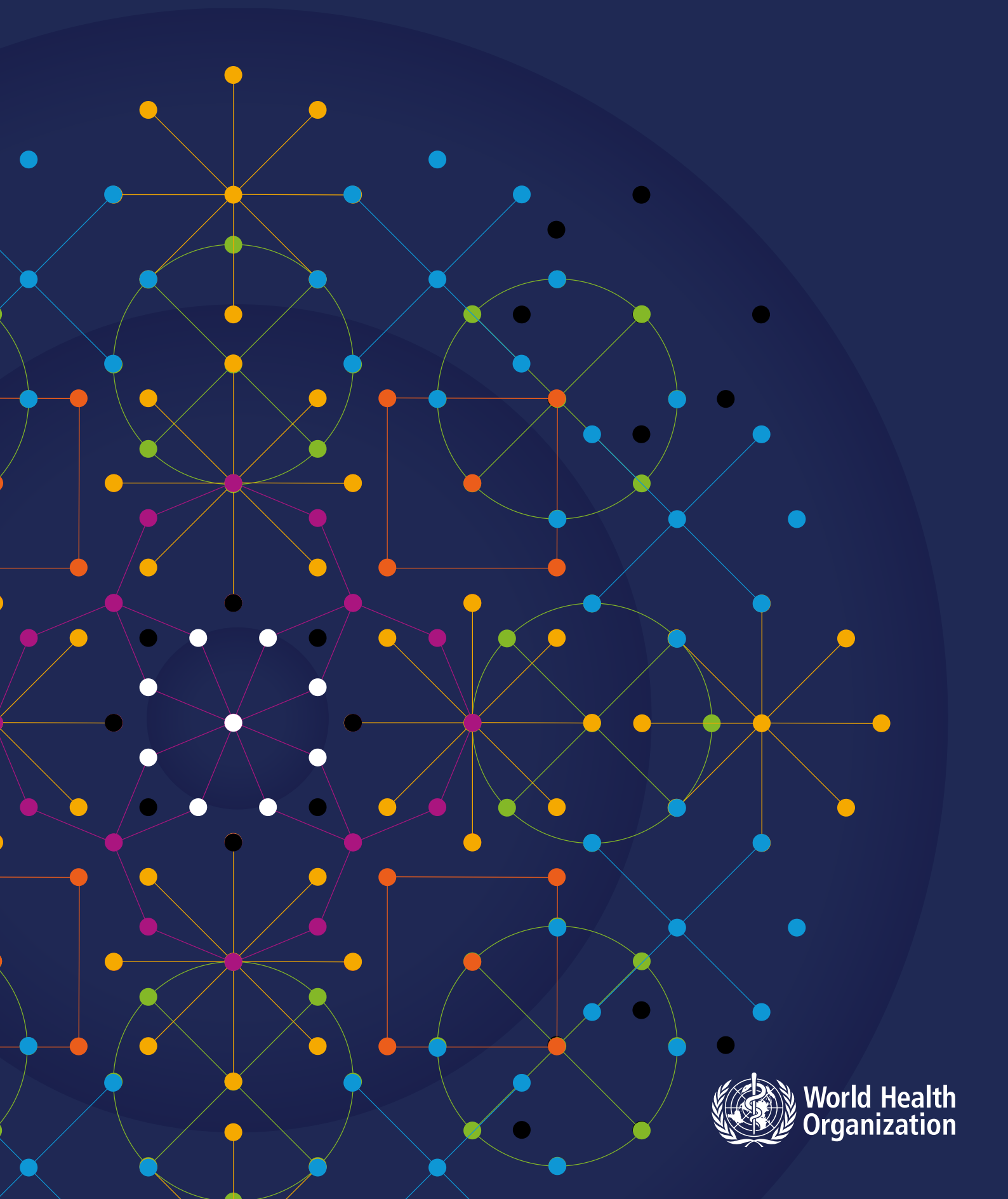


Implementation playbook, delivering impact for health



World Health
Organization

Implementation playbook, delivering impact for health

Implementation playbook: delivering impact for health

ISBN 978-92-4-008519-0 (electronic version)

ISBN 978-92-4-008520-6 (print version)

© **World Health Organization 2023**

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. Implementation playbook, delivering impact for health. Geneva: World Health Organization; 2023. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <https://iris.who.int/>.

Sales, rights and licensing. To purchase WHO publications, see <https://www.who.int/publications/book-orders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/copyright>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Design and layout by Blossom

Contents

Director-General's Foreword	iv
Acknowledgements	v
Abbreviations	vi
Glossary	vii
Introduction	1
1. Identify a high priority issue	4
2. Design solutions and set targets	12
3. Communicate and engage	26
4. Implement, track progress and adjust	38
5. Sustain change	52
References	62
Annex 1: Compendium of tools and templates	64
Annex 2: Delivery for impact in GPW13	146
Annex 3: Approach to development	150
Annex 4: Case study on 100 days challenge	156

Director-General's Foreword



The world is not on track to meet the health targets of the 2030 Sustainable Development Goals (SDGs). That said, there have been important achievements in many key areas since the adoption of the SDGs in 2015. Healthy life expectancy has increased in many parts of the world, with a marked fall in infant mortality; there has been enormous progress towards polio eradication; the largest-ever number of people living with HIV are receiving treatment. However, despite these achievements, we have much more to do.

In the critical period leading up to 2030, the World Health Organization's "triple billion" targets, and the focus of the draft 14th General Programme of Work to promote, provide and protect health, are designed to address some of the most pressing gaps in the effort to achieve the SDGs. Making progress on the "triple billion" targets and the SDGs requires stronger emphasis on data, innovation and partnerships to power health actions, as well as alignment and relentless problem-solving to enable countries to better perform for health.

The *WHO Implementation Playbook: delivering impact for health* and the related WHO Academy course "*Delivering Impact in Every Country*" provide, for the first time, a systematic approach to implementation efforts at all levels, for achieving success and improving health outcomes. While other technical resources provide details on **what** needs to be done, the *Implementation Playbook* guides teams on **how** to go about doing it: from identifying priority issues and setting measurable targets, through to problem-solving and creating an institutional culture of data-driven action.

The *Implementation Playbook* helps navigate through central questions: Where to start? Who to involve? Which technical solutions are needed to drive action and achieve impact? The *Implementation Playbook* is for anyone eager to get things done. It is a thoughtful guide to connect simple steps and practical tools with smart policies, strategies and interventions to address health challenges.

The *Implementation Playbook* is designed to respond to the needs of a broad audience of health system leaders and champions, in both government and civil society. It should be especially useful for those working with policymakers and programme managers, including those with roles and responsibilities related to delivering the health-related SDGs. To that end, the *Implementation Playbook* can be used by anyone aiming to enhance their implementation capacity and achieving impact for improving health and wellbeing.

A handwritten signature in blue ink, which appears to read "Tedros Adhanom". The signature is fluid and cursive, with a large initial 'T'.

Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

Acknowledgements

The *Implementation Playbook, delivering impact for health* was co-developed by the Departments of Delivery for Impact and Country Strategy and Support at WHO headquarters.

This technical product was developed under the leadership of Melanie Bertram, Pavel Ursu, Samira Asma (Division of Data, Analytics and Delivery for Impact); Rasul Baghirov and Shambhu Acharya (Department of Country Strategy and Support). Technical inputs were provided by Molly Biehl, Anastasiya Bugnon, Abril Campos Rivera, Claire Chaumont, Muhammed Sheraz, Peter Walsh (Department of Delivery for Impact); Caroline Bollars and Amy Coates (Department of Country Strategy and Support). Additional thanks to the technical reviewers of the initial draft: Dene Cairns (Department of Delivery for Impact); Hyobum Jang, Micaela Pereira (Department of Country Strategy and Support); Veronika Kocijanovic (WHO Project Management Centre of Excellence); Annette Prüss (Department of Environment, Climate Change and Health); Susan Sparkes (Department of Health Governance and Financing); Rodney Kort and Muchieh Yu (Department of Gender, Diversity, Equity and Human Rights); with later review by Indrajit Hazarika (Department of Country Strategy and Support) and Tanja Kuchenmüller (Science Division, Evidence to Policy and Impact Unit). And with special thanks for support from Melissa Campos Zamora, Francisco Cervero Licerias, Charline Mouton and Manavi Perera (Department of Delivery for Impact) for their contributions to the review and refinement process.

The authors are especially grateful for the collaboration with the Evidence-informed Policy Network (EVIPNet), for permissions to adapt from their Policy-to-Action Cycle (part of the “Evidence Ecosystem for Impact Framework”) – which provides a strong foundation for this work.

This report was produced with financial support from the Saudi Arabia to support the implementation of WHO’s Thirteenth General Programme of Work (GPW13).

Abbreviations

3Ms	Meaningful, measurable, moveable
BAU	Business as usual
CCA	United Nations Country Common Analysis
DFI	WHO Department of Delivery for Impact
CSS	WHO Department of Country Strategy and Support
GER	Gender, equity and human rights
GPW13	WHO Thirteenth General Programme of Work
KPI	Key performance indicator
MECE	Mutually exclusive and collectively exhaustive
NGO	Nongovernmental organization
NTD	Neglected tropical disease
PHC	Primary health care
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
SDGs	Sustainable Development Goals
SMART	Specific, measurable, achievable, relevant, time-bound
UHC	Universal health coverage
UN	United Nations
USD	United States Dollar
WHO	World Health Organization

Glossary

Term	Meaning
Acceleration Scenario	A specific path for what progress can look like over time with the implementation of your policy, strategy, or interventions, and something to track progress against; to be compared with a 'business as usual'.
Benchmarking	Comparing performance of various types (current, past, within system, with similar systems, with different sectors) to inform ambitious yet realistic targets and acceleration scenarios.
Champions	A particular type of stakeholder who is a supporter, but also more broadly aware and committed to the transformational changes your team is driving towards achieving impact; potential to be strong advocates and help sustain change over the long haul.
Culture	A set of values that you translate in practices and behaviours to effect change within an organization or group of stakeholders.
Decision-makers	A particular type of stakeholder who has a relatively high position and/or power to influence decisions for action related to implementation.
Delivery Checkup	A specific tool and exercise to help to pinpoint areas of strength as well as potential weaknesses that may be affecting your ability fully deliver.
Delivery Plan	A roadmap for implementation, with defined actions, ownership and timelines.
Frontline Work	A process of gathering qualitative information about implementation through interviews, focus groups, surveys, site visits, and/or experiencing the work to understand performance.
Goal	The broad ambition or change you want to see towards improving the health issue; something that is meaningful, measurable, and moveable (eg, reduce childhood obesity). Also commonly referred to as an aim or an aspiration. It corresponds to the general question of what would success look like?
Health Issue	A problem negatively impacting the health of a population directly, indirectly, currently, or potentially. A risk can be an issue; for example, the risk presented by inadequate pandemic preparedness.
Impact	Long-term effects of a policy, strategy, or intervention.
Impact Cycle	Structured and iterative approach to implementation with a strong focus on achieving results, consisting of five stages: 1. Identify high priority issue, 2. Design solutions & Set targets, 3. Communicate & engage, 4. Implement, track progress, and adjust, and 5. Sustain change.
Implementation Effort	A concerted and purposeful application of the impact cycle to help you set and achieve impact.
Indicator	A quantitative measure attached to the desired outcome for the health issue as well as the objectives; used as a source of information to assess progress towards the target (eg, for the goal: % of children with BMI > 2 standard deviations from growth reference median).

Glossary

Term	Meaning
Notes	Written routines that provide documentation of implementation efforts and/or agreed actions.
Objective	A more specific statement of what you want to achieve in relation to your goal based on your solution (policy, strategy, or intervention) and implementation; ideally something that is SMART (eg, to increase sugar taxation by 2% by 2023). It is common to have multiple objectives in support of the goal.
Prioritization	Process of narrowing down options to the what is most important based on criteria determined by relevant stakeholders.
Problem-Solving Tools	Specific resources that can be leveraged to unpack challenges identified during implementation and work towards potential solutions.
Proof Points	A tool for documenting successes from implementation efforts that can support communication about the impact achieved.
Routine	Regularly scheduled and structured touchpoint between those engaged in implementation efforts (including with leadership), which is done with consistency, strong execution, focus on performance, and actions.
Scorecard	A dynamic dashboard offering a high-level snapshot of performance across various metrics, that can be used to compile data and as a reporting tool for monitoring how implementation efforts are driving progress.
Solutions (Policy, Strategy, or Intervention)	The specific action (or set of actions) that will be undertaken to drive change towards achieving the goal and supporting objective(s); encompassing a range of possibilities, it is the focus for implementation efforts.
Stakeholders	Any actors (persons or organizations) with a vested interest in the specific health issue and/or policy, strategy, or intervention with the potential to influence decisions.
Stocktake	A type of routine that allows for an in-depth look at progress and active problem-solving; involving the leadership and those involved in implementation efforts.
Supporters	A type of stakeholder with interest in your health issue and/or policy, strategy, or intervention, whose position is in favor of the efforts.
Target	The specific result(s) you want to achieve, expressed by a value of an indicator(s) (e.g., for the goal: 5% reduction).
Underlying Causes	Other factors contributing to the health issue you want to address, and that you unveil when developing an issue tree.

Introduction

In 1975, Rahima Banu, a three-year-old girl from Bangladesh became the last person in the world to contract smallpox. Five years later during the 33rd World Health Assembly - nearly two hundred years after the English doctor Edward Jenner inoculated his patients with cowpox pus and established the first vaccine - smallpox was declared eradicated and this terrible disease came to an end.

Although great public health successes like these can sometimes seem miraculous – and subsequently almost inevitable – it would be a mistake to believe so. Rather, smallpox eradication was the result of unwavering focus, clear prioritization, evidence-based interventions and relentless implementation efforts on the ground. It is important not to lose sight of these critical factors, all of which helped to achieve such monumental impact.

Whether you aspire to make a landmark change like eradicating a disease or to improve the health of your community on a smaller scale, this Playbook provides a principled and structured approach to implementation that will help to accelerate progress towards the impact you want to achieve.

While other technical resources provide details on **what** needs to be done, the Implementation Playbook guides teams on **how** to go about doing it: from identifying your

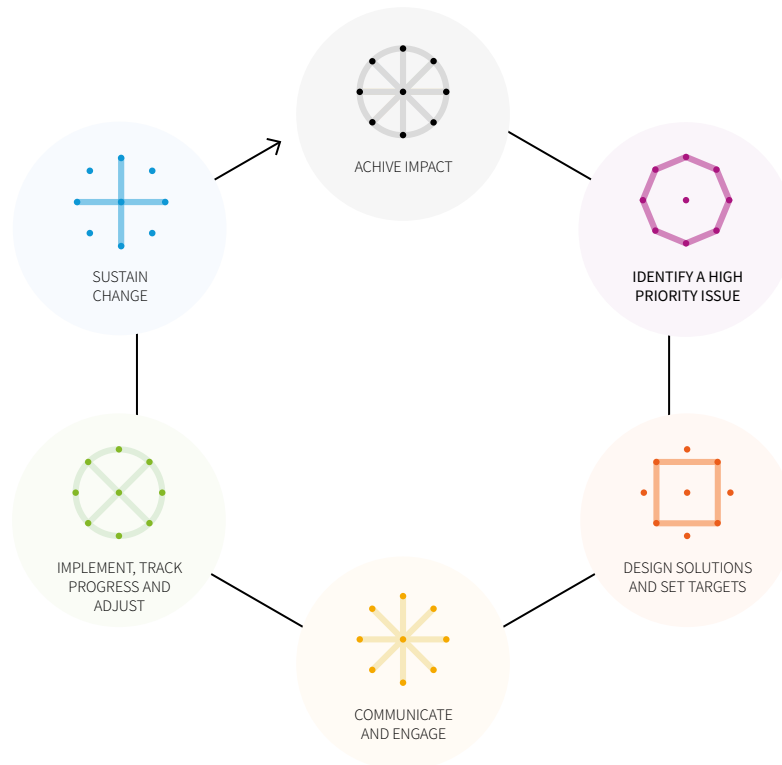
priority issues and setting measurable targets, through to problem-solving and creating an institutional culture of data-driven action.

What does the Implementation Playbook offer?

The Implementation Playbook is based on the core principles that data and planning are not sufficient endpoints in and of themselves: you need to keep asking **what for?** in order to initiate actions that are likely to keep up the momentum of your implementation efforts and increase the likelihood of reaching the desired results.

The foundation of the Playbook is an **impact cycle** (see Fig. 1) (1), developed in collaboration with the World Health Organization (WHO) Evidence-Informed Policy Network (EVIPNet) and adapted from their Policy-to-Action Cycle (Fig. 1) (1), which focuses on hands-on implementation and puts a strong emphasis on long-term sustainability for transformational change. The impact cycle provides a clear framework along with proven tools to advance your implementation efforts systematically and effectively. The process of applying the impact cycle to your work should be flexible and iterative, but the end goal remains clear: achieving impact means measurably improving health outcomes.

Figure 1: Impact cycle; Source: adapted from the ‘Evidence Ecosystem for Impact Framework’ in Evidence, policy, impact: WHO guide for evidence-informed decision-making (2021).



Public health measures are applied to complex working environments, with solutions (policies, strategies and interventions) that require collaboration and coordination. This Implementation Playbook recognizes these challenges but provides an approach which can filter through the complexity and keep teams aligned, sharpen focus on the next steps and connect the day-to-day work of implementation with measurable impact.

The impact cycle and Playbook content were developed by drawing on many best practices and resources such as WHO EVIPNet, Project Management Centre of Excellence (PMCoE) and Deliverology®, as well as on health systems and implementation science.

Who is the Implementation Playbook for?

This Implementation Playbook is designed to respond to the needs of a broad audience of health systems leaders and “change-makers” at all levels. It should be especially useful for those working with policy-makers

and programme managers, including those with roles and responsibilities related to delivering the health-related Sustainable Development Goals (SDGs). To that end, the Implementation Playbook can be used by anyone aiming to improve their implementation capacity and how they connect their day-to-day efforts with achieving impact.

How to use the Implementation Playbook

The Implementation Playbook and impact cycle recognize that implementation efforts need to be flexible and iterative. It has been designed so that you can follow the cycle stepwise from the first through to the last stage, but alternately may be used as a resource to consult on specific steps or topics based on your team’s level of advancement and needs. Although its content is interconnected, each chapter is intended to be effective as a stand-alone step. Throughout its pages, you will discover crucial topics such as using data and evidence for decision-making, stakeholder engagement, active problem-solving and considerations for promoting equity.



Box A. Use in WHO context

This Implementation Playbook was developed with WHO staff in mind as a collaboration between the department of Country Strategy and Support (CSS) and the division of Data, Analytics and Delivery for Impact (DDI). While it offers a clear advantage to those working closer to the action such as the country offices in their close partnerships with ministries and other development partners on the ground, it should also prove useful for staff at the regional level or headquarters who are engaged in some level of country-level implementation support. The approaches and tools that it develops provide a set of common principles and terminology that span all WHO levels and which are part of the driving force behind the Thirteenth General Programme of Work (GPW13) agenda and transformation process.



Box B. Gender, equity and human rights

The United Nations 2030 Agenda for Sustainable Development highlights the importance of interlinking social, economic and environmental factors in order to advance progress so that no one is left behind (2).

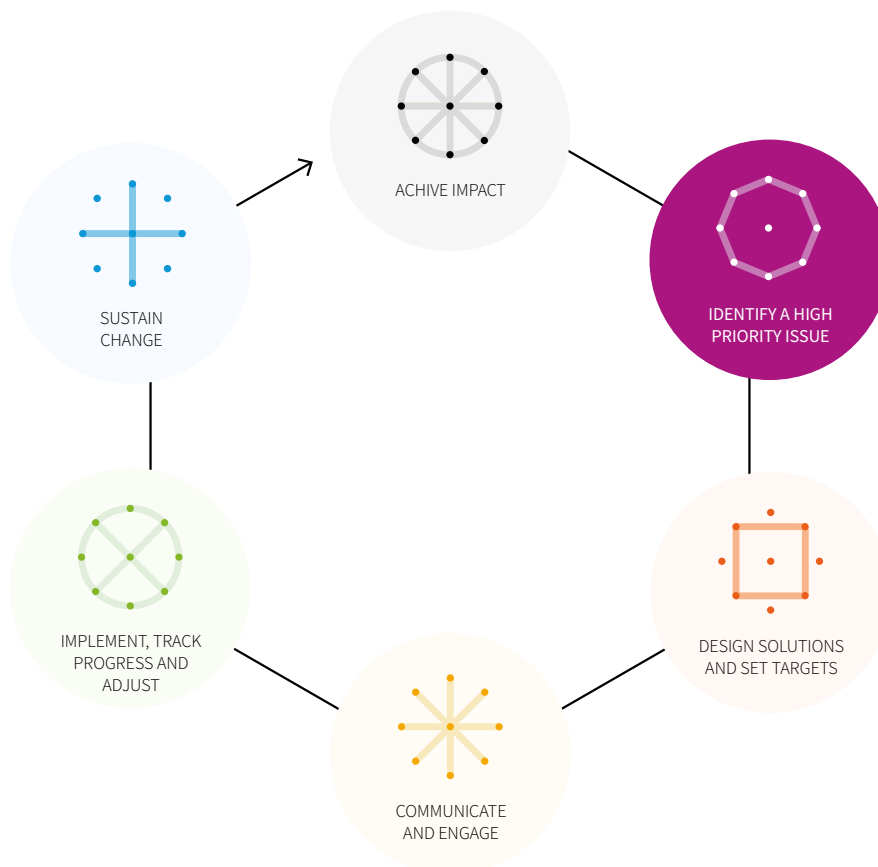
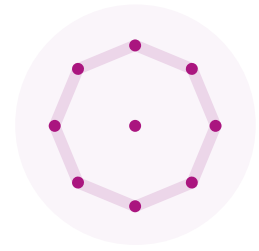
To this end, the Implementation Playbook promotes the WHO core values of trust, professionalism, integrity, collaboration and caring for people. These values are founded on the right to health, and through striving to make all human beings feel safe, respected, empowered and fairly treated.

The Implementation Playbook's content and tools are therefore well suited for disentangling the many determinants of health while recognizing that inequalities have to be addressed in order to promote sustainable approaches to health and achieving health for all.

Use the Implementation Playbook to establish and institutionalize these approaches and tools in your implementation efforts to overcome past, present and

future challenges. Applying the impact cycle to your work will help to enhance alignment, promote action and accelerate progress towards achieving impact.

1 Identify a high priority issue



In this chapter, we provide a step-by-step guide to identify a high priority health issue and unravel it in order to address the question: **What are you trying to do?**

1.1 Prioritizing and defining the health issue

Using data and evidence is an essential starting point that helps to understand the most pressing challenges and determine which actions to implement(1). But it is easy to get lost or distracted among all the information, so begin by prioritizing where you will focus.

The different prioritization approaches described below all have the goal of helping to identifying a health issue to target your efforts to deliver impact. They are not mutually exclusive, but rather complementary and can be very effective when used together.

- **Formal priority-setting exercise:** retrieve perceptions from diverse stakeholders in order to identify the key health issues to be addressed for the greatest impact (see Chapter 3: Communicate and engage for stakeholder management).
- **Existing strategies and agreements:** framing the priority in relation to pre-existing commitments will provide entry-points for smooth cooperation between your team and other partners.
- **Routine planning and other processes:** priority-setting may be required at specific intervals depending on operational planning, mid-term reviews or other institutional processes to define scope over time.
- **Opportunism:** consider leveraging emergent events that attract sudden attention and require a rapid response (e.g. an outbreak, crisis or media release).

After determining the type of priority-setting approach that best suits the needs of your team, there are a number of key steps to help you define the health issue.

Consult and utilize reputable sources of data.

Doing so will shape decision-making in the direction that aligns with and responds to the most relevant needs of your population. This first step helps to focus on specific areas for intervention, and to draw up a rationale for initiating action.

When reviewing data, consider the different types of data in order to identify the most pressing health priorities in terms of burden, risks and potential impacts.

- **Epidemiological data** (i.e. “burden of disease”), new cases (incidence), total burden (prevalence), deaths (mortality).
- **Risk factors:** a wide range of factors that influence health from genetic predisposition to external factors such as pollutants and socioeconomic factors that have a significant impact in preventable disease and deaths. Health issues arising from health risks are one of the priorities in the drive to improve health globally.
- **Health system indicators:** data on health system components and performance.
- **Comparative data:** to understand how findings in your setting relate to other localities or countries.
- **Impact data:** if already known or estimated, you can include the potential impact of relevant solutions as well as anticipated outcomes, which may include measures such as cost-effectiveness (i.e. cost per unit of health gained) and cost-benefit (i.e. costs invested vs costs saved).

Map the political and policy context.

Retrieving and analysing data may serve to describe trends in health outcomes without providing any description of the social and political dynamics that have resulted in such outcomes. You need to understand the history of the issue and its broader context to ensure that your efforts will have traction and achieve impact.

You may need to reach out to experts in the field, review reports and other documentation on the matter, and/or locate within your organization colleagues with sufficient institutional memory to provide applicable context. By expanding your overview of the health issue, you can narrow in on those stages of the impact cycle that will be most beneficial to you. Use the [Context Analysis Wheel](#) to support you in this step.

Convene key stakeholders.

Refer to the [Stakeholder Map and Analysis Guide](#) to identify those persons who will be most relevant to include in priority-setting. Collect information on the interests of different policymakers and stakeholders to help identify cross-cutting priorities. Then convene a meeting with influential stakeholders who have decision-making authority for setting priorities.

Example: during the 2013 Ebola outbreak in West Africa, an obvious priority was to limit transmission of the virus. However, another important issue turned out to be food insecurity. While it takes time to collect or analyse data even during an emergency, consulting the community directly brought many issues to light. It is therefore important to ensure that priority-setting (and ultimately intervention or programme design) is developed using participatory approaches, taking into account beneficiary input and feedback at every step of the cycle.

Assess and validate what is most important.

The crux of priority-setting comes down to assessing and validating a focal health issue (3). Firstly, it is important to frame the health issue in terms of the problem that needs to be solved. Once you arrive at a top tier of issues, review each one individually against [Assessing Readiness for Action Criteria](#) to determine which is most viable when moving ahead. Note that the political and policy context-mapping step above can also help to answer questions in the readiness assessment.

1.2 Framing the problem

After deciding on your priority health issue, it is important to explore the underlying causes and get an idea of the broader circumstances so that you can clearly articulate the problem that needs to be addressed.

Exploring *why* and *how* your priority health issue has emerged, and its likely consequences (now or in the future), will help you to address the underlying causes and understand where targeting your efforts is likely to have most impact and produce sustainable results (4).

One way of bringing to light the underlying causes is to use an [issue tree](#). This tool is useful for visualizing the factors that impinge on your priority health issue, by breaking issues down into smaller units that can be more easily addressed. An issue tree helps to:

- make complex challenges easier to understand, including identifying the underlying causes of your priority health issue;
- generate hypotheses for later testing;
- structure inquiry and subsequent data-gathering efforts;
- ensure that no underlying cause is overlooked; and
- develop a common understanding of the health issue (especially among diverse stakeholders).

Starting from the high-priority health issue you have identified, use the [Issue Tree Template](#) to build your own based on the following components:

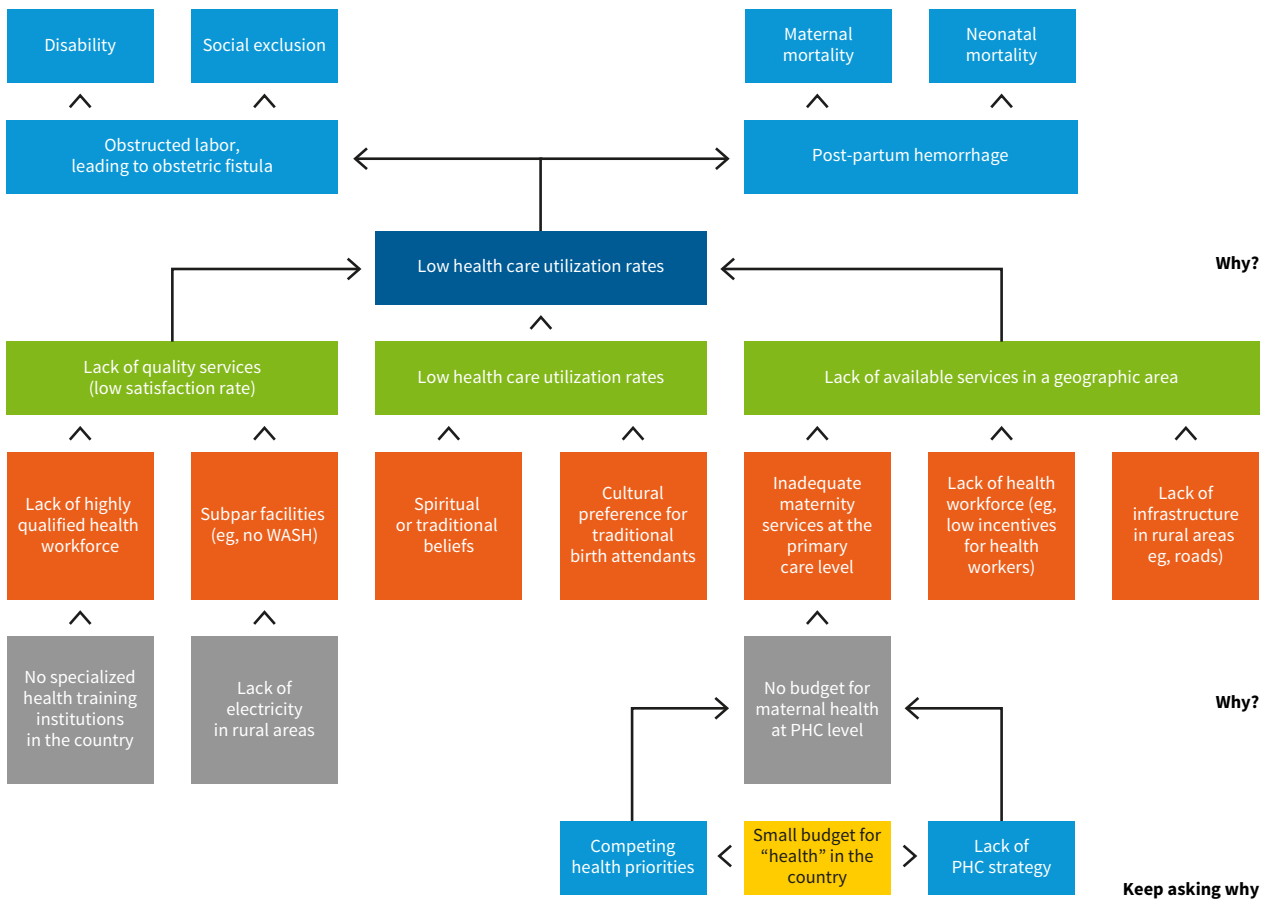
- the priority health issue positioned in the centre;
- direct and indirect consequences of the issue above or to one side of the priority issue (e.g. health outcomes, mortality, morbidity, disability, costs); and

- a list of the direct and indirect underlying causes of the issue below or on the other side of the priority issue.

The direct underlying causes can then be separated into smaller elements, with an outline of their probable causes such as individual-level knowledge, attitudes and behaviour patterns, human resources, sociocultural factors, programme design and policy or system factors (including economic and governance conditions).

Example: As seen in Fig. 2, a substantial number of factors can be identified and connected: some are root causes and there may be cross-cutting among several factors, e.g. a limited national government health budget.

Figure 2: Maternal health and low levels of institutional delivery in a country



Why?

Why?

Keep asking why

Once your priority health issue has been identified and its underlying causes explored, you will have generated a lot of quantitative and qualitative information – and need to make sense of all these details.

Develop a problem statement to simplify the complex landscape.

An effective problem statement is a brief paragraph mentioning key facts and data that helps to keep you focused on the priority health issue and clearly states why actions need to be taken. This can be especially useful when engaging others who have limited time, other priorities to consider and potentially less technical understanding of the issue.

Revisit the information from your priority health issue identification and prioritization processes and your issue tree, and then organize the items that are most directly compelling and relevant regarding your current challenge. Use the [Problem Statement Template](#) to clearly describe and contextualize the following issues:

- Who is affected? What is the scale or severity? What are the social and monetary costs?
- What are the root causes of the issue (which draws attention to the key factors you want to address)?

Example: “Every year, an estimated 9700 women die during pregnancy or childbirth” (describing the problem) vs “Country X ranks third among countries with highest absolute number of maternal deaths” (contextualizing the problem).

Then prepare for the solution:

- What has already been done locally to address the issue (including what did or didn't work to improve things)?

Tip for success: keep it simple!

- A problem statement is not about reciting numbers: use data to tell a story that grabs attention and provides something people can relate to.
- Absolute numbers versus rates are more effective for communicating data to non-technical audiences.
- Rhetorical devices can help to convey the scale of the issue and/or sense of urgency for taking action (e.g. every day/hour/minute, x number of events occurs... for every death, x number of nonfatal injuries occur... the rate in population x is at the level population y was 20 years ago...).
- Use simple and clear visual aids (e.g. tables, figures, maps, infographics) which can help reinforce your message.
- Always know the sources for any statistics, comparisons, or solutions you cite (and ensure they are reputable!).
- Be brief: ideally no more than a paragraph.



Box 1.A. Use in WHO context

Member States, WHO Secretariat and partners can adopt these approaches when they initiate the process of developing or revising national health policies and programmes of work, including biennial operational planning, consultation on country cooperation strategies, participation in the UN Country Common Analysis and Cooperation Framework or other such efforts.

WHO cooperation and strategy agreements

Member States periodically enter into agreement with WHO (e.g. WHO country cooperation strategies and biannual collaborative agreements), United Nations (e.g. United Nations Sustainable Development Cooperation Framework) and other international institutions in order to clarify priority areas for specific periods of time.





Consider the following list when identifying priority health issues

- Referring to National Health Policies, Strategies and Plans.
- Researching guidance on the development of a United Nations Country Common Analysis (CCA).
- Exploring WHO Guidance for Country Offices: implementing GPW for impact.
- Reviewing a specific WHO Country Cooperation Strategy to leverage any existing commitments within the agreement.
- Reviewing the United Nations Sustainable Development Cooperation Framework to leverage any existing commitments within the agreement.
- Revising existing global strategies adopted at previous iterations of the World Health Assembly to leverage any existing WHO commitments.
- Reviewing the [International Health Regulations \(2005\) Third edition](#) to disclose regulations for public health events of international concern such as epidemics.



Box 1.B. Gender, equity and human rights

Remember to consider how the priorities set by your team relate to and potentially affect different population subgroups. To ensure that your efforts contribute to the advancement of health equity, actions and measures to represent and protect rights must be integrated into each step of the process.

As you review literature and data to identify key health issues, it is important to recognize and consider which population groups are most likely to be impacted by the issue.

- Actively seek disaggregated information (by gender, age, ethnicity, income or other factor) to identify how different population groups are impacted by health issues (5).
- Once you have identified the population groups most affected by your selected health issues, consider the intersecting social structures that influence access to quality health care services, the conditions under which these population groups live, study, work and age (e.g. education level, housing, rurality) and their key health determinants.

When convening a group of stakeholders for priority-setting or drawing up an issue tree, it is important to consider some of the following factors.

- Does the group have equitable representation with regard to the country's demography?
- Are the population groups most affected by the priority health issues represented in the group? If not, will they be later in the process? How will this be ensured?
- Are the health issues and underlying causes identified by all stakeholders adequately considered?

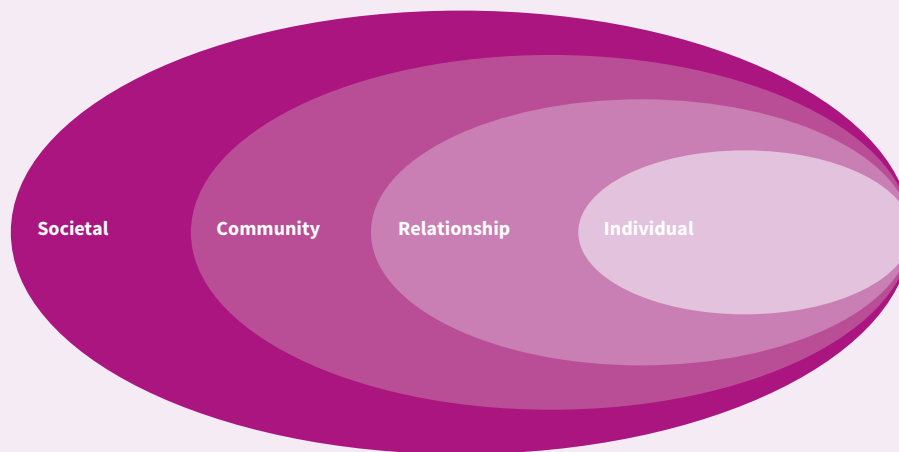
To identify the underlying causes of any health issue, consider the ecosystem of affected people-relationships-institutions, and social, environmental and economic health determinants(6) (see Fig. 3). Remember that the priority health issue will often have causes outside the remit of the health sector. Some questions to ask:





- Which interplay of underlying factors creates or is likely to create inequality and health inequities?
- How do people's interrelationships influence individual behaviour?
- How do communities or institutions influence interpersonal relations and individual behaviour?
- How do societal values and policies influence communities or institutions, interpersonal relations and individual behaviour?
- How do historical patterns influence, reinforce or amplify systems of oppression that are part of underlying causes?

Figure 3: Socioecological model of health (7)



Source: Models and Frameworks for the Practice of Community Engagement. Atlanta (GA): CDC/ATSDR; 2015

Box 1.C. Data-driven action

In addition to consulting local or national data available through relevant government entities, reviewing data in SDGs-focused dashboards may help identify specific areas to be prioritized based on progress towards the global goals.

- **World Health Data Hub.** The WHDH data repository is WHO's gateway to health-related statistics for all 194 Member States: it provides access to over 1000 indicators on a wide range of priority health topics.
- **Sustainable Development Report 2023.** The Sustainable Development Report 2023 is the eighth edition of an independent quantitative report of the Sustainable Development Solutions Network on the progress of UN Member States towards Sustainable Development Goals (SDGs). Region-specific versions of this reporting exist:
 - [Africa SDG Index \(2020\)](#)
 - [2019 Arab Region SDG Index and Dashboards Report](#)
 - [Europe Sustainable Development Report 2020](#)
 - [2019 SDG Index for Latin America and the Caribbean.](#)
- **WHO global reference list of 100 core health indicators.**

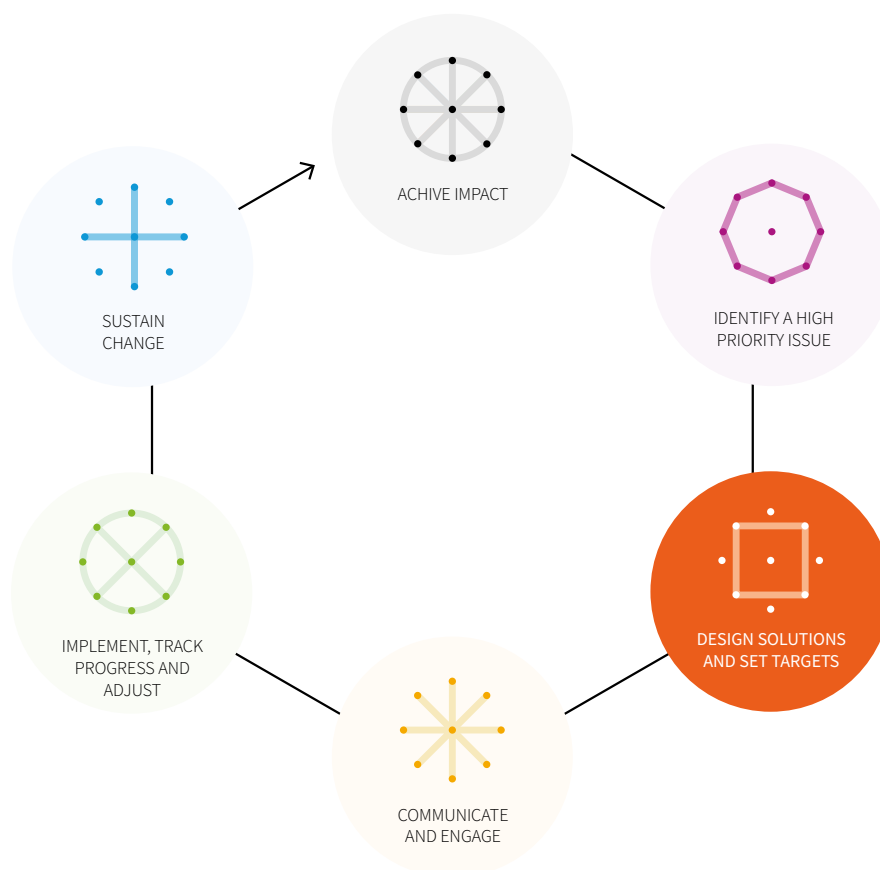
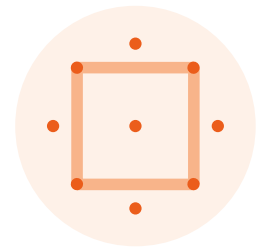
2

Design solutions
and set targets





2. Design solutions and set targets



After identifying and defining your priority health issue, it is time to turn to solutions. As with stating the problem, it is equally important to clarify what impact you want to achieve and what success will look like.

2.1 Determining your goal

Defining your goal articulates the impact or long-term health outcomes you want to achieve, and sets the direction for future efforts. It should be directly related to the challenge that is outlined in your problem statement, and defined under the responsibility of senior leadership in alignment with other strategy and direction-setting processes.

If you are starting from scratch, you should have several main considerations.

- Define your overall intention. Think of what your purpose is: if you were successful in tackling your priority health issue, what would be improved? What would positive impact look like?
- Ensure alignment with current organizational strategies such as vision or mission statements, including finding terms of agreement with relevant stakeholders or implementation partners. Acknowledging external influences can be particularly relevant for successfully implementing solutions (policies, strategies or interventions) and thus achieving desired results.
- Get specific. While your goal represents a broad aspiration, it should also be detailed enough to translate into actions and indicate the solutions which can make it a reality. This can be done by defining objectives as more specific statements of what you want to achieve towards your goal; it is common to

have multiple objectives in support of a single goal. This is also necessary for defining a quantitative target and indicator to measure success.

- Consider the 3Ms (8):
 - **Meaningful:** how much do people care about achieving the goal you set?
 - **Moveable:** (sometimes also referred to as 'Manageable') How far can the solutions you have prioritized go to achieving this goal? How much can progress towards your goal be accelerated with available resources or levers?
 - **Measurable:** How often does incoming data show progress towards this goal? How reliable is the data? How can the data be strengthened?

In some cases, your goal may already be clear from your organization mission or earlier strategic discussions but it is always good to pause and consider whether it adequately addresses the above considerations.

The following steps provide a guide towards answering critical questions about your goals and objectives: **How are we planning to do it?**

2.2 Identifying and designing solutions

Possible solutions may consist of various policies, strategies and interventions, or more generally any set of improvements that will help to change your priority health issue for the better. You need to prioritize your solutions using an approach that can size up the potential challenges, benefits and implementation considerations of the different options.

Start by reviewing the information generated while identifying priority issues and underlying causes from your issue tree. These are the factors you are trying to influence, mitigate and correct in order to achieve your goal, and helps direct focus towards which evidence-informed solutions are needed (4).

For most health issues, WHO proposes normative guidance and technical packages that list the most effective solutions based on evidence assessed using rigorous appraisal methods. These packages are available on its website and easily searchable. In addition, use any existing regional or national policies which may be more adapted to your specific context.

Example: some existing resources:

- [EVIPNet toolkit of evidence to policy resource](#)
- [Health Systems Evidence Databases](#)
- [WHO Europe Health Evidence Network Database](#)
- [Compendium of WHO and other UN guidance on health and environment](#)
- [NCD Best Buys, Second edition](#)
- [OneHealth Tool](#)
- [Global database on the Implementation of Nutrition Action](#)
- [WHO Framework Convention on Tobacco Control: MPOWER measures](#)

If normative guidance is not available or if you want to complement it, you can also turn to using systematic reviews to inform your which options are most effective. Systematic reviews are scientific studies that identify, select, analyse and summarize the latest body of evidence on a specific topic or research question. They are a key source of information in policy-making and designing solutions, particularly in terms of summarizing the effectiveness of different options, highlighting factors that modify those effects and noting other considerations for implementation.

To use the systematic reviews, you may refer to the dedicated tools such as AMSTAR (Assessing Methodological Quality of Systematic Reviews), GRADE (Grading of Recommendations Assessment, Development and Evaluation) or GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative research). Always remember to weigh up evidence for conditions that make it applicable to your context. You may also find reviews of potential solutions through resources such as expert technical organizations, recognized professional entities, peer networks and other policy, strategy and implementation teams working on similar issues. If no systematic review is available to suggest solutions for a specific health issue, evidence summaries and high-quality primary case studies can be considered.

When investigating systematic reviews, some databases in the public domain include Research Evidence, PubMed, Cochrane Public Health, Cochrane Library, PsycINFO, Embase, CINAHL, Web of Science and Lilacs.

After gaining a detailed knowledge of the evidence landscape, compile an initial list of potential solutions identified. Usually, it is sufficient to present a few options

to address your priority health issue. These options may be mutually exclusive if stakeholders decide to choose one rather than the other; or they may be complementary, whereby implementing them concurrently can address the problem in a comprehensive manner. Likewise, the options may cover only a few underlying factors while acknowledging that there is a need to work on others, or be extensive enough to cover all the main underlying causes.

Assess your list of options.

Use the Assessing Readiness for Action Criteria and Rapid Assessment of Potential Solutions tools to systematically review each option by clearly spelling out the benefits, potential challenges or limitations, resource requirements and uncertainty associated with different solutions.

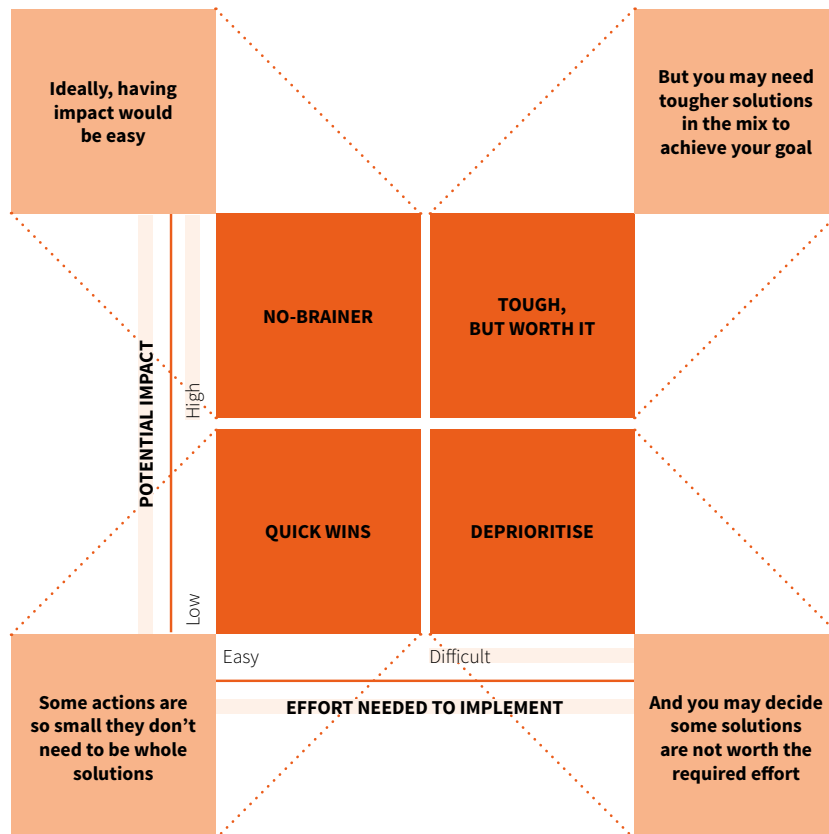
After you have narrowed your list of potential solutions and done a rapid assessment, you need to prioritize and choose the most feasible and impactful option to implement. Prioritization is an important component of

effective implementation and delivering on your goal, for the simple reason that *if everything is a priority, then nothing is*. Prioritizing solutions obliges you to follow a principled approach when deciding on solutions, and aligns stakeholders (especially implementation partners) early, so that you can set and maintain focus on a few actions at any given time.

This step is important because resources are usually limited – so it helps to provide a rationale for directing efforts that will move you towards achieving your goal. The process should involve the key stakeholders and decision-makers who figure in your Stakeholder Map and Analysis.

Conducting an exercise with tools such as the Prioritization Matrix can help you to win perceptions from your stakeholders when adopting a set of solutions for initial prioritization. This process may bring to light specific challenges or opportunities associated with a given solution that will need to be kept in view as part of the broader context for implementation.

Figure 4: Prioritization matrix showing potential impact versus effort needed to implement



A prioritization matrix can help you to stay focused on what stakeholders agree are the most important considerations, and to find consensus around an appropriate level of ambition. Fig. 4 provides an example of this process that can easily be adapted, using two commonly used criteria:

- effort needed to implement; and
- potential impact or effect size of the solution (policy, strategy or intervention).

This is not an exact science, and there are a number of considerations you can use for prioritizing, including both technical and political factors such as the magnitude and severity of the problem, relevance, urgency, feasibility, difficulty of implementation, cost of implementation, value for money, windows of opportunity and potential for impact

(3). As a group, you should agree on the criteria which apply to your matrix and discuss where to place individual solutions in their respective quadrants, and relative to one another.

Step back and analyse the results in order to establish your priority ranking and consider the various trade-offs. For example, if your criteria are “impact” and “effort needed to implement” the options could be summarized as:

- **tough but worth it:** high impact/difficult to execute – these are the highest priority items and should be given sufficient resources for maintenance and further improvement;
- **quick-win:** low impact/easy to execute – often politically important and difficult to eliminate, these items may need to be redesigned to reduce investment costs while maintaining impact;



Box 2.A. Use in WHO context

In the WHO context, the identification and prioritization of solutions (policy, strategy or intervention) take place at different times in the policy and planning cycle, notably following the development of country cooperation strategies and their midterm evaluations, and ahead of each biennial planning process when new programmes or projects are designed and implemented. The process usually precedes decisions on resource allocation.

WHO offers a wide range of technical guidance and repositories offering potential solutions which you may wish to consult (note: some repositories are only accessible with a WIMS account).

- [WHO Guidance for Country Offices: Implementing GPW13 for impact](#)
- [Normative products](#)
- [Global health public goods list](#)

It is crucial to consider not only how your goal and solutions form the basis for impact, but also how they can support broader goals for Member States such as their national health priorities and the 2030 Agenda for Sustainable Development. Accordingly, prioritized solutions should:

- be related to national-level strategic goals;
- align with WHO’s focus on country impact: solutions should be proven to improve the health of communities, and provide a guaranteed path to success;
- be relevant for community outcomes: solutions selected should offer strong evidence for improvement, including significant public-facing attribution criteria and irreversibility; and
- enable a clear focus on tracking impact in the short, medium and longer term.

The [WHO Project Management Center of Excellence \(PMCoE\)](#) offers a useful benefits vs risk analysis tool that can be used as a resource to assess and prioritize potential solutions.



Box 2.B. Gender, equity and human rights

To be sure that the selected solutions (policy, strategy or intervention) contribute to the advancement of health equity, it is important to reflect on gender, equity and rights issues and consider relevant actions at each step of the process.

As you assess potential solutions to address your key health issue or challenge, you should be able to identify and take into consideration those population groups likely to be most impacted by your selection policy, strategy or intervention (9).

- What are the equity considerations for each option (in terms of financing, implementation and governance)? Do they address all populations in an equitable manner? Do they harm/benefit specific groups, without influencing others?
- Look for historical evidence on whether similar strategies have affected or had any negative consequences for any groups.

Consider those who are excluded and ensure that the priority-setting group equitably represents the contextual demography. Those groups most affected should be represented at the appropriate steps in the process.

- **no-brainer:** high impact/easy to execute – these are long-term efforts which have a great deal of potential but still require energy and resources: focusing on too many of these items can overwhelm the team; and
- **deprioritize:** low impact/difficult to execute – these are the lowest priority items and should be phased out, allowing resources to be reallocated to higher priority items.

This is an iterative process; reflect on each solution relative to the other options and reach an agreement.

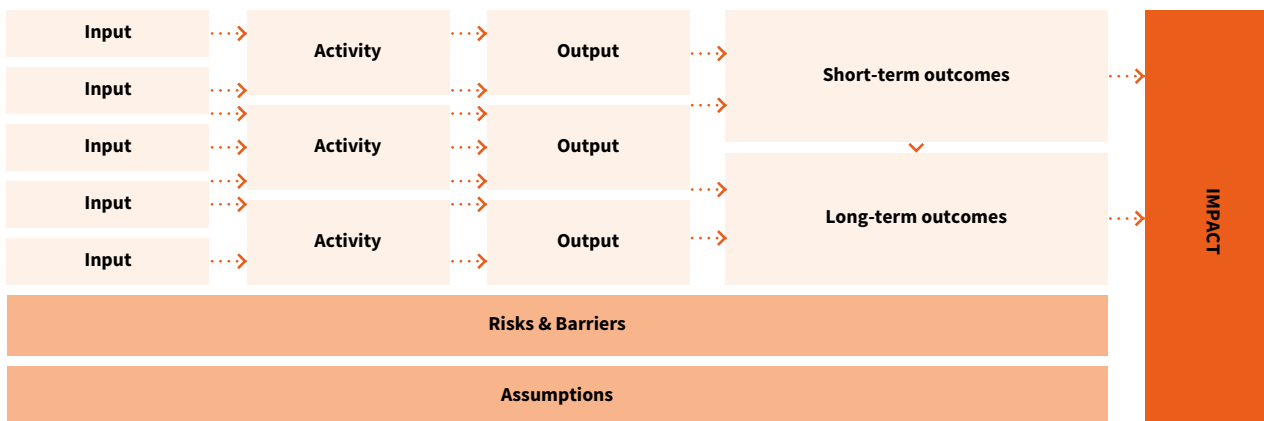
2.3 Developing a theory of change

After you decide on your priority solution and can show not only how it connects to your goal but ultimately how it will resolve the priority health issue and its underlying causes, you should develop a theory of change. The main principle for a theory of change is to outline the components or activities which are specific to the solution, and show

how they can improve outcomes in the short, medium and long term in order to achieve the desired impact (10). While traditionally theory of change has relied heavily on tacit knowledge, research and available evidence should be drawn upon to help clearly identify the mechanisms of action to create impact.

When drawing up the theory of change, be clear about your key assumptions, especially the nature of the change itself and major risks to which it may be exposed. This includes identifying why certain actions or components of the solution may act as enabling factors for change in a given context, and determining external factors that may influence those levers. It is particularly important that assumptions about the hypothetical relationships in the theory of change are made explicit and assessed against available empirical evidence.

An example showing the main components for an effective theory of change is shown in Fig. 5. To ease the development of this framework and provide a point of reference, you can use or adapt a [Theory of Change template](#).

Figure 5: Main components of a theory of change for implementation efforts

Moving from planning into implementation, ***How will you know whether you are on track?***

2.4 Setting targets and charting acceleration scenarios

Once your goal has been set and solutions are prioritized, it is time to turn things into clear objectives and measurable targets that will help drive implementation efforts towards the positive impact you want to achieve. Building from your theory of change, each component identified should be complimented with a defined objective and quantitative target. Indeed, without explicit objectives and targets as a roadmap, your goal is at risk of becoming merely a weak aspiration or statement of general intent.

Setting targets and charting acceleration scenarios provide a central tool to guide your efforts through the implementation process from start to finish. They should be used not only to monitor progress but to signal when problem-solving and course-correcting actions are needed. Combining a target and acceleration scenario allows you to confidently answer at any point of time whether you are on track.

For each component of your theory of change, there should be a strong link to what you have defined as your goal and objectives. Then based on what you have identified as the desired outcomes you will need to identify relevant indicators that can be measured, and use acceleration scenarios to set a quantified target for the results you want to achieve. These scenarios and targets are a central tool to guide your efforts through the implementation process from start to finish.

Setting targets and charting acceleration scenarios can be broken down into a few steps to provide an approachable and adaptable tool for all types of health issues and solutions. While this process relies heavily on data, you should ensure that relevant stakeholders are involved in the discussion, and keep in mind the importance of ownership, representation and technical expertise.

Choose an appropriate indicator to measure.

Choosing which indicator makes the most sense depends on the goal you have set. It will serve as the goalpost that clearly marks when you have achieved the impact or positive long-term health change you are trying to achieve. Make sure that the number of indicators is appropriate: too many indicators can lead to nothing getting done because of the burden of monitoring and reporting. A small number of meaningful indicators is generally sufficient to track and accelerate progress. Often, a single indicator may suffice. Be mindful that there are possible challenges:

- **Ensure relevance.** Change is not impactful if you “hit the target but miss the point”. Similarly, it is not useful to choose an indicator so far removed from chosen solutions that it bears little relation to them. Ideally, you ought to choose a health outcome indicator directly related to the solutions you have identified.
- **Consider unintended consequences.** Often, once something starts being measured it prompts people and systems to shift too much focus into that specific area. This situation may lead to unintended consequences that cause progress to stagnate or slacken in other areas – which may or may not be measured. Be vigilant and explore suspected negative effects in other areas.

- **Be careful of gaming.** Measurements can be manipulated, or practices can be tailored to making a specific measurement look good without real change behind it. You may need to routinely monitor gaming of targets through audits or inspection.

Example: as its goal, a team has decided to reduce the burden of vaccine preventable diseases among infants in their district. They could choose either an impact indicator such as the incidence of diphtheria, measles or other disease or an outcome indicator widely used for monitoring vaccination programmes and relevant to the objective such as the percentage of the target population (infants) receiving a third dose of diphtheria-tetanus-pertussis (DTP) vaccine. They opt for the DTP3 indicator since it is well-known, regularly collected and provides good quality data.

Use data to establish a business-as-usual scenario.

Once you have identified the indicator you intend to work with, you need to generate an agreed view of how the indicator would perform if no further intervention were taken. This is known as a *business-as-usual scenario* and should be considered a prerequisite to developing a target. It helps to understand the “gap” between anticipated performance and what you want to achieve, thereby avoiding a scenario that is too lofty and ultimately unrealistic.

- **Gather all the data** about past progress and performance relating to your specific health issue, including trends and forecasts of likely performance without further intervention, and consider any known variables or patterns that might influence future progress. Also ensure you have or can express a baseline for the indicator as close as possible to the time at which you start implementation – this will be the point of comparison for assessing the impact of your own solutions.
- **Plot the observed trend and extrapolate** this to the date on which you intend to achieve your goal. You can do this by extending the course of the trend realistically towards the target date, assuming that the business-as-usual scenario will continue to follow the same trend as indicated by data (i.e. straight, ascending vs declining, linear vs similar rate of change).
- Establish whether **progress** has been linear, or there have been “peaks and troughs” in performance. This is important for understanding your solution’s starting point and having a better assessment of the gap you want to close. Cross-check data and document the results of the business-as-usual baseline. Be prepared to adapt and change any baseline that has developed, especially if new data or information become available.

- **Anticipate variations in performance** related to different conditions (e.g. between districts or different age groups) that may influence overall performance. When disaggregated data for your indicator are available, use these to understand the underlying variations and their implications for implementing your solutions. Draw multiple business-as-usual scenarios for each relevant condition if required.

Example: having consulted previous vaccination programme data for their district, as well as national joint reporting forms for DTP3, a team used past epidemiological and surveillance data and demographic projection estimates to create their baseline and extrapolate their business-as-usual scenario. This included historical data but also expert opinion and information about programmed future small investments in the cold chain as well as using statistical modelling of readily available data adapted to their own context.

Choose a target.

After establishing your business-as-usual scenario and factoring in what is known about the effect size of your prioritized solutions, you can choose a target. At its simplest, a target tells you what you want to achieve and when you want to achieve it. It is not just a measurement point: it should clearly specify the desired level of improvement by translating your goal into a quantitative entity.

Example: the team tracking DTP3 coverage in their district chose the following target: Increase DTP3 coverage in the district from 55% to 85% over the next three years.

Chart an acceleration scenario for reaching your target.

The timeframe you set to reach your target may be months or years from your starting point, but an acceleration scenario helps to chart the shape of progress over time as your solutions are gradually implemented. It models the timeline and pace required to implement different components of your solutions so that you can be realistic about the efforts needed and anticipate potential risks. Acceleration scenarios are a useful tool during implementation to gauge your progress and know whether you are on- or off-track to reach the target. To chart a meaningful acceleration scenario, ask yourself the following questions:

- What data do I have about the impact of various solutions? Are there modelling studies or tools to help me understand anticipated effects over time?

- What do I know from implementing similar solutions which might suggest what to expect this time around?
- What can I learn from benchmarking progress in similar countries, states or departments to be able to recognize successful implementation?

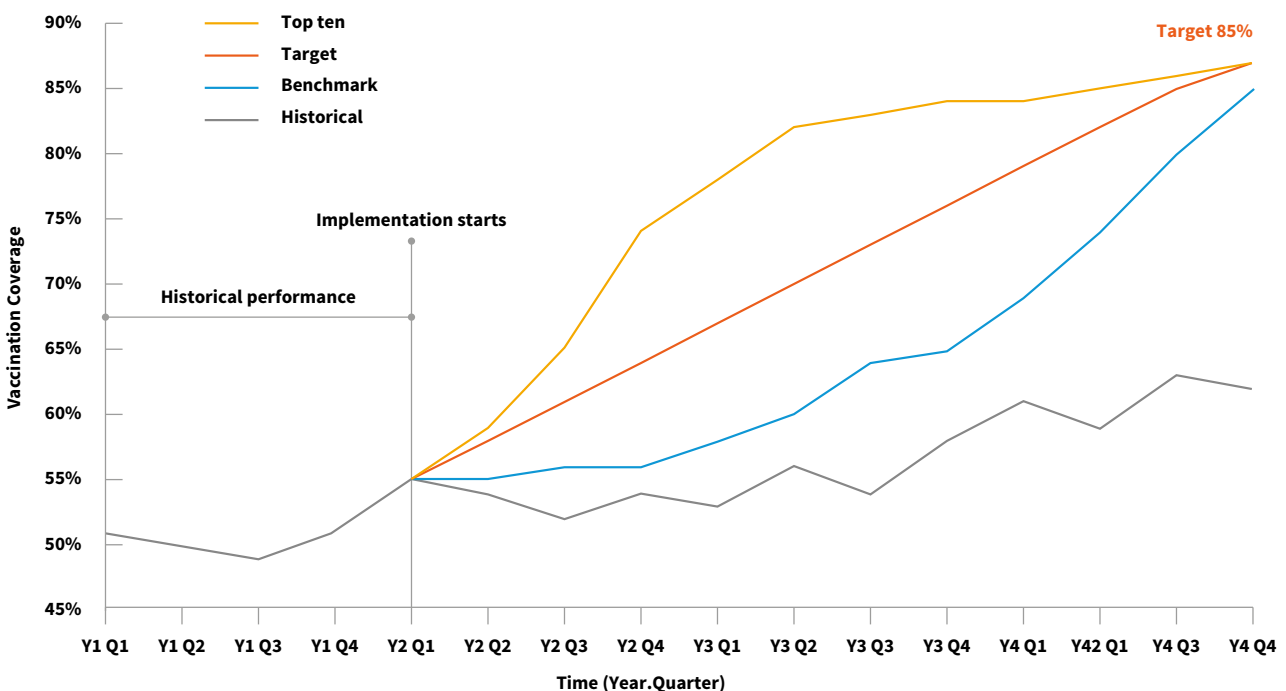
Based on how you answer the above questions, consider the following broad types of acceleration scenarios: they may provide a framework for thinking about your own implementation conditions:

- A delayed acceleration scenario indicates a slow start to progress. This may be because of the work and investment required before impact can be seen, or because behavioural change is necessary. For example, before seeing greater increases in DTP coverage it may be necessary to boost workforce training on vaccination, invest in cold-chain capital or run mass health promotion campaigns on vaccine safety.
- A steady acceleration scenario reflects much more linear, steady progress.
- A front-loaded acceleration scenario usually suggests initial quick wins. Progress may decelerate as the target deadline gets closer, owing to early quick wins. In this situation, momentum may slow moving towards the target deadline (i.e. process changes that can dramatically improve efficiency may level off after the initial period of adaptation).

The steps described above offer a simplified summary of the process. Establishing the baseline, extrapolating the business-as-usual scenario and charting an acceleration scenario may require input from technical experts on your chosen health issue. Unless you have the need, time and resources, charting an acceleration scenario to guide your implementation does not need to be a rigorous scientific endeavour; it can be a rational estimate based on available data and empirical evidence.

Example: after choosing DTP coverage as the main indicator, drawing a historical performance baseline and business-as-usual scenario and setting a 3Ms target, the team embarked on charting their acceleration scenarios. Using historical data, modelling and local expertise, a steady linear acceleration scenario was drawn up. The values of this first scenario were adjusted after benchmarking with similar countries to assess its feasibility and the likelihood of reaching the desired 85% DTP3 coverage after three years. Slower and faster scenarios were charted by updating the rate of change based on potential foreseen events – as exemplified in more detail in the paragraphs above – and their likely impact on progress. The resulting set of acceleration scenarios can be seen in Fig. 6. The team then compared these projected scenarios with real events and progress as soon as implementation started and adjusted them as required.

Figure 6: Example of DTP3 coverage acceleration scenarios

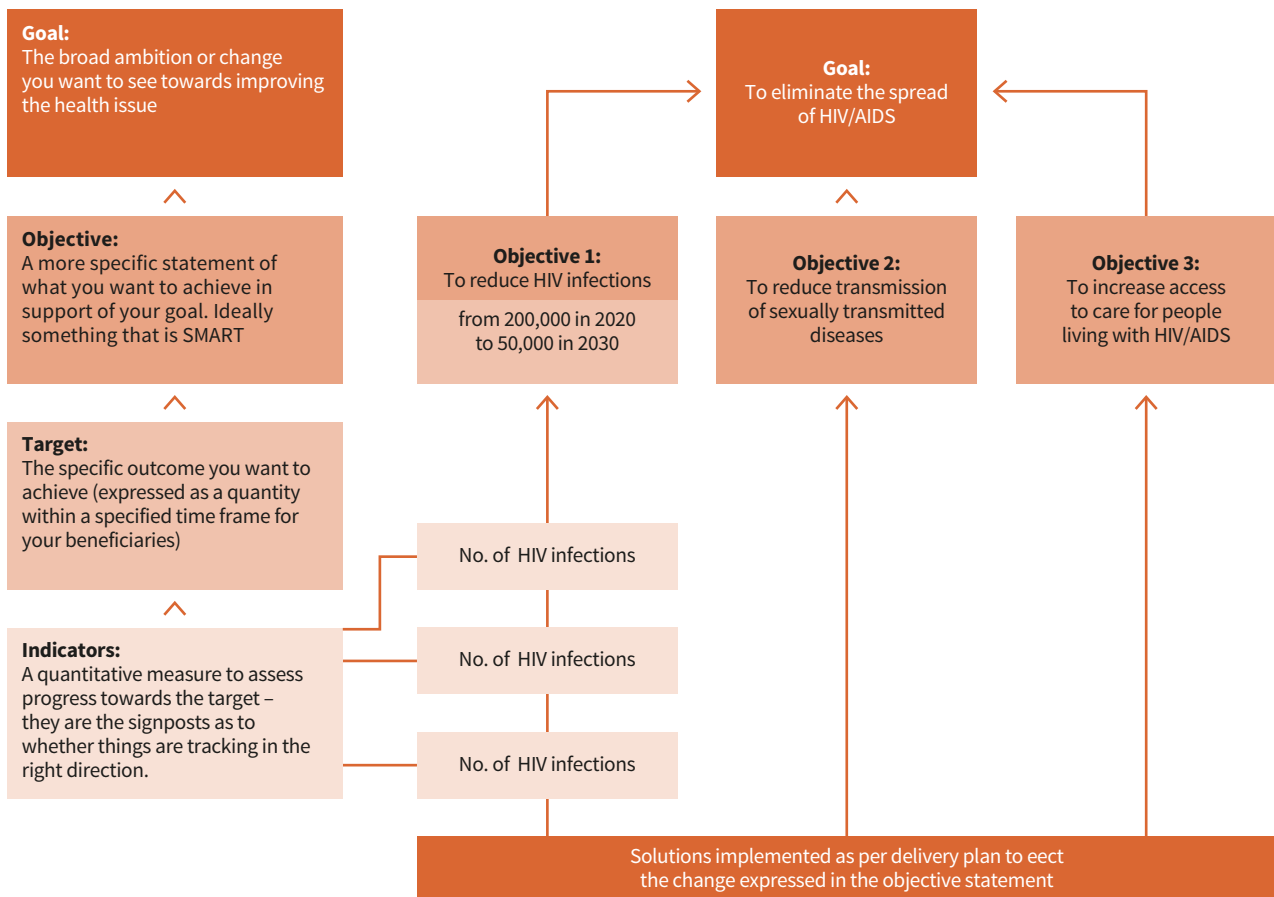


The Targets and Acceleration Scenario template can guide you through the development of your acceleration scenarios. The process of charting your acceleration scenario may sometimes be more complicated than just following the questionnaire. Other tools, like your theory of change, can be another source of information to guide your assumptions. Nonetheless, the process is often iterative, and may evolve as soon as you begin implementing. Remember that sometimes things get worse before they get better. In other words, there may be unanticipated dips or hiccups in trends at the start, but routine tracking will help to detect

potential deviations earlier, and allow you to apply various problem-solving tools for course-correcting, if needed.

Lastly, although your goal, objective, target and the indicators chosen to track progress may sometimes seem similar, it is useful to make a clear distinction between them. Your goal corresponds to the broad change you want to see, while your indicator is the metric used to measure success. Your target brings both together by translating your goal into a numerical commitment, as seen in Fig. 7.

Figure 7: Example of goal, objectives, targets and indicators



Tips for success: Data gaps can often make this step in the impact cycle a challenge – but do not let “perfect” be the enemy of “good enough”.

- Consider using global and regional estimates to complement data available at the local level when assessing future projections, especially if few historical data points are available.
- Consult experts both within your organization and from external partners to check your assumptions.
- Make allowances for external factors that could affect the performance of the indicator you select and be mindful of those potential interactions when developing scenarios and monitoring implementation progress.
- Conduct a target-setting exercise and chart acceleration scenarios to reveal where additional attention may be required for collecting data or synthesizing evidence.
- Explore whether there are implementation-related indicators that could serve as intermediate outcomes or are strongly related to your primary indicator/target: these can be measured and monitored more frequently to track progress and validate findings.
- Beware of receiving wrong, low-quality or even fabricated data: a consistently positive trend may hide actual problems that are not reported for fear of rebuke or for other reasons.



Box 2.C. Gender, equity and human rights

Gender, equity and rights considerations may seem irrelevant when plotting numbers on a graph. But they are crucial to ensure that differences observed between groups are considered when implementing your response. These differences may reflect variations in priorities between regions and specific areas or reveal inequalities between different groups that will need to be addressed and managed.

Drawing upon the equity data gathered in previous steps, go back to your targets and acceleration scenarios and draft them again, this time for different groups. For example, if the chosen target is 85% of individuals living with HIV receiving antiretroviral therapy by 2025, and you know that currently 60% of men, but only 50% of women are currently receiving it, plot the acceleration scenarios for these two subgroups.

Observe the differences and ask yourself the following questions:

- Considering existing differences between subgroups, to what extent is my target realistic for all groups?
- What would it take for a disadvantaged group to reach the expected target?
- Are there other groups which might be at a disadvantage when achieving this target? If so, what do their acceleration scenarios look like?

Think about how you can break down these issues into specific proposals and options to help overcome individual obstacles: this be useful during implementation.

Box 2.D. SMART

In addition to the 3Ms (“meaningful, moveable, measurable”) it is worthwhile to ensure that objectives and indicators chosen are rooted in a SMART framework – which is often used to assess the quality of objectives and indicators.

- **Specific:** does it adequately describe what needs to be measured in a clear and consistent manner?
- **Measurable:** can it be expressed quantitatively, measured consistently and produce interpretable results?
- **Achievable:** is it realistic for the timeframe and other potential constraints for the project.
- **Relevant:** is it relevant to the health issue and solutions implemented?
- **Time-bound:** is there a clear deadline or connection to a timeframe?



Box 2.E. Additional resources

For solutions (policy, strategy or interventions) that involve direct provision of services, refer to and make use of the [WHO quality health services planning guide](#).

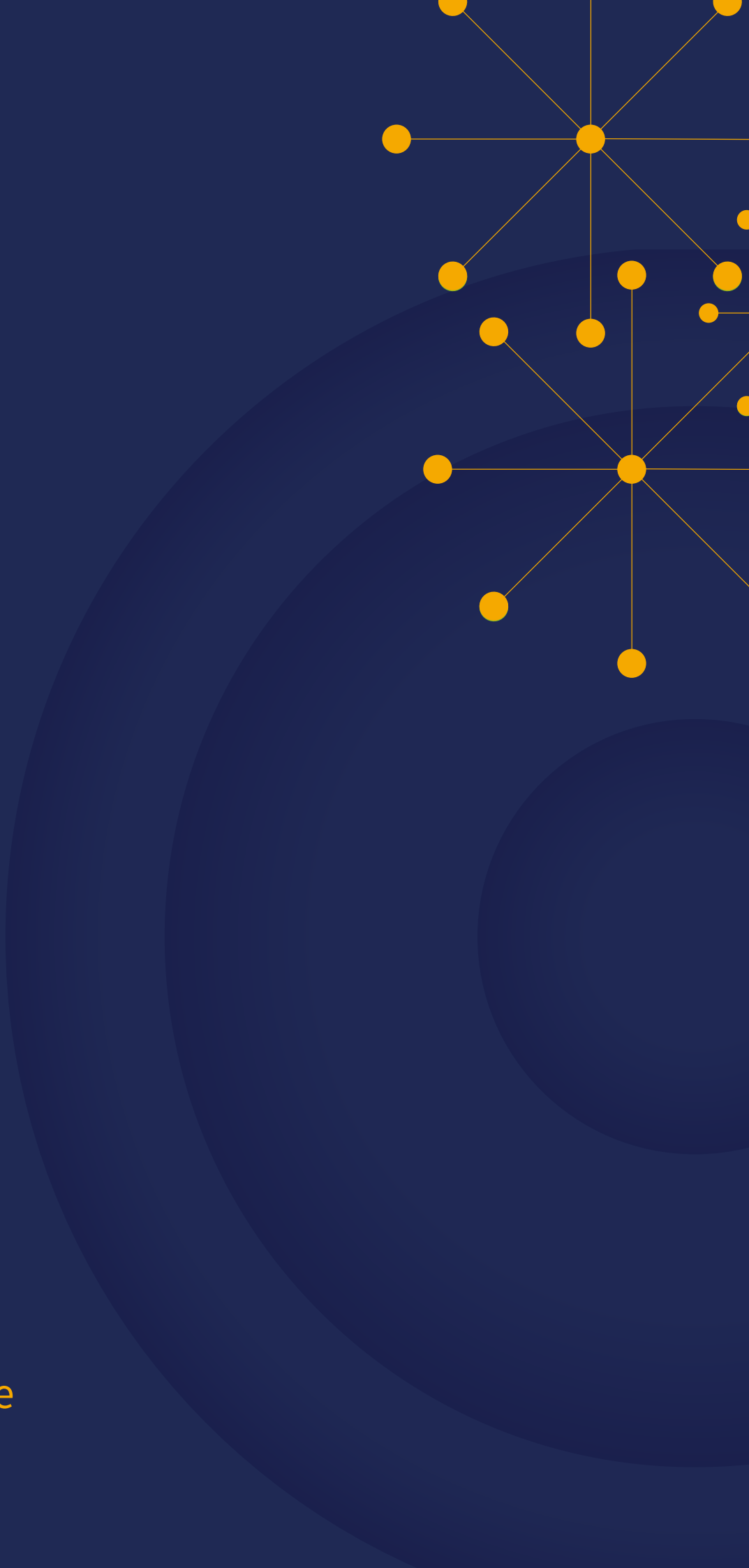
To establish indicators for monitoring performance and driving implementation, consider drawing from existing health systems metrics such as:

- [The International Health Partnership common M&E framework](#)
- [Health Systems Strengthening – Monitoring, Evaluation and Learning Guide and Compendium of Indicators](#)
- [Primary health care measurement framework and indicators](#)

Also consider indicators that target fidelity of implementation and which can be sourced from implementation science, e.g. [Implementation Research in Health: A Practical Guide](#)

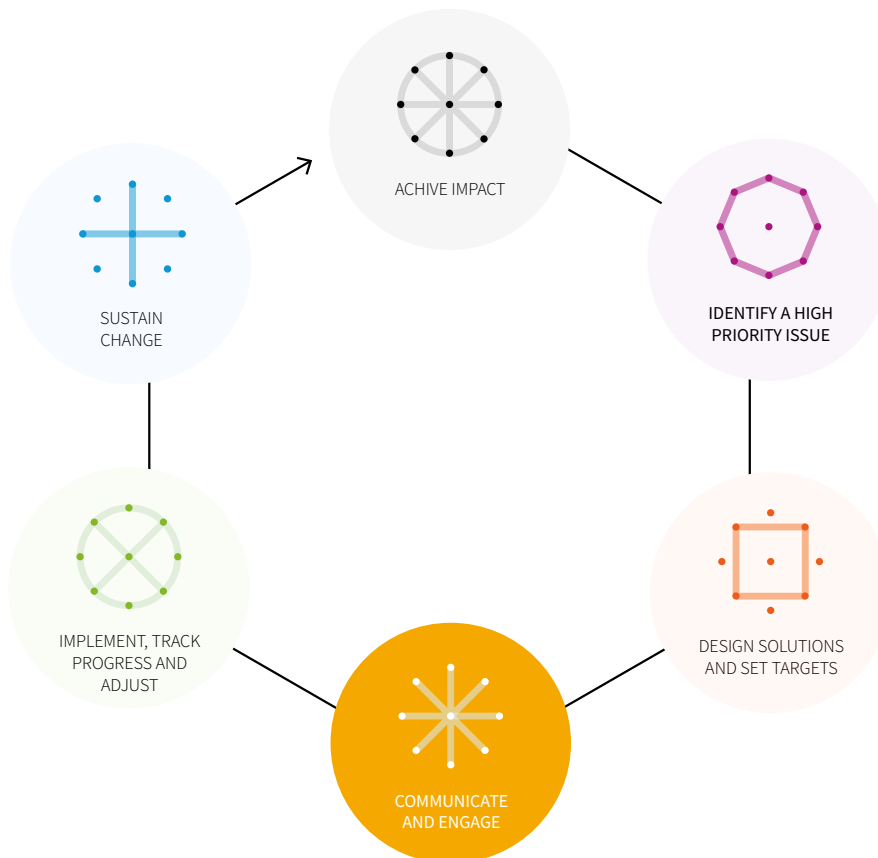
3

Communicate
and engage





3. Communicate and engage



Stakeholders are actors (persons or organizations) with a vested interest in a specific health issue or solution (policy, strategy or intervention) who have the potential to influence related decisions. Engaging stakeholders continually and at key points of the impact cycle will improve the likelihood of your being successful in delivering a positive impact for the issue concerned.

Mapping, analysing and engaging with stakeholders are all parts of a dynamic and iterative process, and not a one-off exercise. The earlier this process starts the better, since enabling large-scale change and achieving impact requires people to think and act differently.

Some of the benefits for engaging stakeholders early include:

- collective learning so that solutions and implementation planning are acceptable and feasible in their context;
- developing a sense of ownership for the selected set of solutions in order to make successful implementation more likely;
- increasing the area or scope of coverage for the implementation phase;
- safeguarding sustainable implementation of the set of solutions; and
- building a coalition of supporters, including people who will promote the health issue.

3.1 Stakeholder mapping and analysis

Stakeholder analyses should be done at different stages of the impact cycle depending on the objective, as seen

in Table 1. At every stage, it is critical to establish a clear picture of your allies, opponents and neutral parties, as well as their level of power and influence, in order to engage effectively with your stakeholders (11).

Table 1: Stakeholder analyses during the impact cycle

Stage in the impact cycle	Primary purpose
When prioritizing an issue	<i>To increase the likelihood of evidence uptake and buy-in</i>
When understanding the root causes of a health problem	<i>To understand the problem from different perspectives and mobilize support to address the problem</i>
When designing solutions for the issue	<i>To put a particular topic (health problem and its solution) on the agenda</i>
When planning to implement a solution (policy, strategy or intervention)	<i>To increase the likelihood that important groups will support a proposed solution</i>
When implementing a solution and sustaining change	<i>To identify implementation risks early on</i>

Source: adapted from Reich MR, Campos PA. A Guide to Applied Political Analysis for Health Reform; 2020 (11).

The following steps provide a guide to navigate through the process of stakeholder analysis.

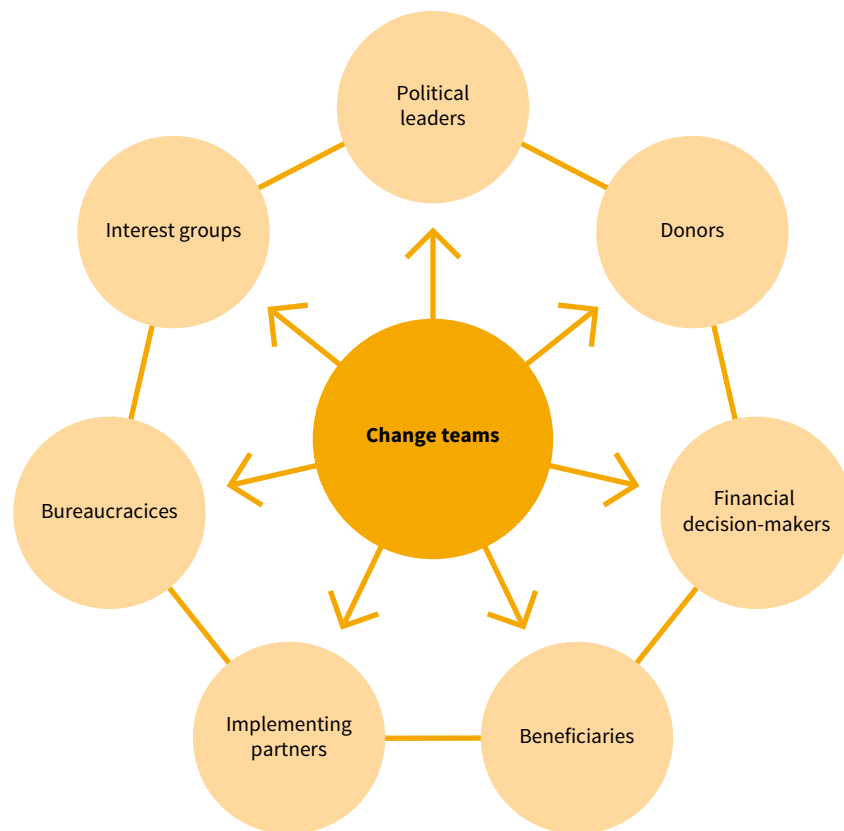
Define the Purpose.

Depending on the actual stage of the impact cycle, there are different reasons for mapping and engaging stakeholders: stakeholders will therefore vary depending on the purpose. For instance, you may want to include burden-of-disease experts in the first stage when prioritizing a health issue and defining the problem, but not necessarily during the implementation stage when it would be more relevant to include frontline health workers. Be sure to ask yourself:

- Where are you in the impact cycle?
- What is the main purpose of engaging with stakeholders at this point?

Identify stakeholders.

Once your purpose is clear, develop a list of relevant stakeholders. You can refer to (Fig. 8) to begin the process of identifying important stakeholders, then use the [Stakeholder Analysis Map and Analysis Guide](#) to be sure that you have captured this information in full. Note that depending on your context other categories may exist. Stakeholders at different levels of influence such as national, state and community levels need to be considered; they may stem from the health sector or other sectors allied to health such as finance, transportation, education, etc. Individuals in your own organization may also be stakeholders. Some stakeholders can belong to different categories (e.g. implementing partners could be part of the bureaucracy category or part of the donors category), also new categories are possible, again, think of what makes sense in your particular context. Start with a preliminary list and, as you engage, ask if anyone else should be included. Around 15 to 20 key stakeholders provide a solid foundation, a list which can be expanded or reduced depending on the objective (11).

Figure 8: Types of implementation stakeholders

Source: adapted from Reich MR, Campos PA. Political analysis for health policy implementation *Health Systems and Reform*, 2019 (12).

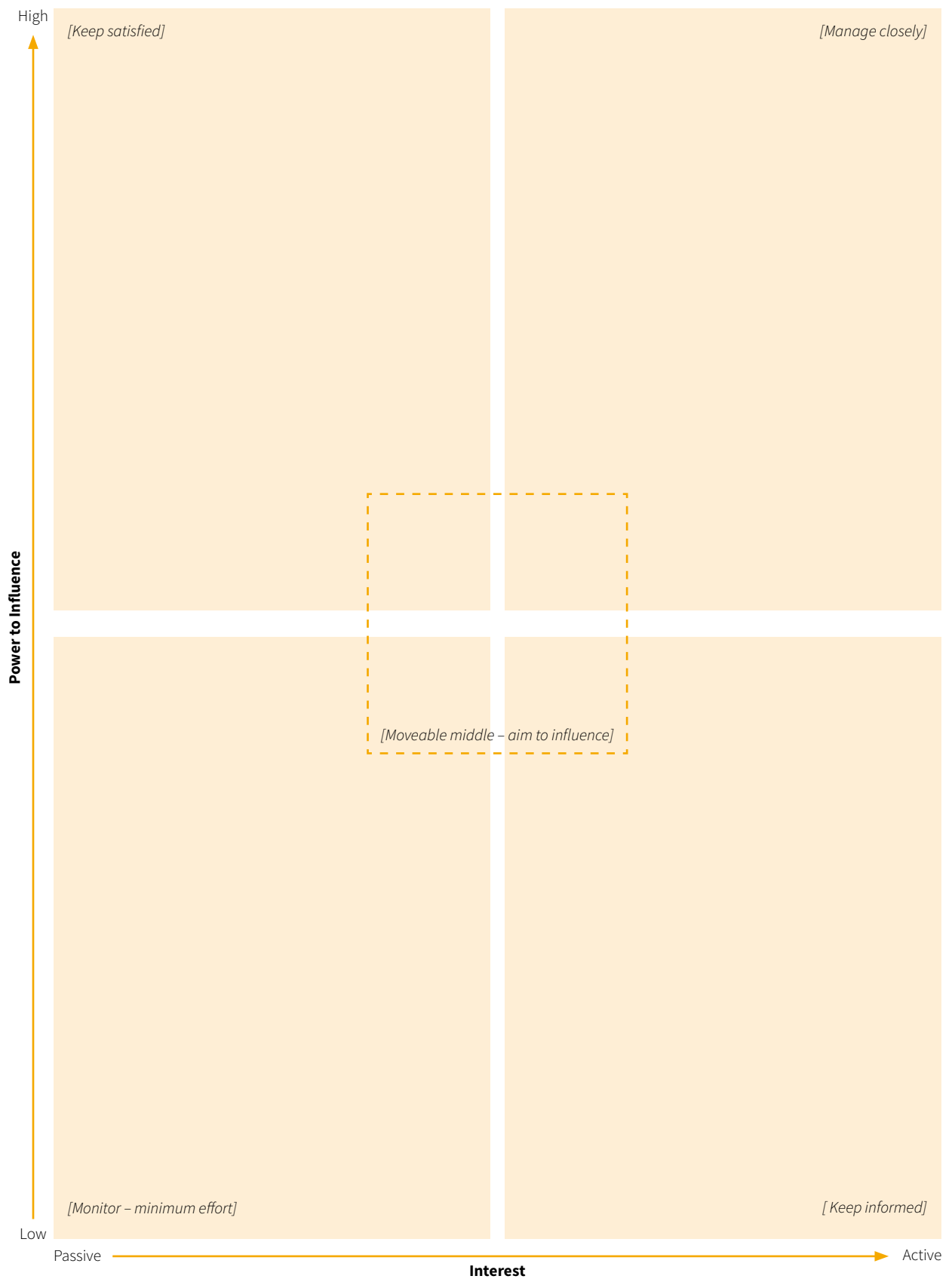
Assess interest and influence.

Using your list of stakeholders, focus on those you need for mobilizing support or driving actions based on your objective, then perform a mapping exercise using the [Stakeholder Map and Analysis Guide](#) to have a better understanding of your engagement needs (Fig. 9). Specifically consider the levels of stakeholders' interest in the issue/solution and their power to influence. By the end of the exercise, you should be able to summarize who supports or opposes change on the issue, as well as their leverage to drive action. This can help you to prioritize stakeholders for engagement at a particular stage

of the cycle, while remembering that some may need to be engaged at an earlier or later stage and others only to be informed versus directly involved.

Assessing interest and power to influence is not easy. Stakeholders may not be explicit about their interests or positions regarding a particular issue. This requires a careful triangulation of perspectives across different sources of information, such as public announcements, news or social media posts, published or drafted reports. You may also decide to conduct key informant interviews to collect more information about the stakeholder.

Figure 9: Stakeholder analysis map



The desired output is to have a completed table displaying the following information for each stakeholder that you have prioritized: stakeholder type, interest, power to influence (power), and position (Table 2). Stakeholder positions can be categorized as follows:

- **Supporter:** needs to be mobilized, not convinced. Explain what has to be done and why it is urgent.
- **Neutral:** needs to be persuaded about the importance of the problem.
- **Opponent:** needs to be persuaded to change or retract their influence. You should also be prepared to counter arguments and messages put out by opposing parties.

Table 2: Key characteristics for consideration during stakeholder analysis

Stakeholder type	Interest (Passive, Active, Neutral)	Power to influence (Low, Medium, High)	Position (Supporter, Neutral, Opponent)
Beneficiaries	-	-	-
Bureaucracies	-	-	-
Change team	-	-	-
Community members	-	-	-
Donors	-	-	-
Financial decision-makers	-	-	-
Interest groups	-	-	-
Political leaders	-	-	-

Example: a team whose goal was to reduce obesity nationwide prioritized introducing a tax on sugar-sweetened beverages as the policy solution. The mapping of key stakeholders on this issue yielded the following list:

- Ministry of Health
- Ministry of Finance: Internal Revenue Service
- Lawmakers' group 1
- Lawmakers' group 2
- Lawmakers' group 3
- Public health academics
- National NGO: general consumer protection
- Local NGO: focus on diabetes
- International donor 1: focus on child welfare
- International donor 2: nonexclusive focus on nutrition and NCDs
- Industry lobbyist: hospitality industry association
- Industry workers' union
- Industry: large beverage producer.

As can be seen in Table 3 below, stakeholder analysis revealed that a group of lawmakers was very influential

and vocal in favour of introducing the new tax. Other influential groups of lawmakers were either uninterested or preferred to remain neutral so as to not upset industry stakeholders. All key industry stakeholders were very interested but opposed the measure as a unified front. One of the industry stakeholders, a major producer of sugar-sweetened beverages, was identified as being especially influential and very active. The hospitality-industry lobby group and workers' unions were less organized, and their power was somewhat less relevant. Academics and experts in public health and nutrition strongly favoured the measure but had limited decision-making influence. The Ministry of Health was lukewarm to the idea and favoured different approaches to tackle obesity such as health education. The Ministry of Finance however did favour the measure, expecting a windfall from the new tax revenue. International donors and NGOs had various degrees of interest and power to influence depending on their size and the focus of their work. A local NGO tackling obesity was identified as a strong supporter.

Table 3: Key characteristics for consideration during stakeholder analysis

Stakeholder	Type of Stakeholder	Interest	Power	Position
Ministry of Health	Bureaucracy	Active	High	Mixed
Ministry of Finance: Internal Revenue Service	Financial decision-maker	Active /Passive	High	Supporter
Lawmakers’ group 1	Political leader	Active	High	Supporter
Lawmakers’ group 2	Political leader	Passive	High	Neutral
Lawmakers’ group 3	Political leader	Passive	High to medium	Neutral
Public health academics	Interest group	Active	Medium to low	Supporter
National NGO: general consumer protection	Interest group	Active	Low	Supporter
Local NGO: focus on diabetes	Interest group	Active	Low	Supporter
International donor 1: focus on child welfare	Donor	Active	Medium	Supporter
International donor 2: nonexclusive focus on nutrition and NCDs	Donor	Passive	Low	Mixed
Industry lobbyist: hospitality industry association	Interest group	Active	High	Opponent
Industry workers’ union	Interest group	Active	Medium to low	Opponents
Industry: large beverage producer	Interest group	Active	High	Opponent

3.2 Developing engagement and communication plans

In order to be most effective in your efforts you will need to carefully design how to interact with each stakeholder defined earlier, and develop engagement and communication plans.

Develop an approach for engagement.

Use the information from your mapping and your stakeholder analysis table to develop your approaches. Stakeholder analysis is not an end in itself but rather a means to enable and manage change. Different

engagement activities can be developed to attempt to influence two main factors:

- the power of stakeholders; and
- the position of stakeholders.

Here are some prompts to help you brainstorm an approach for each stakeholder position:

- **Supporter** – How can the power of supporters be increased so that they have more influence over the decision-making process? This might involve actions to boost supporters’ financial resources or give them more visibility in public media.

- **Neutral** – How can the number of supporters be increased? This might involve actions to mobilize neutral stakeholders by providing them with technical analyses showing how the solutions would benefit them or by offering incentives for them to show public support for the solutions. The number of supporters can also be increased by seeking consensus among key stakeholders.
- **Opponent** – How can opponents be persuaded to change their position from high to low opposition or even to supporter? This might involve attempts to negotiate about changing a technical aspect of the solutions, or by providing desired resources. How can opponents' power to influence be decreased? This might be done by questioning their motives, reducing their public visibility or denying them material resources.

For each stakeholder, you ought to choose an approach (and messaging) suited to the purpose of the engagement and specifically designed for each stakeholder. These elements help to form the basis for a [Communication and Engagement Plan](#).

Table 4: Stakeholder engagement approaches

Relation to impact cycle	Example of purpose	Example of engagement approach
When understanding the underlying causes of a health issue	<i>To understand the problem from different perspectives and gather support for addressing the health issue</i>	<i>Invite stakeholders to a focus group</i>
When designing solutions (policy, strategy or interventions) for the health issue	<i>To put a particular topic (health issue and solutions) on the agenda</i>	<i>Interview stakeholders to understand their position Conduct a policy dialogue</i>
When planning the implementation of solutions (policy, strategy or intervention)	<i>To increase the likelihood of important stakeholders supporting a proposed solution</i>	<i>Develop an advocacy strategy</i>
When implementing and sustaining change	<i>To identify implementation risks early on</i>	<i>Engage stakeholders in implementation planning and problem-solving sessions</i>

Source: adapted from Reich MR, Campos PA. A Guide to Applied Political Analysis for Health Reform 2020. (11)

Determine the method of engagement.

Depending on your timing and purpose, you will need to use different methods and intensity of engagement. For example, if the purpose is to understand the perspectives of people affected by a health problem, the primary reason to engage is information gathering, and you may opt for methods such as focus groups or surveys. However, if the purpose is to involve stakeholders in decision-making and planning, you may opt for more formal mechanisms to ensure their participation.

Past experience in your local setting (in the health and other sectors) is one important source for ideas about which methods will be effective, and lessons can be learnt from other countries or contexts where similar policies, strategies or interventions have been successful. You may wish to consider different communication and advocacy tools for various types of stakeholders (4) (see Table 5 below for examples).

Table 5: Communication and advocacy tools for various intended audiences (4)

Researchers	Stakeholders (policy-makers and influencers)	The general public
<ul style="list-style-type: none"> • Policy studies • Research papers • Working papers • Policy reports • Policy-oriented journal articles • Conference/seminar presentations • Less formal presentations in meetings or lobbying activities • Presentations to working groups and public hearings 	<ul style="list-style-type: none"> • Policy briefs, memos and fact sheets • Media (sound)bites • Newsletters • Policy reports • Infographics • Less formal presentations in meetings or lobbying activities • Presentations to working groups and public hearings • Documentary videos • Advocacy-based advertising • Email campaigns • Dedicated advocacy websites or pages • Social network • SMS/messaging campaigns 	<ul style="list-style-type: none"> • Articles in newspapers • Adverts, banners, posters, T-shirts, stickers • Radio and TV programs • Public meetings and hearings • Speeches to the public • Infographics • Documentary videos • Advocacy-based advertising • Email campaigns • Dedicated advocacy websites or pages • Social network • SMS/messaging campaigns

Source: Using the Integrated Knowledge Translation Approach. Guiding Manual. Copenhagen: WHO Regional Office for Europe, 2020 (4).

In addition, the *WHO Handbook on Social Participation for Universal Health Coverage* (9) referenced in Box 3.B will guide you on how to bring the voices of people, either directly through communities, or indirectly through civil society organizations, into the process of driving action for impact for your health issue.

One specific tool for stakeholder engagement is to develop an Impact Brief. Once you have decided on your solutions and set a clear target for reaching your goal, you can expand your communication toolbox by developing a convincing impact brief. Your impact brief can serve both as a tool for knowledge transfer and advocacy to build support among decision-makers when determining steps to take, as well as for those implementing your priority solutions in the future. The impact brief is distinct from the problem statement: the former is a very concise description of the health issue you are addressing, whereas the latter is focused on the policy, strategy or interventions and the support needed to advance them. A suggested initial structure and template are provided in the Impact Brief. You may use key points of your impact brief later to develop your value proposition.

You may also consider conducting a policy dialogue: this aims to gather key stakeholders and decision-makers to reach a clear way forward on a particular issue(13). A policy dialogue is used when you need a high-level decision to move ahead and focus on the key elements to implement your identified solutions. It can also be used to generate buy-in and ownership among a wide range of stakeholders crucial for the implementation process. A policy dialogue is an action-focused approach within the impact cycle, the function of which is to advance decision-making prior to or during implementation. It has several key characteristics:

- it is an iterative process rather than a one-off event;
- it considers both the technical and political aspects of the problem in question;
- it involves evidence-based and politically sensitive discussion;
- it includes a broad range of key stakeholders; and
- it has a concrete purpose or outcome in mind (e.g. a decision, plan or deliverable).

The policy dialogue can be conducted at any level of the health system where there is a perceived problem and a decision or other action needs to be taken in order to make progress. Health issues should increasingly be considered multisectoral and include other “non-health” ministries: this should be reflected in your policy dialogue process. It is important to think about the timing of engagement and communication. It should be opportunistic, but also aligned with key policy and planning cycles, where possible or relevant, to ensure that resources for implementation will be available when needed.

Conducting a successful policy dialogue process requires significant technical and logistical preparation, and a firm understanding of the context you are working in (14). It will draw heavily on stakeholder mapping and analysis, and a clear understanding of where you are in the impact cycle. Depending on your selected approach the [Policy Dialogue Checklist](#) may be useful, although not all its steps will be relevant for smaller, more intimate senior-level dialogues. For large, multi-stakeholder policy dialogues, you can refer to the applicable [WHO Evidence Brief for Policy manual](#) for

an even more comprehensive planning checklist, and adapt it to your needs (4).

3.3 Defining your value proposition

A foundational element of all engagement strategies is to communicate effectively not only about the health issue (see Section 1.2 Framing the Problem) but also about what you are doing to address it. Developing a value proposition statement is a simple but strategic tool for any engagement and communications strategy that succinctly conveys your goal and the solutions prioritized for implementation. The value proposition briefly states the most compelling aspects of your policy, strategy or intervention and how they pertain to achieving your goal. It is a tool that you can use opportunistically to communicate with stakeholders and through the media about your health issue and the solutions adopted. Completing the [Value Proposition Template](#) may be helpful but remember that it should always be adapted to your specific stakeholders.



Box 3.A. Use in WHO context

Convening stakeholders for policy dialogue is one of the core functions set out in the WHO Constitution for supporting implementation at the country level depending on context and health system capacity. Furthermore, GPW13 has repositioned policy dialogue as one of the four differentiated approaches to drive country-level impact (along with strategic support, technical assistance and service delivery). WHO, through its operational planning processes, is therefore routinely identifying areas for policy dialogue.

While the Country Strategy and Support (CSS) team has taken a leading role in defining a framework for convening country-level strategic policy dialogue, there are other WHO-led initiatives in technical areas that promote policy dialogue and cooperation, e.g.:

- [Global Action Plan for Healthy Lives and Well-being for All \(GAP\)](#) which has a major PHC component; and
- [Global Cooperation on Assistive Technology \(GATE\)](#) which promotes improved access to assistive technologies as part of UHC.

Such initiatives help to facilitate policy dialogue, mainstream WHO recommendations and convene stakeholders around challenges, while providing resources and technical support to Member States.



Box 3.B. Gender, equity and human rights

Engaging with various stakeholders should be an inclusive process. You should strive to bringing the voices of people, including all those potentially affected by your priority health issue and/or selected solutions into the engagement process. You can do this either directly through communities or indirectly through civil society organizations.

The [WHO Handbook on Social Participation for Universal Health Coverage](#) can serve as a guide for effective inclusion of those voices (9).

Your communications materials should reflect all the relevant gender, equity and human rights elements related to the issue about which you hope to influence decision-makers. Consider inserting a dedicated agenda item on gender, equity and human rights that allows stakeholders to discuss and move towards mainstreaming these concepts into their commitments.

You might also consider encouraging some user groups to address decision-makers about this topic as part of the policy dialogue.



Box 3.C. Additional resources

The [WHO Global Learning Laboratory for Quality UHC](#) contains a number of briefs demonstrating how policies, strategies and interventions that have led to systems change are included on this platform. The [manual on the integrated knowledge translation approach](#) contains valuable information on how to develop an evidence-based policy brief that can be used to develop your impact brief (4).

[PolicyMaker software](#) includes a toolbox of around 30 political actions that can be adapted to different contexts.

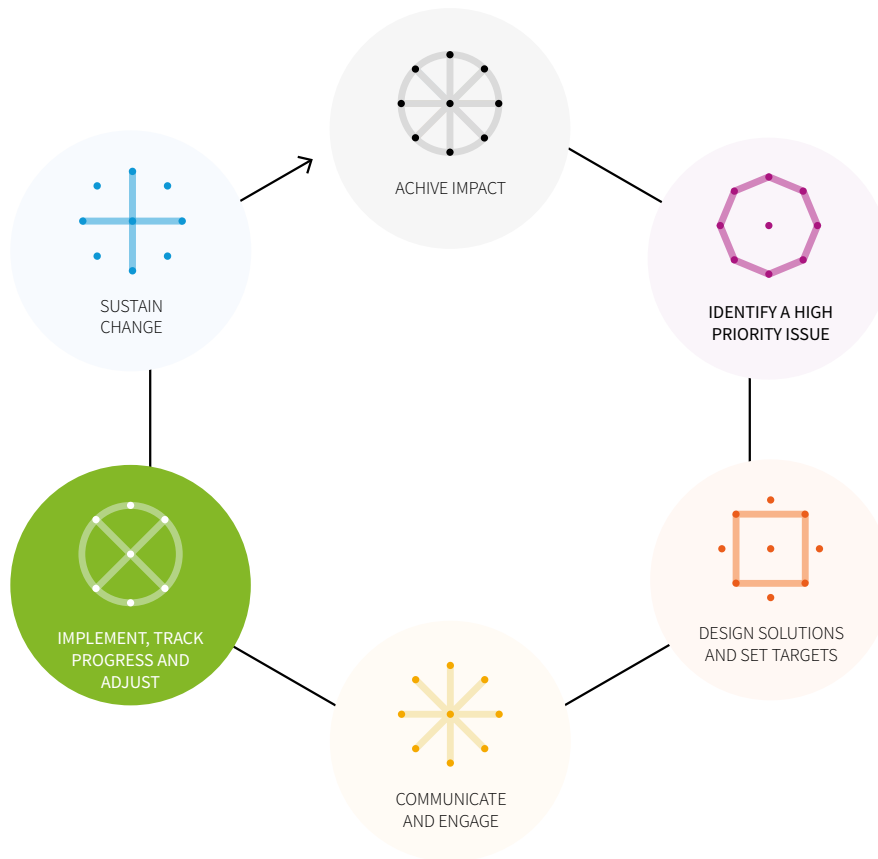
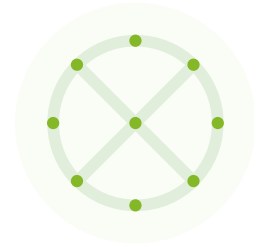


4

Implement, track
progress and adjust



4. Implement, track progress and adjust



4.1 Planning for action

All too often, brilliant plans are developed, but never implemented. This step in the impact cycle addresses not just planning what needs to be done but offers tools and techniques to mobilize how it will be done. It relates to a main question guiding delivery: **how will we know if things are on track? And if they are not on track, what are we doing about it?**

It is during this step, when implementation for your solution (policy, strategy or intervention) is fully mobilized, that delivery routines are established and most effort is expended. We provide new tools and approaches but also draw upon tools introduced in previous steps that support problem-solving and ongoing engagement with stakeholders.

After aligning with a high priority issue, defining your objective and identifying potential solutions to make progress, it is critical to have a thorough understanding of how implementation will occur on the ground. At this step, planning for actions using specific delivery tools such as the delivery chain and delivery plan can help maintain the momentum of your implementation efforts.

Draft the delivery chain.

This produces a comprehensive mapping of key stakeholders and interrelationships necessary for effective implementation of the solutions you choose to achieve the desired impact: the chain extends from top leadership to frontline workers and the ultimate beneficiaries – those whose lives you want to improve(8).

Unlike an organigramme, logic model, action plan or stakeholder map, a delivery chain concentrates solely on the implementation process for your policy, strategy or intervention. It is particularly useful for the following purposes:

- **Planning:** to ensure you are considering and building relationships with the most critical stakeholders when scaling up your implementation strategy.
- **Risk management:** to identify risks or weaknesses, and to devise feedback loops for information needed for decision-making.
- **Problem-solving:** to diagnose rapidly who and what is affected when implementation challenges arise, as well as to identify if other stakeholders and relationships are potentially able to provide support.

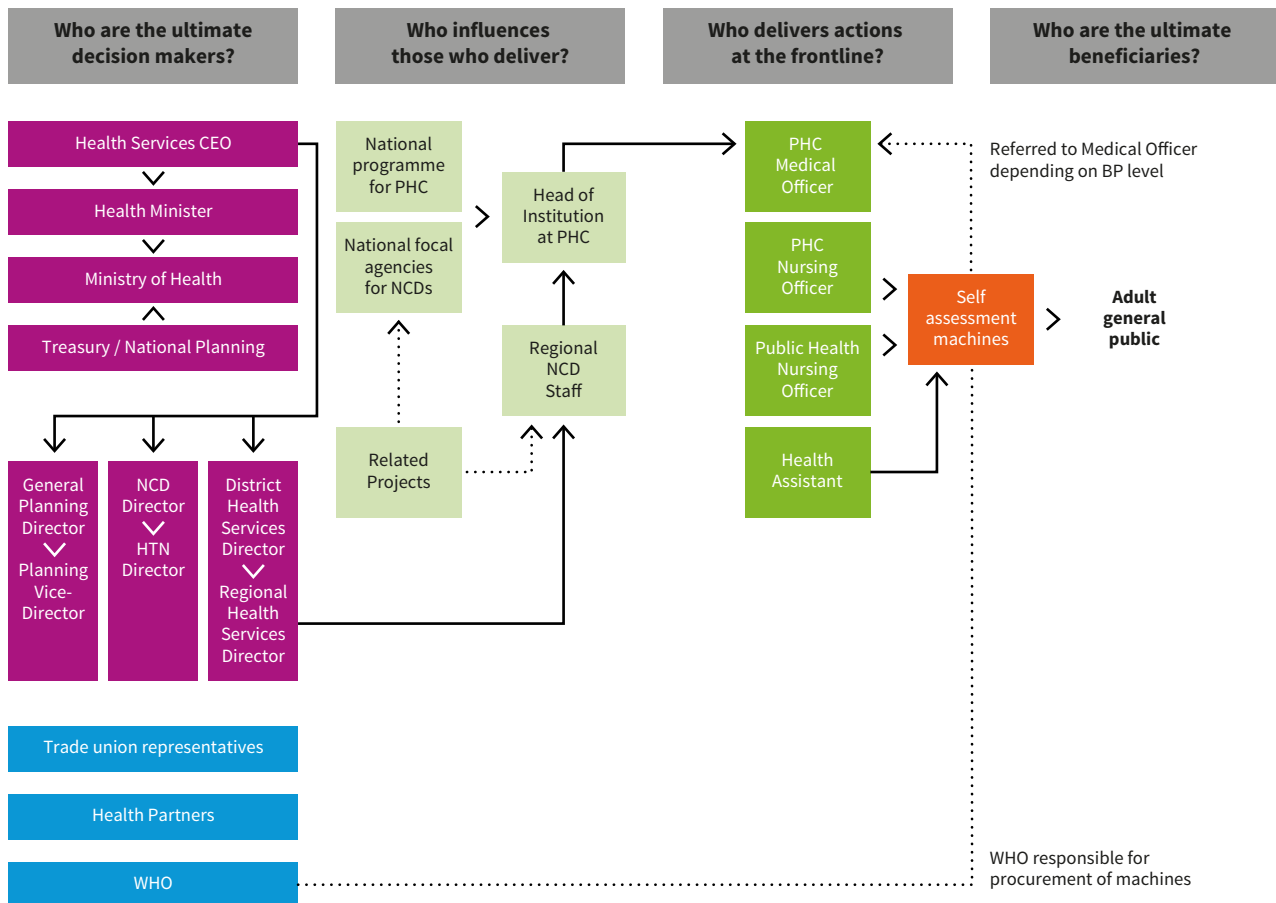
A well-conceived delivery chain clearly shows how your solutions will be translated into practice: assumptions about who is responsible for what at each step of the implementation process are made explicit. Based on these statements, teams can identify risks or weaknesses and devise feedback loops for data (including qualitative information) that can further inform implementation efforts.

Drafting the delivery chain requires that you start with the intended outcomes and clarify the ultimate beneficiaries of your solution. Then, by working backwards, identify the frontline persons responsible for implementation, and those supporting or influencing their efforts, until you reach the original decision-makers. An effective delivery chain requires that you understand existing working relationships between actual stakeholders (versus theoretical ones) as well as how various interlinked factors can be adjusted in order to improve process and outcomes (8).

After drafting your delivery chain, it is important to stand back and assess potential risks or weaknesses, and determine where you need feedback loops for collecting or sharing information so that things function smoothly. Without a fully mapped delivery chain, it can be difficult to know whether your strategy is being implemented as intended; and if not, where or why it may be faltering. The [Delivery Chain](#) template and [Risk Assessment Table](#) can provide a strong foundation for your implementation efforts, whether planning or problem-solving.

Example: a team identified its goal as a reduction in the proportion of adults not screened for hypertension and set the following objective: “Reduce the proportion of adults nationwide aged 20 years and above who have not been screened for hypertension from 45% to 30% by 2027.” Their priority strategy for implementation was to enhance opportunistic screening in adults visiting primary health centres (PHC) for any reason. This included purchasing and installing blood pressure machines, and developing a process protocol for relevant PHC staff. They started by drafting their delivery chain and, after their initial steps, identified the key actors in their implementation process. They then completed the delivery chain template and improved it during a working session with key implementation stakeholders, when they further assessed relationships and interlinks in the delivery chain in order to identify potential risks (see Fig. 10).

The team devised a set of feedback loops, e.g. monitoring the number of patients screened per provider and establishing routine touchpoints for dialogue with PHC staff, to bring to light any coordination issues. The delivery chain was not only a helpful tool for planning but became a useful reference point during implementation to identify how new information and potential changes might affect particular stakeholders and interlinks.

Figure 10: Completed delivery chain for hypertension screening

Compile a delivery plan.

After drafting your delivery chain, and setting clear targets for your objective, the process of developing and using a [delivery plan](#) helps to clarify what specific actions need to be done, who is responsible for doing them, when they need to be completed and the status of progress.

A solid delivery plan clearly connects the expected outcomes as identified by your objective and the day-to-day work that will drive progress towards the target and desired impact(8). Start by determining the scope of activities and resources necessary for implementing the prioritized policy, strategy or interventions. Then discuss which internal and external variables are likely to affect your implementation plan, and define the internal mechanisms that will be used to incorporate regular updates.

A [Delivery Plan Template](#) and [Delivery Plan Checklist](#) are provided as a guide for key components to consider when developing a plan from scratch; alternatively, you can use the checklist to assess the strength of any existing plans.

Remember also that the process is not complete when the delivery plan is written and agreed: the delivery plan is effective only if regularly used and updated to reflect new information about implementation efforts, and to track progress towards the desired impact.

Tips for success:

- ★ Use information on potential stakeholders that may arise during your stakeholder mapping analysis and engagement plans (impact cycle Step 3) to update your delivery chain, and vice versa.
- ★ Establish feedback loops at the points of your delivery chain where you have identified weaknesses or risks. Consider whether data are available or can be collected routinely at those points that will help to manage risk, and identify potential problems proactively.
- ★ Adapt for use other corporate management processes or project management tools that are at your disposal to track any identified risks, emergent issues or main action items related to implementation as part of your delivery plan.

- ★ While implementation efforts are ongoing, delivery chains and plans should be used continually and updated to reflect the latest progress.

Once you have defined your health issue-related objective and target, you ought to have identified the indicators and data to collect to assess whether you are on track. A key challenge when using data iteratively to guide implementation is the need to understand impact in the shorter term rather than relying on direct health outcomes which may only emerge over a longer period.

This is why you may want to **identify additional indicators to track implementation**. These should be aligned with existing indicators already collected or available to your team, e.g. key performance indicators (KPIs), or indicators linked to a specific strategy, operational plan or project. These may be useful for:

- **strategic planning**: to incorporate into the initial phases of implementation to expose critical assumptions underpinning your theory of change;
- **performance accounting**: to inform decisions about where resources need to be allocated, and promote their dispensing for activities that will advance implementation efforts;
- **forecasting and “early warning”**: to help predict future performance trends and provide you with valuable feedback on where improvement and focus is needed to keep implementation “on track”;
- **programme marketing and strategic communications**: to demonstrate results and to build up momentum for implementation; or
- **benchmarking**: to provide valuable data and evidence for comparison and contrast with other projects.

The most important considerations for additional indicators selected to track implementation are that data should be easily accessible and frequently updated so that they can be used to inform action; and that data should be closely correlated with the health issue in question and the desired outcome.

Example: if the objective is to achieve the elimination of a neglected tropical disease (NTD) such as lymphatic filariasis, a simplified set of indicators to track implementation could include the following parameters: doses of drug purchased and available (input); number of mass drug administration campaigns conducted (output); and percentage of eligible population being administered the appropriate drugs (outcome).

4.2 Establishing effective routines

During implementation, routines provide consistent opportunities to assess progress and influence the course of action. Delivery routines can take the form of stocktake meetings, at which key leadership “takes stock” of progress made towards your objective, along with written routines such as scorecards, notes or reports for record, and hosts dynamic workshops around a specific purpose.

Regardless of format, delivery routines enable you to:

- **monitor performance**: understand if progress is on track to achieve your target;
- **diagnose problems**: expose issues that are inhibiting progress;
- **address problems**: decide how to overcome challenges;
- **enable culture change**: set expectations of accountability and celebrate successes; and
- **assist learning**: learn from successes, emerging issues and problem-solving efforts.

Key characteristics of effective routines for implementation include:

- regular and predictable schedules;
- exclusive focus on top priorities without other distractions;
- presence of persons accountable for implementation;
- leveraging leadership authority for efficient decision-making;
- focused urgency and promotion of data-driven review of progress;
- transparent and honest identification of problems; and
- active problem-solving approach when discussing challenges.

Although a simple construct, effective routines are a powerful mechanism for driving implementation. Adopting an intentional approach can have huge returns in terms of reaching your target and achieving impact. If your team already has existing routines in place, use them as a starting point and consider whether they demonstrate the above characteristics or whether some aspects can be improved. To establish effective routines, or revamp current ones you should:

Define the scope.

Decide what will be discussed and how often. Routines can be structured around specific activities or areas of work pertaining to the prioritized solutions or designed with specific stakeholders in mind. In either case, be sure that the rationale for the routine is clear and that relevant stakeholders are engaged so that you can reach agreement about scheduling routines, and they can be embedded in the standard culture for guiding your implementation efforts.

Establish roles and responsibilities.

Clarify functions in and expectations about how your team will contribute to the routines. Align these activities with a culture of accountability. Typical roles and responsibilities that come together for carrying out effective routines include:

- setting standards for data collection, monitoring, and analysis;
- providing reliable and timely insights from relevant data trends, or other actionable information to generate review and improvements;
- supporting managers to keep focused on results and actions through diligent documentation and tracking;
- supplying strategic direction to increase alignment with rapid, data-driven decision-making;
- taking decisions to define next steps and course-correct when needed;
- supporting your team and other stakeholders to follow through on action items; and
- facilitating active problem-solving to rise to challenges and resolve bottlenecks or blockages.

Organize.

Depending on the agreed structure and scheduling for routines, allocating sufficient time and human resources will ensure that they are executed effectively. For routines organized as meetings (e.g. stocktakes, problem-solving workshops) a [Delivery Routine Agenda Template](#) can help structure your preparations and enable the routine to run smoothly by clearly outlining the agenda and how content will take shape. For routines involving written documentation (e.g. monthly note, score cards) establishing a standard template for reporting information and recording action items can help to ensure it fulfills its purpose.

Run the routine.

Basic effective delivery routines often require that you collate data and information from various sources and analyse them to derive content that is fit for purpose. Good facilitation skills are equally important in terms of advancing the agenda, prompting active problem-solving and arriving at a consensus regarding the next steps. Reflect on the individual skill sets and dynamics within your team to ensure that an appropriate and fair distribution of efforts will contribute to the full scope of the established routines.

Follow up.

Always circulate any documentation, and especially a list of agreed action items when following up your routine. Entering specific deadlines and designating owners for each action item can avoid gaps in what needs to be done and who is doing it. Interim communications and other touchpoints between routines can also help to keep attention focused on specific actions. It is therefore best practice to elevate any unactioned items to the next routine so that progress does not slacken due to lingering decisions or unresolved problems.

Continual learning for impact.

Use follow-up and related processes to draw lessons learnt from successes and challenges. Document any specific tools or examples that stem from problem-solving efforts so they can serve as a tool for organizational learning. Also consider how to share particularly relevant information or impactful case studies through mechanisms at the organization level or via broader learning forums and platforms (See 5.2 Document learnings).

When implementing your action plan, you and your team may want to know: **are we on track? If not, what are we doing about it?** Two specific types of delivery routines for driving effective implementation include stocktakes and scorecards.

Stocktakes are meetings designed to take a critical look at whether progress is being made in the acceleration scenario towards your target: they involve senior leadership and the lead persons accountable for implementation efforts(8). Depending on your context, they may also serve as forums for active problem-solving to help remove barriers or bottlenecks to implementation efforts. Stocktakes are useful to generate focus, clarity and a sense of urgency about issues affecting how a delivery plan is translated into action.

Completing a supplementary list of [Guiding Questions for a Stocktake](#) can be used along with the following core principles to conduct effective stocktakes:

- ensure the right people are in the room and all have clear roles and responsibilities;
- draw up a focused agenda and briefing materials aligned with your objective;
- synthesize the most timely and relevant implementation-related information;
- foster a shared understanding of current progress based on data;
- facilitate honest conversation about issues and seek collaborative solutions;

- demonstrate accountability at all levels; and
- abide by good time management to arrive at clear action items.

Specific roles and responsibilities pertaining to stocktakes are outlined in Table 6. below but should be adapted based on your unique organizational context. Because of the emphasis on senior leadership participation, having clearly established roles and responsibilities is critical for generating meaningful engagement and fulfilling the purpose of the stocktake within the allotted time.

Table 6: Example of stocktake participant roles and responsibilities

<p>Senior leadership <i>(decision-makers such as Ministers of Health, Directors, Country Representatives)</i></p>	<ul style="list-style-type: none"> • Chair meetings • Oversee accountability with the implementation lead persons • Challenge progress • Inform and approve next steps
<p>Leads for specific solutions <i>(policy, strategy or intervention) (the level of authority ultimately accountable for driving progress towards the objective and target)</i></p>	<ul style="list-style-type: none"> • Present progress made • Expose identified challenges and offers solutions for discussion • Describe successes and potential for replicability and scale-up • Determine next steps for urgent action following the stocktake
<p>Programme and other managers <i>(key stakeholders who are closer to the actual implementation level)</i></p>	<ul style="list-style-type: none"> • Sustain the dialogue with context-specific details • Offer contextualized solutions • Describe implementation-level challenges and solutions to delivery • Inform data strategy for monitoring and offer opportunities for improvement
<p>Core team <i>(a team with a specific mandate to monitor progress and support implementation efforts)</i></p>	<ul style="list-style-type: none"> • Facilitate stocktake content and logistics organization including any pre-stocktake engagements and briefings • Support content development (including data and analytics) required for progress updates in collaboration with technical programmes and results teams • Identify potential lessons learned through case studies in collaboration with managers • Prepare minutes for documentation including action items for follow-up

Scorecards can be a useful tool for teams that want a systematic and visual way to track progress towards achieving their objectives. Once drawn up, they can be used throughout implementation to communicate progress regularly to leadership and other stakeholders. While in principle scorecards are applicable at all levels (e.g. decision-makers at the global level for tracking global targets like the SDGs as well as managers focusing on a specific aspect of a health programme such as access to treatment or services), you should develop your own scorecard to suit your specific audience and objective.

Start by defining the primary audience for the scorecard, since this will determine the type and level of detailed information needed. Also, be mindful of how often your audience will be monitoring progress (e.g. on a quarterly or monthly basis) and how monitoring will connect with other routines. With your audience in mind, focus on what they need to know: be selective about what is displayed on the scorecard. There is a tendency to report on data just because it is available, but important insights can easily get buried in too much data, and it may also be problematic if indicators are not clearly linked to your solution. Choose indicators that are most relevant for tracking progress towards your objective and informing decision-making, and collect them at a regular frequency: this should be enough to monitor performance during the implementation period.

The following basic elements provide a suggested starting point for a progress-tracking, performance-monitoring scorecard:

- **Objectives.** The primary reason for using a scorecard is to have a snapshot of progress towards your defined objective: keep this point in focus to bind to the impact you want to achieve.
- **Status icon.** A coloured icon next to your objective which represents current indicator performance as an easily understood traffic signal (red, yellow and green) or other rapidly read visual cue. Colours should be updated between reporting periods to reflect the latest available data.
- **Tables or figures.** For every indicator being tracked, you will have to decide how to share the information so that it is easily assimilated and provides a coherent narrative. Determine which data are most important in terms of displaying progress and guiding decisions, and then create a table or figure based on that information. Be consistent: use the same visual for each reporting period so that change over time is easily tracked.
- **Analysis.** A qualitative assessment of current indicator status should be provided by the person accountable for that measure in order to provide context that cannot be grasped from the other sections of the report unaided. It is also important to state any known limitations or assumptions related to this analysis.
- **Owner.** All indicators in the scorecard need an assigned “owner” whose role and responsibilities include tracking the measure. The owner may delegate reporting duties for scorecard items and related routines to other team members if necessary, but ultimately remains accountable for generating reliable and timely insights from the data.

Although the exact format and style will depend on the specifics of your team and implementation efforts, keep it simple. Often there are many layers of interpretation to data that can potentially be explored, but in most cases it is not necessary to unravel them all. Instead, focus on the indicators and visuals that are most relevant to the question: *are we on track?* it is also very important to use the scorecards consistently within routine activities and to include the latest data to inform decisions and drive actions.

In addition to stocktakes and scorecards, routine communication between all key levels of your delivery chain, potentially including external partners, is needed to keep implementation efforts running smoothly and in alignment with the latest progress tracking. Delivery routines work best when there is consistent structure. Refer to the [Delivery Routine Agenda](#) to structure preparations and ensure that delivery routines run smoothly. Other types of useful routines for mobilizing implementation efforts may include:

- **Monthly notes.** Sharing regular progress updates through a well-drafted note to senior leadership and/or key stakeholders can be an effective and efficient route for communication. The note should include subsections on overall progress towards targets, key actions since last update, risks and opportunities, next steps and decisions required. You can adapt the provided [Monthly Note Template](#) to suit your context.
- **Technical working group meetings.** Meetings with relevant stakeholders to discuss details of indicators, data management and/or analyses.
- **Problem-solving sessions.** Structured but dynamic sessions focused on addressing specific implementation challenges that have emerged, with the aim of generating potential solutions.
- **Internal weekly updates.** Regular touchpoints (by policy, strategy, intervention or indicator), led by the person responsible for that particular area, to provide a regular cadence of updates on progress, including

successes and/or challenges: this can be helpful not only to manage implementation-efforts but also to prepare for other routines such as stocktakes.

- **Delivery reports.** Focused summaries that provide an overview of implementation progress and highlight areas that require attention and coordinated action. They may also serve to share examples of successes or lessons learnt that can be replicated and/or replicated elsewhere.

4.3 Active problem-solving

Even with well-defined and effective routines, implementation efforts inevitably encounter roadblocks and setbacks. When that happens, tools and approaches within the Implementation Playbook can be adapted for active problem-solving.

Many delivery tools have already been introduced in the different steps of the impact cycle but can be revisited if you have a problem to solve, including:

- Prioritization Matrix
- Issue Tree
- Stakeholder Map
- Delivery Chain

Consider frontline work.

A problem-solving technique that goes directly to those who act at the most advanced position of your delivery chain – such as the community and your ultimate beneficiaries. This is where your solutions are being implemented, and where you can engage with staff in the health facilities or other sites involved in implementation.

The main purpose of frontline work is to collect information (potentially both quantitative and qualitative) in order to determine what emerging risks or opportunities are likely to influence implementation. This can help to prevent problems from arising, and to diagnose issues. It also provides insight into whether implementation is occurring as planned as outlined in your delivery chain. If not, it will provide detailed insight for problem-solving.

Among the approaches to problem-solving, gathering and using qualitative information from frontline or implementation sites can be extremely useful. Going directly to implementation sites and facilities and engaging with those working on the ground can help determine why progress might be blocked, and how to resolve specific

challenges. It may also shed light on successful examples applicable to other settings. The [Qualitative Information Table](#) can be used to organize questions and responses during frontline work.

Some specific instances when qualitative information can be useful in implementation efforts include:

- **exploring:** when limited information is known in advance;
- **evaluating:** grasping how something works in practice (i.e. process or outcome) and what went right or wrong (including unintended consequences);
- **understanding context:** when behaviour patterns are embedded in particular physical or social environments, particularly if there are barriers, enabling factors or interactions between the behaviour and environment; and
- **understanding perceptions:** when the same conditions may yield different behavioural outcomes, particularly in the light of how people make decisions (i.e. why or why not?).

When approaching frontline work and qualitative information there are important considerations. You should initially determine the scope of and define the questions you want to answer. Some areas for inquiry or problem-solving related to implementation may focus on:

- **inputs:** are there adequate resources, training and support to implement the solution, especially to allow individuals at the frontline to perform their role effectively?
- **acceptability:** is the way the solution is implemented acceptable to those at the frontline, and well received by the beneficiaries?
- **fidelity:** is implementation of the solution aligned with the evidence base and following best practices?
- **outcomes:** are anticipated changes occurring such that evidence is accruing that implementation of the solution is having an impact?
- **learning:** what expectations were met or changed, and lessons learned throughout the process of implementation?

Be mindful of how the questions themselves may influence the collection, analysis and interpretation of information. When choosing methods for collecting and analysing qualitative information, you should also consider the time and human resources needed to ensure robustness and integrity throughout the process (15). The table below outlines common types of qualitative information used for inquiry and problem-solving.

Table 7: Options for collecting qualitative information

Type of data collection	Description	Example
Desk review	Systematically searching for, requesting and reviewing available documentation for details	<i>Review standards of practice developed for health providers to refer smokers for cessation support or treatment</i>
Focus group	Convening a select group of individuals (based on criteria) to discuss and provide feedback on specific questions	<i>Convene a group of smokers referred for cessation support or treatment to understand how they experienced the process</i>
Key informant interview	Identifying and asking specific questions to stakeholders critical for implementation in order to gain insights from their lived experience and personal feedback	<i>Speak with a health clinic director about key levers for driving decisions and actions around mobilizing smoking cessation support or treatment</i>
Site visit or “shadowing”	Making direct observations while physically on site where aspects of implementation are occurring	<i>Visit a specific facility where health providers make referrals for cessation support or treatment in order to observe their compliance with SOPs and engagement with individual smokers</i>
Survey	Compiling a set or series of questions for individuals to respond to by telephone, via electronic platform or on paper	<i>Deliver a questionnaire to smokers undergoing cessation support or treatment to collect feedback on logistical aspects and personal attitudes about what is working well (or not) when accessing support or treatment</i>

After setting your scope and defining your questions, design the tools and outline the process (i.e. develop a protocol) that will be used to ensure information is collected in a systematic way. Make use of existing tools and guidance related to your subject matter and context, adapting them if necessary to meet the specific needs of those you are working with. Pilot your tools and process them with your team in order to test any assumptions, and to ensure that the information collected matches the questions you are trying to answer.

When you begin collecting information, build up a relationship with your interviewees, and demonstrate sensitivity to the physical and social environment from which you are gathering information. Be transparent about your objectives and your role by drafting a Purpose

Statement for Frontline Work, using the template to make sure that its information is communicated consistently throughout your process.

Be thorough in your observations and documentation from frontline work by keeping detailed notes which you and others can readily consult and check later. Within your notes distinguish between description, interpretation and opinion. You may wish to use a matrix, like the Qualitative Information Template, to organize your questions and responses as part of the broader framework established for saving documentation. Using a consistent method for structuring notes, naming files and organizing directories will help your team to work efficiently and effectively together. It is also best practice to maintain at least one backup copy of the information

in both its raw format as well as any processed versions while taking due measures to protect individuals' identity and/or sensitive information.

After collecting qualitative information revisit the content multiple times with a clear sense of your objective (perhaps revisiting your purpose statement in order to reframe the issue). Identify common themes or recurrent trends that appear in your different sources of information, and group these according to how they connect to the questions you are trying to answer. Interpret findings from the themes and trends by considering similarities and differences between types of responses or individuals, and relationships or potential links between emerging themes and trends⁽¹⁵⁾. Summarize your findings as much

as possible so that they are concise and concrete without compromising their essential substance.

Also consider how you can use qualitative information to validate or triangulate findings from other sources of data including any quantitative information (See 2.4 Set targets and chart acceleration scenarios). One of the most important things you should do is to use qualitative information from your frontline work to inform action and refine your delivery plan for greater impact.

More than a set of tools, problem-solving is a mindset that should be cultivated and embedded within your team culture. Resist the urge to examine only the problem; instead, strive to be solution-orientated.



Box 4.A. Use in WHO Context

In the WHO context, indicators for tracking implementation should be aligned (as much as possible) with existing indicators routinely tracked by the team, e.g. key performance indicators (KPIs), or with indicators linked to a specific operational plan or project. The most important thing is to make sure that indicators are routinely updated (ideally more than once a year) so that they can be used to track implementation.

There is also a host of [WHO programme process indicators](#) which you can consult.



Box 4.B. Gender, equity and human rights

After drafting your delivery chain and assessing the key elements for your delivery plan, you should also consider the following questions:

- What is the gender and ethnic distribution among decision-makers and frontline actors?
- What potential biases exist among the people represented in the group of decision-makers?
- Is there a power imbalance that perpetuates gender or other disparities? If so, how can this be mitigated?
- How will the beneficiaries and broader community be consulted and meaningfully engaged in the implementation of your solution (policy, strategy or intervention)?
- Have vulnerable populations been identified and specific attention given to how your policy, strategy or implementation can be adapted accordingly?
- Is your solution being implemented in the local context, without putting an undue burden on the community? If not, how can this be addressed?



Box 4.C. Use in WHO context

Delivery tools from the Implementation Playbook can complement and be used alongside the [WHO Project Management Center of Excellence \(PMCoE\)](#) standardized framework, project management processes and resources for managing specific awards.

- The PMCoE Project Plan can be adapted and used as your delivery plan to actively manage work, record baselines and track progress during implementation.
- The PMCoE RACI matrix can be used to summarize key stakeholder relationships and responsibilities identified in your delivery chain, and to clarify and document the roles and responsibilities of those involved in implementation.
- The PMCoE “Risk, Issue and Action Item Management Plan” and useful short [Project Risk Management eLearning course](#) on the intranet iLearn platform can also be useful during delivery planning and problem-solving.

PMCoE can provide further support with project management guidance and capacity building to assist WHO staff to manage their awards more effectively.



Box 4.D. Gender, equity and human rights lens for routines

Routines (including stocktakes) can be used to discuss and unravel specific challenges related to gender, equity and human rights, and to identify corrective measures. You can select specific indicators to monitor equity as part of your routines, and then brainstorm solutions needed to address the equity gaps. Some prompts include:

- Are we meeting pledged gender and equity considerations for implementation of our policy, strategy or intervention?
- Why are there differences in outcomes among certain subpopulations or geographies and what can we do about it?
- If our solutions (policies, strategies or interventions) are not showing progress among specific subpopulations or geographies, what changes need to be made in our approach to exert influence in these specific areas?

It is also important to make sure that you give due consideration to the diversity and representation of the individuals participating in your routines in terms of age, gender, ethnicity, profession and level of authority.



Box 4.F. Gender, equity and human rights lens for information gathering

Before embarking on frontline work and qualitative information gathering as part of your implementation efforts:

- Consider how your personal and professional identity may influence any dynamics during the process. Reflect on any conscious or subconscious biases, positions of privilege or power, and status as “insider” or “outsider” relative to the specific context.
- Consider dimensions of diversity among participants you will engage with, including but not limited to gender identity, sexual orientation, differing physical abilities, literacy/education, native language, access to equipment, levels of power and different stakes in the findings. Adopt your techniques and tools to accommodate participants’ needs.
- Reflect on who (historically or currently) might not be represented in the qualitative information or implementation process, and whether that will limit your ability to fully understand the problem and/or perpetuate any already existing inequities.
- If findings will be used for research purposes, perform due diligence to assess whether formal application to an ethics committee is necessary to ensure adequate disclosure and protection for everyone involved.
- Even when qualitative information is being collected and used outside of research purposes, it is absolutely critical to obtain consent from those providing the information.



Box 4.G. Additional resources

There are many excellent resources to advance from a problem-solving inquiry to another level of implementation research. If this is an avenue of interest, some notable resources for further guidance include:

- [Implementation Research in Health: A Practical Guide](#), from The Alliance for Health Policy and Systems Research;
- [TDR Implementation Research Toolkit](#);
- [The Structured Operational Research and Training Initiative \(SORT IT\)](#); and
- [Evidence Synthesis for Health Policy & Systems: A Methods Guide](#).

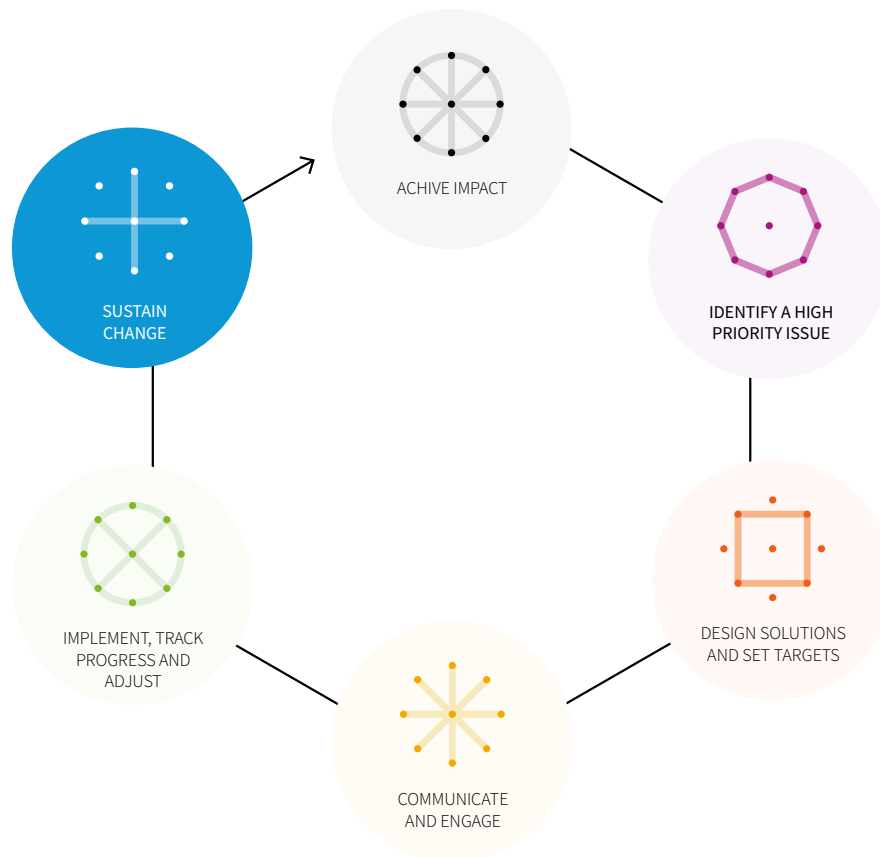
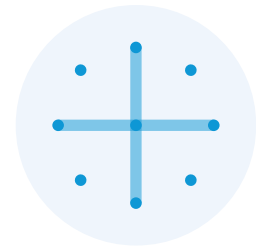
5

Sustain change





5. Sustain change



Whether you are working to achieve measurable population health gains, strengthen health systems or respond to health emergencies, achieving positive impact for any health issue is a continual endeavour. It is not uncommon for well-designed and implemented interventions to reach their targets initially, only to fall short of achieving longer-term impact. The delivery approach provides selected tools and techniques for maintaining change in a sustainable way to ensure that the efforts you put into the whole impact cycle do not diminish over time. Success in this stage depends on leveraging the unique strengths of your team and stakeholder influence in order to drive transformational change.

5.1 Delivery check-up

In your implementation journey you may have followed the impact cycle and used various tools but be struggling with consistency or perhaps facing more resistance than expected.

A brief diagnostic exercise, or “delivery check-up”, can help to pinpoint areas of strength as well as potential weaknesses that may be affecting your ability to fully deliver. This is a structured self-assessment of your team, organization or the wider stakeholder network involved in your implementation efforts. Some of its potential benefits include:

- providing a baseline against which you can measure progress over time;
- gaining insight into the context and culture of the organizations involved in implementation;
- facilitating stakeholder engagement by building a common understanding of your goal and the efforts needed to achieve it;
- deepening your understanding of areas of strength and weakness that may influence implementation efforts; and
- defining what effective delivery entails at each step of the impact cycle, as a reference point to gauge what may be missing or need improving.

A delivery check-up can be carried out at any stage of your implementation journey: in fact, you may wish to employ it early on to develop a thorough understanding of your team and the broader work systems. However, you should already have an initial idea of your delivery chain and key stakeholders before undertaking the exercise.

The assessment consists of a series of interviews or focus groups with key stakeholders, along with a quick review of strategic documents and data. It should be conducted over a short period of time, ideally a week or two. The goal is not to be exhaustive, but rather to rapidly gather relevant insights that may help to orientate your work(8). If possible, the delivery check-up should include persons in charge of specific health areas (e.g. health area experts in WHO country offices, programme leads in Ministries of Health) as well as individuals involved in implementation or programme management (e.g. change management or project management officer) to ensure that multiple perspectives are represented. You may consider adding external experts to the review team in order to gain an outsider's perspective. Steps to guide the delivery check-up include:

Decide who to interview. While the number of interviews will depend on the size and complexity of your system, make sure that you interview not just those in leadership positions but a range of stakeholders including frontline worker representatives, who can offer you more more “granular” insights on the implementation processes and organizational culture.

Develop an interview guide to structure your conversations. A detailed [Delivery Check-up Questionnaire](#) is provided, which examines the dimensions essential for effective implementation in the course of the impact cycle. You can adapt it to your own context, but be sure to cover all topics and ask the same questions to all stakeholders interviewed. Doing so is important for consistency and will provide a much richer and more nuanced understanding of these dimensions.

Go out and talk to interviewees. Plan for interviews to last between 30 and 60 minutes, depending on your interviewee's available time. Interviews can be extended to include specific individuals or held as focus group discussions. If you opt for the latter, pay attention to power dynamics, especially around issues of hierarchy and authority, to ensure that all voices in the group are heard and considered. You should plan to interview using two team members: one person conducting the interview and the other listening and taking notes.

Assess the results. Once all interviews are completed, highlight the system's strengths and weaknesses with regards to its ability to help you achieve your goal, and consider how they compare relative to your definitions of what “effective delivery” entails at each step of the impact cycle. It is important to be clear that the assessment is not formal qualitative research: it is not meant to be exhaustive, nor does it require rigorous coding pre-analysis. Have several members of the core team read all the responses several times and synthesize key findings.

Disseminate the results and use them to plan your next steps. It is essential to reflect on findings from the delivery check-up and determine how they can be used to adjust the implementation strategy and delivery plan. Best practices should be documented and expanded wherever possible, while any gaps should be clearly articulated and addressed by revisiting the relevant stages of the impact cycle and/or applying problem-solving tools.

If those conducting the interviews are familiar with the delivery plans and efforts, it can be useful to have them complete the questionnaire as a form of self-reflection before initiating interviews. This helps to gather initial information and also to check that the interview guide is clear. As implementation of your interventions gets under way, you therefore ought to revisit delivery check-up results periodically, both within your team and with other actors and key stakeholders, in order to assess change and reorientate your efforts accordingly.

5.2 Document learnings

Just as a delivery check-up can be a helpful way to identify areas of weakness that can be improved, it is equally important to capture the areas of strength and note the examples of success so these can be shared and amplified. Many delivery routines such as stocktakes, monthly notes, or even problem-solving sessions can help surface vital information, critical insights, and compelling stories. Documenting learnings is a way to keep the record, reflect and capitalize on positives. Practical tools for doing this can include:

- Drafting case studies that can be shared for internal, organizational learning, as well as for broader external, peer learning;
- Developing [proof points](#), as a communication tool for conveying succinct, concrete examples of measurable impact that your team has achieved.

Documenting learnings can be strategic in the shorter term when you want to elevate and share your implementation efforts. Additionally, they can help to sustain change by preserving institutional knowledge, prompting reflection or adjustments on processes to better support what works well, and ultimately to keep focus on striving for impact in ways that can be easily communicated.

5.3 Building an impact culture

In order to achieve long-term impact, you should also be building an impact-focused culture. Culture can be understood in this sense as a set of values translated into practices and behaviours to bring about transformational change in your team and the broader work context. This requires you to focus on establishing a solid foundation and building up relationships that will further enable the cultural norms you have established to find acceptance with others, who will then continue to drive action for change and sustain impact over time. Fostering and sustaining a culture of impact is not a one-time exercise but a continual effort; it is therefore important to embed those values and behaviors early and reinforce them throughout the whole impact cycle.

Some key values that underpin effective implementation and driving results include(8):

- **Ambition:** constantly challenging performance and asking difficult questions, as well as holding everyone – including yourself and your team – to a high standard.
- **Focus:** leading the charge to identify the things most likely to help you achieve your goal and targets, and then to consistently prioritize them.
- **Clarity:** being able to cut through complex situations and get directly to what actions are needed with a combination of data-driven analysis, active problem-solving and targeted communication. This keeps a focus on implementation and what is really happening.
- **Urgency:** keeping an awareness of the timeframe for achieving your goal and targets at the front of your and everyone else's mind. Remember that people are impatient and the changes you are bringing about are overdue.
- **Permanence:** be concerned with how you can get changes to stick, with a strong focus on structure (including effective routines) and building capacity, and relentless attention to results.

Often when new solutions are implemented or change occurs, the novelty of the situation and the increased amount of attention or resources contribute to early wins. However, change fatigue may develop and motivation (as well as resources) may diminish over time. There are several ways to ensure that your efforts not only drive positive impact in the short term, but also sustain that change (See Fig.11).

Figure 11: Sustaining change throughout the impact cycle

Continue dialogue and maintain stakeholder relationships by revisiting your goal or theory of change, as well as setting new targets when making progress and achieving results.



Engage with the community regularly to collect information and create feedback loops while designing your interventions and delivery plans, and implementing them.



Maintain engagement with leadership, e.g. through stocktake routines and scorecards.



Capitalize on your routines as engagement and accountability mechanisms.



Capitalize on your routines as engagement and accountability mechanisms.



Recognize and reward achievements: create a positive working environment and celebrate successes in your routines.



Ensure positive gains are institutionalized by improving or reengineering operational processes and organizational designs, and change management practices.



Share learning on challenges and successes both internally within and across teams, as well as with your broader work community.



Put in place development paths and mechanisms to ensure ongoing capacity building and continual learning in your team and among key stakeholders involved in delivering the interventions (including those at the implementation frontline).

Through your efforts, you can cultivate champions – who are not only supporters for a specific set of interventions, but more broadly aware and committed to the transformational changes your team is striving to achieve. Champions can become powerful advocates for your work and help to sustain change in the long term, including leveraging their own influence, connections, resources or other means to ensure ownership and momentum so that actions do not stagnate. Targeted efforts for involving champions over the course of implementation can be integrated within your

communication and engagement plan to ensure clarity of messages and requests, as well as provide consistent touchpoints for ongoing support.

5.4 Community engagement

Relationships are central to building up a culture focused on impact and cultivating champions to sustain change. Giving proper consideration to the contributions of individual stakeholders and champions within a

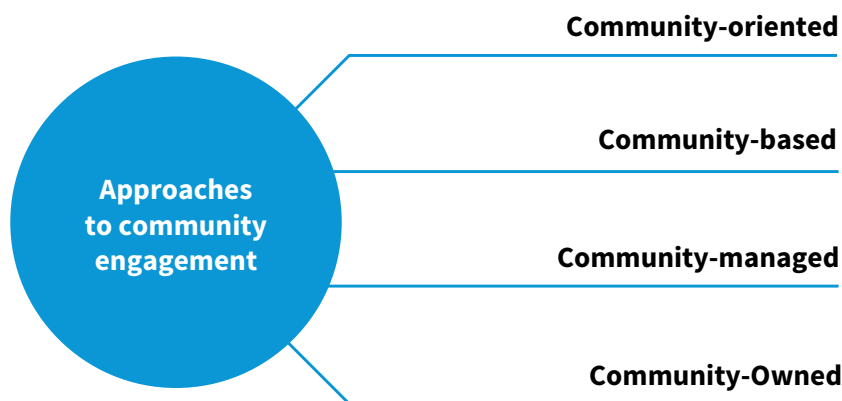
community engagement framework can also help to identify key areas where engagement practices can be embedded in a broader base in order to ensure better communication and relations between different stakeholders (including teams, institutions and community groups).

Community engagement can be defined as “a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes.” (16,17)

Whenever the goal is to improve health and its determinants, it is worth pausing to consider how community engagement might become part of the solution (policy, strategy or intervention) and drive implementation efforts to address a specific health issue.

There are different conceptual models governing community engagement but some common approaches can be used: they are not mutually exclusive, and a combination may be suitable for your specific work context. Four community engagement approaches for health promotion that centre on different levels of participation from the community are shown below (16) (Fig. 12).

Figure 12: Approaches to community engagement



Source (17): Community Engagement: a health promotion guide for universal health coverage in the hands of the people. Geneva: World Health Organization; 2020.

- **Community-oriented approach:** the community is informed and mobilized to participate in addressing immediate short-term concerns with strong external support.
- **Community-based approach:** the community is consulted and involved to improve access to health services and programmes by locating interventions inside the community with some external support.
- **Community-managed approach:** there is collaboration with leaders of the community to enable priority settings and decisions from the people themselves with or without external partner support.
- **Community-owned approach:** community assets are fully mobilized and the community is empowered to develop systems for self-governance, establish and set priorities, implement interventions and develop sustainable mechanisms for health promotion with partners and external support groups as part of a network.

An inherent part of the community engagement framework is that feedback mechanisms are critical for successful design and implementation of solutions as well as to provide ongoing momentum for change. Some important questions to prompt feedback and consider while defining indicators (see Step 2) may include:

- What would success look like from the community’s perspective and how would we know it?
- How can we capture and share information so that it contributes to implementation and continual improvement?
- What processes and factors seem to accelerate implementation and which impede it?
- How might these processes and factors be linked to changes in intended outcomes?

5.5 Health in all policies

An important consideration for sustaining change that is closely related to community engagement is to think how your health issue and/or solution (policy, strategy or intervention) can encourage a broader remit for health in all policies (HiAP), one which recognizes that many of the social, environmental and economic determinants of health are connected to factors beyond the health sector and health-specific policies.

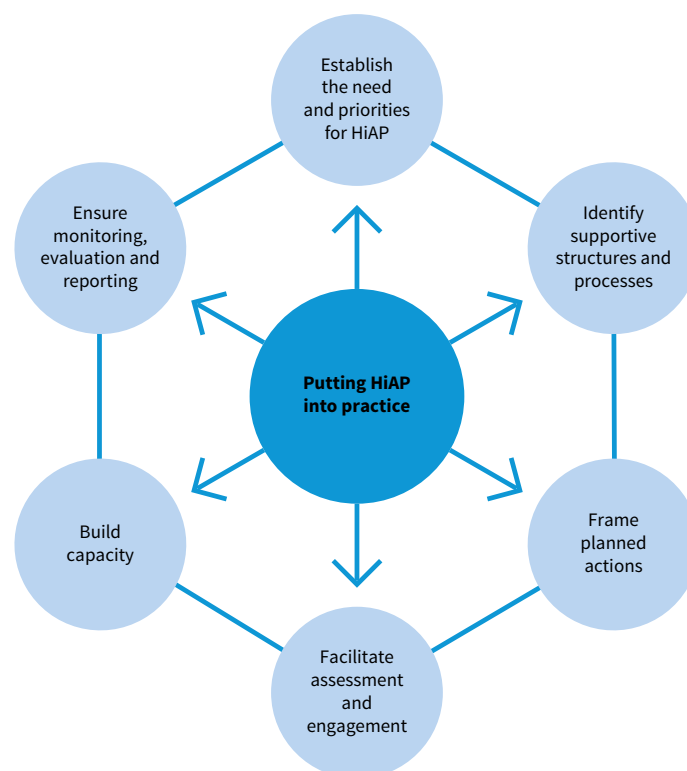
HiAP systematically factors in the health implications of decisions across sectors and levels of governance. By identifying broader potential health impacts it attempts to work in collaboration with other sectors and increase accountability for protecting health at all levels of decision-making. Most importantly, HiAP aims to protect population health by emphasizing the consequences of different public policies not only on health outcomes, but also on health systems and determinants(18).

Core principles of HiAP include:

- advocating for the right to health and promotion of health equity, including the social determinants of health;
- ensuring transparency and accountability in policy-making;
- extending multisectoral collaboration to develop and implement solutions;
- promoting synergies and building knowledge based on successes and lessons learnt; and
- sustaining solutions to address current issues without compromising the needs of future generations.

There are many possible entry points for bringing HiAP into discussions about implementation and sustainability: most will be context-specific depending on the health issue, policy environment, stakeholders engaged and available windows of opportunity. Earlier steps in the impact cycle to understand the underlying causes of the health issue, sound out possible solutions and identify key stakeholders should all be carried out prior to putting HiAP into practice. Additionally, many of the components for promoting HiAP across sectors and furthering your implementation efforts draw upon a similar conceptual framework to the impact cycle, as illustrated in the following figure (19) (Fig. 13):

Figure 13: Key components of implementing health action across sectors



Source: adapted from the WHO Health in All Policies: Framework for Country Action (2014).(19)

Including a HiAP perspective along with the impact cycle may ultimately help to reinforce the groundwork you have established for identifying champions and sustaining actions over time.



Box 5.A. Use in WHO context

In the WHO context, a delivery check-up may prove to be useful once your country support plan (CSP) is approved and you have begun to start planning and implementing your top tasks. It may also be beneficial if you are launching a new donor-funded initiative or establishing a new project or programme. Additionally, annual progress review meetings with Ministries of Health are great opportunities to propose such idea. Your joint team should include government officials (e.g. programme managers in the Ministry of Health or relevant ministry) and members of the WHO country office. Ideally, core members should include external implementation experts such as members of the Delivery for Impact (DFI) team.



Box 5.B. Gender, equity and human rights

A common misstep made during delivery check-ups is to rely too much on the perspectives of those in a position of authority, and neglect to hear from those on the frontline, who are presumed to exert less influence but often have a better grasp of implementation.

To avoid this, be sure to interview a mix of leaders, middle-managers and frontline workers when conducting your assessment. For example, if your chosen health issue is road traffic injuries, you may want to interview both the head of the Road Safety Unit in the relevant Ministry office, as well as frontline emergency care workers, paramedics, members of public works or infrastructure entities, etc.

Attention to power dynamics during the interview process is especially important if you plan to conduct focus groups: those with less power may feel less comfortable sharing their concerns or challenges with more senior figures in the room. Remind participants that these conversations are confidential. Pay attention to those who remain quieter and listen to what they have to say.

Also pay attention to the balance of your interviewees. Once your initial list has been drawn up, look at it and ask yourself the following questions: Does my list reflect a balanced mix of gender, race/ethnicity, socioeconomic status, level of authority, types of institutions and geographic representation? If not, what perspectives do I risk missing – how might that contribute to or perpetuate existing inequalities?

Box 5.C. Improving Quality of Care

Improving the quality of health care is a pivotal entry point for health systems strengthening, and ultimately achieving enhanced population health. A series of tenets have been identified as key features to support broader cultural change across health systems (20):

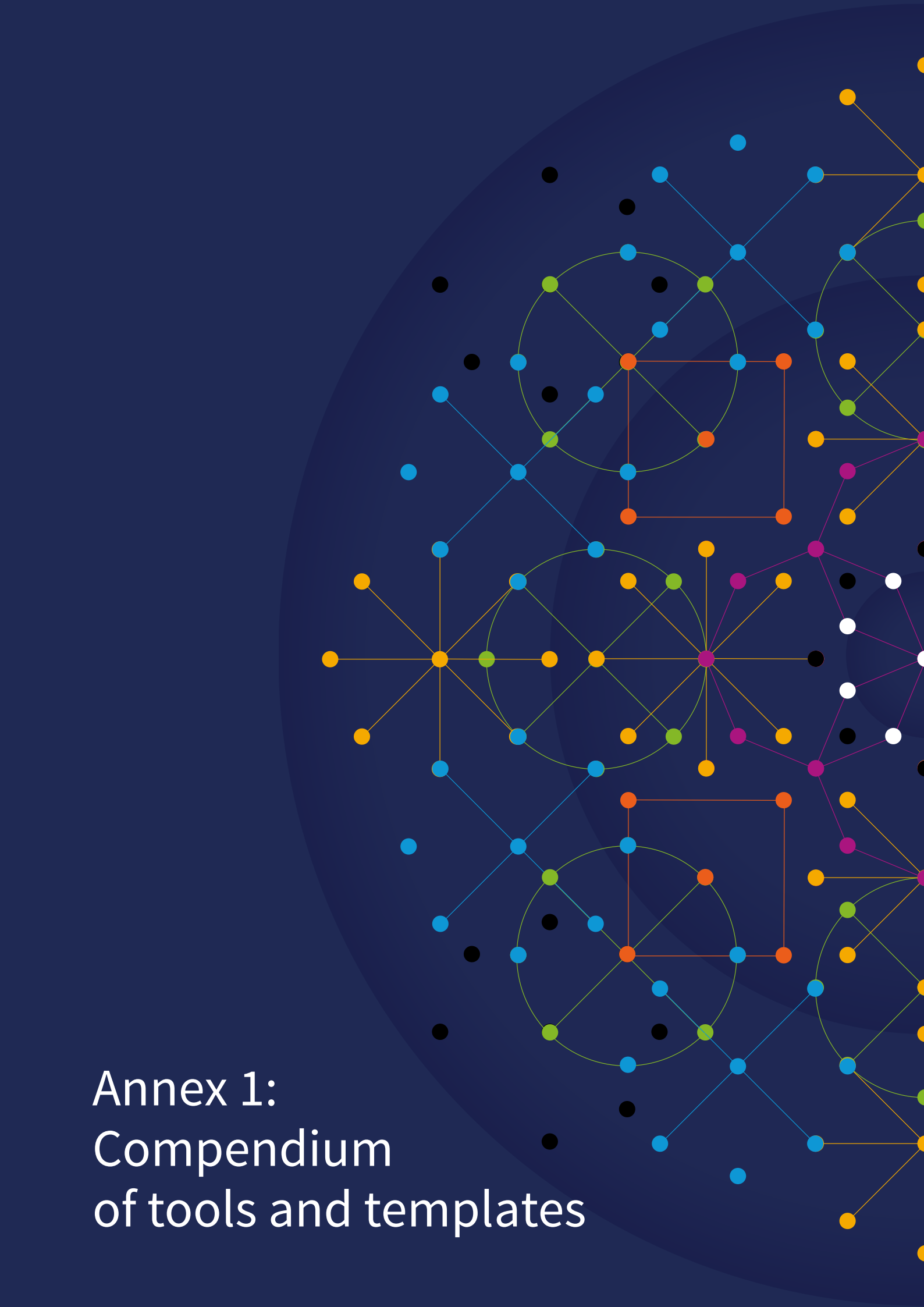
- Leadership for quality at all levels
- Openness and transparency
- Emphasis on teamwork
- Accountability at all levels
- System-embedded learning
- Active feedback loops for improvement
- Meaningful staff, service user and community engagement
- Individual empowerment in the light of complex systems
- Alignment of professional and organizational values
- Fostering pride in care
- Valuing compassionate care
- Coherence of quality efforts with service organization and planning.

More information and resources to support efforts focused on quality of care can be accessed through the [WHO Quality Toolkit](#).

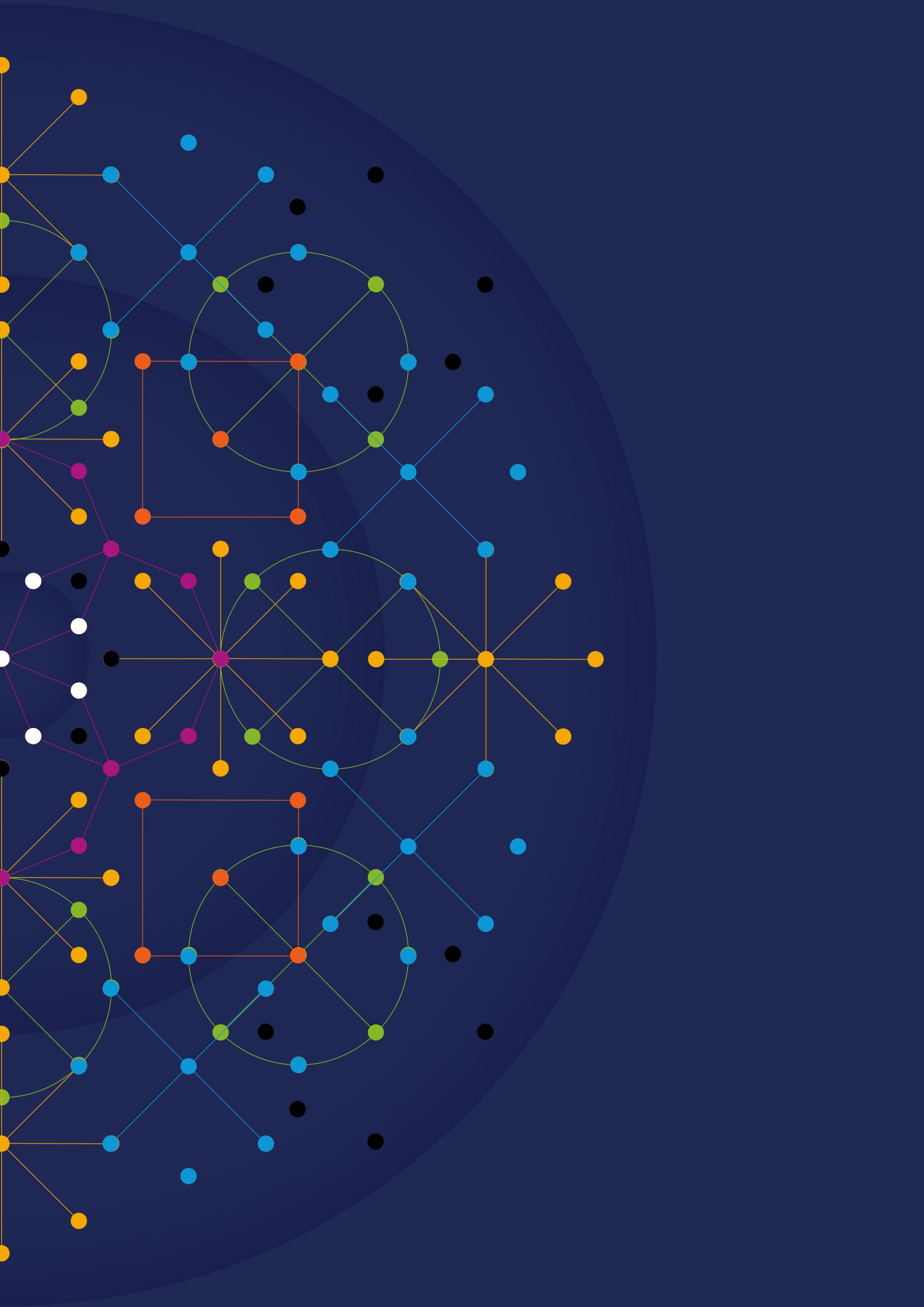
References

- (1) Evidence, policy, impact: WHO guide for evidence-informed decision-making. Geneva: World Health Organization; 2021. Available from: <https://iris.who.int/handle/10665/350994>
- (2) World Health Organization. No SDGs without health. iLearn curriculum presented at; 2021; Geneva. Available from: <https://who.csod.com/ui/lms-learning-details/app/curriculum/5f5f21ae-539a-4bea-a0d4-6f8f546a862e>
- (3) Strategizing national health in the 21st century: a handbook. Geneva: World Health Organization; 2016. Available from: <https://iris.who.int/handle/10665/250221>
- (4) Evidence briefs for policy: using the integrated knowledge translation approach: guiding manual [Internet]. Copenhagen: World Health Organization Regional Office for Europe; 2020. Available from: <https://iris.who.int/handle/10665/337950>
- (5) Framework and standards for country health information systems, 2nd ed. Health Metrics Network & World Health Organization; 2008. Available from: <https://iris.who.int/handle/10665/43872>
- (6) Solar O, Irwin, A. A conceptual framework for action on the social determinants of health. In Geneva: World Health Organization; 2010. (Social Determinants of Health Discussion; vol. 2). Available from: <https://iris.who.int/handle/10665/44489>
- (7) Principles of Community Engagement, Second Edition. Atlanta (GA): Centers for Disease Control and Prevention; 2011. Available from: https://www.atsdr.cdc.gov/communityengagement/pce_models.html
- (8) Barber M, Rodriguez N, Artis E. Deliverology in Practice: How Education Leaders Are Improving Student Outcomes. Thousand Oaks (CA): Corwin Press; 2016. Available from: <https://doi.org/10.4135/9781071800621>
- (9) Voice, agency, empowerment: handbook on social participation for universal health coverage. Geneva: World Health Organization; 2021. Available from: <https://iris.who.int/handle/10665/342704>
- (10) WHO evaluation practice handbook. Geneva: World Health Organization; 2013. Available from: <https://iris.who.int/handle/10665/96311>

- (11) Reich, MR, Campos, PA. A Guide to Applied Political Analysis for Health Reform. Boston, MA: India Health Systems Reform Project at the Harvard T.H. Chan School of Public Health; 2020. Available from: <https://www.hsph.harvard.edu/india-health-systems/2020/06/01/political-analysis-guide/>
- (12) Campos PA, Reich MR. Political Analysis for Health Policy Implementation. Health Syst Reform. 2019 Jul 3;5(3):224–35.
- (13) Rajan D, Adam T, Husseiny D, Porignon D, Ghaffar A, Schmets G. Briefing Note -- Policy Dialogue: What it is and how it can contribute to evidence-informed decision-making. 2015 Feb.
- (14) Biermann O, Kuchenmuller T, Nguyen T. EVIPNet Europe Policy Dialogue Preparation and Facilitation Checklist. World Health Organization Regional Office for Europe; 2016. Available from: https://www.researchgate.net/publication/309825719_EVIPNet_Europe_Policy_Dialogue_Preparation_and_Facilitation_Checklist
- (15) Maxwell JA. Qualitative Research Design: An Interactive Approach. Thousand Oaks (CA): Sage Publications; 2013.
- (16) WHO community engagement framework for quality, people-centred and resilient health services. Geneva: World Health Organization; 2017. Available from: <https://iris.who.int/handle/10665/259280>
- (17) Community engagement: a health promotion guide for universal health coverage in the hands of the people. Geneva: World Health Organization; 2020. Available from: <https://iris.who.int/handle/10665/334379>
- (18) Health in all policies: training manual. World Health Organization; 2015. Available from: <https://iris.who.int/handle/10665/151788>
- (19) Health in all policies: Helsinki statement. Framework for country action. Geneva: World Health Organization & Finland Ministry of Social Affairs and Health; 2014. Available from: <https://iris.who.int/handle/10665/112636>
- (20) Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care. World Health Organization; 2018. Available from: <https://www.who.int/publications/item/9789241565561>



Annex 1: Compendium of tools and templates



Contents

Core Tools	Referenced in Step	Brief Description	When to Use
Context Analysis Wheel (pg. 70)	1	A set of guiding questions to facilitate a deeper understanding of a health issue.	Use alongside data to inform the broader context around the health issue, including what has been done so far and what is missing.
Assessing Readiness for Action Criteria (pg. 73)	1	A summary list of considerations to help inform prioritization of health issues for action.	After reviewing the data landscape and identifying top tier health issues, use to assess and validate which issues are most viable to act on.
Issue Tree (pg. 75)	1, 4	A structured approach for presenting an extensive view of an issue.	Use to identify any underlying causes of the priority health issue that can help to guide solutions (policy, strategy, or interventions) for implementation; and to unpack challenges that may arise during implementation.
Problem-Statement (pg. 79)	1	A tool for concise communication about the priority health issue.	After identifying a priority health issue, use to clearly frame the problem for stakeholder messaging and other engagements.
Rapid Assessment of Potential Solutions (pg. 82)	2	A set of prompts for assessing potential solutions (policy, strategy, or interventions), including benefits/challenges to implementation.	Building from data and information gathered about the priority health issue, use to document and prioritize among the various potential solutions (policy, strategy or interventions) identified.
Prioritization Matrix (pg. 84)	2	A two-by-two matrix for facilitating group decision-making by defining key considerations for implementation, and prioritizing options accordingly.	Whenever prioritization is needed (e.g. deciding which solutions to implement), use to help create alignment and stay focused on key factors for stakeholders.
Theory of Change (pg. 88)	2	A visual tool for mapping your solution (policy, strategy, or intervention) with specific inputs, activities, outputs, and outcomes for measurable impact.	After prioritizing a solution for implementation, use to document key elements of anticipated changes, including underlying assumptions; refer back to the template regularly if any changes occur during implementation.
Targets and Acceleration Scenarios (pg. 90)	2	A table for compiling key information about indicators and targets, that can be used alongside an interactive Excel workbook for building acceleration scenarios.	After prioritizing solutions and in complement to the goal and objectives, use to clarify the indicators, baseline and target values that will be used to monitor progress, and compare to a business-as-usual scenario.

Core Tools	Referenced in Step	Brief Description	When to Use
Stakeholder Map & Analysis Guide (pg. 92)	2, 3	A structured approach for gathering and assessing information on different stakeholders who are relevant to the health issue and/or solution (policy, strategy, or intervention).	Relevant at all stages of the impact cycle, use the stakeholder map and guide throughout your process to identify critical persons for achieving your goal, including where to focus communication and engagement efforts.
Communication & Engagement Plan (pg. 98)	1, 3, 5	A tracking document for organizing key information about stakeholders, and outlining a tailored approach for engaging them.	Use after completing the stakeholder mapping and analysis to define what messaging and follow-up is needed to garner support and influence specific action.
Impact Brief (pg. 100)	3	A structured document summarizing the evidence for the proposed solution (policy, strategy, or interventions) to convince decision makers to act.	Building from the health issue problem statement and information from prioritizing solutions, use to communicate and engage with key stakeholders for garnering support and prompting specific action.
Value Proposition (pg. 102)	3	A tool for concise communication about how the prioritized solution (policy, strategy or interventions) will affect the health issue.	After prioritizing a solution, use to clearly articulate what will be implemented and how it will address the health issue for driving change towards the intended impact.
Policy Dialogue Checklist (pg. 104)	3	A comprehensive list of steps and considerations for supporting a policy dialogue event.	Review items and use if planning a policy dialogue when implementing your solution (policy, strategy or intervention).
Risk Assessment Table (pg. 110)	4	An accompanying table to the Delivery Chain, for facilitating a review of potential risks and weaknesses related to implementation.	Use with the delivery chain to prompt reflection on specific aspects of stakeholders and linkages in the chain, particularly where any risks and/or weaknesses become apparent and require mitigation.
Delivery Plan (pg. 112)	4	An outline with prompts to help generate discussion and documentation around the answering the key questions of delivery.	Depending on how far the solution (policy, strategy or intervention) has been implemented, use to draft a delivery plan from first principles or to generate new insights for refining an existing planning document.
Delivery Plan Checklist (pg. 122)	4	A curated list of key elements for effective implementation efforts, to facilitate a constructive appraisal of a delivery plan.	After drafting a delivery plan, use for document review to identify any gaps or areas where details of key elements for implementation can be improved.

Core Tools	Referenced in Step	Brief Description	When to Use
Guiding Questions for Establishing Effective Routines (pg. 126)	4	A set of prompts to answer for ensuring routines are fit-for-purpose and driving change.	When establishing a set of routines or reappraising existing routines, use to reflect on which elements of effective routines need to be adjusted to reach objectives.
Purpose Statement for Frontline Work (pg. 128)	4	A tool for concise communication about the intent of conducting site visits and focus groups or interviews.	At any stage of implementation, first-hand qualitative information can provide a valuable source of insight about implementation efforts; use to help facilitate interactions with people and institutions when you are planning site visits and focus groups or interviews.
Qualitative Information Gathering Table (pg. 130)	4	A table to organize questions and responses from any frontline work and qualitative information gathering.	Use for planning and conducting site visits, focus groups or interviews by drafting questions and recording responses in an organized format that helps to objectively process the information received.
Guiding Questions for a Stocktake (pg. 132)	4	A set of guiding questions and tips for preparing an effective stocktake.	Use to conduct a stocktaking exercise to track progress towards your objectives and/or facilitate problem-solving.
Delivery Routine Agenda (pg. 134)	4	A structured outline for preparing an effective routine.	Throughout implementation, adapt the agenda to any type of routine, meeting or other event; use to outline the focus, timing, delineation of roles, and any materials needed to ensure smooth execution and alignment on expectations.
Monthly Note (pg. 136)	4	A structured format for summarizing implementation progress to date and highlighting decisions points for leadership.	Use throughout implementation (and beyond) to complement other delivery routines, to document progress towards the objective(s) and highlight next steps.
Delivery Checkup (pg. 138)	5	A structured approach and questionnaire for gathering information about current delivery capacity of a team, and assessing where key elements are strong or can be improved.	Use at any stage to garner feedback from stakeholders and team members about their self-assessment of how things are working; particularly helpful at the start of implementation to establish a baseline, and for gauging where adjustments are needed for sustaining change over time.
Proof Points (pg. 144)	5	A tool for documenting successes from implementation efforts that can support communication about the impact achieved.	Use after implementation has started for distilling examples of success that are supported with evidence such as data/metrics or key achievements/events, and can support ongoing communication efforts.

TOOL

Context Analysis Wheel

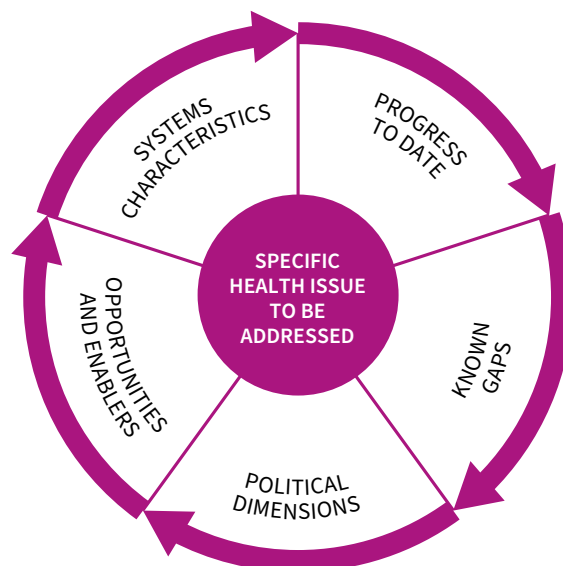
1 When to use

Beyond the data, understanding the history of the issue and its broader enveloping context is also important including what has been done so far, what was successful, and what is still missing—and why? You may need to reach out to experts in the field, review reports and other documentation on the matter, and/or to locate within your organization colleagues with sufficient institutional memory to provide applicable context. By expanding your overview of the health issue, you will be able to determine more readily at which stages of the impact cycle you should focus your efforts for the greatest benefit. Use the guiding questions below to support you in this step.

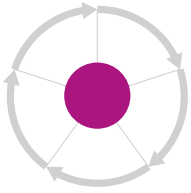
2 How to use

When mapping the political and policy context, consider the social environment that has influenced and currently influences health issues. Determine accurately the current forces that influence health and development agendas in your setting since these will constitute enablers or barriers to any proposed work.

First read through the entire set of questions and consider what features are specific to your setting. Then answer the questions one by one and fill in the template: the prompts will help to guide your thinking. Once the questionnaire is complete, discuss its findings with your team and explore potential opportunities and roadblocks.

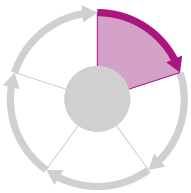


TEMPLATE



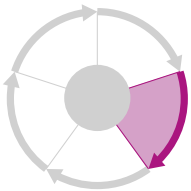
Specific health issue to be addressed

Prompts: Which specific aspect(s) of the health issue need to be addressed? What brought the health issue into focus? Who are the key stakeholders involved in the health issue?



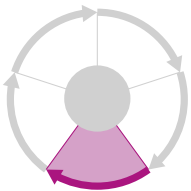
Progress to date

Prompts: What progress has been made on the health issue so far? Are there any previous policies, strategies or interventions relating to this issue? If yes, outline them and describe who was involved and how they were developed.



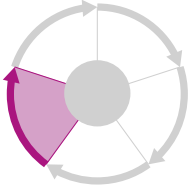
Known Gaps

Prompts: Are all key stakeholders and factors for implementation aligned? Are there any issues with implementation that have stalled progress? Have any quantitative or qualitative assessments been used to gather feedback on progress? If yes, do the findings suggest specific areas for improvement? If not, what information can be collected to help identify any gaps in implementation?



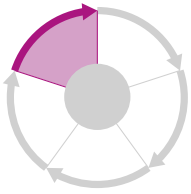
Political dimensions

Prompts: Is the health issue currently within the political or policy agenda? Who are the key decision-makers, policymakers and influencers? Who might influence these stakeholders? Do policymakers intend to address the health issue? If yes, how high does it rank among other priorities? If not, what would it take to get it onto the agenda?



Opportunities and enablers

Prompts: For the health issue and possible solutions, what measures are required to reach the objectives (e.g. laws, decisions, institutional policies)? Are there high-level forums in industry, academia, the wider community or other platforms for raising the health issue and potential solutions? Are there any civil society groups that might influence actions for or against the health issue? Where does the public stand on the issue? Is there a window of opportunity that can be used to start discussions or find solutions for the health issue?



System characteristics

Prompts: What is the legislative process in the country, and what is its governance structure (i.e. how are plans developed, approved, financed and monitored at the national versus local level)? Is there a defined legislative calendar or timeline for health policy discussions and decisions?

TOOL

Assessing Readiness for Action Criteria

1 When to use

This tool can be used to assess and validate the issue which will be prioritized for action. It should be applied after the required data landscape and context information has been collected, and you are ready to proceed with actions. When you have assembled a top tier of issues, review each one individually against the Assessing Readiness for Action Criteria (below) to determine which is most viable to move forward. Note that the context-analysis wheel may also help to answer questions in this readiness assessment.

This is not an exact science, and you may consider using several assessment criteria including both technical and political factors such as the magnitude and severity of the problem, national relevance, urgency, applicability, feasibility, implementation difficulty, windows of political opportunity and potential for impact. In addition, it is important to frame the priority in terms of the problem to be solved. This may help to analyse why the problem exists and determine its root cause(s).

2 How to use

Go through the questions below, reflect on what they ask and record the most suitable response in the column on the right.* Analyse the responses, determine whether there are gaps/opportunities that can be addressed and refocus issue, if necessary.

**At the very least, questions 1, 5, 11 and 14 must be answered in the affirmative (yes).*

Note: questions 7-14 are explored in more depth in impact cycle Step 3, Communicate and Engage.

TEMPLATE

- 1 **Is the health issue important?***
- 2 **Has the health issue already been recognized as a policy challenge?**
- 3 **Has the health issue already been integrated in the policy cycle?**
- 4 **Is there public interest in the health issue?**
- 5 **Is there sufficient local evidence?***
- 6 **Are viable options available to address the health issue?**
- 7 **Is there an opportunity for change?**
- 8 **Is there important uncertainty about the health issue and potential solutions?**
- 9 **Is relevant research evidence available?**
- 10 **Is there interest in informed deliberation about the problem and potential solutions?**
- 11 **Does the health issue have national and regional relevance?***
- 12 **Is it feasible for the organization/institution to track the outputs, outcomes and impacts of the use of evidence in policy?**
- 13 **Can long-term versus short-term wins be identified by addressing this health issue as a priority?**
- 14 **Is the health issue clear and well-defined?***

TOOL

Issue Tree

1 When to use

An Issue Tree is a tool to present an extensive view of an issue. By adopting a structured approach which “unpacks” each layer, the resultant view helps to reveal underlying causes. This information makes it possible to manage problem-solving and identify effective responses in a timely manner.

2 How to use

The five-step guide below will help to develop an Issue Tree.

Step 1. Define the issue: Fill in the upper part of the scheme. Be as specific and succinct as possible, the problem statement should be readily understood. Then write down the main question that relates to the issue.

To check your main question for comprehensiveness following questions may help:

- a. Does this question directly relate to the problem above?
- b. What is our current best hypothesis for an answer?
- c. Does this question miss anything?

Fill in the left part of the table and proceed to the sub-questions (you can also fill in the Issue Tree up or down).

TEMPLATE

Problem Statement

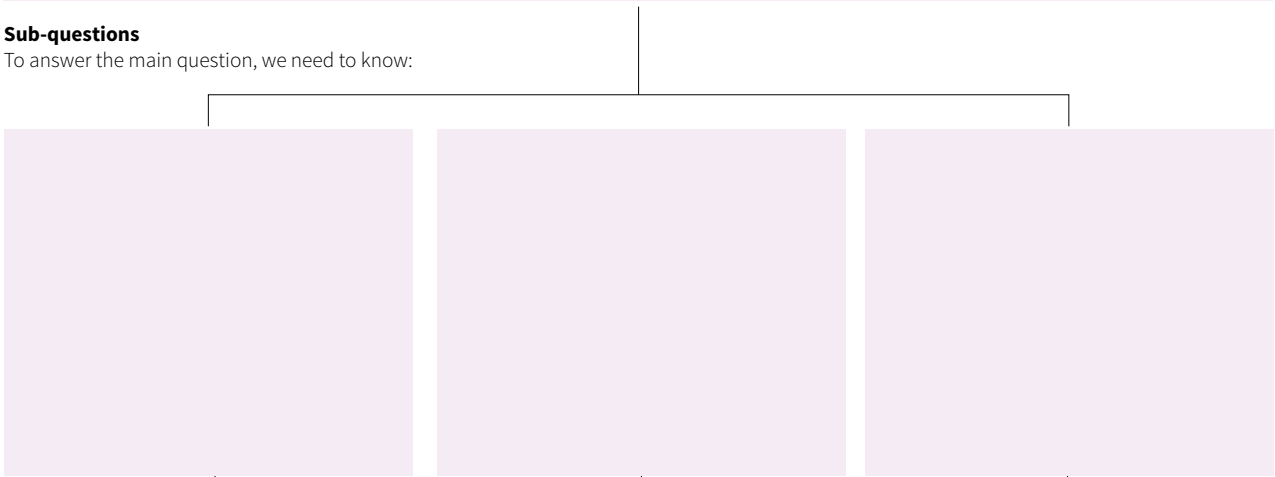
The problem I am trying to solve is:

Main question

Our core issue is:

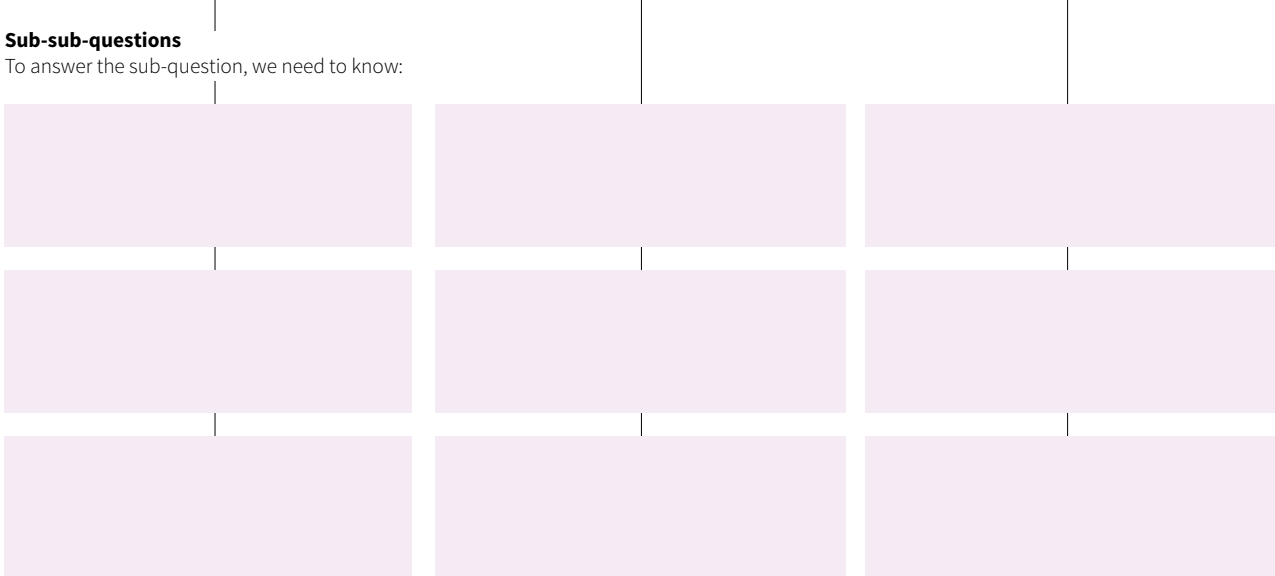
Sub-questions

To answer the main question, we need to know:



Sub-sub-questions

To answer the sub-question, we need to know:



Does this question directly relate to the problem?

Will answering these questions give the answer to the main question? Do they cover everything?

Will answering these questions give the answer to the sub-question? Are these questions specific enough to test with data? What are the most important questions to answer first?

Step 2. List the factors that directly and indirectly influenced or caused the issue.

What do you need to know or resolve to address the main question? List these factors in the middle section of the diagram.

Tip: Make sure that the terms and phrases you use are fully meaningful (e.g. an underlying factor may be “lack of trained human resources” rather than just “human resources”).

Step 3. Establish the order of events that led to the issue. Keep asking questions and find causes for your sub-questions by posing sub-sub questions for each listed factor. Write down your responses. Your Issue Tree should start with the main question on one side, and progressively go into more details as it moves to the other side. Each layer of the Issue Tree should use MECE categories: “Mutually Exclusive and Collectively Exhaustive”. In other words, it ought to capture all relevant factors without missing important factors or duplicating content between each sub-question.

To check for completeness, consider the following:

Sub-questions:

- a. Will answering these questions provide a response to the main question?
- b. Do these sub-questions cover everything?
- c. Are the sub-questions similar in scope and breadth?
- d. Is each question independent without overlap?

Sub-sub-questions:

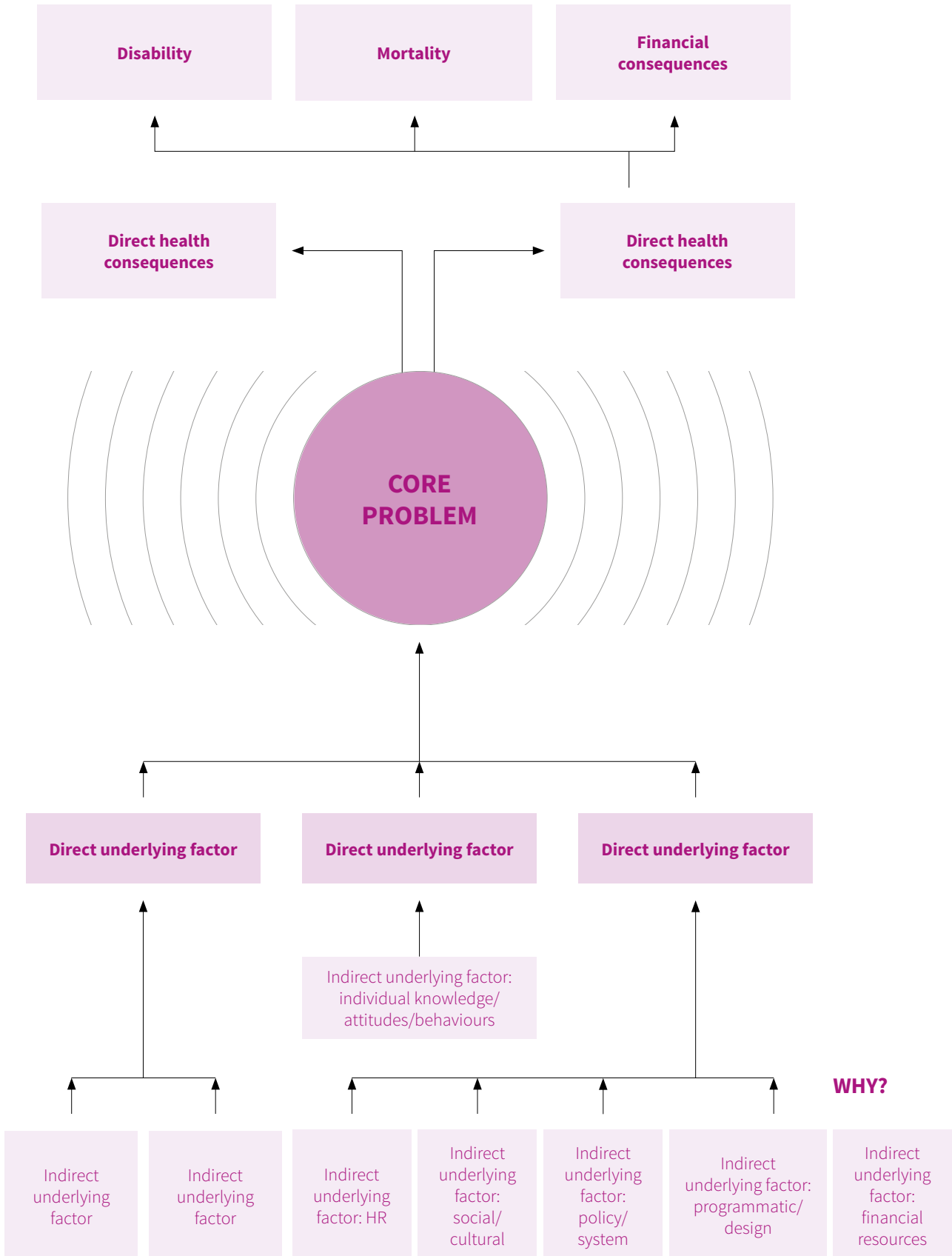
- a. Are the answers to these questions knowable?
- b. Are these questions specific enough to test with data?
- c. Will answering each set of questions provide a response to the sub-question?
- d. What are the most important questions to answer first?
- e. Are the sub-sub-questions similar in scope and breadth?

Step 4. Differentiate between the factors that influence the issue. Think through the factors that influence the issue. Do they (i) coexist with, (ii) contribute to or (iii) cause the problem? Both direct and indirect underlying factors in the policy options should be addressed. Some of the factors may be identified as root causes or have crosscutting effects on several factors, e.g. a limited national government health budget.

Step 5. Focus on one underlying factor. In order to move from the issue into action, it is important to focus on addressing one factor for development during the impact cycle. While you and your team may work through the complete set of factors over time, each factor should be considered separately in terms of the impact cycle.

The final Issue Tree should identify different areas of work, which can be organized into pathways linking various levels of causes (immediate, underlying and structural) and displaying interlinkages.

Figure 14: Example of an Issue Tree



TOOL

Problem Statement

1 When to use

Once a priority health issue has been identified, this template may be used to frame the problem by developing a problem statement. A clear and concise problem statement can act as a good communication starting point with key stakeholders. Developing such a problem statement is also a useful preface to exploring potential solutions (policy, strategy or interventions), in order to understand how they can address the health issue including any underlying causes.

2 How to use

Step 1. Review the first table and verify whether background information is available to support your problem statement: it will help you to define the problem statement in exact terms. The questions in the table may give you some pointers to thinking in the right direction.

Step 2. Fill out the template using the data and information gathered when identifying the priority health issue(s), focusing on providing a compelling and sufficiently detailed summary that is likely to prompt action.

TEMPLATE

MUST HAVES**Define the problem**

- Clearly describe, define and contextualize the issue
- Describe the problem from a local perspective
- Who is affected? (How many people are affected, severity of impact, etc.)
- What is it costing?
- What would be the cost of doing nothing?

Summarize data analyses/visualizations describing the problem

- What are the causes of the problem?
- What has been done locally to address the problem? (Literature review/available research)
- Visual illustration (e.g. picture, table, graph, map)
- Cite any underlying data sources or report

→ Recommended extras

- Describe global, regional and national burden related to larger public health problem (if relevant)
- What is the size/relevance of the problem (on a global, regional and national level)?
- What has been done on these levels to address the problem? (Literature review/available research)

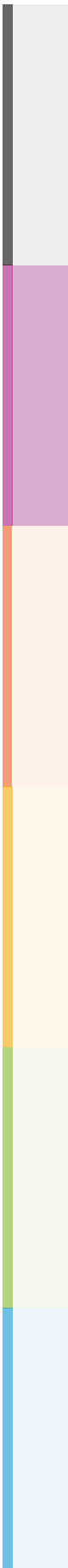
The current state of the _____ shows that _____,
and is costing/resulting in _____.
[HEALTH ISSUE] [WHO IS AFFECTED, SEVERITY] [NEGATIVE IMPACT]

The _____ is linked to _____
which is/are _____.
[HEALTH ISSUE] [UNDERLYING CAUSES] [CURRENT STATE OF UNDERLYING CAUSES]

The existing policy/strategy/intervention focus on is _____
_____, which is _____.
[UNDERLYING CAUSES] [DESCRIPTION OF CHANGE]

_____. However it does not adequately address _____
_____. (or alternatively): However it needs to be refined/scaled to address _____
[THE GAP] [THE GAP]

Our initial focus will be _____.
[THE GAP]



TOOL

Rapid Assessment of Potential Solutions

1 When to use

Once the health issue has been identified and explored in depth you can proceed to identify potential solutions (policy, strategy or interventions). This tool can be used to assess various solutions to improve the health issue. The rapid assessment is conducted to appraise the potential challenges, possible benefits and various implementation options. The results of this assessment will help inform your later prioritization decisions.

2 How to use

Step 1 Identify evidence-informed solutions

Review the information generated: think about your priority issues and underlying causes (e.g. based on your Issue Tree) that have led to the current situation. These are factors you are trying to influence, mitigate or correct in order to achieve your strategic objective and determine which evidence-informed solutions to apply in the next step.

Conduct a comprehensive literature search to identify the best available evidence about the various options for solutions (policy, strategy or intervention) that can be implemented.¹

Step 2. Compile an initial list of the potential solutions identified

Usually, a few options are presented when addressing an issue. These options may be mutually exclusive, in which case stakeholders may opt for one at the expense of others; or they may be complementary, and the problem broadly resolved if they are implemented conjointly. Likewise, the options may touch on only a few underlying factors while signaling that there is a need to work on others; or they may be comprehensive enough to cover all the main underlying causes.

Step 3. Assess your list of options

Finally, use the template to structure your assessment of each potential solution by spelling out the likely benefits, potential downsides, resource requirements and uncertainty of each option.

¹ E.g. For most health issues, WHO proposes technical and policy packages that compile the most effective solutions, based on a systematic review of existing evidence. These are available on its website and easily searchable. A few examples are:

- <https://www.who.int/tools/compendium-on-health-and-environment>
- <https://extranet.who.int/nutrition/gina/>
- <https://www.who.int/elena/en/>
- <https://www.who.int/initiatives/mpower>

TEMPLATE

Potential solution: _____
 [INSERT BRIEF DESCRIPTION OF POLICY, STRATEGY OR INTERVENTION]

In the last column, insert one or more bulleted key messages about the potential solution, ensuring that the findings are presented with reference to whether they are recent, quality of source information and applicability to the context.

Considerations	Prompts	Findings
Benefits	<ul style="list-style-type: none"> Which benefits are likely to be achieved? Which benefits are important to those most affected by the health issue? 	
Potential downsides	<ul style="list-style-type: none"> What unintended consequences may arise? What downsides are important to those most affected by the health issue? 	
Resource use, costs and/or cost-effectiveness	<ul style="list-style-type: none"> What are the costs in terms of monetary and other resources? Is there evidence about cost-effectiveness? 	
Sufficient evidence (uncertainty)	<ul style="list-style-type: none"> Were systematic reviews identified? Can studies be identified as part of an exhaustive search? Are there clear messages from the systematic review(s) and/or studies? 	
Key elements of the solution (policy, strategy or intervention)	<ul style="list-style-type: none"> What are the components of the solution for which there is sufficient evidence? What adaptations might be made to contextualize the components? How might adaptations alter the benefits, downsides and costs? 	
Stakeholder views and experiences	<ul style="list-style-type: none"> What are the main equity considerations? Have all relevant populations been addressed in an equitable manner? Are there benefits or potential downsides for specific groups while not influencing others? 	

TOOL

Prioritization Matrix

1 When to use

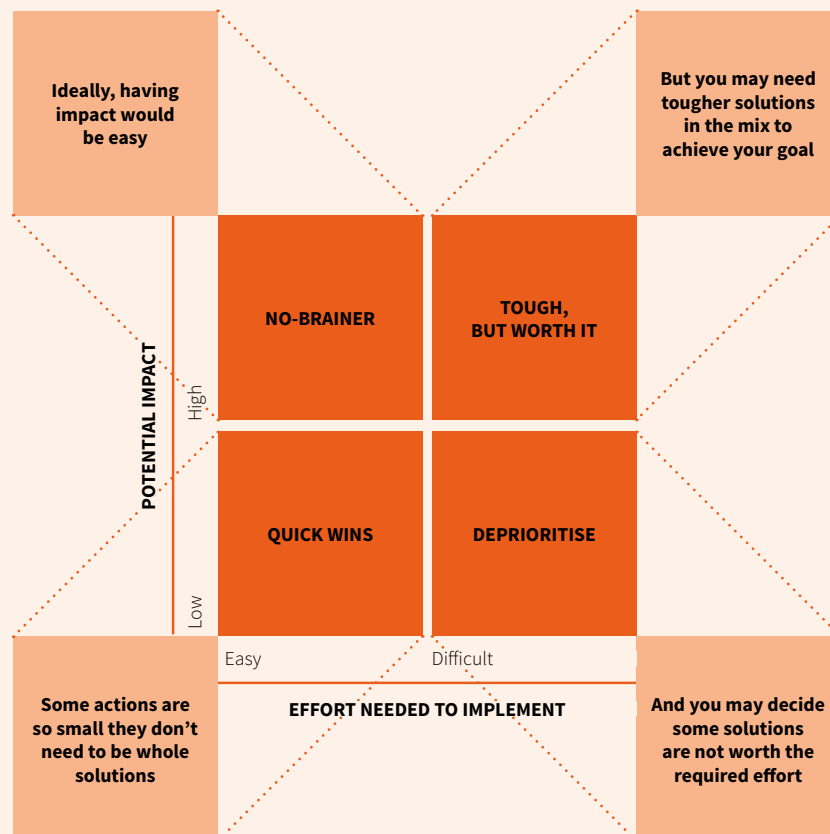
A prioritization matrix may be used to organize and stay focused on what is most important for achieving intended impact e.g. deciding on a possible solution (policy, strategy or intervention) to implement, or in problem-solving.

2 How to use

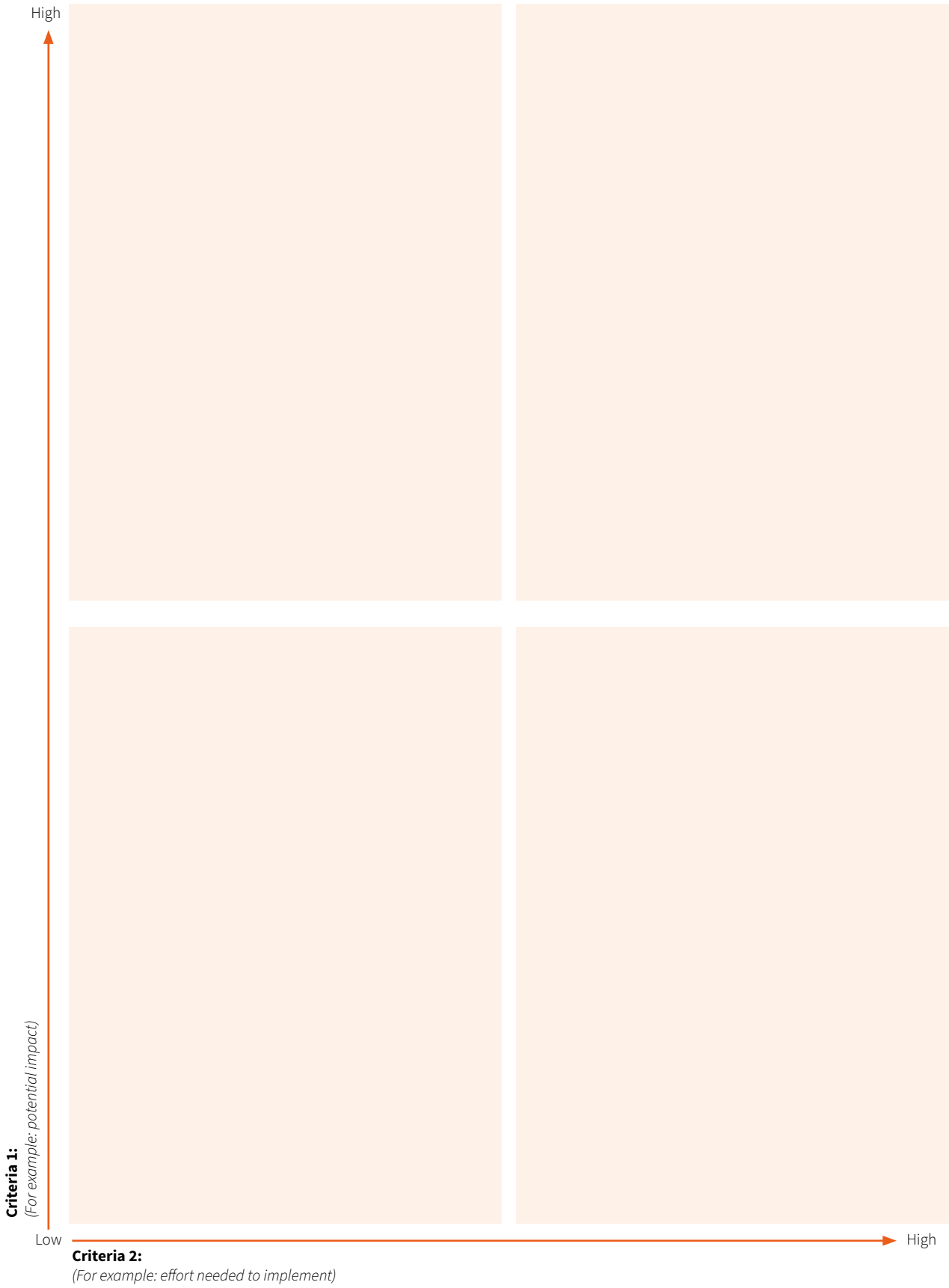
- Step 1.** Convene relevant stakeholders and establish two criteria that you consider to be top factors in reaching your aim (the example shows potential impact and effort needed to implement)
- Step 2.** If you are convening in person you will need a whiteboard and sticky notes to conduct the exercise; for virtual meetings a virtual equivalent will be needed via Zoom, PowerPoint, Miro, etc.
- Step 3.** Setup the whiteboard with your two criteria on the axis and draw a 2x2 grid (matrix) on which “low” corresponds with the zero point at left and “high” extends along the axes.
- Step 4.** Write out options for the different solutions (policies, strategies or inventions) that you have collectively identified on the sticky notes: one per note.
- Step 5.** Ask your stakeholders to place the sticky notes in the quadrants of the matrix based on their assessment of the solutions or interventions, against the criteria. There are no right or wrong answers; rather the goal is to generate discussion and arrive at a consensus on how the options “rank” according to the accepted criteria, and relative to one another.

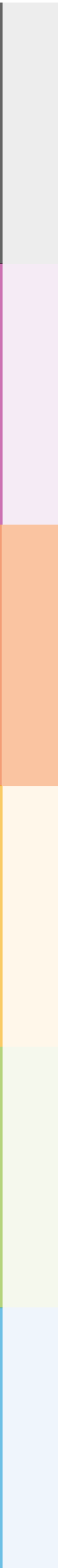
Step 6. Analyse results to establish priority rankings and consider the different trade-offs. If your criteria resemble those listed in the example above, the options may be summarized as:

- High priority: high impact/low effort are “no brainers” in an intervention. They are expected to be in high demand and provide a high return on investment.
- Quick wins: low impact/low effort solutions are easy to implement, even if they are not expected to have a high impact. They are often contextually (e.g. politically) important and difficult to eliminate.
- Tough, but worth it: high impact/high effort solutions after often long-term interventions that have a great potential impact but require significant investment. Focusing on too many of these may overwhelm the team.
- Deprioritize: low impact/high effort solutions should be the lowest priority and should be phased out to allow resources for higher priority items.



TEMPLATE





TOOL

Theory of Change

1 When to use

Theory of Change (ToC) shows how your solution (policy, strategy or intervention) relates to your objective(s), and how activities undertaken will tackle the priority health issue. It shows how change is intended to bring about the intended impact.

2 How to use

Examine the template and familiarize yourself with ToC components. Using the guiding questions below to start filling in the ToC.

Step 1. Indicate the overarching goal of your intended solution (policy, strategy and interventions).

Step 2. Note down specific, measurable and time-bound objectives which apply to the solution: multiple objectives may be entered in the ToC depending on the scope of your solution(s).

Step 3. For the given objective, identify respectively:

Inputs: Include the financial, human, material, technological and information resources required to deliver the objective (e.g., funding, time constraints, personnel and equipment)

Core Activities: List 4-5 key actions or planned work steps by means of which inputs such as funds, technical assistance and other types of resources are mobilized to produce specific results, i.e. outputs and outcomes.

Outputs: provide a summary of any tangible deliverables anticipated as the result of inputs and activities.

Outcomes: identify short-term and medium-term changes anticipated as the result of inputs and activities, focusing on health outcome indicators.

Risks and mitigation measures: Assess and include foreseeable internal and external risks that could interfere with implementation and prevent you from achieving the desired results; then identify mitigation measures.

Assumptions: List internal (related to implementation) and external (related to broader context) factors that would need to hold true for anticipated results to be achieved.

Enabling factors: Identify any key elements or factors that are critical for implementation efforts to be sustainable over time (e.g., political commitment, financing, etc).

Step 4. Once the above questions have been answered, examine the ToC in full and consider the result. Determine whether the identified components are logically connected, and if anything is missing or needs to be removed, and then remodel the ToC until it provides an exact representation of how you intend to bring about the anticipated changes.

TEMPLATE

Goal**Objective**

Inputs	Core activities	Outputs	Outcomes	Risks and mitigation measures

Assumptions:**Enabling Factors:**

TOOL

Targets and Acceleration Scenarios

1 When to use

Setting Targets is a key part of the delivery approach for achieving measurable impact. This tool helps to clarify which indicators are associated with specific objectives, along with their baseline values and the year they were logged; it also serves to document information about the data that will be used. To set the target, Acceleration Scenarios can be used to visualize different rates of change over time when compared to historical performance and business-as-usual assumptions. The resulting combination of targets and acceleration scenarios may be valuable during implementation to assess how progress is being tracked and help to identify challenges and prompt problem-solving if it appears to be off-track.

2 How to use

- Step 1.** Write down your goal and objectives as previously defined. For each objective, identify which outcome or tracer indicator will be used to assess progress over time and note the data source, including how often data are collected or updated.
- Step 2.** Explore whether relevant global or national targets exist for the respective indicators. If they do, be sure to record them so as to develop Acceleration Scenarios or alternate scenarios for comparison.
- Step 3.** Use the Acceleration Scenario Builder Excel Workbook with the step-by-step guide in order to chart historical performance, a business-as-usual scenario and three types of acceleration scenarios: steady, faster and delayed.
- Step 4.** Based on the acceleration scenarios drafted, record the target value and applicable year beside the baseline along with any other relevant context. You can also define interim milestones between baseline and target that are meaningful and coincide with important deliverables or dates as part of the planned implementation activities.
- Step 5.** Keep the completed template and scenarios in an accessible place for ease of review. Incorporate regular progress tracking of the indicators against set targets as part of your delivery routines, and as new data become available.

Consider the strengths and skillsets available on your team when using this tool. Although not overly complex, strong quantitative foundations and data competency are useful.

TOOL

Stakeholder Map and Analysis Guide

1 When to use

The stakeholder map and analysis guide is a tool for systematically gathering and assessing information about different stakeholders who are relevant to the health issue and/or solution (policy, strategy or intervention) so that you can focus on who to engage for your implementation efforts.

Stakeholder mapping and analysis should be done at different stages of the impact cycle depending on the the intended purpose (see table below). At all stages, to engage effectively with your stakeholders, it is essential to establish a clear picture of your supporters, opponents and neutral parties, as well as their level of power and influence.

Stage in the impact cycle	Primary purpose
When prioritizing an issue	<i>To increase the likelihood of evidence uptake and buy-in</i>
When understanding the root causes of a health problem	<i>To understand the problem from different perspectives and gather support for addressing the problem</i>
When designing solutions to the issue	<i>To put a particular topic (health problem and its solution) on the agenda</i>
When planning the implementation of a solution (policy, strategy or intervention)	<i>To increase the likelihood of support from important groups for a proposed solution</i>
When implementing solutions and sustaining change	<i>To identify implementation risks early on</i>

Source: adapted from Reich MR, Campos PA. *A Guide to Applied Political Analysis for Health Reform*; 2020.

2 How to use


Step 1. Define the purpose

Be sure to clarify:

- Where are you in the impact cycle?
- What are you trying to achieve by engaging with stakeholders at this point?

Step 2. Identify stakeholders

Once your purpose is clear, develop a list of relevant stakeholders. You can refer the template to start identifying important stakeholders and fill in the columns “Stakeholder name” and “Stakeholder type”. Start with a preliminary list and as you engage, ask if anyone else should be included. Around 15 to 20 key stakeholders provide a solid foundation and can be expanded/reduced depending on the purpose. Some types of stakeholders are: beneficiaries, organizations, ministries, change/core team, community groups, donors, decision-makers, implementing partners, interest groups, political leaders.

 **Tips for Success:** stakeholders at different levels of influence need to be considered such as national, state and community levels, and may be from the health sector or other sectors that influence health such as finance, transportation, education, etc. Individuals in your own organization can be stakeholders as well.

Step 3. Assess interest, influence and position

Using your list of stakeholders, focus on those stakeholders whom you need as supporters or active movers for your purpose: then perform a mapping exercise using the first part of the template (matrix) to gain a better understanding of your engagement needs. Specifically consider the levels of stakeholders’ *interest* in the issue/solution and their *influence*. By the end of the exercise, you should be able to draw up a summary list of who supports or opposes change on the issue, as well as their ability to drive action. The questions below will help you in this assessment:

Interest

- What is at stake for them?
- Are they supporters, opponents or neutral?
- What is important to the stakeholder?

Influence

- What level of requisite influence and power do they have over the change process?
- To what extent do they have financial and administrative resources, or access to the decision-making process?
- How can they block or contribute to the solution(s)?

Stakeholder position:

- **Supporter:** needs to be mobilized, not convinced. Explain what has to be done and why it is urgent.
- **Neutral:** needs to be persuaded about the importance of the problem.
- **Opponent:** needs to be persuaded to change or retract their influence. You should also be prepared to counter arguments and messages put out by opposing parties.

Step 4: Develop an approach for engagement

Use the information from your mapping and stakeholder analysis table to develop your approaches. Different engagement activities can be developed to influence two main factors:

1. seeking to change the **power** of stakeholders;
2. seeking to change the **position** of stakeholders.

These tips may help you to brainstorm strategies for each stakeholder position:

- **Supporter.** How can the power of supporters be increased, so that they have more influence over the decision-making process? This could involve actions to increase the financial resources of supporters or to give them more visibility in public media.
- **Neutral.** How can the number of supporters be increased? This could involve actions to mobilize neutral stakeholders by providing them with technical analyses showing how the solution(s) might benefit them or by offering them incentives to show public support for the solution(s). The number of supporters can also be increased by seeking consensus among key stakeholders.
- **Opponent.** How can opponents be persuaded to change their position from high-level opposition to low-level opposition or even to become supporters? This could involve negotiations about change affecting a technical aspect of the solution(s), or about providing desired resources. How can opponents' power and influence be decreased? This might entail questioning their motives, reducing their public visibility or denying them material resources.

For each stakeholder, choose an approach that is appropriate for the purpose and is tailored to each stakeholder's specific circumstances. The outcome of these various engagements should be a viable Communication and Engagement Plan.

Step 5: Determine the engagement method

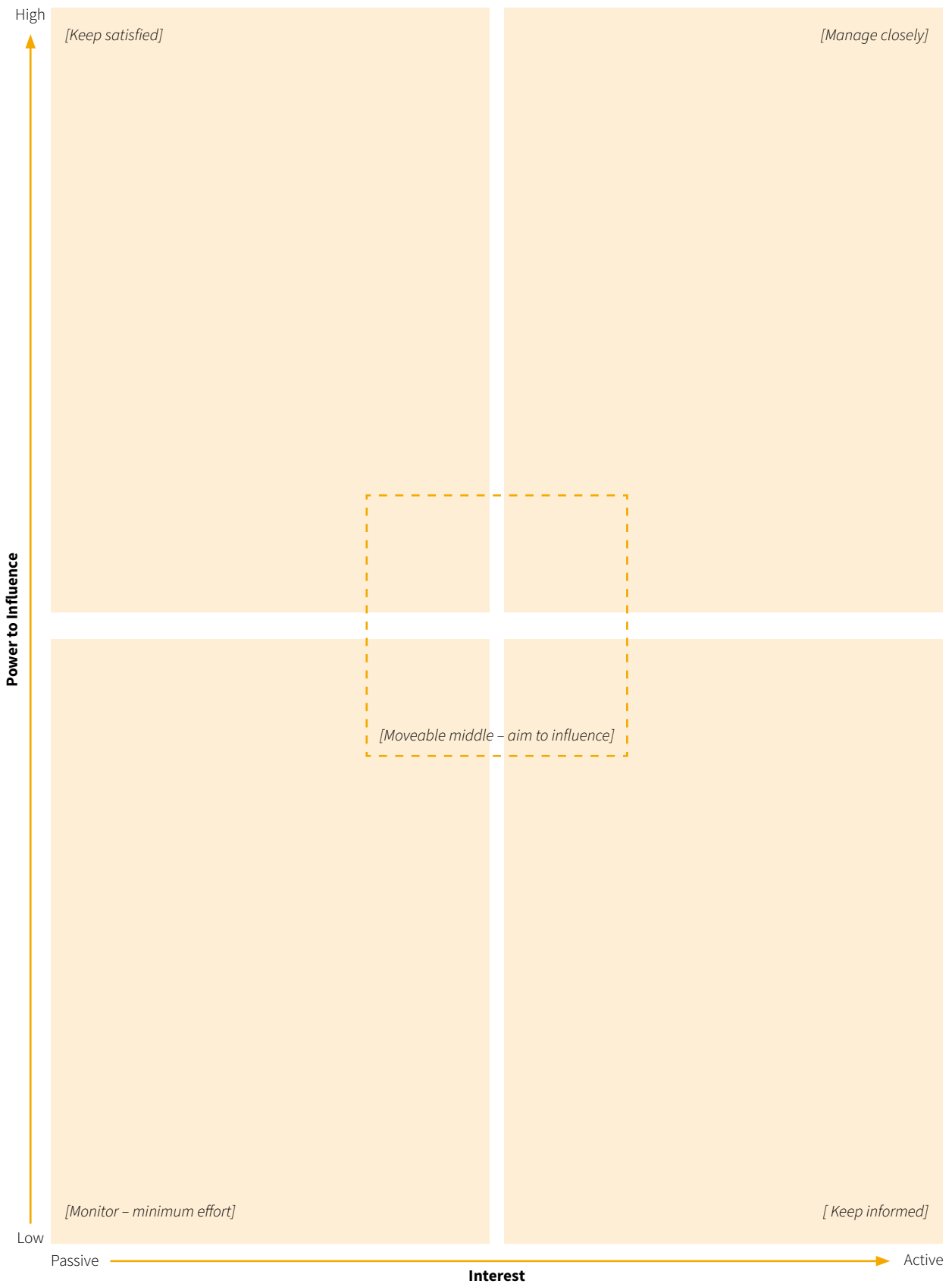
The method and intensity of the engagement will depend on the purpose. For example, if you want to understand the perspectives of people affected by a health problem, the primary purpose is information-gathering, and you may choose methods such as focus groups or surveys. However, if the purpose is to engage stakeholders in decision-making and planning you may need more formal mechanisms to ensure their participation. Past experience in your local setting (in the health and other sectors) is one important source for ideas about which methods will be effective, and lessons can be learnt from other countries or contexts where similar policies, strategies or interventions have been successful. You may wish to consider different communication and advocacy tools for various types of stakeholders; refer to the table below for examples.

The table below may help to define your stakeholder engagement approach.

Relation to impact cycle	Example of purpose	Example of engagement approach
When understanding the underlying causes of a health issue	<i>To understand the problem from different perspectives and gather support for addressing the health issue</i>	<i>Invite stakeholders to a focus group</i>
When designing solutions (policy, strategy or interventions) for the health issue	<i>To put a particular topic (health issue and solutions) on the agenda</i>	<i>Interview stakeholders to understand their position Conduct a policy dialogue</i>
When planning to implement solutions (policy, strategy or interventions)	<i>To increase the likelihood of support from important stakeholders for a proposed solution</i>	<i>Develop an advocacy strategy</i>
When implementing and sustaining change	<i>To identify implementation risks early on</i>	<i>Engage stakeholders in implementation planning and problem-solving sessions</i>

Source: adapted from Reich MR, Campos PA. *A Guide to Applied Political Analysis for Health Reform 2020*.

TEMPLATE



TOOL

Communication and Engagement Plan

1 When to use

Engaging with stakeholders is a dynamic, iterative process that can be done at different key points of impact cycle. The Communication and Engagement Plan is the next step after completing stakeholder mapping and analysis. When the stakeholders have been identified, and their level of interest, ability to influence and institutional position analysed using the dedicated matrix, you should work out how to communicate and engage with them. For each stakeholder, choose a strategy (and messaging) which matches the purpose and is tailored to that stakeholder's specific profile.

2 How to use

- Step 1.** If you have performed the stakeholder mapping analysis, refer to the list of stakeholders and supporting information from your mapping analysis (see Stakeholder Map and Analysis Guide), which will aid you to fill in the Communication and Engagement Plan. If not, start filling in the provided template at the first column "Stakeholder Name" and develop a preliminary list (which can be further expanded as you engage with stakeholders). Around 15 to 20 key stakeholders ought to provide a solid foundation; this number can be expanded or reduced depending on the purpose.
- Step 2.** Fill in the provided template with information for each stakeholder. The template has a list of guiding questions to support you in this process.
- Step 3.** Based on the ideas and inputs expressed in the template, refine methods to engage with stakeholders and consider how roles and responsibilities should be allotted to ensure that the plan will be fully implemented.

TOOL

Impact Brief

1 When to use

An Impact Brief is a tool to advocate clearly for the solutions to the health issue you want to. It can serve as both a tool for knowledge transfer and to build support among decision-makers implement. An Impact Brief can also be used by professionals and experts for various purposes: to gather support, enable discussion, inform next steps and communicate the relevant evidence in plain terms.

It is recommended to use this tool after identifying the objective, target and solutions (policy, strategy or intervention). A well-crafted Impact Brief should be put together around your concise problem statement, and help to communicate the benefits of action (including social, economic, political and security-related benefits, etc.) as well as the costs of inaction. In short, an Impact Brief is a tool to convince decision-makers to act.

2 How to use

Your Impact Brief should be no longer than two to three pages, very concise and to the point. The preparatory work to develop your Impact Brief is therefore just as important as the brief itself. It should set out clearly the health issue and identify and prioritize the most important solutions.

There are several points to consider before starting.

- **Who will prepare the Impact Brief?** Consider this issue before designating one or two individuals with excellent writing skills and sufficient background understanding of the topic to lead on drafting.
- **Who will be engaged as a review team?** Although the drafting of the Impact Brief will be delegated to members of the team with writing skills, you should consider how to include the views of key stakeholders and experts.
- **Who is your audience?** Identify whom you are trying to target for your messaging, their pre-existing level of knowledge and their anticipated position on the topic.
- **What are your intentions?** Being clear about your goal from the outset will help shape the tone of your Impact Brief.
- **Structure your statement** to cover all important aspects of the message you are delivering in the proposed template.

TEMPLATE

Title

[SOMETHING SHORT THAT CAPTURES ATTENTION AND GENERATES INTEREST IN THE ISSUE]

Key messages

Outline 4–5 bullet points summarizing the most important elements of the health issue and your overall goal, including any target(s) identified, proposed solutions (policy, strategy or intervention), implementation considerations, and the benefits of action/costs of inaction

Problem synopsis

Draft a brief summary (< 300 words) of the health issue and underlying causes of the problem. Use relevant and reliable data to support this section, including the local perspective that contextualizes the situation and describes previous efforts to address the issue. You can also incorporate the Problem Statement here.

Goal and objective(s)

Clearly state your overall goal and any specific objective(s) that describe what you are trying to achieve. You can include information about your acceleration scenarios, including any indicators identified for tracking progress over time.

Solutions for impact

Identify the top viable solutions (policy, strategy or intervention) that consider at least the public health impact, budgetary/economic impact, social/political feasibility and operational feasibility.

Recommendation

Write a concise and practical appeal for action, providing a clear rationale and mechanism for implementation.

References

Include here any citations for data or evidence you have used, as well as any additional resources regarding issue and solutions that would be relevant for the audience.

TOOL

Value Proposition

1 When to use

Developing a value proposition is a simple but strong foundation for any communication strategy. Often a key engagement activity will involve communicating with stakeholders. Being effective in your communication is about conveying the right message, to the right audience, at the right time.

A value proposition is a very brief statement of the most important elements of your solution (policy, strategy or intervention). Developing this quick pitch is an exercise in distilling what is most essential to achieving your objective and goal. Starting with a template can be helpful but remember to always adapt the value proposition to your specific stakeholders.

2 How to use

Fill in the template to formulate your value proposition. The consultative and engagement process in this exercise will help to tailor and perfect this statement for communication purposes.

TEMPLATE

Our _____ help(s) _____
[SOLUTION: POLICY, STRATEGY OR INTERVENTION] [STAKEHOLDER GROUP]

who want to _____
[SUMMARY OF GOAL]

by _____
[VERB: REDUCING, REMOVING, ETC.] [UNDERLYING CAUSES]

and _____
[VERB: IMPROVING, INCREASING, ETC.] [HEALTH ISSUE/DESIRED HEALTH OUTCOME]

Adapted from: WHO Project Management Centre of Excellence (PMCoE). Original template copyright by Strategyzer AG – www.strategyzer.com

TOOL

Policy Dialogue Checklist

1 When to use

This checklist is a comprehensive menu of steps and actions to organize and/or support a successful policy dialogue. It can help you acquire an oversight of required actions, then plan, implement and follow up the policy dialogue process. It can also be used to define roles and responsibilities within the team, set timelines and make sure nothing is missed during the event.

2 How to use

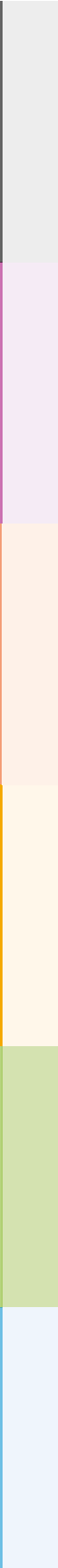
Review the checklist below. Consider which tasks need to be done before, during and after the event. Reflect with your team on task distribution and realistic timelines. Use the checklist to plan and/or ensure that required actions are thoroughly anticipated and fully executed.

TEMPLATE

#	Action	Yes	No
Getting the right participation			
1	Develop a list of possible participants based on a Stakeholder Map		
2	Confirm dates with the few “must-have” stakeholders in advance		
Preparing documentation and content			
3	Finalize the evidence-based policy/impact brief		
4	Translate and send for professional formatting, printing, etc., as needed		
5	Circulate documentation as appropriate ahead of the meeting		
6	Develop an agenda for the policy dialogue		
7	Develop any materials (e.g. PowerPoint presentation) for use during the dialogue		
Logistics			
8	Book venue and catering as needed		
9	Develop personalized invitation letters and send (post or email)		
10	Keep track of invitees and confirmed attendance, and follow up as needed		
11	Prepare travel logistics for participants as needed		
12	Prepare name plates/badges as appropriate		
13	Developing a seating plan that strategically maximizes the participation of key players		
14	Assign tasks for your team during the policy/impact dialogue as needed (reception, registration, note-taking, social media and communication, dialogue facilitation, etc.)		
15	Do a site visit before the event to check the space, set-up and functionality of all technology		
16	Consider a facilitator/moderator and think about how participants will contribute, i.e. using table or roving microphone		
17	Book simultaneous translation if needed		

#	Action	Yes	No
Communications			
18	Book a photographer/videographer to document discussions as appropriate		
19	Develop a press release and notify media outlets		
20	Dedicated posts on social media		
21	Identify participants to interview on the day (during breaks) and pre-prep consent forms for use: content can be used as promotional material later		
22	Use promotional materials in the meeting room (banners, etc.)		
23	Source community spokespersons/representative voices at the event		
After the event			
24	Finalize and disseminate the press release to journalists/media contacts		
25	Develop a summary of the session and its outcomes		
26	Send a thank-you note to all participants along with the summary		
27	Update technical documents, action plans, etc. as needed based on policy dialogue outcomes		
28	Update your stakeholder engagement and management plan to ensure that you follow up with decision-makers involved in policy dialogue throughout implementation and towards full policy adoption		
29	Plan the next set of engagements with stakeholders to keep them focused on events		

Adapted from Source: Evidence Briefs for Policy. Using the Integrated Knowledge Translation Approach. Guiding Manual. Copenhagen: WHO Regional Office for Europe; 2020. Licence: CC BYNC-SA 3.0 IGO. <https://apps.who.int/iris/bitstream/handle/10665/337950/WHO-EURO-2020-1740-41491-56588-eng.pdf>



TOOL

Delivery Chain


1 When to use

A Delivery Chain is a tool which provides a comprehensive mapping of key stakeholders and their interrelationships: these are important for effective implementation of your solution (policy, strategy or intervention) and for achieving the desired impact. It starts with the ultimate beneficiaries – those whose lives you want to improve – and moves upwards through the frontline all the way to top leadership. Distinct from other tools such as an organigramme, logic model or stakeholder map, a delivery chain is focused solely on the implementation of your solution (policy, strategy or intervention). The resulting chain can be used to support planning, identify risks and solve problems.

2 How to use

In this exercise, stationery such as differently coloured sticky notes and coloured pens will be useful. Plan to have a facilitator who can prompt the team with questions. If convening remotely, a virtual equivalent will be needed via Zoom, PowerPoint, Miro, etc.

- Step 1.** Write down your objective and the anticipated solution for which the delivery chain is being developed so the developing team can refer to it.
- Step 2.** When drafting the delivery chain start with the end in mind, and establish the intended ultimate beneficiaries of your solution(s).
- Step 3.** Answer the following questions moving from right to left: from the beneficiaries back to the ultimate decision-makers. Use differently coloured sticky notes to help distinguish between different stakeholder levels. Where possible, identify stakeholders by name (as opposed to title or department) in order to be as concrete as possible and emphasize the reality of implementing a given solution.
- Step 4.** Use a specific coloured pen and symbol to mark risks or weaknesses in the chain.
- Step 5.** After you finish the exercise, keep your delivery chain in an accessible spot where your team can see it; revisit it often as implementation progresses and update it when things change.

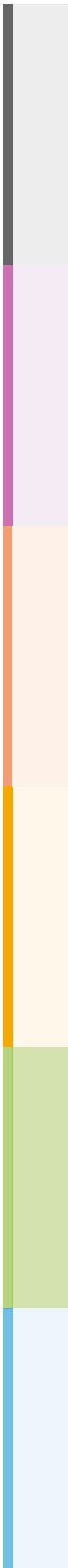
 **Tips for Success:** If time is limited, ask your team to fill out the templates in advance; then use the time together to compare, discuss and draw a consolidated chain where the individual templates are in alignment.

TEMPLATE

Objective: _____

Solution (policy, strategy or intervention): _____

Who are the ultimate decision makers?	Who influences those at the frontline?	Who delivers actions at the frontline?	Who are the ultimate beneficiaries?
Who are the leaders at the top and ultimately responsible?	Who are the other key people involved in supporting what happens at the frontline? What role do they play?	Who are the people directly engaging with beneficiaries? What do they need to do?	Who will benefit from the solution?



TOOL

Risk Assessment Table

1 When to use

This table can be used while you are working on the delivery chain. Risk assessment should also be continually applied during the implementation process. Its purpose is to identify key risks or weaknesses in your delivery chain and generate potential solutions to mitigate them.

2 How to use

- Step 1.** Use the categories in the table to prompt reflection on your delivery chain; and to assess whether individual relationships, capacity, bottlenecks, complexity, funding flows or other areas may be of concern.
- Step 2.** Generate a comprehensive list of these risks/weaknesses in the table, as well as marking them directly on your delivery chain with a clear symbol (such as “!”). Determine what effect each risk/weakness has on implementation (high/low) and whether there is any difficulty in addressing it (high/low).
- Step 3.** Prioritize which risks/weaknesses should be addressed first so that implementation can move ahead.
- Step 4.** Brainstorm potential solutions for key risks/weaknesses.
- Step 5.** Identify where feedback loops for monitoring and evaluating might be applied to determine whether solutions are effective (e.g. site visits, focus groups, surveys, etc.).

TEMPLATE

Consider	Potential risks or weaknesses	Effect on implementation		Difficulty to address		Potential mitigation measure
		high	low	high	low	
Individual links: Are there specific dynamics in the relationship(s) between stakeholders in the delivery chain that help/hinder getting things done?						
Capacity: How well equipped are the stakeholders (knowledge, skill, tools, time, etc.) to fulfill their role in the delivery chain?						
Bottlenecks: Are there specific links in the delivery chain where there is a disproportionate amount of dependency for decisions or actions?						
Complexity: How easy is it to coordinate the actors in order to reach a decision or take action? Is there unnecessary redundancy or parallelism?						
Funding flows: Who controls funding and how does it flow in the chain? How aligned are the funding and decision-makers?						
Other: Are there additional considerations in the implementation of the policy, strategy or intervention?						

Delivery Plan

1 When to use

A delivery plan is a critical component for charting the direction of your implementation efforts. The basis of a delivery plan consists of various key pieces of information that are needed for effective implementation of a solution (policy, strategy or intervention). After you have clarified the priority health issue and determined which solution(s) you will focus on, begin drafting your delivery plan.

2 How to use

Review the template in full before starting to draft your delivery plan and identify who will collect the information to complete the respective sections: depending on the composition of your team this task can be undertaken by a single person, or each section can be delegated to a person who then becomes responsible for gathering that information.

Follow the prompts and add responses at a sufficient level of detail to guide the implementation team and inform any stakeholder who is new to the project. Draft your delivery plan together with the Delivery Plan Checklist tool to assess whether there are any areas that need further development, and use the Compendium of Tools and Templates to identify additional resources that might help to strengthen those areas.

Once the delivery plan has been completely drafted, decide whether further feedback or inputs from key stakeholders might help to refine the content. Revisit your delivery plan throughout implementation to revise any sections and documents that need to be updated on the basis of current progress, and maintain a “working” or latest version of the delivery plan while archiving earlier versions for possible reference.

Remember that having a delivery plan is not the end goal in itself but a tool to support implementation of your solution(s) as you work towards your objectives and goal. Although it is primarily an internal resource for the implementation team, a well-drafted delivery plan may also be useful for sharing with other stakeholders depending on the specific context.

TEMPLATE

Begin your journey to deliver impact

Start with the health issue you are currently working on, will be working on soon or would like to address in the future.

0.1 State the challenge related to the health issue in a single sentence below.

0.2 Why is this challenge a complex one? Please include what other issues may be related.

0.3 What underlying factors/causes of the health issue can be identified; and which are a potential entry point for implementing a solution (policy, strategy or intervention)?

0.4 Provide any additional background or contextual information that is helpful to understand how the issue is linked to broader efforts (e.g. National Health Agendas, Country Support Plans, etc.).

What are you trying to achieve?

Think about the solution (policy, strategy or intervention) you are currently implementing, or will soon be implementing.

1.1 What is your goal – the broad ambition or change that you want to see towards improving the issue?

1.2 Describe what positive impact would mean. How would the specific health issue you are trying to tackle look differently if you were successful? **Who** (is most in need and how will they benefit), **what** (will look differently), **where, when** and **why**?

1.3 Define this change as specific objectives to explain what you want to achieve. Your objectives should be SMART, clearly related to your goal, and based on the solution (policy, strategy or intervention) that you implement. Note: is common to have multiple objectives in support of a goal.

Objective #: _____

Objective #: _____

Objective #: _____

Objective #: _____

HOW ARE YOU TRYING TO ACHIEVE IT?

Reflect back to the relevant stakeholders for your defined objectives and solutions, especially those who will be needed for implementation. Keep them in mind as you develop your theory of change and ensure they are represented when you draw your delivery chain - helping to get specific about how change will occur and through whom.

What solution (policy, strategy or intervention) is prioritized for implementation: _____

2.1 For each objective, outline the Theory of Change in terms of the inputs needed, core activities for implementing your solution, expected outputs and outcomes, plus the main assumptions and any risks.

Goal				
Objective				
Inputs	Core activities	Outputs	Outcomes	Risks and mitigation measures
Assumptions:				
Enabling Factors:				

2.2 Moving from theory to practice, draw the Delivery Chain to identify key stakeholders (and the relationships between them) through which the solution will be implemented. Step back to assess whether you can move from the beneficiaries all the way to the decision-makers when describing how the key elements of the solution (policy, strategy or intervention) will be implemented.

Who are the ultimate decision makers?	Who influences those at the frontline?	Who delivers actions at the frontline?	Who are the ultimate beneficiaries?
Who are the leaders at the top and ultimately responsible?	Who are the other key people involved in supporting what happens at the frontline? What role do they play?	Who are the people directly engaging with beneficiaries? What do they need to do?	Who will benefit from the solution?

2.3 Risk assessment occurs not only in the Theory of Change and Delivery Chains but throughout the implementation process. Consider different types of risks and document clearly how they will be monitored and mitigated to minimize the potential effect on implementation, and ultimately to achieve the intended outcomes.

Consider	Potential risks or weaknesses	Potential mitigation measure	Effect on implementation		Difficulty to address	
			high	low	high	low
Individual links: Are there specific dynamics in the relationship(s) between stakeholders in the delivery chain that help/hinder getting things done?						
Capacity: How well equipped are the stakeholders (knowledge, skill, tools, time, etc.) to fulfill their role in the delivery chain?						
Bottlenecks: Are there specific links in the delivery chain where there is a disproportionate amount of dependency for decisions or actions?						
Complexity: How easy is it to coordinate the actors in order to reach a decision or take action? Is there unnecessary redundancy or parallelism?						
Funding flows: Who controls funding and how does it flow in the chain? How aligned are the funding and decision-makers?						
Other: Are there additional considerations in the implementation of the policy, strategy or intervention?						

2.4 It is critical to have a Communication and Engagement Plan for stakeholders. One key element is a message to articulate the Value Proposition of your solution (policy, strategy or intervention) and how it will impact the health issue. Include your drafted Value Proposition below:

2.5 Keep focus on the core activities from your Theory of Change by using the Action Tracker table to detail sub-activities that need to be implemented to deliver the solution (policy, strategy or intervention). Note any related outputs or deliverables, and clearly indicate deadlines as well as who is responsible for each line item. Refer to this regularly within relevant routines to identify risks or bottlenecks, and prompt any problem-solving that may be needed. Update the status according to the progress made - taking into consideration necessary resources and potential mitigation measures for delivering on the activities.

Objective:

Prioritized Solution (policy, strategy or intervention):

Core Activities, Sub Activities	Output/Deliverables	Responsible person	Deadline	Current Status
Core Activity 1:				
Sub-activity:				Complete
				In progress
				Needs attention
				Not started
Sub-activity:				Complete
				In progress
				Needs attention
				Not started
Sub-activity:				Complete
				In progress
				Needs attention
				Not started

Core Activities, Sub Activities	Output/Deliverables	Responsible person	Deadline	Current Status
Core Activity 2:				
Sub-activity:				Complete
				In progress
				Needs attention
				Not started
Sub-activity:				Complete
				In progress
				Needs attention
				Not started
Sub-activity:				Complete
				In progress
				Needs attention
				Not started

How will you know whether you are on track?

Your objectives should be at the forefront of your thoughts at all times during implementation. How you assess progress towards your objectives is equally important.

3.1 What indicator(s) will be used to measure success towards each of your objectives?

3.2 What is your target? (Remember: a target is the desired performance level that you want to achieve for your indicator, i.e. a specific number or value at a point in time.)

3.3 Drawing from the background research on your solution(s) and your Theory of Change, clearly articulate in one or two phrases how implementation of your solution(s) is linked to an Acceleration Scenario for reaching your target.

3.4 Write a headline that captures the most important aspect about the Acceleration Scenario, and what progress is needed to reach your target.

If you are not on track, what are you going to do about it?

4.1 What routines do you use to track progress towards your objectives? Identify the stakeholders and frequency with which these routines are convened.

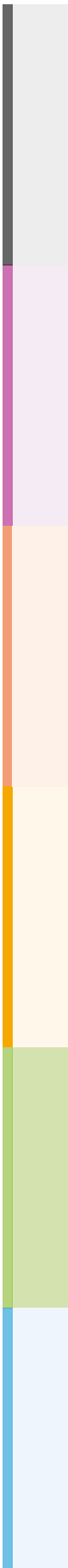
4.2 Reflect back on your Theory of Change and Delivery Chain Risk Assessment. From the risks identified, which are the most pressing to address first? Briefly describe the mitigation approach and how it can be monitored to know whether it is effective.

4.3 What routines have been established for flagging implementation challenges and doing active problem-solving?

4.4 What are the primary methods you have selected to communicate successes, lessons learned and challenges to key stakeholders? Identify the mode and frequency of these communications.

Appendix:

Include here any background information and/or supplementary exercises completed that support the main elements of the Delivery Plan. If utilizing external sources, be sure to properly cite or reference any external content that is not your own work.



TOOL

Delivery Plan Checklist

1 When to use

You can use a delivery plan checklist after you have developed your delivery plan to assess its comprehensiveness, feasibility and overall direction. Use the delivery plan checklist to develop a new plan or to evaluate core components of any existing plan in order to increase its chances of success.

2 How to use

Look through the proposed questions one by one and appraise your delivery plan. You can use the column “Characteristics of a good Delivery Plan” as a reference to evaluate the different components of your delivery plan. The “status” column can be applied to assess the strength of the plan (e.g. record what is in place, missing or needs improvement, and make any other relevant notes to improve your delivery chain). Take the proposed questions into account from the outset of the planning process and revisit the checklist as needed.

Where areas are marked ‘None’ or ‘Partial’, update your delivery plan accordingly in order to reach ‘Complete’ status. Also take into account any noted takeaways for revising your delivery plan content.

TEMPLATE

Questions to ask	Characteristics of a good Delivery Plan	Status	Takeaways
Objective and accountability			
Are you clear what you want to achieve? What is the specific, measurable objective ? Are appropriate benchmarks used to set your level of ambition?	There is a clear objective including a defined target which is understood by everyone involved. The stated strategic objective should be ambitious, but achievable within the timeframe of the project.	None	
		Partial	
		Complete	
Is there a clear commitment from stakeholders for achieving the objective?	The objective is supported by influential stakeholders across the system (likely to include the three levels of WHO and Member States). These stakeholders have the authority and the expertise to help make change happen.	None	
		Partial	
		Complete	
Is there a clear person responsible for this measure of success?	The overall plan has a single owner who is responsible for ensuring that the plan is on track, and has a way of taking action if not.	None	
		Partial	
		Complete	
Actions and resources			
Has a Theory of Change been developed? Are the interactions between core activities well-defined and clearly connected to the objective?	A clear Theory of Change has been identified, which is based on evidence and best practice. Core activities are clear and well-sequenced, based on a thorough understanding of the delivery chain and what is needed to make an impact.	None	
		Partial	
		Complete	
Is there an owner for each core activity? Is it clear who needs to contribute, and when and how this will happen?	All core activities have clear owners. There is a shared understanding of the role of different team members and how decisions will be made and communicated.	None	
		Partial	
		Complete	

What do we need for each core activity to succeed? If these resources are not in place, how will they be secured?	Everyone responsible for activities has the capacity and capability to contribute effectively. Adequate resources, e.g., funding, technology, are available to support the delivery plan, or can be made available in the required timescale.	None	
		Partial	
		Complete	
Questions to ask	Characteristics of a good Delivery Plan	Status	Takeaways
Data and routines			
Is there a measurable indicator connected to your objective to track progress towards the target? Has an acceleration scenario between the baseline and target time been defined based on the policy, strategy or intervention you are implementing?	The delivery plan includes intermediate milestones, which are based on evidence-based estimates of the impact of different activities and an assessment of what accelerated change will look like over time (e.g. clear about whether observed progress is likely to be slow initially and speed up, or vice versa).	None	
		Partial	
		Complete	
What indicators are being used to monitor implementation of policy, strategy or intervention to determine whether it is on track? Do you have the right systems in place to effectively collect and use data?	The delivery plan includes clear indicators which are linked to the activities and still connected to your objective. Ideally, these measure outcomes are connected to your health issue, or related to the quality of implementation. Information or operational systems allow near real-time collection and analysis of data, and there are clear systems or processes for taking appropriate action as a result.	None	
		Partial	
		Complete	
How often will you review and react to new data and other assessments of progress?	Clear routines are established to review performance and take appropriate action.	None	
		Partial	
		Complete	

Are your routines effective in helping drive action?	<p>There is clarity about who is responsible for monitoring performance, and who needs to be involved in discussions and decisions about appropriate action.</p> <p>The relevant stakeholders are involved in the discussion and have access to the appropriate data to review progress.</p> <p>The routines finish with next steps to address the identified issues, with clear owners and the resources needed to take action.</p>	None	
		Partial	
		Complete	
Questions to ask	Characteristics of a good Delivery Plan	Status	Takeaways
Communications and risks			
Who are the most important stakeholders , and how will they be engaged? How will you take into account their views and feedback at different points during planning and implementation?	<p>There is a stakeholder communications and engagement plan that demonstrates an understanding of stakeholders' concerns and ability to contribute.</p> <p>There are clear communications messages, which are tailored to different stakeholders.</p> <p>The stakeholder analysis and communications are reviewed regularly.</p>	None	
		Partial	
		Complete	
What are the top risks to achieving your objective? How will you manage them?	<p>The delivery plan includes a clear view of the delivery chain, including main risks and constraints.</p> <p>Practical solutions to manage each risk have been developed. Risks are regularly reviewed throughout implementation.</p>	None	
		Partial	
		Complete	

TOOL

Guiding Questions for Establishing Effective Routines

1 When to use

Establishing Effective Routines is a critical element of the delivery approach. It is intended to provide an understanding of current progress by asking some fundamental questions. “Are we delivering on our commitments to the people and communities we serve and doing what we said we were going to do?” “Are we doing it well?” “Are we achieving impact?” “What can we do to improve?”

To answer these questions, establishing regular routines during implementation can provide consistent opportunities for assessing progress and driving actions. These Guiding Questions will help you to understand who needs to be involved in these routines, to consider the best way of conducting them, and to anticipate how the results of further iterations might clarify expectations.

2 How to use

Go through the proposed questions one by one and complete the template. Ensure everyone is fully represented and able to take part in the discussion so that a common understanding and consensus develops regarding the format and frequency of the meetings, and individual roles, responsibilities and expectations.

TEMPLATE

Guiding Questions	Answers
<p>What is the purpose? <i>(i.e. why is a routine necessary and what is it intended to achieve?)</i></p>	
<p>Who is the ultimate decision-maker? <i>(i.e. who needs to receive the information?)</i></p>	
<p>Who is being held accountable? <i>(i.e. who is responsible for specific action items?)</i></p>	
<p>Which other stakeholders are critical to implementation? <i>(i.e. who else should be involved to have the full view of progress and context?)</i></p>	
<p>What is the pace/timeframe for implementation and how frequent are lead indicators available? <i>(i.e. how often is meaningful for scheduling the routine?)</i></p>	
<p>What format is most conducive for sharing the information and engaging participants? <i>(i.e. is an in-person meeting necessary or can the objective be achieved in alternate ways?)</i></p>	
<p>What subset of data are most relevant to cover, given the audience, frequency and format? <i>(i.e. what information is most essential to tracking progress against targets and necessary for decision-making?)</i></p>	
<p>Which deliverables will emerge? <i>(i.e. what are the concrete outputs and next steps needed to advance implementation?)</i></p>	

TOOL

Purpose Statement for Frontline Work

1 When to use

Implementation efforts require frontline work at different stages, from connecting with beneficiaries to defining specific issues, from speaking to key actors or stakeholders to drafting your delivery chain, and whenever problems arise. A well-defined purpose statement will help you to communicate your intentions to the people and institutions from whom you request information. It can be particularly useful when planning site visits, focus groups and interviews, or for any other interactions where qualitative information is needed to supplement standard data for tracking progress and problem-solving.

2 How to use

Look through the proposed template and fill in the gaps using the guiding questions. Refine your purpose statement to make it understandable and accessible to your audience.

TEMPLATE

The purpose of this

[QUALITATIVE APPROACH]

is to

[ACTION VERB E.G. UNDERSTAND, DESCRIBE, DEVELOP, ETC.]

[THE PRIMARY QUESTION OR PHENOMENON OF INTEREST]

among/for

[WHO IS INVOLVED/WHO WILL BENEFIT]

at

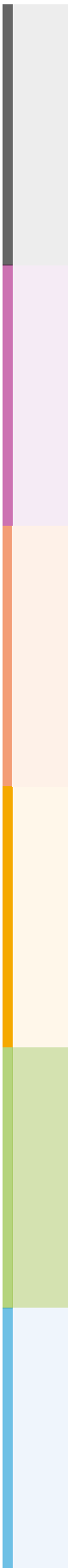
[NAME OF THE SITE/ORGANIZATION]

At this stage in the process, we are

[PROCESS TIMELINE]

and my role is

[DEFINE]



TOOL

Qualitative Information Gathering Table

1 When to use

The Qualitative Information Classification Table can be used to organize questions and responses during frontline work. It can be applied during different stages of frontline work, from developing a problem statement to stakeholder consultation preparation, as well as during implementation. You can use the table to prepare for and conduct frontline work such as site visits, and for qualitative information-gathering such as focus groups or interviews. Once completed, it may prove to be a valuable source of documentation for future reference.

2 How to use

Use the template to organize your questions and responses according to the proposed categories row by row. Be sure to draft the wording for your questions in advance so that they can be repeated consistently if used for multiple engagements. Also, assigning numbering to your questions is useful to refer back to easily and to specify the order in which questions are asked.

Use the space under Response to record your notes and then select from Context options to indicate whether information received is about past events, represents the present situation, or is projecting into the future.



Tips for Success: Draft and complete a table for each unique interaction. Make sure your notes are detailed enough for you and others to refer to and extract information from at a later date.

TEMPLATE

Date:

Site name:

Location:

Interviewee/participant name(s):

Role/position title(s):

Question Options			
<i>[List any overarching questions of interest from the 'Purpose Statement for Frontline Work']</i>			
	QUESTION <i>[Number and draft the text for your questions below]</i>	RESPONSE <i>[Record your notes below]</i>	CONTEXT
Knowledge/background <i>(i.e. contextual information)</i>			past
			present
			future
Behaviours/experiences <i>(i.e. specific actions or events)</i>			past
			present
			future
Values/opinions <i>(i.e. subjective views on a particular topic or issue)</i>			past
			present
			future
Feelings/emotions <i>(i.e. what was the internal response of the individual(s))</i>			past
			present
			future
Thoughts/ideas <i>(i.e. how does the individual(s) process or rationalize the experience)</i>			past
			present
			future

TOOL

Guiding Questions for a Stocktake

1 When to use

In the process of implementing the delivery plan, you and your team may want to know: are we on track? If not, what are we doing about it? What is needed to accelerate progress? Stocktakes are a key routine to drive implementation, and provide a critical look at progress towards your target in the acceleration scenario. Stocktakes are meetings that involve senior leadership and leads accountable for the implementation efforts: they facilitate active problem-solving and help to remove barriers to implementation efforts. By regularly convening leadership, stocktakes can be particularly helpful to track progress against established targets or milestones, and to address any issues that need decisive actions to correct their course.

2 How to use

Below are some questions you may refer to when preparing for stocktakes. It is recommended that this exercise should be carried out systematically to ensure progress and address issues that come up in a timely manner.

Are we on track?

- Do the available data and information including lead indicators (p. XYZ) show that measurable progress is being made towards achieving the relevant targets?
- Are there risks that could put things off track?
- Are there key achievements that demonstrate the strategy is having impact?

If not, what are we doing about it?

- Which indicators have failed to change as expected, and what is behind the lack of progress?
- What has been done so far to address the challenges and risks identified?
- What else can be done to solve problems and get back on track towards the target?

What is needed to accelerate progress?

- What specific decisions and/or actions are needed from leadership and partners to advance implementation?
- What can be done to share and replicate successes in other contexts?
- What next steps are pledged before the next stocktake?

Remember that stocktakes should include participation from senior leadership to demonstrate commitment to the solution (policy, strategy or intervention) and ensure buy-in among relevant actors so they will be empowered to drive implementation. Stocktakes should have a marked focus on addressing issues and problem-solving. A recommended time distribution in a stocktake would include:

- *(Are we on track?)* 10% allocated to review and arrive at a shared view of progress;
- *(If not, what are we doing about it?)* 80% allocated to unpacking critical issues and active problem-solving; and
- *(What is needed to accelerate progress?)* 10% in agreeing the next steps to be taken.

 **Tips for Success:**

- Do a pre-stocktake. It is highly recommended that you run a pre-stocktake session before the main routine. In a pre-stocktake the main participants may be at lower levels of leadership, but still responsible to some degree for implementation. Pre-stocktake engagement can help identify key messages, issues and specific “asks” to bring to the stocktake. The most important decisions can be envisioned at this stage and will help shape the organizing efforts for the stocktake so that it fulfils its objectives.
- Stay focused on the objectives and highest priority issues. Create a short briefing note to distribute among all stocktake participants (especially senior leadership) which includes the agenda, a synopsis of relevant context, key issues to be raised, and any specific decisions or “asks” which need action during the meeting.
- Carefully manage the balance between challenge and support. All participants have an important role to play by staying focused on the results, asking tough questions, holding each other accountable and seeking solutions to address challenges.

TOOL

Delivery Routine Agenda

1 When to use

The Delivery Routine Agenda template can be used to structure preparations and ensure that delivery routines (e.g. stocktakes, problem-solving workshops) run smoothly by clearly outlining the agenda and its intended content. When routines involve written documentation (e.g. monthly note, score cards), it may help to improve the outcome by drawing up a standard template for reporting information and recording action items.

2 How to use

Using the proposed template, think about the organization of your delivery routine or meeting. Then complete the information, filling in each field as applicable: this will help you to structure the flow and adapt content to the needs of the meeting and time limitations.

TOOL

Monthly Note

1 When to use

Routines work best when their agenda, structure and even format remain as consistent as possible; this helps individual participants to learn how to engage effectively over time.

On a monthly basis, your team should report on overall progress and key implementation-specific routines and deliverables which are driving action towards your targets. The monthly note is used to update leadership on progress in relation to targets and advise on next steps by applying a consistent format. It is a mechanism for rapid communication.

2 How to use

Refer to the proposed template to learn about key elements of the monthly note. You can adapt the template according to the team reporting needs and level of detail you wish to include in the report.

TEMPLATE

Goal:		Date:
Overall progress		
<i>Brief summary of how things are tracking against objectives and/or delivery plan activities.</i>		
Key actions (since last update)		Risks and opportunities
<i>List notable actions under way or achievements, including any outputs/deliverables and impact-orientated outcomes.</i>		<i>Identify any specific areas of concern or bottlenecks, as well as promising avenues for future development or consideration.</i>
Next steps	Upcoming milestones	Decisions Required
<i>Outline what action items have been identified or planned.</i>	<i>Highlight any notable engagements or events in the near term.</i>	<i>Define what guidance or support from leadership is needed to address any risks and/or advance on next steps.</i>

TOOL

Delivery Check-up

1 When to use

You can carry out a delivery check-up at any stage to gather feedback from stakeholders and team members: this method of self-assessment can indicate how the implementation process is working and whether adjustments are needed. It may be especially relevant for planning purposes at the start of implementation, and also to suggest how to sustain changes over time.

2 How to use

Determine the scope of the check-up exercise, and who should be involved, aiming to combine members of the implementation team with other stakeholders who may provide a more objective viewpoint. Depending on your specific context, decide whether to conduct the check-up through individual interviews, via focus groups or facilitated discussions, or a combination of all three.

Schedule the discussions, anticipating approximately 5–10 minutes per section or 45–60 minutes in total. It may be helpful to have one person as a dedicated facilitator and at least two people responsible for notetaking during the discussion.

Convene the stakeholders for the discussion and point out that the purpose of the check-up is to reflect on what is working well and whether there are areas for improvement. Use the provided “Questions for Reflection” as a starting point for the discussion. You can ask participants/respondents to assess each of the proposed guiding questions according to the three options in the “Assessment” field. Record the main points in the “Responses” section.

Once all the interviews, focus groups and/or discussions are completed, hold a debriefing session with the facilitator and notetakers to summarize findings and assess your delivery. In the “Rate this step” field tick the checkboxes “All of these points”, “Some of these points” or “None of these points” to determine which elements have been addressed and identify areas for improvement.

Use the characteristics outlined under the heading “What does strong delivery look like” as a reference to appraise strengths or needs for improvement. Use these characteristics to recognize when good delivery is happening, and to guide specific actions. Reflecting on these same characteristics and the feedback collected, summarize the results of your assessment for each step of the impact cycle during the check-up. These results can then be used as a summary measure each time you conduct the exercise, and to gauge changes between timepoints.

Suggested next steps

- **Where “None of these points” is selected.** Identify a “quick win” to catalyse action. You can refer to the tool [Rapid Assessment of Potential Solutions](#) to appraise potential solutions, possible benefits, challenges and other implementation considerations.
- **Where “Some of these points” is selected.** Prioritize which issues need to be addressed now and list the others. The [Prioritization Matrix](#) tool can be used to help your team align with and stay focused on the most crucial issues.
- **Where “All of these points” is selected.** Review the collected feedback and look for opportunities for improvement. You can refer to tools such as [Theory of Change and Delivery Chain](#) to ensure they are updated as implementation progresses and decide if changes have occurred. Also consider whether any examples of success can be documented and shared in order to extend what works well.

TEMPLATE

STEP 1 Identify a high-priority issue

Guiding questions	Assessment	Responses
Is there a process to regularly analyse data and identify health trends? How frequently does this happen?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Does your team understand how and why health metrics are performing as they are right now?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Does your team regularly use data to identify underlying causes of health issues or performance?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Is there an iterative cycle to test hypotheses about trends and identify a need for further data or analyses?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Has your team prioritized and defined a specific health issue or goal to focus on? Is the health issue agreed upon and shared by all stakeholders?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	

Rate this step:

- None of these points
 Some of these points
 All of these points

What good delivery looks like

- Reputable sources of data have been consulted to identify the most pressing health issues
- A specific health issue has been prioritized for action, underpinned by a rationale and broad-based support from relevant stakeholders
- There is a good understanding of the scope and scale of the health issue, including a focus on gender, equity and human rights
- A clearly articulated problem statement outlines the prioritized health issue

STEP 2 Set targets and design solutions

Guiding questions	Assessment	Responses
Do you have a clear, quantitative target for the health issue or goal you want to achieve? Have targets been developed on the basis of realistic assumptions (e.g. benchmarking, policy modelling, use of acceleration scenarios)?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Are clear, timebound objectives defined that articulate your target and relevant indicator in terms of ultimate success?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Have intermediate milestones been identified beyond your long-term target for each objective? Are data available to regularly track and monitor them?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Do you have the ability to track these targets across various groups or geographical locations? Probe further about dimensions of equity if necessary.	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Have targets and objectives been communicated to all stakeholders and do they agree with them?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Overall, do you believe that there is a cohesive approach for achieving the desired goal in relation to your health issue and objectives?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Are you clear about the high-impact, high-priority solutions (policy, strategy or intervention) needed to drive progress on each objective? Are these actions rooted in evidence?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Is there a clear, shared theory of change, and how and why solutions interlink to drive progress towards the goal?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	

Rate this step:

- None of these points
 Some of these points
 All of these points

What good delivery looks like

- A clear goal related to the health issue states what you are trying to do
- A set of evidence-based solutions (policy, strategy or intervention) have been identified and prioritized as the appropriate way to drive progress towards the goal
- A current theory of change is drafted and reflects the set of solutions for implementation
- A manageable number of specific, measurable objectives including clear targets stand in alignment with the goal
- Indicators for tracking progress have been identified and data are available for iterative analysis
- Data are benchmarked against past trends

STEP 3 Communicate and engage

Guiding questions	Assessment	Responses
Are your goal and objectives clear for all stakeholders? Probe further for WHO: headquarters, regions, country offices and Member States.	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Are the specific objectives and solutions (policy, strategy or intervention) supported by all stakeholders?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Is a specific person or team responsible for keeping the focus on the health issue, driving progress and achieving objectives?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Is this person or team responsible for managing the implementation process (e.g. planning, progress monitoring, problem-solving) and do they have dedicated time for this task?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Do they have direct access to and a relationship of trust with the system leader ultimately responsible for achieving the objective (e.g. Minister of Health, Prime Minister, Head of State, WHO Representative)?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	

Rate this step:

- None of these points
 Some of these points
 All of these points

What good delivery looks like

- Key stakeholders have been identified
- Stakeholders represent a balance of power, potential to influence, and wider perspectives including a focus on gender and equity
- All stakeholders are aligned and support the goal, and are able to articulate it if asked
- There are regular engagements with key stakeholders, including specific actions for implementation
- A clear value proposition sets out the aim of all implementation efforts
- Messages and communication materials are clearly linked to the priority health issue, set of solutions and desired impact

STEP 4 Implement, track progress and adjust

Guiding questions	Assessment	Responses
Do you have an established plan, or series of plans, with clear timing and ownership to drive implementation?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Is it sufficiently clear who needs to do what in order to achieve your objectives?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Have system leaders identified “feedback loops” or processes for collecting quantitative and qualitative data to determine whether implementation is happening as planned across different settings? Across different groups?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Are there regular, structured conversations to review progress, solve major challenges and make key decisions between system leaders and those accountable for implementation (i.e. are “routines” in place to monitor implementation and provide accountability)?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Is there an iterative process for performance monitoring to determine if specific areas or sites are on track to achieve objectives including a review of quantitative targets? Is routine performance monitoring used to guide decision-making?”	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Does the team identify risks proactively and/or address challenges as soon as they are known?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	

Rate this step:

- None of these points
 Some of these points
 All of these points

What good delivery looks like

- A visual delivery chain clearly identifies stakeholders and implementation pathways: it should ensure shared understanding and be referred to regularly
- Potential risks or weak links in the delivery chain have been identified, and potential mitigation strategies developed
- Effective routines are being carried out regularly, focusing on the next steps to drive action forwards
- Progress towards the target is reviewed regularly and both successes and challenges are made explicit in order to understand whether delivery is on- or off-track
- A draft delivery plan is used to inform routines, establish clear ownership and deadlines for specific implementation steps or tasks
- The team displays a strong problem-solving mindset, with individual members who are encouraged to voice problems and propose solutions, and time and tools are made available to deal with challenges

STEP 5 Sustain change

Guiding questions	Assessment	Responses
Are your communications aligned with and reinforcing your goal, objectives and priority solutions (policy, strategy or intervention), and are they being monitored for effectiveness?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Do you regularly and deliberately assess the necessary “skill and will” of individuals in the system who are responsible for implementing solutions and delivering objectives?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Are there opportunities to learn, practise and reflect on new skills for those individuals?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Have specific champions for the health issue or its solutions (policy, strategy or intervention) emerged during your communication and engagement efforts?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Have you assessed the level of community involvement in planning and implementation to ensure that local people are appropriately engaged and empowered to support your solutions?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	
Have you identified if other sectors beyond health can be engaged on this health issue?	<ul style="list-style-type: none"> ▫ Fully ▫ Partially ▫ Not at all 	

Rate this step:

- None of these points
 Some of these points
 All of these points

What good delivery looks like

- Communications are aligned with and reinforce your goal, objectives and priority solutions (policy, strategy or intervention)
- Opportunities to learn, practise and reflect on new skills exist for persons in the system who are responsible for implementing
- Specific champions for your health issue or solutions (policy, strategy or intervention) have been identified and are active in your communication and engagement efforts
- The level of community involvement has been assessed to ensure that local people are fully engaged in planning and implementation efforts
- Other sectors beyond health have been targeted to identify whether potential entry points exist for them to engage with and support your health issue

TOOL

Proof Points


1 When to use

This tool was adapted from the guidance developed by *Integra Consulting Africa*. Proof points are valuable assets for documenting the impact of your work and enhancing communication with concrete examples that offer evidence of the quality, significance, or distinctiveness of your efforts. A good proof point captures the audience's attention, gives credibility to your claim, and brings relevance to the overall context.

2 How to use

Proof points help illustrate what was the impact of your solution (policy, strategy, or intervention), or other actions. You start with a claim and then back it up with solid evidence; quantitative data or facts, notable achievements or events can serve as the basis of your proof points. To identify proof points, use the following questions to brainstorm and prompt thinking about:

- How did you work in a way that was different than before?
- Which tools did you use to reinforce your efforts?
- Did you use metrics to track change over time?
- What role did data have in driving decision-making?
- Are there key outcomes that have been achieved?
- Which routines were used to maintain focus on advancing progress?

 **Tips for success:** To maintain clarity and sharpness, keep the statement succinct (1 – 2 sentences maximum).

TEMPLATE

To develop strong proof points consider using the following framework

1) Develop a claim or broad statement about the impact made

Claim:

2) Identify proof points based on generated evidence (data, facts, achievements, events, quotes)

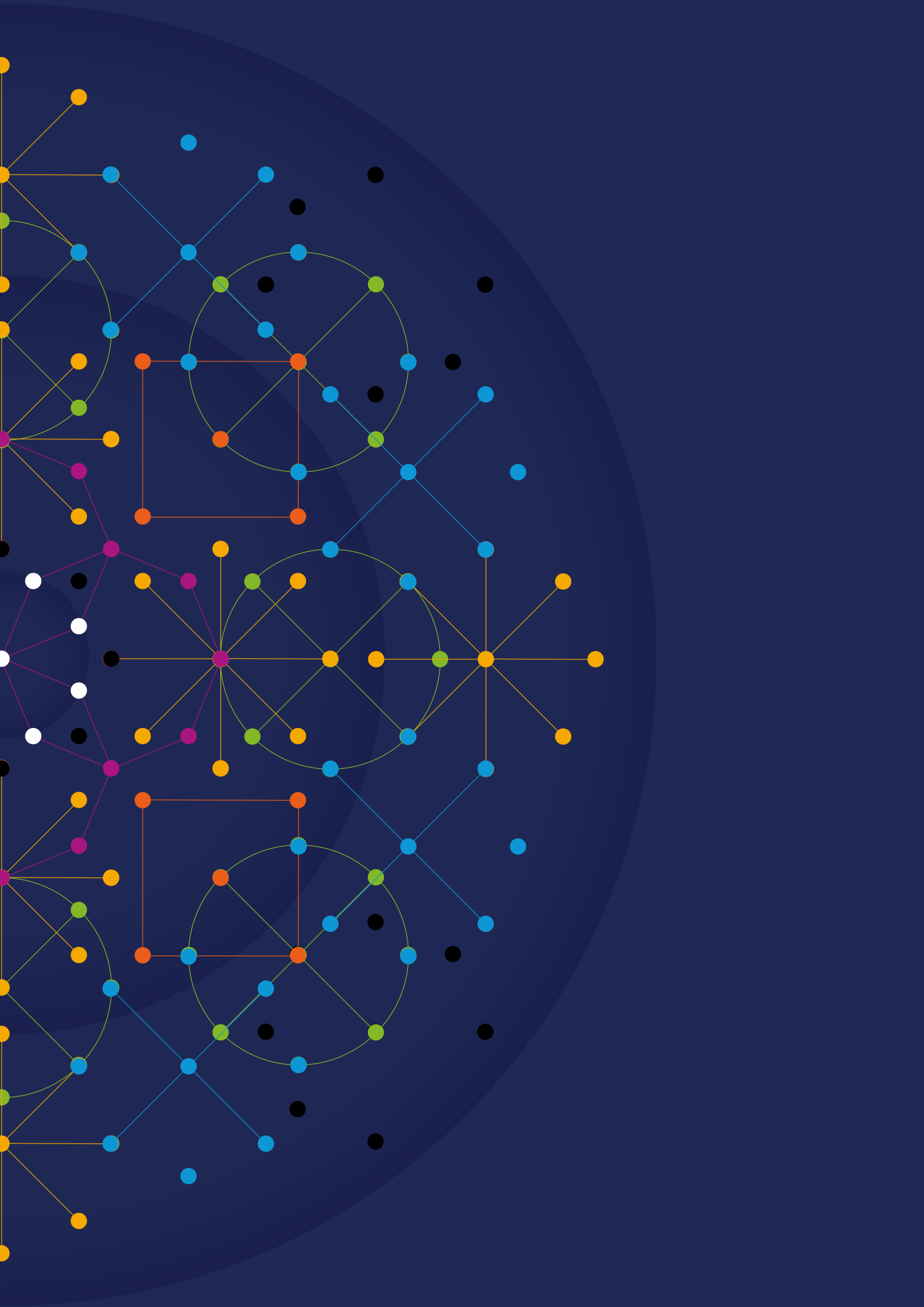
3) Stipulate the role of your team/organization in achieving the claimed impact

4) Specify the core message to highlight by summarizing the information (1-3 above) in a succinct statement

Proof point:

Annex 2: Delivery for Impact in GPW13





Overview

The World Health Organization's (WHO) General Program of Work 13 (GPW13) is a strategic plan that outlines the organization's priorities and goals for 2018-2025. GPW 13 is designed to guide WHO's work towards achieving the ambitious Triple Billion targets:

- One billion more people are benefiting from universal health coverage (UHC)
- One billion more people are better protected from health emergencies
- One billion more people are enjoying better health and well-being

Under this mandate, the Director General (DG) established the Department of Delivery for Impact (DFI), within the same Division as the Department of Data and Analytics, to support WHO's work across the organization to not only track progress, but more importantly to drive measurable impact at country level. DFI is helping to bring a systematic, data-driven, and sustained focus on achieving WHO's Triple Billion targets, and ultimately advancing towards the 2030 Sustainable Development Goals (SDGs). It does so through monitoring progress for accountability, convening and problem-solving for course correction, and building capacity for effective implementation of WHO's normative guidance and technical packages.

- Monitor Progress for Accountability
- Convene and Problem-Solve for Course Correction
- Build Delivery Capacity for Effective Implementation

How the delivery principles are used in GPW13

Step 1 – Identify a high priority issue

Being guided by WHO's Constitution that guides to achieve the highest attainable standard of health for all people, WHO articulated a new mission statement for its current strategic direction: to promote health, keep the world safe and serve the vulnerable. In defining the Triple Billion targets as a guiding framework, the high priority issues to address are made clear: expanding UHC, improving health emergency protection, and addressing conditions to enable healthier populations.

Step 2 – Set targets and design solutions

WHO has framed its strategy around three measurable, meaningful and data-driven targets:

- The **Universal Health Coverage (UHC) Billion** combines indicators for financial protection and equitable access to services, to reflect the principle that coverage should not result in financial hardship. A target of 1 billion additional people benefiting from UHC was based on early analyses¹ that showed that although improvements to coverage of essential health services were made under the Millennium Development Goals (MDGs), the coverage would need to double to reach the SDG of UHC for all by 2030.
- The **Health Emergencies Protection Billion** target focuses on three sub-components: Prepare (measured as capacity according to Electronic State Parties Self-Assessment Annual Reporting Tool (e-SPAR) for 2005 International Health Regulations), Prevent (measured as vaccination coverage against high-priority pathogens) and Detect, Notify and Respond (a new metric on timeliness of actions related to IHR notifiable events). By strengthening these components, more people will be better protected from health emergencies.

- The **Healthier Populations Billion** target was developed to capture key social and environmental determinants of health including risk factors that often extend beyond the reach of the health sector, such as air quality and WASH. A measure of 16 indicators based on existing SDGs or WHA resolutions, and proposed a target of 1 billion more people benefiting from improved health or well-being.

For each indicator under the Triple Billion targets, WHO teams collaborated to develop **data-driven scenarios**, to chart current trends by countries, and including the rates of acceleration necessary to meet global goals, as well as benchmarking by performance within regions and income-groups.

Additionally, the **high impact solutions** (policies, strategies, or interventions) related to each indicator have been compiled in a '[Policy Solutions Matrix](#)' for easier assessment of what can be implemented to achieve impact.

Step 3 – Communicate and engage

The DFI facilitates a **global stocktake routine**, that brings together senior leaders to discuss progress towards the Triple Billion targets and correct the course if necessary. In preparation for the stocktakes, teams at WHO HQ and Regional Offices share information about the latest data and trends, with the goal of bringing to the surface examples of success that can be celebrated as well as areas where progress is stalled and needs attention. Because of the nature of how WHO supports Member States – through WHO Country and Regional Offices – stocktakes are catalytic for engagement across the organization, and distilling key messages for generating discussion with other stakeholders.

Step 4 – Implement, track progress, and adjust

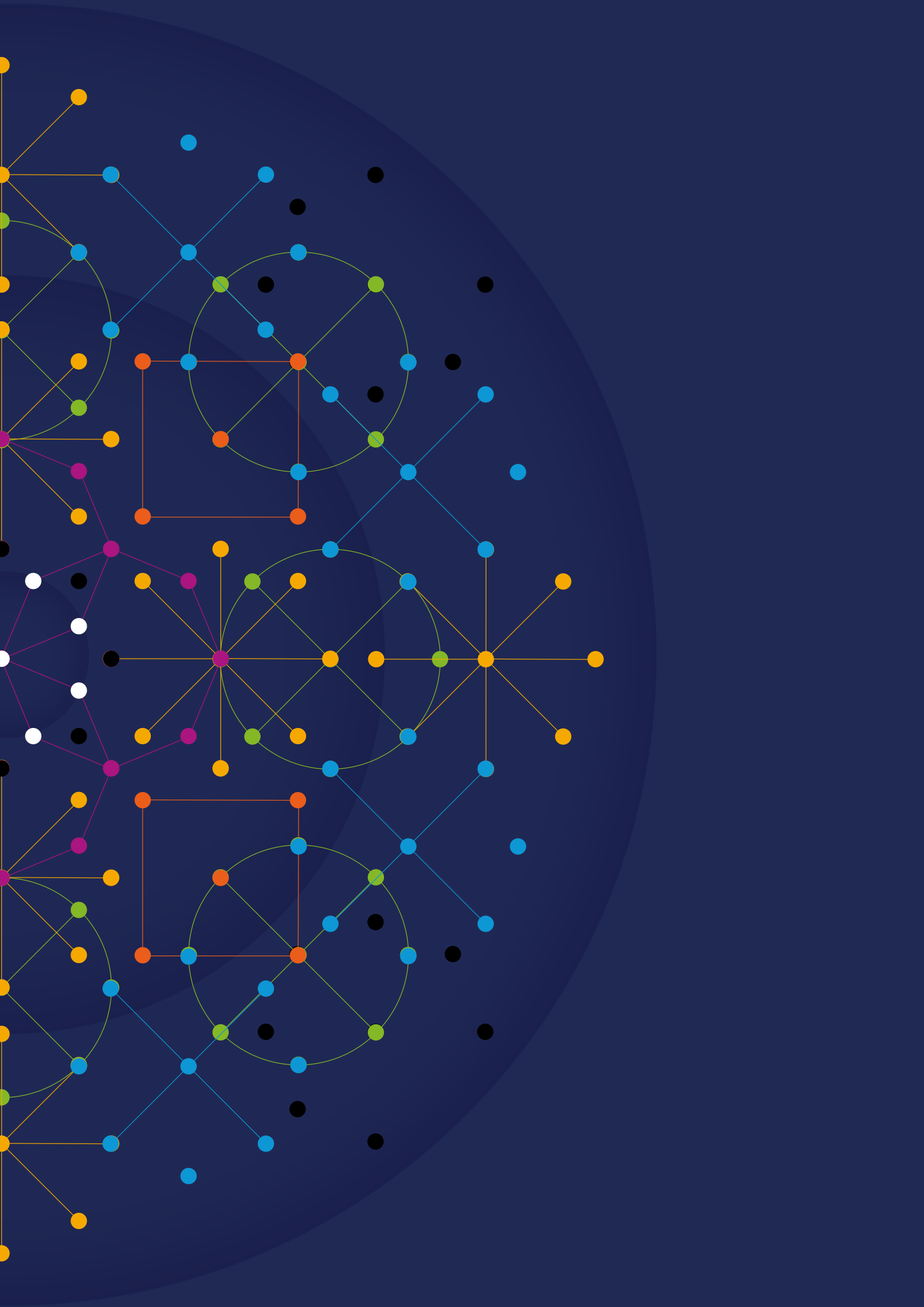
In addition to stocktaking, the [Triple Billion dashboard](#) and [WHO Results Reporting](#) are other mechanisms for tracking progress towards the Billion targets. Through these monitoring routines, it has been identified that the rate of progress is especially lagging behind for UHC, has been affected by the COVID-19 pandemic, and is not sufficient to reach the SDGs by 2030. Subsequently, Member States have extended the timeframe of the GPW13 to 2025, and more specific **Delivery Milestones** have been formulated to concretely outline what is ambitious but feasible to achieve. Building upon the stocktaking routines, a [Delivery Dashboard](#) is used in regular Senior Management Team convenings to mark gains towards the milestones and surface any blockages or stalling of implementation that need to be addressed. Delivery Dashboard and Delivery milestones will continue to be used and iterated in the new GPW 14.

Step 5 – Sustain Change

Beyond Triple Billion targets indicators and stocktake routines, mainstreaming a Delivery for Impact approach in the GPW13 (and carried to GPW14) has been part of transforming WHO into a more data-driven and results-focused organization. Specifically, it helps reinforce institutional alignment and accountability for specific actions to achieve country-level impact; adding emphasis on the early identification of risks and challenges coupled with relentless problem-solving. WHO has also developed technical resources on [Evidence Informed Decision Making](#) and the Delivery for Impact Approach to support engagements with Member States, and build capacity for effective implementation to advance progress towards the health-related SDGs. Teams can now use these tools, including this Implementation Playbook, to have a strong foundation for driving action from planning to execution.

Annex 3: Approach to development





Overview

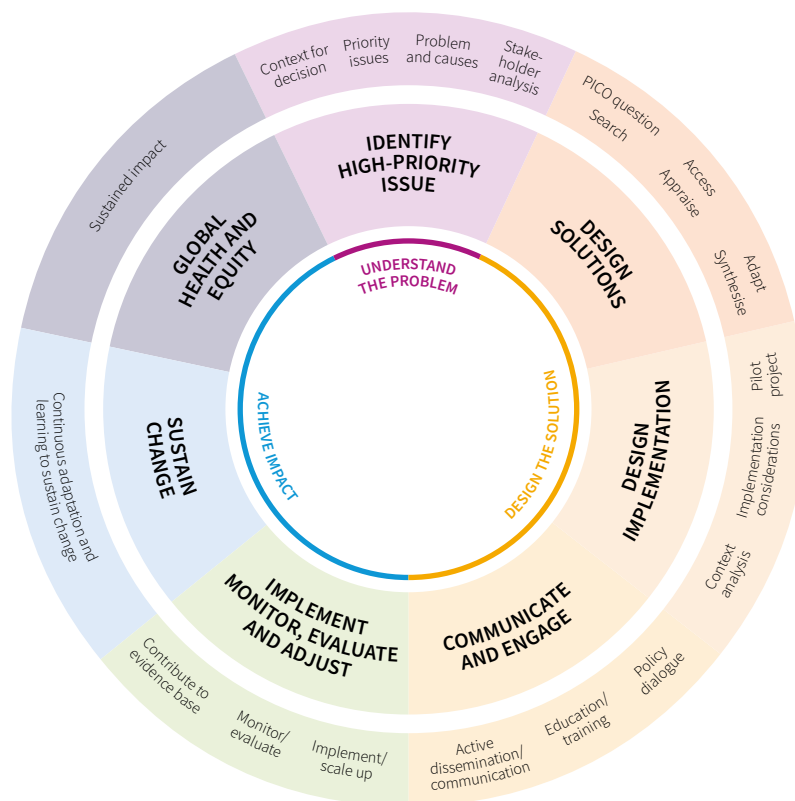
The DFI Impact Cycle featured in the *Implementation Playbook* was developed in complement with the work of the Evidence-Informed Policy Network (EVIPNet). As a WHO initiative in knowledge translation, EVIPNet’s mission is to promote and institutionalize country capacities in formulating and implementing policies informed by the best available evidence through a network of partnerships at the national, regional and global levels among health system policy-makers, researchers and civil society. Since 2005 EVIPNet networks have been established in all WHO regions and is coordinated both at the regional and global levels (1).

Adapted impact cycle

In 2021, WHO published a [Guide for Evidence Informed Decision-Making \(EIDM\)](#) that outlines methods and tools for application in public health and health systems (2). The guide presents the “Evidence ecosystem for impact” framework which outlines key steps in both evidence creation and evidence application in line with the EVIPNet policy cycle (see Textbox).

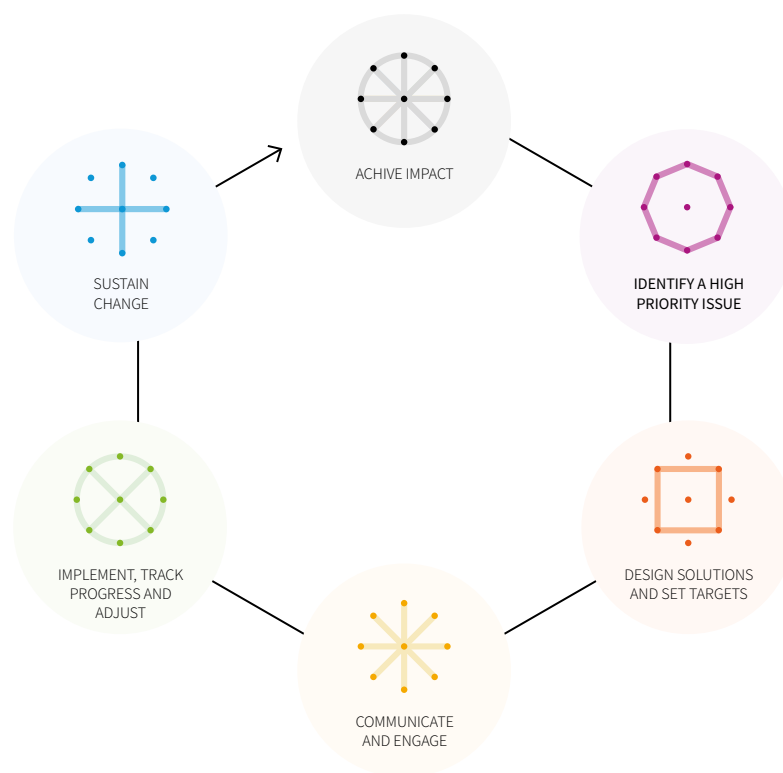
In the evidence application domain of the framework, the policy/action cycle (Figure A.1), outlines a process for EIDM that is defined in seven interlinking steps: identify high-priority issues; design solutions for the priority issues; design the implementation of the solution; communicate and engage with stakeholders regarding the chosen solution; implement, monitor, evaluate, and adjust the solution; sustain the changes; and achieve sustained impact on global health and equity (2). The WHO EIDM policy/action cycle is accompanied by an [online repository of EIDM tools](#) which provides resources for each step of the cycle.

Figure A.1: WHO EIDM policy/action cycle from the “Evidence ecosystem for impact” framework



When the *Implementation Playbook* was conceptualized in 2021, the policy/action cycle provided a strong foundation for distilling essential guidance with a specific lens for implementers. This resulted in the five step Impact Cycle (Figure A.2): identify a high priority issue; design solutions and set targets, communicate and engage; implement, track progress, and adjust; sustain change – with gender, equity and human rights integrated throughout. Additionally, the *Implementation Playbook* applies a delivery approach that emphasizes building implementation capacity through principles of learn by doing, remain agile and flexible, and focus on measurable impact. The *Implementation Playbook* is accompanied by a *Compendium of Tools and Templates*, highlighting several resources referenced at different steps of the Impact Cycle to support a structured approach for implementing solutions (policies, strategies, or interventions) to address health issues.

Figure A.2: The ‘impact cycle’ featured in the Implementation Playbook.



Ongoing Collaboration

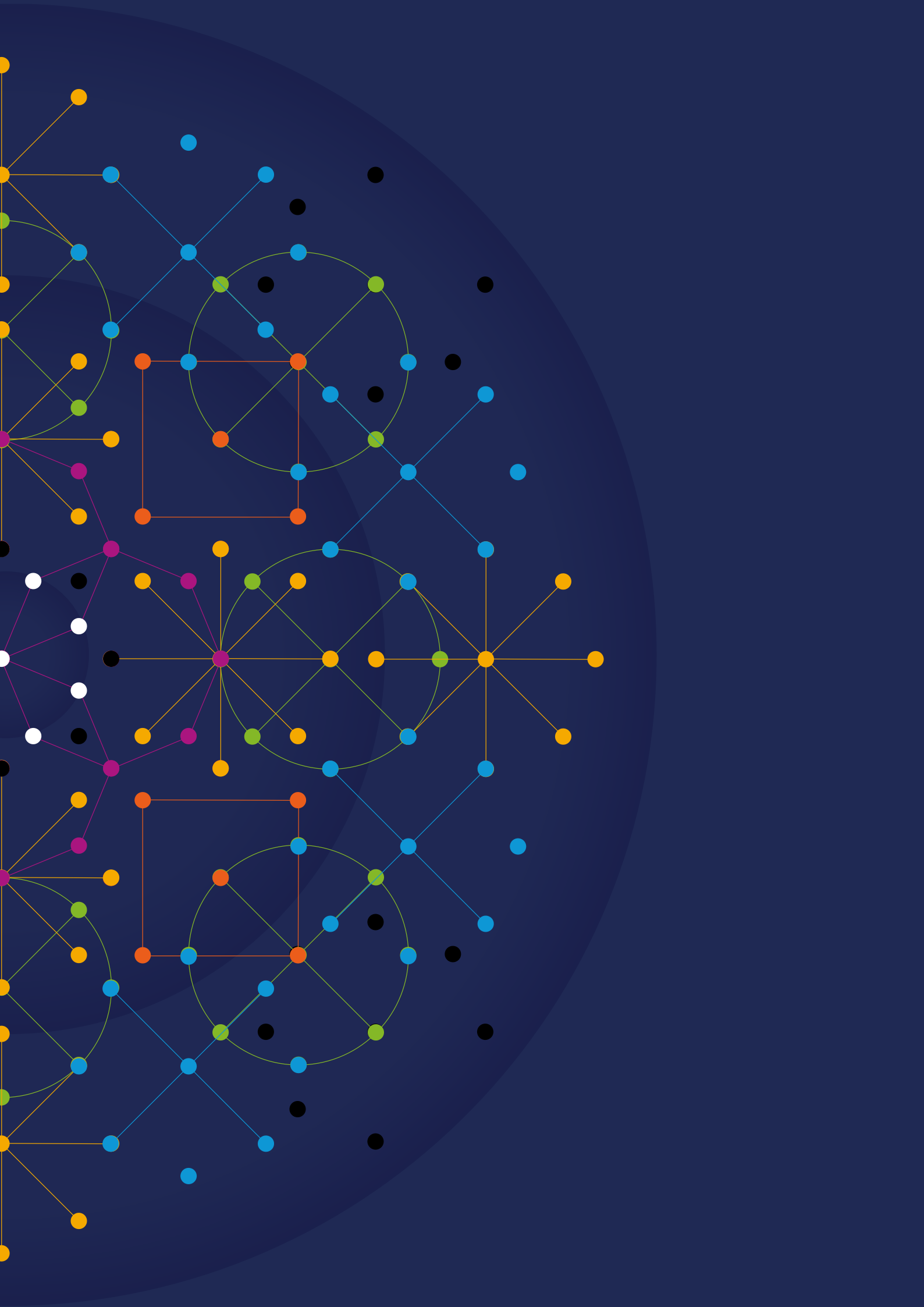
The Delivery for Impact Department (DFI) and EVIPNet continue to collaborate around the development of new technical products for promoting EIDM and implementation of best practices. New tools will continuously be added to the WHO EIDM online repository, and feedback from workshops or other engagements will be used to inform refinements as well as additions to the *Implementation Playbook Compendium*. Additionally, both teams are contributing cross-cutting efforts within WHO to support the uptake of normative guidance into action, and enhancing the monitoring, evaluation and learning from application through to impact.

References

- (1) EVIPNet Europe. Conceptual background and case studies – introduction to EVIPNet Europe. Copenhagen: WHO Regional Office for Europe; 2017.
- (2) Evidence, policy, impact: WHO guide for evidence-informed decision-making. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/350994>, accessed 20 April 2023).
- (3) EVIPNet Europe. Evidence briefs for policy. Using the integrated knowledge translation approach: a guiding manual. Copenhagen: World Health Organisation Regional Office for Europe; 2020.
- (4) EVIPNet Europe. Situation analysis manual. Copenhagen: WHO Regional Office for Europe; 2016.
- (5) EVIPNet Europe. Policy dialogue preparation and facilitation checklist. Copenhagen: WHO Regional Office for Europe; 2016.
- (6) Implementing citizen engagement within evidence-informed policy-making: an overview of purpose and methods. Geneva: World Health Organization; 2022.

Annex 4: Case Study on 100 days Challenge





100-days challenge: an innovative method to accelerate Implementation

Governments and organizations face increasing demand for accountability, transparency, and results, hence there is a need to explore innovative solutions to plan, implement and deliver. One of the models to boost planning and implementation is the 100-day acceleration framework. This method is promoted by the Government of the United Arab Emirates (UAE), which has a proven record of success across more than 60 challenge in different sectors in the UAE. Currently, this methodology and knowledge are shared and transferred to other countries.

The 100-day methodology aims to stimulate participants to rethink how government works by introducing a unique model that is built on accelerated results, increased collaboration, and implementing innovative solutions. It is aimed at policy-makers and catalyzes problem-solving around pressing and tangible challenges through a structured approach.

The 100-day challenge methodology consists of three major phases:

- Design phase (pre-acceleration)- where challenges are identified, and the stakeholders are mapped and selected
- Acceleration phase (100 days) -where acceleration teams are nominated to brainstorm and implement innovative solutions to overcome the challenges in acceleration mode. During this phase, these teams set S.M.A.R.T¹ . goals to be achieved in 100 days or less and the progress of achieving the goal is monitored thru the 100 days.
- Sustainability phase - where the acceleration teams set a strategic plan sustain and scale the results that were achieved during the 100 days

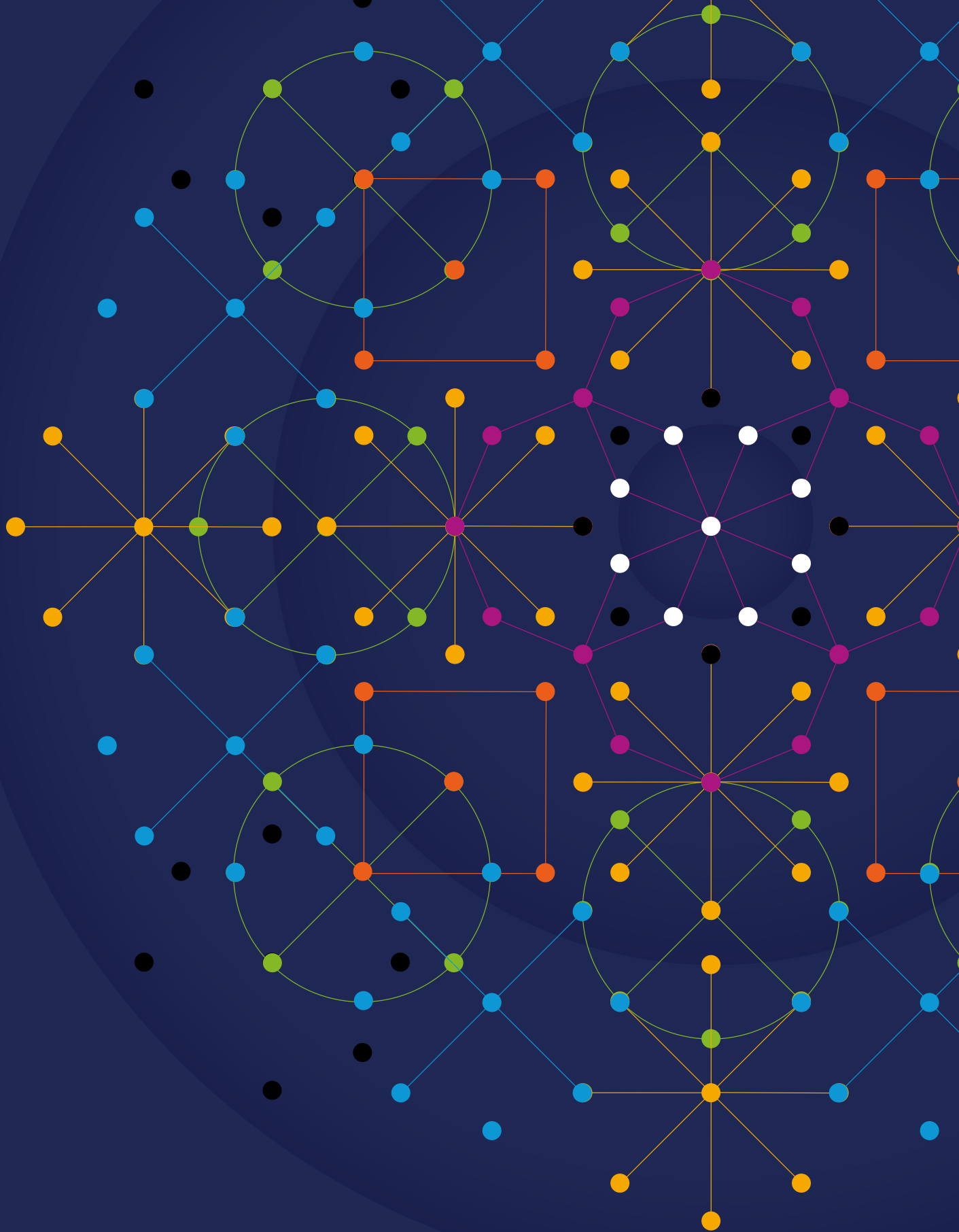
This method can be applied in several ways; from the development of regulation to its enforcement or optimizing current processes to closing implementation gaps. The result is momentum for actions that are tailored, innovative, and scalable in a brief time, ultimately to improve lives and achieve impact.

Learn more about 100-day challenge and its applications here: <https://www.accelerators.gov.ae/>



© WHO / Alyssa Palmquist – Government of the United Arab Emirates is working with WHO to speed up the achievement of global health goals. Geneva, Switzerland. August 2022.

1 Specific, Measurable, Attainable, Relevant and Time- bound



Department of Delivery for Impact
Data, Analytics and Delivery for Impact
Division
20 Avenue Appia,
1211 Geneva 27
Switzerland
Email: dfi@who.int
www.who.int

