventions.

2) **What should be measured?**
   - What parts of the results chain should be / could be measured?

A modified results chain 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; may also include changes resulting from the intervention which 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:(11)

• Validity – extent to which the indicator accurately measures what it is supposed to measure

• Acceptability – extent to which the indicator is acceptable to those being assessed and those recording the data

• Feasibility – extent to which valid, reliable and consistent data are available for collection

• Reliability – extent to which there is minimal measurement error, or the extent to which findings are reproducible if collected by another party

• Sensitivity to change – ability to detect changes in the unit of measurement

• Predictive validity – ability to accurately predict relevant outcomes

• Consider also – 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 if poor outcomes were found? Does the capacity exist to conduct the evaluation (and which, if any, cadres require evaluation related to the delivery of specific interventions)? In addition, can the impact evaluation be done at the early stages of implementation (e.g. 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 useable data.

A summary of monitoring and evaluation needs for each option section at the end of worksheet 7 helps wrap up the concepts gained through this step.

Step 8 – Make national policy recommendations or decisions
Users should identify their specific processes for policymaking to determine the proper venue (e.g. national guidance panel, ministry of health, etc.) to address the contextualization and implementation of the guidance. The recognition of this process is important for determining the proper product, audience, format, and language to be used in developing the policy recommendations or policy decisions. If policy recommendations are made based on the above work, 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 this forward (open policy window, e.g. election where the issue has been discussed) can also help advance the policy options. If a decision is made to consider acting on one or more of the guidance recommendations regarding the cadres in light of the health and political system assessments, then local data and evidence (e.g. mortality data; studies about contributors to access/utilization problems) and local tacit knowledge, views and experiences can be combined with global evidence (both from the OptimizeMNH guidance and from other sources, such as Health Systems Evidence) to prepare an evidence brief for policy. A structured, evidence brief for policy (or a policy proposal) can help decision-makers have a focused discussion (e.g. policy dialogue) based on sound global and local evidence,(2) if these are appropriate for the venue used in each country in developing policy recommendations or making policy decisions. The boxes in worksheet 8 address issues of engaging the public in the policymaking process, developing a policy brief, and planning a policy dialogue, which are based on the SUPPORT tools series, articles 13-15.(8-10) For a full description, please see the original articles.

1. **If applicable, has the public been engaged in the policymaking process?**

   - 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, providing stories, avoiding jargon, providing access to experts, tip sheets, training for journalists, web-based or social media considerations

   - What strategies can be used to engage civil society groups?
     
     Patient organizations, community groups, coalitions, advocacy groups, faith-based organizations, 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 / time to add the information learned through these processes? Explain these processes to those involved, as it may otherwise be seen as tokenism if advice is not taken.
2. Is a policy brief being developed to collate all of the analyses captured in the workbook?(8)

- 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?
  
  Allows busy policymakers to quickly scan for relevance to topic and context (e.g. 1:3:25 format - one page with take home messages: 3-page executive summary: 25-page report with reference list for more information)
- Was the policy brief reviewed for both scientific quality and system relevance?
  
  Merit review involving one of each: policymaker, other stakeholder, researcher

3. Is a policy dialogue being planned to support evidence-informed policymaking?(9)

- 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 policy 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, 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?
The Workbook

Follow the directions in each step of the prior section to navigate through the corresponding worksheets in the workbook. The evidence-based health systems guidance for policymaking framework diagram will help you locate the step from the above section which corresponds to each worksheet in this workbook.

Evidence-based health systems guidance for policymaking framework

**STEP 1** • Clarify the problem

**STEP 2** • Frame the options

**STEP 3** • Identify implementation considerations

**STEP 4** • Consider the broader health system context

**STEP 5** • Consider the broader political system context

**STEP 6** • Refine the statement of the problem, options and implementation considerations in light of health system and political system factors

**STEP 7** • Anticipate monitoring and evaluation needs

**STEP 8** • Make national policy recommendations or decisions
# Worksheet 1 – Clarify the problem

<table>
<thead>
<tr>
<th>General considerations</th>
<th>Specific maternal and newborn health considerations (OptimizeMNH)</th>
<th>Important systematic reviews or other systematic data</th>
<th>National data and research evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the problem?</td>
<td>Does the problem relate to (could be more than one):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) a risk factor, disease or condition</td>
<td>Preventable maternal and newborn morbidity and mortality</td>
<td></td>
<td>community surveys and vital registries</td>
</tr>
<tr>
<td>b) the programmes, services or drugs currently being used to address a risk factor, disease or condition</td>
<td>Is there a significant problem with a lack of provision of key interventions needed to attain MDGs 4 &amp; 5 in particular communities/regions which affect the access to / utilization of these interventions?</td>
<td>Look for systematic reviews on the specific programme, service or drug</td>
<td>healthcare administrative data/ health management information systems, monitoring and evaluation data, community or healthcare provider surveys</td>
</tr>
<tr>
<td>c) the current health system (delivery, financial and governance) arrangements within which programmes, services and drugs are provided</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery Arrangements</td>
<td>- How care is designed to meet consumer’s needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- By whom care is provided</td>
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<td></td>
</tr>
<tr>
<td>Is the availability of skilled health workers a significant contributor to the problem, and, if so, which cadres of health workers are in short supply and in which communities (rural/urban; poor/wealthy neighborhoods)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OptimizeMNH</td>
<td>- Lay health workers (LHW)</td>
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<tr>
<td>Financial Arrangements</td>
<td>Governance Arrangements</td>
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<tr>
<td>----------------------------------------</td>
<td>------------------------------------------</td>
<td></td>
<td></td>
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<tr>
<td>- Financing systems</td>
<td>- Policy authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Funding organizations</td>
<td>- Professional authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Remunerating providers</td>
<td>- Consumer and stakeholder involvement</td>
<td></td>
<td></td>
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<tr>
<td>- Purchasing products and services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Incentivizing consumers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Where care is provided
- With what supports is care provided

**Financial Arrangements**
- Financing systems
- Funding organizations
- Remunerating providers
- Purchasing products and services
- Incentivizing consumers

**Governance Arrangements**
- Policy authority
- Organizational authority
- Commercial authority
- Professional authority
- Consumer and stakeholder involvement

What cadres covered by the OptimizeMNH guidance recommendations might be candidates for expanded training, regulation and support to enhance access to / utilization of key interventions needed to attain MDGs 4 & 5, and for which interventions might they take responsibility?

Are health system supports (e.g. training and supervision) for existing and needed cadres lacking?

- Auxiliary nurses
- Auxiliary nurse midwives
- Nurses
- Midwives
- Associate clinicians (non-physician clinicians)
- Advanced level associate clinicians (non-physician clinicians)
- Non-specialist doctors

Currently being performed with check marks, and which key interventions could be performed by specific cadres but are not currently carried out by those cadres with question marks. Use the areas with question marks to formulate the options for the following tables.

<table>
<thead>
<tr>
<th>Health expenditure surveys, healthcare provider surveys,</th>
<th>d) the current degree of implementation of an agreed upon course of action (e.g. policy or guideline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation, regulation, policies, drug formularies and policymaker surveys</td>
<td>Consider implementation problems at four levels:</td>
</tr>
<tr>
<td>Community or healthcare administrative data</td>
<td>1) healthcare recipient and citizen level (e.g. unaware of available programmes)</td>
</tr>
<tr>
<td></td>
<td>2) healthcare provider level (e.g. adherence to national guidelines)</td>
</tr>
<tr>
<td></td>
<td>3) organizational level (e.g. poor management of staff)</td>
</tr>
<tr>
<td></td>
<td>4) system level (e.g. policies not enforced)</td>
</tr>
</tbody>
</table>

2. How did the problem come to attention, and has this process influenced the prospect of it being
addressed, in addition to the guidance?

<table>
<thead>
<tr>
<th>- a focusing event</th>
<th>Release of OptimizeMNH WHO guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>- change in an indicator</td>
<td>Maternal mortality increasing</td>
</tr>
<tr>
<td>- feedback from the operation of current policies and programmes</td>
<td>Managers note that very few women are seeking available services</td>
</tr>
</tbody>
</table>

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

| Maternal and newborn mortality | - available indicators |
| Unmet need for family planning | - community surveys and vital registries |
| Human resources for health distribution, such as a maldistribution of high-level providers across communities | - healthcare administrative data |
| Disaggregated data, such as data by ethnicity/culture, gender, or socioeconomic status can help clarify whether the problem is widespread or pronounced in some communities, which is important for equity considerations | - legislation, regulation, policies, drug formularies and policymaker surveys |
| - available indicators | - health expenditure surveys, healthcare provider surveys |

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

| Maternal and newborn mortality increasing/decreasing over time | - comparisons over time within a country |
| Contrast with similar countries | - comparisons between countries and other appropriate comparators |
| MDGs, national targets | - comparisons against plans |
| Decrease in maternal and newborn mortality; increased access to family planning | - 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?

| “We have the highest rate of infant mortality in the region” vs. “We will achieve the national | Qualitative research for socially-meaningful |

|
goals for infant mortality within 5 years”

terms

Summary of findings on clarifying the problem – describe the scope and nature of the problem based on the above findings
(e.g. Prompt: With the dawning of the MDGs in 2015, the problem of maternal deaths due to postpartum hemorrhage (PPH), especially in rural areas, has been brought forth by a national nursing group. Their spokesperson stated that it is imperative for our government to uphold the promise of safeguarding the health of its high-risk, rural, women, and recent guidance from the WHO for improving maternal and newborn health (OptimizeMNH recommendations) could help steer the work in this area. Compared with surrounding nations, our maternal mortality rate is worse. Currently, doctors are not available most of the time in the rural areas, but there are lay health workers who are located in the highest-risk areas. According to the OptimizeMNH recommendations, lay health workers (LHW) could administer misoprostol to prevent PPH, but this is not currently done in practice in our country.)

Cross-cutting factors: Equity considerations
Are there differences in access to or quality of care for disadvantaged groups or communities?
STEP 1 • Clarify the problem

STEP 2 • **Frame the options**

STEP 3 • Identify implementation considerations

STEP 4 • Consider the broader health system context

STEP 5 • Consider the broader political system context

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

STEP 7 • Anticipate monitoring and evaluation needs

STEP 8 • Make national policy recommendations or decisions
### Worksheet 2 – Frame the options

<table>
<thead>
<tr>
<th>Option 1: could be to act on the cadre with the most question marks</th>
<th>Option 2: could be to act on the key interventions with the most question marks</th>
<th>Option 3: could be to act on all of the question marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has an appropriate set of options been identified to address the problem?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| a) the provision of a cost-effective programme, service or drug.  
  b) health system arrangement issues as described in step 1 of this workbook  
  
  *Prompt: the combination of interventions and cadres, plus or minus additional supportive health system arrangements (to be examined in more detail in step 4) would be used to develop the options from the OptimizeMNH guidance*  
  
  *Then, decide if these elements can stand alone or if they are 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/after studies or systematic evidence for local evidence | | |
<p>| 3. What harms are important to those who will be | | |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
</table>
| affected, 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 (policy delivery, transportation costs, etc.) (13)  
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 (4, 13)  
| 5. What adaptations might be made to any given option and might they 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 stakeholder’s views and experiences might influence the acceptability of each option and its benefits, | |
### harms and costs?

- Healthcare recipients and citizens
- Health workers
- Managers in organizations (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 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 which could save the lives of these women and their children and decrease the morbidities of PPH. The training time may affect the care of the patients for X days, although they will have 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 particular characteristics, such as economic status, employment or occupation, education, place of residence, gender or ethnicity?

Is there evidence of differences in baseline conditions of groups which would change the absolute effectiveness of each option for disadvantaged groups or communities?

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

### Evidence-based health systems guidance for policymaking framework
STEP 1 • Clarify the problem

STEP 2 • Frame the options

STEP 3 • Identify implementation considerations

STEP 4 • Consider the broader health system context

STEP 5 • Consider the broader political system context

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

STEP 7 • Anticipate monitoring and evaluation needs

STEP 8 • Make national policy recommendations or decisions
# Worksheet 3 – Identify implementation considerations

<table>
<thead>
<tr>
<th>Option 1: could be to act on the cadre with the most question marks</th>
<th>Option 2: could be to act on the key interventions with the most question marks</th>
<th>Option 3: could be to act on all of the question marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are the potential barriers to the successful implementation of each option? Consider barriers at four levels:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Among healthcare recipients and citizens**  
Systematic review: Recipients were unaware of the range of services provided by nurses, reducing demand for those services (14) | | |
| **Among healthcare professionals**  
Systematic review: Roles of different providers may be unclear (15) | | |
| **At the organizational level**  
Systematic review: Technical and relational changes in referral systems are important to consider (15) | | |
| **At the system level**  
Systematic review: Poor planning and integration of new skills for midwives can be a barrier to undertaking new tasks (16)  
Use systematic reviews for global evidence  
Use qualitative or mixed methods studies to determine stakeholder’s views on barriers and /or facilitators  
Use cost-effectiveness data or stakeholder’s views for potential implementation strategies | | |
<p>| 2. What strategies should be considered in order to | | |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Action</th>
<th>Evidence Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitate the necessary behavioural changes among healthcare recipients/citizens?</td>
<td>Use systematic reviews or qualitative studies to provide insights into healthcare recipient behaviours</td>
<td>Health Systems Evidence provides syntheses of research evidence about implementation strategies that can support change in health systems</td>
</tr>
<tr>
<td>3. What strategies should be considered in order to facilitate the necessary behavioural changes among healthcare professionals?</td>
<td>Use systematic reviews or qualitative studies to provide insights into health workers' behaviours</td>
<td>Health Systems Evidence provides syntheses of research evidence about implementation strategies that can support change in health systems</td>
</tr>
<tr>
<td>4. What strategies should be considered in order to facilitate the necessary organizational changes?</td>
<td>Few systematic reviews available; consider change management strategies</td>
<td>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</td>
</tr>
<tr>
<td>5. What strategies should be considered in order to facilitate the necessary system changes?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Use 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.

**Summary of implementation considerations for each option**

(e.g. Prompt: Recipients in rural, high risk, areas are not aware of the services LHWs provide and are therefore not seeking their care. A qualitative study using focus groups regarding service utilization from LHWs showed that town hall meetings were an appropriate way to spread awareness of these services, increasing their 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 increased?

**General implementation considerations for all cadres (OptimizeMNH guidance documents)**

**Role distribution**

- Clear scopes of practice are needed, and these need to be implemented at all levels of the health system. Linked to this, the distribution of roles and responsibilities between the
health worker taking on the intervention and other health workers needs to be made clear, including through regulations and job descriptions

**Regulatory issues**
- Changes in regulations may be necessary to support any changes in the health worker’s scope of practice

**Stakeholder involvement**
- Health worker representatives and relevant professional bodies should be involved in the planning and implementation of the intervention to ensure acceptability among affected health workers
- Recipients of the intervention should also be involved in planning and implementation
- Local beliefs and practical circumstances related to the health conditions in question should be addressed within the programme design

**Training and supervision**
- Health workers and their supervisors need to receive appropriate initial and ongoing training in the intervention
- Responsibility for supervision needs to be clear and supervision needs to be regular and supportive

**Systems for referral**
- Where necessary, referral systems need to function well, i.e. financial, logistical (e.g. transport) and relational barriers need to be addressed. Specifically, local health systems need to be strengthened to improve quality of care at the first referral facility

**Supplies**
- Supplies of drugs and other commodities need to be secure

**Incentives**
- Optimizing health worker’s roles needs to be in the context of a comprehensive remuneration scheme, in which salaries and incentives reflect any changes in scope of practice. Giving incentives for certain tasks but not for others may negatively affect the work that is carried out
STEP 1 • Clarify the problem

STEP 2 • Frame the options

STEP 3 • Identify implementation considerations

STEP 4 • *Consider the broader health system context*

STEP 5 • Consider the broader political system context

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

STEP 7 • Anticipate monitoring and evaluation needs

STEP 8 • Make national policy recommendations or decisions
**Worksheet 4 – Consider the broader health system context**

<table>
<thead>
<tr>
<th>Option 1: could be to act on the cadre with the most question marks</th>
<th>Option 2: could be to act on the key interventions with the most question marks</th>
<th>Option 3: could be to act on all of the question marks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. How do delivery arrangements influence the possibility of each option being adopted and implemented successfully?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How care is designed to meet consumer’s needs</strong>&lt;br&gt;Systematic review: Taskshifting may change provider-recipient relationships (15)&lt;br&gt;Systematic review: Views varied, but for more 'medical' tasks, recipients preferred doctors over nurses, but for more sensitive (e.g. pelvic exams) tasks, patients at times preferred (female) nurses (14)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By whom care is provided</strong>&lt;br&gt;Systematic review: In some settings, gender norms meant female LHWs could not move easily within their communities to fulfill their responsibilities (17)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Where care is provided</strong>&lt;br&gt;Systematic analysis of programmes: Some health workers in underserved areas have to cover large distances and this can change the nature of their work (18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>With what supports is care provided</strong>&lt;br&gt;Systematic review: Poor planning and integration of new skills for midwives can be a barrier to undertaking new tasks (16)</td>
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<tr>
<td><strong>2. How do financial arrangements influence the</strong></td>
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<tr>
<td>Possibility of each option being adopted and implemented successfully?</td>
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<tr>
<td><strong>Financing systems</strong>&lt;br&gt;Systematic analysis of programmes: The ability of the government to allocate necessary financial resources influenced programme implementation (18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Funding organizations</strong>&lt;br&gt;Systematic analysis of programmes: The ability of the government to clarify roles and financial responsibilities with sub-national health authorities influenced programme implementation (18)</td>
<td></td>
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</tr>
<tr>
<td><strong>Remunerating providers</strong>&lt;br&gt;Systematic analysis of programmes: Providing incentives for some tasks, but not for others, negatively affected the scope of the work performed (18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Purchasing products and services</strong>&lt;br&gt;Systematic review: In low income countries, nurses’ limited access to medicines and equipment may have contributed to recipients’ dissatisfaction with care delivered by nurses (14)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Incentivizing consumers</strong>&lt;br&gt;Prompt: Decreasing or removing user fees for services provided by nurses could increase the use of these services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. How do governance arrangements influence the possibility of each option
<table>
<thead>
<tr>
<th>being adopted and implemented successfully?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy authority</strong>&lt;br&gt;Systematic analysis of programmes: Statutory support for changes in tasks may be important for most cadres (e.g. prescribing) (19)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Organizational authority</strong>&lt;br&gt;Systematic analysis of programmes: Managers did not always have authority over certain administrative decisions regarding corrective actions for workers (18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Commercial authority</strong>&lt;br&gt;Prompt: Patents and prices of family planning methods may make some methods inaccessible to consumers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Professional authority</strong>&lt;br&gt;Systematic review: Roles of different providers may be unclear (15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Consumer and stakeholder involvement</strong>&lt;br&gt;Systematic analysis of programmes: Acceptability of a programme may be influenced by the extent to which stakeholders were consulted in the development of the programme (14, 19)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Summary of health system considerations for each option</strong>&lt;br&gt;(e.g. Prompt: LHWs do not have a</td>
<td></td>
<td></td>
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</tbody>
</table>
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 over confidentiality with LHWs as they are local workers (delivery arrangement). A review on strategies used in other high-risk rural settings with similar problems would be useful to further understanding the problem and possible solutions. Local information would help understand if this concern with confidentiality exists in particular high-risk communities)
STEP 1 • Clarify the problem

STEP 2 • Frame the options

STEP 3 • Identify implementation considerations

STEP 4 • Consider the broader health system context

STEP 5 • Consider the broader political system context

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

STEP 7 • Anticipate monitoring and evaluation needs

STEP 8 • Make national policy recommendations or decisions
### Worksheet 5 – Consider the broader political system context

<table>
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<tr>
<th></th>
<th>Option 1: could be to act on the cadre with the most question marks</th>
<th>Option 2: could be to act on the key interventions with the most question marks</th>
<th>Option 3: could be to act on all of the question marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Would current political institutions allow for or hinder each policy change?</td>
<td></td>
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</tr>
<tr>
<td><strong>Government structures</strong>&lt;br&gt;Prompt: Constitution states that health care is a sub-national responsibility, so provincial finance, health and development ministries are where most key decisions are made</td>
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<tr>
<td><strong>Policy legacies</strong>&lt;br&gt;Prompt: Legislation created only a limited role for the ministry of health so civil servants never developed the administrative capacities required to pursue certain approaches</td>
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<tr>
<td><strong>Policy networks</strong>&lt;br&gt;Prompt: A government-appointed guidance panel engages key stakeholders in the process of informing policymaking on various issues</td>
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<tr>
<td>2. Which politically active group(s) might have an interest in (face concentrated or diffuse costs or benefits) and mobilize for or against each option?</td>
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<tr>
<td><strong>Interest groups</strong>&lt;br&gt;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</td>
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<tr>
<td><strong>Civil society</strong>&lt;br&gt;Prompt: Citizens are poorly</td>
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</tbody>
</table>
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 stakeholder’s views and experiences?

<table>
<thead>
<tr>
<th>Values</th>
<th>Prompt: Widely held values support a focus on equity in the health system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal experiences</td>
<td>Prompt: Personal experiences of the minister influence much of her decision-making</td>
</tr>
<tr>
<td>Research evidence</td>
<td>Prompt: Significant attention is given by civil servants to systematic reviews of effects and to economic evaluations but little attention is given to qualitative syntheses about stakeholder’s views and experiences</td>
</tr>
</tbody>
</table>

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 donors’ capacities to support national programmes |
| Major reports | Prompt: OptimizeMNH guidance documents released |
| **Technological changes**  
Prompt: Mobile phone technology 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 LHWs support expanding their roles to provide more services for the prevention of post-partum hemorrhage 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 enough to meet the MDGs by 2015, which is increasing the pressure by prominent national newspapers to pay attention to this issue.) |
STEP 1 • Clarify the problem

STEP 2 • Frame the options

STEP 3 • Identify implementation considerations

STEP 4 • Consider the broader health system context

STEP 5 • Consider the broader political system context

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

STEP 7 • Anticipate monitoring and evaluation needs

STEP 8 • Make national policy recommendations or decisions
**Worksheet 6 – Refine the statement of the problem, options and implementation considerations in light of health system and political system factors**

<table>
<thead>
<tr>
<th></th>
<th>Option 1: could be to act on the cadre with the most question marks</th>
<th>Option 2: could be to act on the key interventions with the most question marks</th>
<th>Option 3: could be to act on all of the question marks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary of findings on clarifying the problem</strong> <em>(from worksheet 1)</em></td>
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<tr>
<td><strong>How would consideration to the health system and political system factors change the options with regards to clarifying the problem?</strong></td>
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<tr>
<td><strong>Summary of costs, benefits, and harms of</strong></td>
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<td></td>
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<tr>
<td>each option</td>
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<td>(from worksheet 2)</td>
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</tbody>
</table>

How would consideration to the health system and political system factors change the options with regards to framing the options?

<table>
<thead>
<tr>
<th>Summary of implementation considerations for each option</th>
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</thead>
</table>
(from worksheet 3)

<table>
<thead>
<tr>
<th>How would consideration to the health system and political system factors change the options with regards to planning for implementation?</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Contextualized re-iteration of clarifying the problem, framing the options, and planning for implementation in light of health system and political</th>
</tr>
</thead>
</table>


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.
STEP 1 • Clarify the problem

STEP 2 • Frame the options

STEP 3 • Identify implementation considerations

STEP 4 • Consider the broader health system context

STEP 5 • Consider the broader political system context

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

STEP 7 • Anticipate monitoring and evaluation needs

STEP 8 • Make national policy recommendations or decisions
**Worksheet 7 – Anticipate monitoring and evaluation needs**

<table>
<thead>
<tr>
<th>1. Is monitoring necessary?</th>
<th>Option 1: could be to act on the cadre with the most question marks</th>
<th>Option 2: could be to act on the key interventions with the most question marks</th>
<th>Option 3: could be to act on all of the question marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is monitoring already in place or are new systems necessary?</td>
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<tr>
<td>What are the costs of establishing a new system?</td>
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<tr>
<td>Are findings going to be useful for change? What actions would occur if monitoring reveals things are not going as planned?</td>
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<tr>
<td>For options in which the recommendation was in the context of M&amp;E, follow the directions for M&amp;E given for each area in the full guidance document. If not, then the M&amp;E activities should look at the interventions and on the cadres’ engagement in specific interventions.</td>
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<tr>
<td>2. What should be measured?</td>
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<tr>
<td>What parts of the results chain should be / could be measured?*</td>
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<tr>
<td>What properties of an indicator make it useful?**</td>
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<tr>
<td>3. Should an impact evaluation be conducted?</td>
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</tbody>
</table>
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 if poor outcomes were found?

Can the impact evaluation be done at the early stages of implementation (e.g. pilot study) to improve or stop the rest of the implementation, if necessary?

4. How should the impact evaluation be done?

- Randomised controlled trial (RCT) when appropriate to compare with/without intervention groups
- Controlled before-after evaluation or interrupted time-series to look at multiple times, 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 LHWs in providing misoprostol for the prevention of post-partum hemorrhage. A RCT is planned to 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 (patient satisfaction, numbers of LHWs involved) and outcomes (mortality rate, use of misoprostol) will be measured.

* Modified results chain (10)
  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; may also include changes resulting from the intervention which 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 (10)
  Validity – extent to which the indicator accurately measures what it is supposed to measure
  Acceptability – extent to which the indicator is acceptable to those being assessed and those recording the data
  Feasibility – extent to which valid, reliable and consistent data are available for collection
  Reliability – extent to which there is minimal measurement error, or the extent to which findings are reproducible if collected by another party
  Sensitivity to change – ability to detect changes in the unit of measurement
  Predictive validity – ability to accurately predict relevant outcomes
  Consider also – cost, time, and motivation to collect or manipulate the data
STEP 1  • Clarify the problem
STEP 2  • Frame the options
STEP 3  • Identify implementation considerations
STEP 4  • Consider the broader health system context
STEP 5  • Consider the broader political system context
STEP 6  • Refine the statement of the problem, options and implementation considerations in light of health system and political system factors
STEP 7  • Anticipate monitoring and evaluation needs
STEP 8  • Make national policy recommendations or decisions
Worksheet 8 – Make national policy recommendations or decisions

Users should identify their specific processes for policymaking to determine the proper venue (e.g. national guidance panel, ministry of health, etc.) to address this work. The recognition of this process is important for determining the proper product, audience, format, and language to be used in developing the recommendations or policy decisions. The next three boxes address issues of engaging the public in the policymaking process, developing a policy brief, and planning a policy dialogue, if these are appropriate measures for the context-specific venue.

1. If applicable, has the public been engaged in the policymaking process? (9)
   - 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, providing stories, avoiding jargon, providing access to experts, tip sheets, training for journalists, web-based or social media considerations
   - What strategies can be used to engage civil society groups?
     Patient organizations, community groups, coalitions, advocacy groups, faith-based organizations, 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 / time to add the information learned through these processes? Explain these processes to those involved, as it may otherwise be seen as tokenism if advice is not taken.

2. Is a policy brief being developed to collate all of the analyses captured in the workbook? (7)
   - 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?
  Allows busy policymakers to quickly scan for relevance to topic and context (e.g. 1:3:25 format - one page with take home messages: 3-page executive summary: 25-page report with reference list for more information)

- Was the policy brief reviewed for both scientific quality and system relevance?
  Merit review involving one of each: policymaker, other stakeholder, researcher

3. Is a policy dialogue being planned to support evidence-informed policymaking? (8)

- 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 policy 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, 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?
Reference List


