



BEST PRACTICE SERIES

Stakeholder Engagement

BURKINA FASO INSTITUT NATIONAL DE SANTE PUBLIQUE: STAKEHOLDER ENGAGEMENT DURING NPHI CREATION

THE ISSUE

Creating a National Public Health Institute (NPHI) often requires a new vision for core public health functions and substantial changes to the way that these functions are organized at the national level of government. As changes are planned and implemented, a deliberate process for stakeholder engagement increases acceptance and support for the NPHI.

INSTITUTE NATIONAL DE SANTE PUBLIQUE BACKGROUND

In 2018, the President of Burkina Faso signed a decree providing a legal basis for the creation of the Institut National De Sante Publique (INSP), with the goal of improving the coordination and performance of public health functions, such as surveillance, laboratory services, and dissemination and use of public health research. In addition to some newly created units, the INSP was to unite three strong, well-established research centers. However, the details of how it would operate were not finalized.

Prof. Hervé Hien, the Director General of one of the three research centers being merged into the INSP, was assigned to coordinate the technical group that was developing documents related to INSP creation. In 2018 he was nominated to be the Director General of the INSP.

Prof. Hien prioritized engaging a wide range of stakeholders, to learn their ideas about the INSP and obtain their support. This case study focuses on processes used by Burkina Faso from July 2018 through February 2019, from the beginning of stakeholder engagement to the large stakeholder meeting that marked the beginning of INSP's functioning as a unified institute.

In June 2018, IANPHI engaged a consultant, who had extensive experience with public health and with the Ministry of Health (MOH), to support the establishment of the INSP and help manage the process. The U.S. Centers for Disease Control and Prevention (CDC) and IANPHI provided financial and technical support to the effort.

Timeline for INSP Creation

July 19, 2018: Presidential decree creates the INSP.

December 19, 2018: Presidential decree nominates Prof. Hervé Hien as INSP Director General.

December 25, 2018: Prof. Hien is officially installed as Director General.

July 2018 - February 2019: Stakeholder engagement and organizational and operational planning are conducted.

February 2019: The INSP starts functioning as a unified institute and planning continues.

IDENTIFYING WHO TO ENGAGE

A first step in the stakeholder engagement process was to identify the key stakeholders and how best to engage each group. Steps included:

- **Document review.** Early in the process, the consultant reviewed information about the public health system in Burkina Faso and its component organizations. She also reviewed documents about the world's NPHIs, e.g., from the IANPHI and Africa CDC websites. IANPHI's Stakeholder Engagement Planning Guide (<https://ianphi.org/tools-resources/index.html>) provided ideas about identifying and categorizing stakeholders and options for engaging them. This tool was adapted to the Burkina Faso context.

Meetings Conducted July 2018 – February 2019:

- One-on-one interviews: 50
- Focus groups involving groups being merged into the INSP and MOH program stakeholders: 4 (engaging 70 people)
- Visits to the 4 existing organizations to be merged into the INSP and discussion with their leadership and staff
- Large workshop: 43 internal and external stakeholders

- **Identification of stakeholders.** Stakeholders were identified by reviewing documents and through one-on-one discussions with key leaders. Stakeholders identified through these efforts were asked to suggest others to engage.

- **Stratification of stakeholders.** The initial list of stakeholders was categorized as part of structures being merged into the proposed INSP, internal to the MOH but not expected to be part of the INSP, or external to the MOH. The stakeholders were further grouped, for example, as being committed to the creation of the INSP, potentially influential in helping the INSP, or opposed to the INSP. This exercise helped determine who would be most important to engage based on roles, potential influence, and relevance to the creation or performance of the INSP.

The final list of stakeholders to engage included:

- MOH leadership in decision-making positions, such as the Minister, Secretary General, and cabinet-level advisors
- MOH leadership for health program management, all of whom are under the supervision of the MOH Secretary General, e.g., the Director Generals in charge of public health programs and the Director General overseeing laboratories
- Selected MOH subnational directors
- Leaders of organizations being incorporated into the NPHI, such as the research institutes
- Representatives from other ministries, such as the Ministry of Research and the ministry in charge of finances, as well as ministries involved with One Health issues
- Technical and financial partners of the MOH, such as WHO, U.S. CDC Burkina Faso office, USAID, UNFPA, UNICEF, and the African Society for Laboratory Medicine (ASLM)
- National NGOs involved in public health
- Civil society representatives, such as the Burkina Public Health Association leadership

ENGAGING KEY STAKEHOLDERS

Input and buy-in from those organizations being merged into the INSP was essential. To help organize discussions and ensure major issues were addressed, the consultant adapted a version of a survey instrument (see appendix) that had been used by IANPHI for member surveys, the results of which had been published in the peer-reviewed literature. Before meeting with the three research institutes and other groups being considered for inclusion in the INSP, the consultant asked leaders of the organizations to fill out the tool. The answers provided background information about each organization's capacities and their hopes and concerns related to INSP creation. The consultant met then with each of the groups in person to discuss their responses and other topics related to NPHI creation.

In addition, to reach other stakeholders, the consultant used a mix of one-on-one discussions and focus groups. The MOH provided letters of introduction to ensure the effort was seen as legitimate, and discussion guides were developed to ensure key issues were addressed. Detailed summaries were created for all sessions.

The consultant sent thank you notes to all participants, reiterating the value of their participation and encouraging their continued engagement. She also invested significant time in networking informally with participants, including those with concerns about INSP creation. Her long history with MOH and skill at listening patiently and non-judgmentally helped foster development and buy-in for a shared vision for the INSP.

After the first six months of the stakeholder engagement process, the findings were consolidated into a presentation, which included details of the way forward for the INSP. The INSP Director General endorsed this presentation. It subsequently was used in several different settings to explain and elicit input into the INSP, including in the February 2019 stakeholder engagement workshop.

In February 2019, the MOH led a workshop that included 43 internal and external stakeholders. During the workshop, the stakeholders confirmed their buy-in to the INSP and expressed a strong sense of ownership. This event also marked the kick-off of INSP's strategic planning process, with participants expressing support for the planning and providing ideas for INSP's future.

STAKEHOLDER ENGAGEMENT IS ONGOING

For NPHIs, stakeholder engagement must be ongoing, with continuous adaptation to changing needs and context. Burkina Faso's INSP has continued regular informal and formal communications with stakeholder-organized events such as media workshops, partners' roundtables, where INSP's strategic direction and progress are discussed. Special efforts are made to ensure that partners understand the impact of their particular contributions to INSP's planning and achievements, as well as to encourage partners to engage in future INSP efforts.

WHAT WAS ACHIEVED THROUGH THE STAKEHOLDER ENGAGEMENT PROCESS?

At the beginning of the process, many stakeholders had limited understanding of NPHIs and the vision for the INSP. Several established groups perceived the INSP as a potential threat to their independence or span of influence. However, through the stakeholder engagement process, not only was buy-in for the NPHI achieved, but stakeholders began to understand how the INSP could be

beneficial to their efforts. For example, the three research institutes recognized that some of their research was fragmented or overlapped. Harmonizing their portfolios might provide opportunities to use funds more effectively, free up resources for new efforts, and allow better alignment of research with national priorities. The institutes also recognized that an NPHI could facilitate better translation of research findings into policies and practice. The research institutes also hoped the INSP could help create paths for professorships for scientists working within the MOH.

The national public health laboratory network, which consists of nine laboratories, is not incorporated into the INSP. However, its work is coordinated by the INSP. Laboratory network members recognized the value of the assessments conducted using the adapted IANPHI survey instrument and asked to be assessed. Among the outcomes of this assessment was the identification of opportunities for close linkage to the INSP.

The stakeholder engagement process also provided a good basis for strategic planning. Not only did it provide ideas about INSP's future, but it also provided a strong basis for continued stakeholder support and assistance as the INSP implements its plans.

WHAT CONTRIBUTED TO THE SUCCESS OF THE STAKEHOLDER ENGAGEMENT PROCESS?

- The commitment of MOH leadership and visible endorsement of the effort made it clear from the beginning that the creation of the INSP was a priority.
- The INSP Director General was highly engaged in all facets of the stakeholder engagement process. He reviewed and was involved in planning for all meetings and requested follow-up after each. Stakeholders recognized and appreciated the ongoing and consistent engagement of Prof. Hien and understood that the consultant had his full backing.
- IANPHI and the U.S. CDC provided useful feedback throughout the stakeholder engagement process.
- Choosing the right person to lead the stakeholder engagement effort is critical. Having an external, neutral consultant increased trust in the process.
- Dr. Millogo, the consultant chosen to lead the effort, had extensive public health experience and credibility and no conflicts of interest. She made it clear she welcomed extensive formal and informal input and ensured participants could see how their input was being used.
- For groups that were going to be part of the INSP, starting with a questionnaire derived from IANPHI's survey instrument provided additional credibility to the process. The information derived from the questionnaire also improved the efficiency of the early meetings.
- Stakeholders were consistently given the message that they had ownership of the NPHI and that their investment in the NPHI was critical and valued.
- Inclusion of stakeholders that potentially were opposed to the creation of the NPHI helped mitigate their potential adverse impact.
- Communication with the participants was frequent. Participants, especially those who would be directly impacted by the creation of the INSP, could see how their input was shaping the institute.
- Efforts were also made to make it easy for stakeholders to engage, for example, by meeting with them at their convenience, at locations they selected.

- The process balanced efficiency with ensuring all critical stakeholders had many opportunities for input.

WHAT WERE THE CHALLENGES AND HOW WERE THEY ADDRESSED?

- In December 2018, shortly before the planned large stakeholder meeting, the Minister and Secretary General of the MOH who had been very supportive of creating the INSP, were replaced. As a result, the stakeholder meeting was postponed until February 2019. With time and good communication, the new leaders also grew to see the INSP as essential.
- Over 100 stakeholders were identified in the initial mapping. To manage the large number of stakeholders, the Burkina Faso process used different approaches for different stakeholders. For example, some stakeholders had one-on-one outreach, while others were part of group processes, such as focus groups.
- The research institutes and other groups that were to form the INSP were geographically dispersed, making logistics difficult.
- There was initial resistance to INSP creation among some key stakeholders. Gaining their input and support required significant amounts of time, careful listening, encouraging them to express their opinions, etc. Eventually, they came to understand the importance of the INSP and became supportive. As they began to understand their ownership of the INSP and how it could be beneficial to them and the public health in Burkina Faso, resistance slowly dissipated.

Author: Claude Millogo, M.D., is a public health specialist with over 36 years of experience working within the Burkina Faso health system. Since 2018, she has served as the IANPHI consultant who assisted in the development of the INSP.

This work was supported with funding from U.S. CDC cooperative agreement # NU14GH001238. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Appendix

Assessment Form for National Public Health Institutes (NPHIs) or for Organizations being Combined to Create an NPHI

The purpose of this document is to collect information about NPHIs or about the organizations that could comprise an NPHI. **Section I** (General Considerations) collects general information about respondent organizations and their infrastructure. **Section II** relates to capacities to conduct Core Public Health Functions. It is expected that only relevant portions of this form will be filled out for any given organization, and sections may be added as needed.

In the questions below, “organization” refers to the NPHI, if an NPHI exists. If the NPHI has not yet been established, “organization” refers to an organization or a part of an organization that is likely to become part of the NPHI, and whose responsibilities and capacities are likely to be part of the NPHI.

1. Organization name:

2. Source(s) of information for completing the form:

3. Person filling out the form:

4. Date:

Section I. General Considerations

I.1: Organization’s vision and mission statements:

I.2: Organizational structure: What are the major units (divisions, branches) of the organization?
Please attach an organizational chart, if available.

I.3 Budget

What is the budget of the organization?

What percentage of the budget comes from:

- National/Federal government _____%
- Private foundations _____%
- Research grants (other than from private foundations) _____%
- Fees for services provided _____%
- Endowments _____%
- Others (specify)

I.4 Staffing

How many full-time positions (including contractors) are in the organization?

What disciplines are available among the organization's staff, e.g., laboratory, epidemiology, management?

I.5 Relation to Ministries

What is the organization's relationship to the Ministry of Health (e.g., part of the Ministry, works with the Ministry, provides services that support public health but does not work with the Ministry, etc.)?

What is the organization's relationship to other Ministries, such as Finance, Education, etc.?

I.6 Infrastructure

On average, what percentage of each working day does the organization have the following?	<10%	10-49%	50-79%	80-94%	>95%
Local telephone service (include land lines and cell phones)?					
International telephone services (include land lines and cell phones)?					
Internet access?					
Electricity?					
Running water?					
On average, what percentage of the professional and administrative staff have the following:	<10%	10-49%	50-79%	80-94%	>95%
Access to a computer in the room where they usually work?					
Access to the internet in the room where they usually work?					
Computers at their desks?					
Internet access at their desks?					

Physical facilities

Is the physical space adequate for the numbers of staff and the services being provided?

Laboratory:

Office space:

Other physical space:

Describe the condition of the organization's facilities. What are the major needs?

If the organization has laboratories, describe the conditions of the laboratories. What are the major needs related to laboratory infrastructure?

What improvements has the organization made in the past year to the physical plant?

Information technology

What are the major information technology needs of the organization?

Section II. Core Functions (CFs)

Please focus primarily on the Core Functions that are likely to be addressed by the NPHI. In the questions below, “organization” refers to the NPHI, if an NPHI exists. If the NPHI has not yet been established, “organization” refers to an organization or a part of an organization that is likely to become part of the NPHI, and whose responsibilities and capacities are likely to be part of the NPHI.

CF 1. Evaluation and analysis of health status

Examples to use as guides in selecting the most appropriate responses:

- **Some:** Organization uses few indicators, which are available for only some parts of the country.
- **A lot:** Organization uses many indicators, but only for parts of the country, or organization uses a limited number of indicators, but for the entire population.
- **Comprehensive:** Organization uses many indicators, with good coverage of the entire country; evaluates trends over time and potential reasons for the trends; makes data easily accessible to policy-makers and the public.

Does the organization:	None or minimal	Some	A lot	Comprehensive
Evaluate and analyze the population’s health status (for example, rates and trends of births, deaths, and diseases)?				
Evaluate and analyze the population’s risk factors for disease and injury?				
Evaluate and analyze the health status of groups of special interest or special risk?				
Conduct other monitoring, evaluation, and analysis activities? If yes, please provide examples.				

Coordination with other agencies

What part of the government has responsibility for collection of birth and death data? How does the organization work with that agency?

Are hospital discharge data collected by the government? If so, by which agency? Does the organization work with that agency?

What part of government has primary responsibility for assessing overall trends in disease, deaths, lifespan, and injuries? How does the organization work with that agency?

Reporting and data use

Does the organization do an annual report on the country's health status? If yes,

- How are the data and reports on the country's health status disseminated? Are they accessible to individuals and organizations?
- Are sub-national levels informed of the results from national analysis of the data they provide? How is this done?

How are the data on the country's health status used to determine priorities for the organization or to influence other parts of government? Describe how the data are used in decision-making by the Ministry of Health.

Other comments about evaluation and analysis of health status:

CF 2. Public health surveillance, problem investigation, and control of risks and threats to public health

2A. Surveillance

Examples to use as guides in selecting the most appropriate response:

- **Some:** Organization intermittently receives reports about cases from a few places.
- **A lot:** Organization gets systematic reporting about cases from several places.
- **Comprehensive:** Organization gets systematic reporting from all over the country; interprets data and reports national and sub-national incidence and prevalence estimates; uses data to trigger public health actions to address outbreaks and other public health issues of concern.

Does the organization conduct surveillance for:	None or minimal	Some	A lot	Comprehensive
HIV/AIDS?				
Malaria?				
Tuberculosis?				
Immunization coverage?				
Epidemic-prone diseases? Please specify.				
Diseases targeted for eradication or elimination?				
Foodborne and/or waterborne diseases?				
Other infectious diseases? Please specify.				

Reporting sources for infectious diseases

What sources does the organization use for surveillance data? (Examples include: healthcare facilities, laboratories, etc.)

Are data transmitted electronically or on paper?

Standardization of reporting for infectious diseases

Has the organization established case definitions for surveillance of infectious diseases? Are these used by sub-national levels and others who report to the organization?

Has the organization established a standardized format for sub-national levels and others to use in reports?

Recognition of and response to outbreaks

What mechanisms are in place to detect and alert the organization's officials to outbreaks?

What does the organization do to increase recognition of outbreaks at facility and other sub-national levels?

Dissemination of summary information about infectious disease surveillance

How are summaries of surveillance findings disseminated? (Approaches might include regularly published articles, email alerts, postings on the internet, etc.)

Other agencies or organizations in the country involved in infectious disease surveillance

Are there other agencies or organizations with significant roles at the national level in surveillance for infectious disease surveillance? If so, how does the organization coordinate with them?

International linkages for infectious disease surveillance

Does the organization participate with WHO, multi-national regional organizations, or other international groups on surveillance for important health problems?

Other comments about surveillance for infectious diseases:

2B. Surveillance for noncommunicable conditions

Examples to use as guides in selecting the most appropriate response:

- **Some:** Organization intermittently receives reports about cases from a few places.
- **A lot:** Organization gets systematic reporting about cases from several places.
- **Comprehensive:** Organization gets systematic reporting from all over the country; interprets data and reports national and sub-national³ incidence and prevalence estimates; uses data to trigger public health actions to address outbreaks and other public health issues of concern.

Does the organization conduct surveillance for:	None or minimal	Some	A lot	Comprehensive
Nutritional status?				
Maternal and child health?				
Chronic diseases and/or risk factors? Please specify.				
Injuries and/or violence? Please specify.				
Mental health?				
Environmental hazards?				
Occupational health? Please specify.				
Other noncommunicable conditions? Please specify.				

Reporting sources for noncommunicable conditions

What sources does the organization use for surveillance data? (Examples include healthcare facilities, laboratories, etc.)

Standardization of reporting for noncommunicable conditions

Has the organization established case definitions for surveillance of noncommunicable conditions?

Has the organization established a standardized format for sub-national levels and others to use in reports?

Recognition of and response to trends and clusters of noncommunicable conditions

What mechanisms are in place to detect and alert organization officials to trends and clusters?

Dissemination of summary information about noncommunicable conditions

How are summaries of surveillance findings disseminated? (Approaches might include regularly published articles, email alerts, postings on the internet, etc.)

Other agencies and organizations involved in surveillance for noncommunicable conditions

Are there other agencies or organizations with significant roles at the national level in surveillance for noncommunicable conditions? If so, how does the organization coordinate with them?

International linkages for infectious disease surveillance

Does the organization participate with WHO, multi-national regional organizations, or other international groups on surveillance for important health problems?

Other comments about surveillance for noncommunicable conditions:

2C. Epidemiologic investigations

Examples to use as guides in selecting the most appropriate responses:

- **Some:** Organization conducts at least 1 investigation a year that requires systematically collecting data on 15 people or more.
- **A lot:** Organization conducts at least 6 investigations a year, and at least one involves systematically collecting data on 30 people or more.
- **Comprehensive:** Organization conducts at least 10 investigations a year, using a variety of study designs. Several investigations involve systematically collecting data on 30 people or more; some result in publications.

Does the organization conduct epidemiologic investigations to characterize public health problems related to:	None or minimal	Some	A lot	Comprehensive
Infectious diseases?				
Immunizations?				
Nutritional status?				
Maternal and child health?				
Reproductive health?				
Chronic diseases and/or risk factors?				
Injuries and/or violence?				
Mental health?				
Environmental health?				
Occupational health?				
Other conditions? Please specify.				

Are there other agencies or organizations with significant roles at the national level in epidemiologic investigations? If so, how does the organization coordinate with them?

Other comments about epidemiologic investigations:

2D. Laboratories

Examples to use as guides in selecting the most appropriate responses:

- **Some:** Organization conducts routine tests. Numbers of samples that can be tested per week are not sufficient to meet the needs.
- **A lot:** Organization conducts routine tests and some specialized tests (such as typing organisms). Numbers of samples that can be tested per week are usually adequate to meet the needs.
- **Comprehensive:** Organization conducts both routine tests and also specialized tests that fully characterize organisms; may develop new methods; has significant surge capacity for emergencies.

Does the organization have laboratories that:	None or minimal	Some	A lot	Comprehensive
Conduct bacteriology testing?				
Conduct virology testing?				
Conduct parasitology testing?				
Test pharmaceuticals?				
Test for insecticide resistance?				
Test people for exposure to chemicals?				
Test food or water for organisms?				
Test food or water for chemicals?				
Test quality of pharmaceuticals?				
Test nutritional status?				
Test for chronic diseases and/or risk factors? Please specify.				
Conduct other testing? Please specify.				

Other agencies and organizations

Are there other agencies or organizations with significant roles at the national level in providing laboratory services? If so, how does the organization coordinate with them?

How does the organization's laboratory assist and support other laboratories in the country (for example, at the sub-national level or in healthcare facilities)?

Reference laboratory functions

Does the organization's laboratory perform reference laboratory functions? (This includes providing assistance to laboratories at sub-national levels and in clinical settings, providing high-throughput testing of samples during emergencies, conducting training, and disseminating new methodologies.)

Laboratory safety

What mechanisms and approaches are in place in the organization's laboratories to ensure the safety of laboratory workers?

Quality improvement and certification

What processes are being used to ensure laboratory quality (for example, enrollment in the SLMTA program)?

Are any of the organization's laboratories ISO certified? SLMTA 5-star?

Other comments about laboratories:

2E. Outbreak response

Examples to use as guides in selecting the most appropriate responses:

- **Some:** Organization provides significant support to outbreak investigations 1–3 times a year; takes several days to mobilize organization staff to the outbreak site.
- **A lot:** Organization is contacted for assistance during almost all major outbreaks in the country and provides assistance to most; can mobilize organization staff to the outbreak site within a few days.
- **Comprehensive:** Organization is recognized as the national repository of expertise in outbreak investigation and control; is routinely contacted by sub-national levels and others to help; responds almost immediately to requests.

When outbreaks occur, does the organization:	None or minimal	Some	A lot	Comprehensive
Provide epidemiologic assistance?				
Provide laboratory assistance?				
Provide other assistance? Please specify.				

Coordination

How is coordination between laboratory and epidemiology ensured during outbreak responses?

Are there other agencies or organizations with significant roles in outbreak response (for example, for trace-back of contaminated food or pharmaceuticals)? If so, how does the organization coordinate with them?

Risk communication during outbreaks

What expertise and experience does the organization have for risk communication during outbreaks?

Other comments about outbreak response:

CF 3. Prevention Programs and Health Promotion

Examples to use as guides in selecting the most appropriate responses:

- **Some:** Organization produces and distributes brochures, posters, or billboards; encourages healthcare providers and others to promote healthy behaviors.
- **A lot:** Organization conducts programs to encourage healthy behaviors; works with healthcare providers, schools, and others on health promotion; produces a variety of brochures, videos, and other materials for use by the organization and others.
- **Comprehensive:** Organization develops, conducts, and evaluates multifaceted programs to encourage healthy behaviors; encourages use of a variety of evidence-based approaches, legislation and regulation, health education, media campaigns, and environmental changes.

Does the organization conduct health promotion and prevention programs related to:	None or minimal	Some	A lot	Comprehensive
Infectious diseases?				
Immunizations?				
Nutrition?				
Maternal and child health?				
Reproductive health?				
Chronic disease and/or risk factors?				
Injuries and/or violence?				
Mental health?				
Environmental health?				
Occupational health?				
Other conditions? Please specify.				

Partners

Does the organization work with other sectors to develop and implement prevention programs and health promotion activities? (This includes: employers, schools, healthcare providers, religious organizations, etc.)

Special populations

Does the organization specifically design or modify programs to meet the needs of linguistic, ethnic, tribal, or other definable groups?

Scientific basis for programs

Does the organization use scientific data or theory to guide development of prevention programs and health promotion efforts?

Policies, regulations, and laws

Does the organization work to identify changes needed in policies, regulations, and laws to support health promotion and disease prevention efforts? How does the organization work to make needed changes happen?

Evaluation

Are prevention programs and health promotion efforts evaluated? If so, how?

Other comments about prevention programs and health promotion:

CF 4. Social participation and empowerment of citizens in health

Examples to use as guides in selecting the most appropriate responses:

- **Some:** Organization provides information, like brochures and guidelines that communities can use to develop interventions and programs; occasionally provides technical assistance to community-based organizations (CBOs).
- **A lot:** Organization makes a variety of information and resources available to groups that request them, and occasionally will develop information to meet the requests of specific communities or groups; often provides technical assistance to CBOs.
- **Comprehensive:** Organization frequently assesses what tools and information individuals and CBOs need to improve health status and develops a range of information and resources to meet their needs; has a program to provide technical assistance to CBOs.

Does the organization help individuals and communities improve their health by:	None or minimal	Some	A lot	Comprehensive
Providing information and other resources?				
Providing technical assistance to community-based organizations?				
Providing other kinds of assistance? Please specify.				

Availability of information

Does the organization regularly make information available on the internet or through other means so that the population knows about the organization’s goals and activities?

Participation in planning

Does the organization have mechanisms for obtaining input from individuals, groups that work in communities, or other entities that represent citizens for purposes of planning and priority setting?

Other comments about social participation:

CF 5. Planning and management

Examples to use as guides in selecting the most appropriate responses:

- **Some:** A few parts of the organization have developed strategic plans. These plans are sometimes used to set priorities and assess progress. Plans from other parts of government serve as background documents for the organization’s planning efforts.
- **A lot:** Organization conducts planning that involves most levels of the organization. The plan is used to set the general direction and to some extent to determine priorities. Efforts are made to ensure the organization’s plan is consistent with that of other government agencies.
- **Comprehensive:** Organization conducts planning that includes getting input from outside stakeholders. The plan is used to set priorities. It also includes measures that are used by the organization to assess its performance. Plans of the organization, Ministry of Health, and other agencies are linked and make reference to each other.

Does the organization:	None or minimal	Some	A lot	Comprehensive
Conduct strategic planning?				
Use the strategic plan to set priorities and assess progress?				
Link its plan to that of the Ministry of Health or other government agencies?				

Use of data

How does the organization use data for planning and priority setting?

Contents and implementation of the organization’s plan

Does the organization’s plan have objectives and associated strategies?

Are the objectives measurable?

Are people or organizational subunits designated to take charge of specific objectives?

Does the plan contain milestones towards achieving the objectives?

How does the organization use partnerships to help achieve priorities?

Does the organization have an explicit process for evaluating its progress towards its goals?

Other comments about planning and management:

CF 6. Regulation and enforcement in public health

Examples to use as guides in selecting the most appropriate responses:

- **Some:** Organization regulates one aspect (for example, warning labels on cigarette packages) or provides expert assistance to other agencies that make regulations.
- **A lot:** Organization regulates several aspects (for example, warning labels on cigarette packages and other tobacco products and advertising likely to be seen by minors).
- **Comprehensive:** Organization regulates most aspects related to safety and advertising of tobacco products, including warning labels, advertising, definitions of terms like “low tar,” content of nicotine and other substances, etc.

Does the organization work on policies, regulations, or laws related to:	Some	A lot	Comprehensive
Environmental quality?			
Food safety?			
Water quality?			
Medical services?			
Pharmaceutical quality and safety?			
Tobacco products?			
Illicit substances?			
Special powers during public health emergencies (such as quarantine during a pandemic)?			
Other issues? Please specify.			

Review and development of legislation

Does the organization review legislation with public health implications and suggest changes to legislators?

Does the organization suggest legislation to address public health issues?

Enforcement

Does the organization have responsibility for enforcing laws or regulations?

Other comments about regulation and enforcement:

CF 7. Evaluation and promotion of equitable access to necessary health services

Examples to use as guides in selecting the most appropriate responses:

- **Some:** Organization occasionally becomes aware of problems with healthcare access (for example, during outbreaks); sometimes communicates with sub-national levels and healthcare providers about issues related to access.
- **A lot:** Organization often conducts assessments about access to specific types of care (such as immunizations); makes policy recommendations to remedy identified problems.
- **Comprehensive:** Organization regularly conducts assessments about healthcare access for a range of conditions, with special attention to groups at special risk; uses data to promote policy and other changes.

Does the organization:	None or minimal	Some	A lot	Comprehensive
Evaluate access to necessary health services and respond to problems?				
Have other activities to improve healthcare access? Please specify.				

Evaluation of needs

Does the organization systematically evaluate access to care for the nation or for specific groups (such as children and/or people with disabilities) or specific healthcare needs (such as cancer screening or mental health treatment)? Does this include assessment of barriers to care?

Policies and programs

Does the organization develop, review, or suggest changes to policies related to healthcare access?

Does the organization develop and implement programs to promote use of needed healthcare services?

Is the organization a service provider? If so, to what populations does it provide services, and what services does it provide?

Other comments about healthcare access:

CF 8. Human resources development and training in public health

Examples to use as guides in selecting the most appropriate responses:

- **Some:** Organization often responds to inquiries from sub-national levels or other groups about workforce needs; occasionally tries to assist in addressing gaps in the workforce; encourages universities to train students in public health disciplines; provides some training to organization’s staff to address critical gaps.
- **A lot:** Organization collects some data from sub-national levels or others about workforce needs; encourages universities to train students in public health disciplines that will address identified needs; tracks numbers of students receiving public health, paramedical and medical related degrees; offers many courses to organization’s staff.
- **Comprehensive:** Organization systematically collects data from sub-national levels and other public health entities about workforce needs; works with universities and other organizations to train students to address workforce needs; tracks numbers of students receiving public health degrees in the country and provides guidance on core competencies for public health disciplines; systematically assesses the organization’s workforce needs and uses training courses and other approaches to address them.

Does the organization:	None or minimal	Some	A lot	Comprehensive
Evaluate the capacity of and gaps in the country’s public health workforce?				
Develop and implement efforts to address gaps in the country’s public health workforce?				
Educate and train the organization’s workforce?				
Have other activities to ensure the capacity of the country’s public health workforce? Please specify.				

Relationships

Does the organization provide training to the workforce at sub-national levels?

When the organization identifies priority workforce gaps, does it work with universities and others to address them?

Minorities

Does the organization make efforts to hire a culturally diverse workforce? Does it evaluate barriers to attaining diversity in the workforce and develop interventions to overcome them?

Human resources at the organization

What are the current human resources needs of the organization?

Has the organization added staff in the past year? If so, in what areas?

Training opportunities

Does the organization offer training in:

- Laboratory sciences?
- Epidemiology?
- Leadership and management?
- Information technology?
- Bioethics and human subjects issues?
- Other?

Does the organization offer graduate degrees? Please check all that apply, identifying specific programs offered for degree.

- Yes, doctoral degrees in _____
- Yes, masters degrees in _____
- Yes, other degrees. Please specify: _____
- No

Other comments about human resources development:

CF 9. Quality assurance in personal and population-based health services

Examples to use as guides in selecting the most appropriate responses:

- **Some:** Organization collects data on health services-related problems from a few locations; consults during major health services related incidents, such as major outbreaks in healthcare settings; occasionally consults with organizations that set standards for health services.
- **A lot:** Organization systematically collects data on a limited number of issues related to healthcare quality from sentinel sites; occasionally conducts a full investigation of a healthcare-related problem; regularly provides information and advice to organizations that set standards for health services.
- **Comprehensive:** Organization conducts national surveillance for hospital-acquired infections and other important health services related issues. In addition to investigating outbreaks, organization conducts scientific studies of healthcare-related issues and is an active participant in development of standards for health services.

Does the organization:	None or minimal	Some	A lot	Comprehensive
Conduct surveillance for health services-related problems?				
Conduct investigations of health services-related problems?				
Work with other organizations that set standards for health services?				
Have other activities to improve health services quality?				

Other comments about assurance in health services:

CF 10. Research, development, and implementation of innovative public health solutions

Examples to use as guides in selecting the most appropriate responses:

- **Some:** Organization conducts 1–3 studies each year on a limited number of subjects or specimens. Results are occasionally published.
- **A lot:** Organization conducts at least 4 studies each year. Studies use tools from more than one discipline (for example, epidemiology, laboratory sciences). Research is guided by written protocols; results are sometimes published in peer-review literature.
- **Comprehensive:** Organization conducts at least 6 studies each year, some of which are innovative and multidisciplinary in approach. Research is guided by written protocols; results are routinely submitted for publication and result in changes in policies or practices.

Does the organization conduct research related to:	None or Minimal	Some	A lot	Comprehensive
Infectious disease prevention?				
Immunizations?				
Nutrition?				
Maternal and child health?				
Reproductive health?				
Chronic diseases and/or risk factors?				
Injuries and/or violence?				
Mental health?				
Environmental health?				
Occupational health?				
Other conditions? Please specify.				

Research agenda

Does the organization have a research agenda or priority-setting process related to research?

Collaboration

Does the organization collaborate with universities or other organizations in the country on research?

Does the organization collaborate with organizations outside of the country on research?

Dissemination

In what ways does the organization disseminate research findings? How does it ensure translation of research findings into practice?

Human subjects

What mechanisms are in place to protect human participants in research studies conducted by the organization?

Other comments about research:

CF 11. Reducing the impact of disasters on health

Examples to use as guides in selecting the most appropriate responses:

- **Some:** Organization has a few pages of written procedures that describe its role in a disaster; has had a few meetings with other agencies about disaster response; has provided consultation or laboratory backup to a disaster response.
- **A lot:** Organization has detailed procedures for its response to certain kinds of disasters; has written agreements with other agencies about working together in an emergency; has sent staff to the site of at least one disaster with 5 deaths or 20 injuries or illnesses to assist in response.
- **Comprehensive:** Organization has extensive written procedures for many kinds of disasters; has written agreements with other agencies that explicitly define roles and address issues like data sharing. Organization’s staff have participated in training exercises; organization participates in responding to almost all major disasters in the country, including sending several staff on-site.

Does the organization:	None or minimal	Some	A lot	Comprehensive
Plan for how it will protect health in a disaster or major health emergency?				
Participate with other agencies in planning for disasters?				
Train staff about disaster response?				
Conduct disaster response exercises?				
Have experience responding to a large-scale disaster?				
Prepare or respond in other ways to reduce the effects of disasters on public health? Please specify.				

Has the organization assisted sub-national levels in preparing for disasters?

Has the organization assisted sub-national levels in disaster response?

Other comments about disaster response: