Staged Development Tool (SDT) for National Public Health Institutes (NPHIs)
The notes accompanying the slides provide in-depth information about the SDT and its use. They are meant to be useful to anybody working with the SDT.

The SDT 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 NPHI leaders from around the world. It is designed to help NPHIs assess their capacities and identify gaps, prioritize gaps, and plan for how to move to a higher level of functioning. It is based in part on the CYPRESS methodology developed by Deloitte Consulting, USA.

This slide lists the topics covered in the SDT Background and Description.

What Is the SDT?

- A process and toolkit to help NPHIs function at a higher level.
- Involves 3 steps

1. ASSESS → 2. PRIORITIZE → 3. PLAN

- Includes
  - Detailed Discussion Guides
  - Forms for assessment and work-planning

The SDT is a 3-step process that uses tools developed specifically for NPHIs. The first step is assessment and identification of gaps, the second is prioritization and the third is work-planning. The results of SDT planning are a roadmap to building capacity and increasing impact in areas the NPHI considers a priority.

Step 1: Assessment

- Maturity models guide the assessment
- A maturity model describes stages of development
  - Basic
  - Developing
  - Advanced
  - Leading Edge
- 28 Discussion Guides describe stages for a range of topics
  - Internal-facing Discussion Guides – e.g., leadership and management, health and safety, and internal communications
  - External-facing Discussion Guides (overlap with Core Public Health Functions) – e.g., surveillance, research, emergency response, and data-to-action

The maturity model is based on the idea that for a given topic, NPHIs exhibit different levels of "maturity" or development. By providing examples of what these different stages "look like," the Discussion Guides provoke conversations in which participants clarify their current state, their desired state, and major gaps that need to be addressed to move to the desired state.

Often, NPHI planning focuses on Core Public Health Functions. However, sometimes internal issues, such as leadership and management or issues related to the NPHI workforce, are major barriers to accomplishing public health functions. Therefore, the SDT includes Discussion Guides that relate to internal-facing efforts, such as leadership and management and internal communications.

Discussion Guides

- Title
- Four columns, one for each of the stages
  - Numeric scores allow for more nuanced staging
- Each of the columns contains descriptions covering 6 Domains:

  - Strategic Direction
  - Systems
  - Resources
  - Quality
  - Engagement
  - Impact

16. Surveillance

	Basic			Developing			Advanced			Leading Edge		
	1	2	3	4	5	6	7	8	9	10	11	12
Strategic Direction	The NPHI conducts surveillance based on WHO guidance or donor interest, but it does not analyze or use the collected data.			The NPHI attempts to use data from its surveillance to inform policies and programs. However, there is often a mismatch between what is needed and what is collected.			The NPHI's surveillance is designed to provide data to guide policies and programs. In designing systems, all aspects of surveillance are considered, from data collection through analysis and use of the data.			The NPHI uses multiple approaches, including engaging decisions-makers, to ensure surveillance systems are maximally useful. Systems are regularly evaluated, and are modified or ended if they are not useful.		
Systems	The NPHI has some surveillance SOPs and guidelines, but these are hard to use (e.g., incomplete or poorly written), and are not widely distributed. Review of surveillance systems is ad hoc, if it occurs.			The SOPs for surveillance are sometimes outdated. Reporting entities sometimes do not have them. Most surveillance systems have been reviewed, but reviews are not comprehensive and are rarely acted on.			All reporting entities receive SOPs, and these are generally followed. Surveillance systems are regularly reviewed using standard indicators (e.g., timeliness, completeness). The NPHI often follows up on evaluation results, resulting in increasingly useful and efficient systems.			The NPHI's surveillance SOPs are models for other organizations. The NPHI routinely reviews systems for quality and relevance, including whether the data are being used. Evaluations usually lead to improvements in the system.		

It may be helpful to have audience members examine hard-copy Discussion Guides when reviewing this slide.

Each of the 28 Discussion Guides has the same structure: 4 stages, each including 6 Domains. Except otherwise noted, definitions of the 6 Domains apply to both internal- and external-facing Discussion Guides.

Strategic Direction: Degree to which the NPHI works strategically in setting priorities and in allocating and using resources, including staff time

Systems: Degree to which the NPHI has systems, processes, and tools that enable it to carry out the described effort

Resources: Degree to which the NPHI has assets (e.g., staff capacity, supplies, transportation, infrastructure) to support the described effort

Quality: Degree to which the NPHI is able to carry out the described effort in a high quality manner.
- *External-facing only*: Degree to which the NPHI supports quality in the efforts of those contributing to the achievement of the described effort (e.g., subnational entities, stakeholders, partners)

Engagement:
- *Internal-facing only*: Degree to which staff are committed to contributing to the NPHI's vision and goals. Degree to which staff contribute to improving the NPHI's strategies or performance

- *External-facing only*: Degree to which stakeholders (partners, beneficiaries, contributors, donors, sub-national actors, and communities) are invited to provide input or feedback, or are engaged by the NPHI as partners/advisors

Impact:
- *Internal-facing only*: Degree to which the NPHI is able to perform or achieve results
- *External-facing only*: Degree to which the NPHI is able to perform or achieve its goals and deliver high-quality products and services. Extent to which the products and services have an impact on public health

The assessment is meant to be driven by the participants. The Discussion Guide is meant to prompt thoughtful exchange of ideas and information.

The Assessment Form

Discussion Guide Title				
Domain	Current Score	Justification/Examples	Desired Score	Gaps
Strategic Direction				
Systems				
Resources				
Quality				
Engagement				
Impact				
Overall Score				

This is the form that is used to capture the key points from discussion. It has places for the current and desired scores, as well as a place to capture the justifications and examples that went into decisions about the current scores. It is important to explore the gaps thoroughly. These are the problems and barriers that keep the NPHI from getting to the desired score.

Gaps are the basis of prioritization and work-planning, so it is important for the facilitator to make sure the gaps identified are the critical ones.

The Assessment Form (example)

Surveillance				
Domain	Current Score	Justification/Examples	Desired score	Gaps
Strategic Direction	4	NGOs asking us to prioritize their issues. Decisions about surveillance are based on donor input. For meningitis surveillance, we just send the info to WHO, don't even analyze it The way we do respiratory pathogen surveillance, we don't have denominators and can't calculate rates; limits use of data for vaccine policy We haven't had any discussion with the MoH on their priorities We could use funding for data analysis and supplemental data collection, but we haven't established priorities and haven't written out what we need	7	– NGO priorities not taken into account. – We don't modify reporting to meet our needs (e.g., respiratory pathogens, denominators) – Although data are collected, we don't have plans for analyzing and using the data (e.g., meningitis) – Lack of info on MoH needs – We haven't developed a plan that we can take to funders laying out our priorities

This is an example of a completed form for Strategic Direction. You can see that this group is hoping to go from a score of 4 to 7 in a year, and they have identified gaps they need to address to get there.

Sometimes discussion will flow naturally from gaps to activities. If that happens, you can also record proposed ways of addressing the gaps. However, as you prioritize, you will have revisit the proposed activities to make sure that they address the most important gaps and will solve the underlying issues needed to be addressed for the NPHI to move to the next stage.

Step 2: Prioritization

- The next step after assessment is prioritization
- Prioritization can be done using the SDT forms as the basis for discussion
- Other approaches, such as multi-voting or criteria matrices, may also be useful, either on their own or in combination with using the SDT forms
- Whatever approach or approaches are used, careful definition of the gaps is essential as a basis for good work-planning

The next step is to decide on highest priorities for planning. Whatever approach is used, it is important to review the identified gaps to ensure they cover the most important issues and are actionable, as well as any proposed activities, to ensure that they will be a good basis for work-planning.

If using the SDT forms to prioritize:
- Copy gaps from the Assessment Form to the Work-Planning Form
- Highlight high-priority gaps and cross out those of lower priority
- If the group is unsure about a gap, revisit it after work-planning for the highest priorities
- Review the gaps to make sure they cover the key issues and are actionable

Step 3: Work-Planning

- Work-planning can follow directly after prioritization or be done at a later time
- Work-planning should focus on the highest priorities
- Using the SDT Work-planning Form or another planning tool, identify the action steps, including milestones and due dates, and who is responsible for each step

Gaps	Activities	Milestones	Who	When
No plans for analyzing and using data	1. Develop an analysis plan and analyze priority datasets (meningitis, respiratory pathogens) 2. Develop a report on findings, with recommendations	1a. Analysis plan developed (1 month) 1b. Statistical group contacted, review plan, promise support (NOTE: need to think through denominators) (2 months) 1c. Analyze data 2a. Develop format for report 2b. Create report	1. Lola (Mening) Alex (Resp) 1b. Francois 1c. Lola and Alex, with help from Stats group 2a. Alan 2b. Alan, Ellen, Alex	Would like to have report completed before next elections (9 months) 1. 6 months 2a. 3 months 2b. 9 months
Lack of info on MoH needs	1. Develop a plan for identifying and addressing MoH priorities (Note: This priority will not be fully developed until we get input from NPHI and MoH leadership)	1a. NPHI Dir or Deputy meets with Minister or DG to identify priorities, or whether need to talk to MCH and others/form working group to set priorities for MOH 1b. Priority plan developed (specific	1a. NPHI Dir or Deputy – need to check 1b. NPHI Dir or Deputy	1a. 2 weeks 1b. 3 months

In this next part of the SDT process, participants develop plans for their highest priorities. It is critical to clearly define who is responsible for which actions, and the timeline for achieving them. If work-planning does not immediately follow prioritization, some NPHIs may choose to conduct work-planning during the subsequent weeks.

Note that planning using the SDT is meant to be flexible. In this example the group has put timelines in with milestones and noted where it will need to consult with leadership before proceeding to map out detailed next steps (although a timeframe for that consultation is given).

When Done Work-Planning, Review the Plans

- If the NPHI completes the work-plan, will it make the desired progress towards achieving the desired stage?
- Are additional resources needed? What is the plan for obtaining them?
- Do all NPHI staff understand their roles in carrying the plan forward?
- Does leadership understand and support the plan?
- How will progress be monitored?

A potential pitfall in any planning is that participants develop detailed plans for what is easy to do, but not necessarily what is most impactful. Before declaring the plan complete, it is essential to review it to determine if it is likely to have the desired impact, and to revise it if necessary.

Good Luck with Planning Using the SDT!!!

- If you have any comments or questions about this material, please contact

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