

18. Linkages with Subnational Public Health											
Basic			Developing			Advanced			Leading Edge		
1	2	3	4	5	6	7	8	9	10	11	12
Strategic Direction	The NPHI acknowledges the importance of including selected subnational priorities and capacities into account as it develops priorities and plans, but it rarely does so.		The NPHI is increasing outreach to subnational levels for collaboration in areas such as surveillance and health communication. It sometimes assists subnational levels to support joint priorities.			The NPHI involves subnational levels in establishing its priorities and provides strategic assistance in areas that are critical to the country's public health. Joint efforts include infectious diseases and, sometimes, other national priorities, such as noncommunicable diseases.			The NPHI and subnational levels align their strategic plans and detail how they will work together to address the country's major communicable and non-communicable conditions. Planning also addresses the optimal balance between centralized vs. distributed capacities, for example, related to laboratories.		
Systems	The NPHI provides limited materials, guidelines, and SOPs to subnational levels, including for core functions such as surveillance, laboratory work, and public health communication. National-subnational Information flow is largely ad hoc and rarely bidirectional.		Some systems are in place for routine data sharing, but most involve subnational levels providing data to the NPHI, and they often work poorly. Materials, guidelines, and SOPs for subnational levels are often outdated or incomplete.			The NPHI has systems to provide up-to-date materials, guidelines, and SOPs for subnational levels. The NPHI systematically consolidates subnational data, generates reports, and provides summaries for subnational use.			The NPHI's systems for supporting public health functions and information flow with subnational levels are models for other organizations. The NPHI systematically assesses subnational capacity and conducts training and uses other approaches to address gaps.		
Resources	The NPHI has limited staff and financial resources to support close relationships with subnational levels, with limited support even for core functions such as surveillance. The NPHI sometimes helps subnational levels during emergencies.		Resources for subnational linkages and support are growing, but the NPHI struggles to address all but the most essential requests for help. Provision of subnational information to the NPHI is increasing, but NPHI resources for providing tools and reports to subnational levels are limited.			Many NPHI programs and staff have ongoing bidirectional relationships and communication with subnational levels. The NPHI helps support routine subnational work, including training, for example, for labs or communication. It often helps in outbreaks and other emergencies.			The NPHI invests heavily in close ties with subnational levels. This includes multifaceted efforts, such as building subnational lab capacity and rapid response teams. The NPHI also helps subnational organizations mobilize external resources.		
Quality	The NPHI's relationships with subnational levels tend to be limited. The NPHI has difficulty providing high-quality, useful materials, guidelines, SOPs, and support for subnational levels.		The NPHI is starting to build good relationships with some subnational levels in some areas. NPHI guidance, materials, and other support for subnational levels is good in a limited number of areas, but quality in many areas needs improvement.			National-subnational relationships generally are good. The quality of NPHI materials, guidance, and support for subnational levels is generally high. This results in more high-quality work at subnational levels, which in turn contributes to high-quality NPHI efforts.			The NPHI frequently solicits feedback and conducts evaluations of its programs to ensure effective subnational public health systems and strong national-subnational relationships. Approaches and materials developed by the NPHI are models for other NPHIs.		
Engagement	NPHI staff relationships with subnational staff are limited. Frequent turnover of NPHI and subnational staff is a barrier to closer relationships.		NPHI staff interact regularly with subnational staff on a few specific issues, such as surveillance. On many issues, however, subnational levels find it hard to get the NPHI's attention.			The NPHI engages regularly with subnational levels on a wide range of topics. The NPHI encourages subnational input into plans and programs and responds to requests for assistance. Designated points of contact strengthen these relationships.			Subnational levels feel they are valued partners. They are involved in planning through implementation and evaluation of critical joint efforts, such as surveillance and prevention programs, making them among the most important partners for the NPHI.		
Impact	The country's public health performance is hindered by the lack of NPHI-subnational linkages.		The NPHI can cite a few examples where close NPHI-subnational linkages have improved public health, such as faster outbreak detection in some districts or provinces.			The NPHI has numerous specific examples where national-subnational linkages improved public health outcomes, including a few that relate to non-communicable conditions.			NPHI-subnational linkages and mutual support result in a well-coordinated public health system with demonstrable impact on routine and emergency functions that address most major causes of illness, disability, and death in the country.		

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. Revised 2024.