

<b>Linkage to and Support for Subnational Governmental Public Health Agencies (e.g., Local and Regional Health Offices): See Page 2</b>												
<b>Basic</b>			<b>Developing</b>			<b>Advanced</b>			<b>Leading Edge</b>			
1	2	3	4	5	6	7	8	9	10	11	12	
<b>Strategic Direction</b>	The NPHI recognizes the importance of taking subnational agency priorities and capacities into account when developing its strategies and plans for achieving its goals.			The NPHI actively gathers information about priorities and capacities of subnational agencies to inform its strategies and plans.			The NPHI involves subnational agencies in establishing its goals. Coordination with and assistance to subnational agencies on goals that are shared are integral to the NPHI's strategic plans.			The NPHI and subnational agencies have aligned their strategic plans to achieve shared goals. The NPHI strategic plans include capacity building at subnational agencies as a priority. Careful thought has been given to which capacities should be centralized versus distributed.		
<b>Systems</b>	The NPHI provides limited materials, guidelines, and SOPs to subnational agencies to use in core functions such as surveillance, laboratory work, and public health campaigns. Information flow between subnational agencies and the NPHI is largely ad hoc.			Materials, guidelines, and SOPs for subnational agencies are often outdated or incomplete. Systems for routine data flow to the NPHI are being established. Data summaries and evaluations are rarely shared with subnational agencies.			The NPHI has systems to ensure subnational agencies have up-to-date materials, guidelines, and SOPs. The NPHI has systems for consolidating subnational data, generating reports, and providing summaries of surveillance and other information to subnational agencies.			The NPHI's systems for supporting public health functions at subnational agencies are models for other organizations. The NPHI routinely reviews its systems and works to improve them.		
<b>Resources</b>	The NPHI has limited resources to support routine subnational functions, such as surveillance, or to analyze data provided by subnational agencies. The NPHI can sometimes support subnational agencies during emergencies.			The NPHI has resources to provide technical assistance in specific areas such as laboratory testing, but it can't respond to many subnational requests for help. The NPHI provides limited assistance to most subnational requests for help during emergencies.			The NPHI has resources to support subnational agencies in their routine work, like surveillance, and assists during emergencies. It has sometimes been able to mobilize external resources to support the work of subnational agencies.			The NPHI has resources for ongoing support to subnational agencies on issues of mutual interest. There are staff at the NPHI designated to support subnational efforts, including helping to mobilize external resources to build subnational agency capacity.		
<b>Quality</b>	The NPHI recognizes that it is not providing essential materials, guidelines, SOPs, and support for subnational agencies, and the quality of those that are provided is suboptimal.			NPHI materials, guidance, and support for subnational agency efforts is high quality in a limited number of areas, usually those supported by external donors. Quality in many areas needs improvement.			The quality of NPHI materials, guidance, and support for subnational agencies is generally high. This results in high-quality work in most subnational agencies in relevant areas, which in turn contributes to high-quality NPHI efforts in core public health functions.			Many subnational agencies generate their own high-quality materials and programs and, in part due to longstanding support from the NPHI. Approaches and materials developed by the NPHI to support subnational agencies are models for other NPHIs.		
<b>Engagement</b>	NPHI staff interact with subnational staff infrequently, on an ad hoc basis. The NPHI staff engaging with subnational agencies frequently change, making development of close relationships difficult.			NPHI staff interact with subnational-agency staff on specific issues, such as surveillance. On many issues, however, subnational agencies find it hard to get the NPHI's attention.			The NPHI engages regularly with subnational agencies on a wide range of topics. The NPHI encourages input and requests for assistance from subnational agencies. Subnational agencies have designated points of contact in the NPHI, which facilitates close working relationships.			The NPHI actively involves subnational agencies in relevant efforts (e.g., surveillance, prevention programs) from the earliest stages (e.g., planning) through analysis, dissemination, ensuring data-to-action, and evaluation. Subnational agencies are considered to be among the most important partners for the NPHI.		
<b>Impact</b>	The NPHI's performance of core public health functions is limited by lack of NPHI-subnational linkages and inability of the NPHI to support subnational agencies in shared goals.			The NPHI can cite a few specific benefits of closer NPHI-subnational linkages and improved capacity at subnational agencies, such as faster identification of outbreaks in some districts or provinces, in part due to NPHI support.			The NPHI can provide many specific examples where its linkage with subnational agencies and work to strengthen subnational capacity has improved public health outcomes.			NPHI-subnational linkages and mutual support result in a well-coordinated public health system, with demonstrable impact in routine and emergency functions. The NPHI-subnational linkage serves as a model for other countries.		

The [Staged Development Tool \(SDT\)](#) for NPHIs was developed by the [U.S. Centers for Disease Control and Prevention \(CDC\)](#) and the [International Association of National Public Health Institutes \(IANPHI\)](#) with the assistance of a consultative group of National Public Health Institute (NPHI) leaders from around the world.

- \* As with any Discussion Guide, this Discussion Guide may be adapted to fit the needs of a particular NPHI or for a particular application. For example,
- Items that are not relevant can be eliminated from discussion (for example, if laboratories are not part of the discussion, they can be skipped), or items added.
  - This document was written to help an NPHI think about its work with subnational agencies that are not a part of the NPHI, for example, District Health Offices. For discussions involving subnational entities that are part of the NPHI, e.g., an NPHI's regional offices, this Discussion Guide could be modified, for example, to emphasize two-way communication and joint efforts, instead of emphasizing the role of the NPHI's central office.