



# STAGED DEVELOPMENT TOOL (SDT) CASE STUDY

## COLOMBIA INSTITUTO NACIONAL DE SALUD: IMPLEMENTATION AND OUTCOMES

### THE ISSUE

In 2017, Dr. Martha Lucia Ospina, then Director of Colombia's Instituto Nacional de Salud (INS), committed the INS to operational improvement and development of a new strategic plan, to improve the public health system and response to public health threats. The U.S. Centers for Disease Control and Prevention (CDC) and the International Association of National Public Health Institutes (IANPHI) had just developed a new tool -- the Staged Development Tool (SDT) -- to help national public health institutes (NPHIs) identify priorities and create plans to achieve higher levels of functioning. Dr. Ospina and her team were eager for the INS to pioneer the use of the SDT.

### INS BACKGROUND

INS is a scientific and technical public institution under the Ministry of Health & Social Welfare, which celebrated its 100th anniversary in 2017. Its mandate includes the protection of health in Colombia through knowledge management and transfer, monitoring of the health status of the population and the provision of goods and services relevant to public health. The INS is the only NPHI in Latin America that directly operates epidemiological surveillance in Latin America.

### SDT BACKGROUND

The SDT is designed to help NPHIs assess their current and desired levels of functioning and develop roadmaps to achieve their preferred states. (For more information, visit <https://ianphi.org/tools-resources/sdt.html>.) The SDT includes Discussion Guides, some focused on internal issues, such as Planning or Internal Communication, and others that relate to carrying out public health functions, such as Surveillance or Public Health Research. Each Discussion Guide includes concrete, topic-specific ideas about NPHI capabilities at different levels of maturity. Participants in SDT workshops use these Guides to generate creative, in-depth discussions. The results of an SDT workshop are plans for how the NPHI will address priority issues and move to the desired stages.

### IMPLEMENTING THE SDT AT INS

#### 2017 IMPLEMENTATION

In 2017, INS held SDT workshops during April and July, each spanning one week and covering multiple Discussion Guides. INS was the first NPHI to implement the SDT in the Americas. The workshops were assisted by external facilitators and recorders fluent in Spanish and trained in supporting SDT workshops.

The INS chose nine Discussion Guides that reflected the highest priorities for strategic planning at the time (Box 1). A core group of individuals participated in all of the discussions. An additional 3-4 people were invited to each discussion based on the Guide being used and their particular expertise. Each Discussion Guide session included 25 individuals on average, some with broad knowledge about public health and management and some with technical expertise.

During the discussions, participants identified over 100 activities that could address the critical gaps that were keeping the INS from progressing. The group then prioritized these. Examples of priority topics identified during the workshops included:

- Enhancing external communication about the INS, for example, by creating branding and enhancing style consistency among parts of the INS
- Developing the public health workforce, for example, by enhancing the Field Epidemiology Training Program (FETP) and creating rapid response teams
- Encouraging use of surveillance data, for example, by linking it with vital statistics.
- Ensuring sustainability of non-infectious disease surveillance efforts, for example, related to birth defects and safe motherhood
- Strengthening microbiology laboratory capacity, including for antimicrobial resistance
- Improving access to and use of population health data by developing a national health observatory

**Box 1. Discussion Guides Used by INS in 2017**

- Planning
- Management of Organizational Information
- External Communication About the NPHI and Its Activities
- Laboratory
- Surveillance for Acute Public Health Problems
- Emergency Preparedness and Response
- Strategic Data Collection and Analysis
- Development of Public Health Recommendations
- Public Health Research

Activities to address these priorities were chosen based on characteristics such as importance, feasibility, and urgency. INS developed short- and long-term work plans and milestones for priority activities. They also identified «quick wins» – activities that could be done quickly and with demonstrable impact. The resulting plans were used by senior management for institutional planning and as a basis for funding requests to international partners, mainly the U.S. CDC.

**2018 AND 2019 ASSESSMENTS**

In 2018, INS assessed progress on the plans that had been developed during the 2017 SDT workshop. For each of the nine Discussion Guides, much of the 2017 plans had been implemented, and participants assessed the INS as being at a higher level of development than in 2017.

In 2019, groups responsible for carrying out aspects of the SDT-based plan conducted self-assessments. They found that progress towards achieving the desired developmental stages was continuing. Due to the COVID-19 pandemic, assessment of progress on the SDT-based plan was not conducted in 2020.

## IMPACTS OF USING THE SDT

Dr. Ospina and the INS staff found the SDT process and outcomes to be extremely useful. Quotes from Dr. Ospina and another participant are in Box 2. Examples of outcomes from the SDT include the following:

- The plans developed using the SDT provided a basis for successful application for funds from CDC.
- The SDT resulted in new, enduring relationships and collaborations with CDC that have continued to benefit INS work over the past decade, for example, through the Public Health Emergency Management Fellowship, the Global Laboratory Leadership Programs, and MicrobeNet.
- Annual assessments allowed the INS to track its progress towards a higher level of functioning, boosting staff commitment and morale.
- The SDT contributed to leadership’s vision of the potential for INS as a higher-functioning organization and provided a basis for striving for future growth in areas such as research, public health workforce training, and emergency response.
- Enhanced capacities following the SDT helped increase INS’ visibility. It solidified its relationship with the Ministry of Health as the strong technical arm for epidemiology, surveillance, and laboratory services; emergency preparedness and response; and data to support decision-making by high-level leadership.
- The SDT process reinforced understanding among INS leadership that addressing gaps related to the public health observatory and other priorities would require finding external sources of support.
- Increased strength in areas such as genomics, the laboratory network, health information systems, risk management, the public health Emergency Operations Center, the FETP-trained workforce, and communications enabled INS to play a key role in responding to public health emergencies, for example, related to Zika virus, measles, COVID-19, and mpox.
- INS is now recognized in the Latin America region as an exemplar of NPHI best practices.
- The SDT and continued CDC support have helped INS build relationships and collaborations with multilateral organizations, such as WHO/PAHO, the Global Fund, and U.S.- and Europe-based universities and academic centers. The benefits have continued as new opportunities arise post-COVID pandemic, for example, related to One Health.

### Box 2. Quotes about the SDT process

“What CDC [and IANPHI have] provided us with this tool, it is among the most important contributions to this institute, even to this country!” – Dr. Martha Luisa Ospina, former INS Director

“The SDT taught us how to prioritize and talk across teams.” – Dr. Maritza Gonzalez, Special Advisor to the INS Director at the time the SDT was conducted

## WHAT CONTRIBUTED TO THE SUCCESS OF THE SDT PROCESS?

- Dr. Ospina’s visionary leadership aimed to position INS as a leader in public health and to ensure INS could lead in providing high-quality data and use of that data to guide policies and programs. The SDT provided a concrete approach to realizing that vision.
- Dr. Ospina made planning using the SDT a priority. Attendance of key leaders and staff at SDT workshops was mandatory.

- Trained facilitators encouraged open expression, probing to help the groups uncover the underlying reasons the INS was not at a higher stage of development in the topics covered in the workshops.
- The concrete examples in the Discussion Guides helped catalyze creative, in-depth discussions.
- Implementation of the SDT built on trusting relationships between CDC and INS from previous collaborations, for example, on Zika virus and non-communicable diseases.
- The same group at CDC that developed the SDT also had resources to support INS activities. CDC was committed to the success of the SDT, and the impact of the SDT was amplified by the availability of U.S. government resources to support implementation.

## WHAT WERE THE CHALLENGES AND HOW WERE THEY ADDRESSED?

- INS had limited experience in working with agencies of foreign governments (i.e., government-to-government), and mechanisms for collaboration and funding had to be developed.
- The SDT required INS staff to think in new ways. Previous assessment tools used by INS focused on how well procedures were being implemented or achievement of objectives.
- The SDT required staff to think in an integrated way – across organizational lines – and with rigor.
- While the 2017 SDT helped set the agenda for a couple of years, it is inevitable that priorities will change over time.

## RECOMMENDATIONS FOR OTHER NPHIS PLANNING TO USE THE SDT

- Having outside facilitators for the SDT was extremely helpful. Especially the first time the SDT is used, having a person or persons with SDT experience guide the process helps make it more efficient and productive.
- It is useful to be able to access experts to follow-up on identified priorities.
- Conducting the SDT in the framework of a broader vision helps maximize the commitment to and impact of the plans.
- Be flexible to incorporate new developments, including issues becoming more prominent globally and new platforms, into the long-term plans.

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