# SUB-NATIONAL UNIT (SNU) FUNCTIONALITY – GLOSSARY GUIDE

Rationale

The creation of a glossary of terms serves as a critical component in enhancing clarity and promoting a shared understanding among stakeholders. The rationale behind incorporating a glossary lies in the recognition of diverse backgrounds, expertise levels, and terminologies that may be present within a project or organizational context. By providing concise and well-defined explanations for key terms and concepts, the glossary acts as a reference guide, mitigating potential misunderstandings and fostering effective communication. Furthermore, it serves as a valuable resource for team members, ensuring that everyone involved in the project is on the same page and can navigate the document with ease. This not only streamlines communication but also contributes to the overall success of the endeavour by establishing a common language and facilitating seamless collaboration among stakeholders.

The guide is structured similarly to the assessment tool, depicted in Figure 1. Reference number and terms defined are provided for ease, so that users can look up terms in the assessment tool and finding corresponding definition and materials
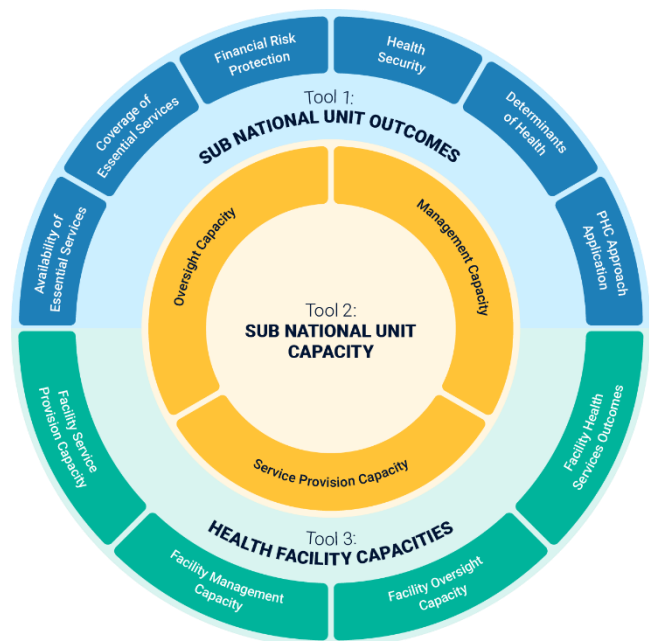
Tool 1: Questionnaire for Assessing the Level and Distribution of Health Outcomes Domains and Commonly Misunderstood Terms			
Reference Number	**Term**	**Description**	**Resources**
-	Sub-National Unit	An administrative division existing below the larger national hierarchy, this can vary per country but can be understood as the state, region, province, municipality, district, or county encompassing any division below the national level.	[WHO publication on the benefits of decentralization](#)
B	Universal Health Coverage (UHC)	Universal health coverage (UHC) means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care.	[WHO definition of UHC](#)
B1.1	Availability of essential services	The timely presence of vital public services such as healthcare, clean water, sanitation, and education that are accessible and provided to all individuals within a population, particularly in underserved or vulnerable communities.	[WHO publication on access and availability of essential services](#)
B2	Coverage of essential services	The average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population. This is meant to be indicative of service coverage and should not be interpreted as a complete or exhaustive list of the health services or interventions that are required to achieve universal health coverage.	[WHO guidance on essential service coverage](#)
B2.4	International Health Regulations Core Capacity Index	Assesses a country's readiness and capability to detect, respond to, and control public health risks and emergencies, based on specific essential capacities and benchmarks outlined by the WHO. The index compiles annual data, representing the average percentage of achievements across 13 core capacities, measured at a specific point in time: (1) National legislation, policy, and financing; (2) Coordination and National Focal Point communications; (3) Surveillance; (4) Response; (5) Preparedness; (6) Risk communication; (7) Human resources;	[IHR Core Capacity Index guidance](#)

		(8) Laboratory; (9) Points of entry; (10) Zoonotic events; (11) Food safety; (12) Chemical events; (13) Radio nuclear emergencies.	
B3	Financial Risk Protection	Financial protection is achieved when direct payments made to obtain health services do not expose people to financial hardship and do not threaten living standards. The key to risk protection is to ensure prepayment and pooling of resources for health, rather than relying on people paying for health services out-of-pocket at the time of use.	[WHO definition of financial protection](#) [AFRO Guidance on financial risk protection within the region](#)
C	Health Security	The activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries.	[WHO definition of health security](#)
C1	Organization and Leadership	Organizations and leadership are the frameworks, systems, funding structure, processes, coordination, enforcement, and management of the sub-national unit being assessed.	[Harvard Business School's guidance on effective organizational leadership](#)
C2.2	Biosafety and Biosecurity Regulations	The term "biosafety" is used to describe the containment principles, technologies and practices that are implemented to prevent unintentional exposure to biological agents or their accidental release in biomedical laboratories. The term "biosecurity" is used to describe the principles, technologies and practices that are implemented for the protection, control and accountability of biological materials and/or the equipment, skills and data related to their handling in biomedical laboratories. The aim of biosecurity measures is to prevent the unauthorized access, loss, theft, misuse, diversion or release of pathogenic biological agents.	[WHO definition of biosafety and biosecurity regulations](#)
C2.3	Point-of-Entry Regulations	Today's high traffic at points of entry (PoE) – airports, ports and ground crossings – can play a key role in the international spread of diseases through persons, conveyances and goods. Points of entry provisions in the International Health Regulations (IHR) (2005) outline obligations and recommendations that enable countries to better prevent, prepare	[WHO PoE guidance and regulations](#)

		for and respond to these public health risks occurring at PoE including conveyances.	
D	Determinants of Health	To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact. • the social and economic environment, • the physical environment, and • the person's individual characteristics and behaviors.	[WHO determinants of health definition](#)
D1	Social Determinants	The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. • Income and social protection • Education • Unemployment and job insecurity • Working life conditions • Food insecurity • Housing, basic amenities and the environment • Early childhood development • Social inclusion and non-discrimination • Structural conflict • Access to affordable health services of decent quality.	[WHO SDH definition](#)
D2	Economic/ Commercial Determinants	Commercial determinants of health are a key social determinant, and refer to the conditions, actions and omissions by commercial actors that affect health. Commercial determinants arise in the context of the provision of goods or services for payment and include commercial activities, as well as the environment in which commerce takes place. They can have beneficial or detrimental impacts on health.	[WHO commercial determinants definition](#)
D3	Environmental Determinants	Clean air, stable climate, adequate water, sanitation and hygiene, safe use of chemicals, protection from radiation, healthy and safe workplaces, sound agricultural practices, health-supportive cities and built environments, and a preserved nature are all prerequisites for good health.	[WHO environmental determinants definition](#)
D4	Political/Security Determinants	Political determinants involve the systematic process of structuring relationships, distributing resources, and administering power, operating simultaneously in ways that mutually reinforce or influence	[Oxford's Global Public Health Publication on](#)

		one another to shape opportunities that either advance health equity or exacerbate health inequities. They create the structural conditions and the social drivers—including poor environmental conditions, inadequate transportation, unsafe neighborhoods, poor and unstable housing, and lack of healthy food options—that affect all dynamics involved in health.	[political determinants of health](#)
D4.6	External Financing of Health	External sources compose of direct foreign transfers and foreign transfers distributed by government encompassing all financial inflows into the national health system from outside the country.	[WHO definition of external health expenditure](#)
E	Primary Health Care (PHC) Approach	Primary health care is a whole-of-society approach to effectively organize and strengthen national health systems to bring services for health and wellbeing closer to communities. It has 3 components: • integrated health services to meet people's health needs throughout their lives • addressing the broader determinants of health through multisectoral policy and action • empowering individuals, families and communities to take charge of their own health. Primary health care enables health systems to support a person's health needs – from health promotion to disease prevention, treatment, rehabilitation, palliative care and more. This strategy also ensures that health care is delivered in a way that is centred on people's needs and respects their preferences.	[WHO PHC approach guidance](#)
E1	Knowledge (capacity for local production and use)	Knowledge capacity for data-driven decision making goes beyond just gathering data; it encompasses the ability to transform collected data into practical insights, foster the application of these insights, and promote meaningful exchanges through networking and dialogue. It involves not only generating valuable knowledge from data but also creating an environment where this knowledge is effectively utilized and shared to inform informed and impactful decisions.	[Knowledge generation AFRO Presentation - July 2023](#)
E1.2	Biomedical Research	Basic biomedical research refers to the use of fundamental scientific principles in medical and biological research directed towards developing tools to detect, prevent or treat human disease. Basic biomedical research is commonly encountered in the discovery and exploratory stages of product/drug development.	[WHO guidance on quality practices in basic biomedical research](#)
E1.3	Implementation Research	The scientific study of the processes used in the implementation of initiatives as well as the contextual factors that affect these processes. It	[WHO practical guide to](#)

		can address or explore any aspect of implementation, including the factors affecting implementation (such as poverty, geographical remoteness, or traditional beliefs), the processes of implementation themselves (such as distribution of fully-subsidised insecticide-treated bednets (ITNs) through maternal health clinics, or the use of mass vaccination versus surveillance-containment), and the outcomes, or end-products of the implementation under study.

For example, basic research into new medicines typically involves no implementation issues, while ensuring that those medicines are available to the people who need them does. Implementation research often focuses on the strategies needed to deliver or implement new interventions here called 'implementation strategies', a term used to distinguish them from clinical and public health interventions. | implementation research in health |
| E1.4 | Priority Setting Team | A priority-setting team is a group of individuals responsible for evaluating various options, assessing their significance, and determining the order of importance or urgency in which these options should be addressed or allocated resources, often in contexts such as project planning, resource allocation, or policy development. | WHO publications describing experiences and approaches to setting priorities for health |
| E2 | Human Resources for Health | Human resources for health refer to the individuals, such as doctors, nurses, and other healthcare professionals, who are essential for the delivery of healthcare services and the functioning of healthcare systems. They play a critical role in providing medical care, promoting public health, and ensuring the overall well-being of communities. | WHO global strategy on HRH: workforce 2030 |
| E3 | Technology | In the health context, technology refers to the application of digital solutions and innovative tools that enhance and streamline processes across primary care facilities and hospitals, ensuring efficient management of healthcare services. It encompasses the digitalization of care processes, including e-consultations, to extend access to vital services in remote or underserved areas.

Additionally, technology involves implementing measures to guarantee the safety of medical products, such as medicines, vaccines, and diagnostics, used in the delivery of healthcare, contributing to improved patient outcomes and overall health system effectiveness. | WHO guidance on public digital health technology |
| E3.1 | Digital Solutions | Utilizing mobile and wireless technologies to enhance and streamline health processes. | WHO guidance on digital health |

E3.4	e-Consultations	A remote consultation between doctors or between doctors and patients can use a video link (a teleconsultation) or take place over the telephone, and it can occur at all levels of the system.	WHO guidance on remote consultations during the Covid-19 pandemic
E4.1	Social Measures (relating to financing)	A country's social policy framework to limit out of pocket expenditure, address fragmentation in risk pooling, and address barriers to health access. This can look like social insurance schemes, expanded risk pooling, unemployment insurance, pensions, employer benefits, or cash transfers.	WHO guidance on social protection initiatives and policies
E4.4	Out of Pocket Costs	This is a core indicator of health financing systems. It contributes to understanding the relative weight of direct payments by households in total health expenditures. High out-of-pocket payments are strongly associated with catastrophic and impoverishing spending. Thus it represents a key support for equity and planning processes.	WHO definition of OOP expenditure
E5	Empower Individuals and Communities	Community and individual empowerment refers to the process of enabling communities to increase control over their lives. It is more than just the involvement, participation or engagement of communities. It implies community ownership and action that explicitly aims at social and political change. Communication plays a vital role in ensuring community empowerment. Participatory approaches in communication that encourage discussion and debate result in increased knowledge and awareness, and a higher level of critical thinking. Critical thinking enables communities to understand the interplay of forces operating on their lives, and helps them take their own decisions.	WHO definition of community empowerment
E5.3	Community Accountability	Citizens' efforts at ongoing meaningful collective engagement with public institutions for accountability in the provision of public goods.	Health Policy Research and Systems publication on social accountability
E6	Alignment of Stakeholders to National Priorities	The coordination and agreement among various actors, including government agencies, organizations, and individuals, to collectively support and work towards achieving the goals and objectives set by the country.	UN guidance on strengthening multi-stakeholder dimension of

		This involves ensuring that the efforts, resources, and activities of different stakeholders are directed towards addressing key national challenges and sustainable development targets, fostering a cohesive and collaborative approach to driving positive societal change.	[national development planning and the SDGs (Serbia example)](#)

Tool 2: Questionnaire for Assessing the Functionality of the Sub-National Unit Domains and Commonly Misunderstood Terms			
Tool Reference Number	**Term**	**Description**	**Resources**
-	System Functionality	The capacity of the system to ensure access to quality essential services that are being demanded by beneficiaries, in both routine and emergency situations for the health and wellbeing of the community.	[AFRO SNU tool](#)
B1.1	Physical Access	Physical access to health services refers to the ease with which individuals can reach and utilize essential medical care, particularly in regions where long distances to health facilities, often outside major urban areas, create challenges in accessing basic healthcare. This concept goes beyond mere geographic distance, considering factors like the availability of services, the choice to use them, and the broader sociopolitical and contextual elements that influence healthcare accessibility, including mobility, region, and seasonal variations.	[AFRO roadmap for access 2019-2023](#)
B1.2	Financial Access	Financial access to health services refers to the ability of individuals to afford and utilize necessary medical care, encompassing factors like challenges in covering healthcare costs, the nature of health insurance, and the reliance on charitable and social services. This dimension exposes disparities in a health system's market-based approach, wherein individuals above the poverty line bear the financial risks of those less privileged. Fragmented insurance systems and varying benefit packages can lead to unequal healthcare access for different population groups, exacerbated by financial barriers created by the cost of new medical tools and medicines. Import dependency for medicines, combined with limited local production of generics, further contributes to elevated market prices and hindered accessibility.	[AFRO roadmap for access 2019-2023](#)
B1.2.4	Indigent User Identification	Indigent health user identification involves the systematic process of identifying and registering individuals who are economically	[BMJ publication on](#)

		disadvantaged and lack the financial means to access essential healthcare services. This procedure helps ensure that vulnerable populations, often living below the poverty line, receive appropriate medical care through targeted support, subsidies, or programs that aim to alleviate financial barriers to healthcare access. By identifying indigent health users, health systems can tailor their services and interventions to bridge gaps in healthcare accessibility and promote equitable health outcomes.	[characterisation screening tool of the rural indigent population in Burkina Faso](#)
B2.3	Socio-Cultural Access	Sociocultural access is determined by societal and cultural values that influence individuals' health-seeking behaviors and decision-making on health service provision in communities. Uneven distribution of responsibility or power within families' delays receiving necessitated health services, or even limits opportunities to get treated. Stigmatization associated with some types of illnesses place great barriers between populations and diagnostic services as well as treatments. Societal norms such as gender roles contribute to narrowing chances to access essential health services. Traditional or indigenous beliefs sometimes foster resistance to health promotion messages while creating confusion amongst populations by providing inadequate health consultation. The levels of health literacy and educational background are also drivers of service utilization.	[AFRO roadmap for access 2019-2023](#)
B2.3.1	Social Barriers	Social barriers to health in Africa refer to the complex array of societal factors, cultural norms, and systemic inequalities that impede individuals' access to quality healthcare services and hinder their overall well-being. These barriers encompass issues such as limited healthcare infrastructure, disparities in education and income, gender inequities, and cultural practices that may restrict healthcare-seeking behaviors, contributing to unequal health outcomes across diverse population groups in the region.	[NIH publication on key barriers to healthcare in the African region](#)
B2	Quality of Care	The degree to which health services for individuals and populations increase the likelihood of desired health outcomes. Quality health services should be: • Effective – providing evidence-based healthcare services to those who need them; • Safe – avoiding harm to people for whom the care is intended; and	[WHO definition of quality of care](#)

		• People-centred – providing care that responds to individual preferences, needs and values.	
B2.1	User Experiences	User experiences in health encompass individuals' perceptions, feelings, and interactions related to their encounters with healthcare services and systems. These experiences reflect the quality, accessibility, and effectiveness of care, as well as factors like communication, patient-centeredness, and the overall impact on well-being. Understanding user experiences provides insights for improving healthcare delivery and tailoring services to better meet the needs and preferences of patients and healthcare consumers.	[Publication on patient-centered care and people-centered health systems in sub-Saharan Africa](#)
B2.1.3	User Confidentiality	User confidentiality and privacy in health refers to the fundamental right and ethical obligation to safeguard the personal information, medical history, and sensitive data of individuals seeking healthcare services, ensuring that their personal details are securely managed, shared only with authorized parties, and protected from unauthorized access or disclosure. This principle is essential for fostering trust, preserving patient autonomy, and maintaining the confidentiality of sensitive health-related information.	[WHO guidance on the protection of personal data in health information systems](#)
B2.2	User Safety	Patient Safety is a health care discipline that emerged with the evolving complexity in health care systems and the resulting rise of patient harm in health care facilities. It aims to prevent and reduce risks, errors and harm that occur to patients during provision of health care. A cornerstone of the discipline is continuous improvement based on learning from errors and adverse events. Patient safety is fundamental to delivering quality essential health services. Indeed, there is a clear consensus that quality health services across the world should be effective, safe and people-centred. In addition, to realize the benefits of quality health care, health services must be timely, equitable, integrated and efficient.	[WHO definition of patient safety](#)
B2.2.3	Vigilance and Awareness Initiatives	Health vigilance and awareness initiatives involve targeted campaigns and activities that encourage individuals and communities to stay attentive to their health, recognize potential health risks, and adopt proactive measures. These efforts aim to educate and empower people, enabling them to make informed decisions about their well-being and promoting early	[WHO global health awareness days](#)

		detection of health issues. By fostering a culture of vigilance and informed awareness, these initiatives contribute to improved health outcomes and overall community health.	
B2.2.5	8 Common Causes of Poor Safety	The 8 common causes of poor safety: (1) medical errors, (2) health care associated infections, (3) unsafe surgical procedures, (4) unsafe injections, (5) diagnostic errors, (6)unsafe transfusions, (7) sepsis (8) blood clots	[WHO patient safety - the burden of harm](#)
B2.3	Effectiveness of Care	Providing evidence-based healthcare services to those who need them	[WHO guidance on quality of care](#)
B2.3.1	Functional Therapeutics Committee	Specialized teams or groups within healthcare organizations that are responsible for evaluating, guiding, and optimizing the use of therapeutic interventions, medications, and medical treatments. These committees typically comprise healthcare professionals with expertise in various disciplines, who collaborate to ensure evidence-based decision-making, safe prescribing practices, and efficient allocation of resources in the realm of medical treatments. Their primary focus is to enhance patient care by fostering informed and judicious therapeutic choices while considering factors such as efficacy, safety, cost-effectiveness, and patient preferences.	[WHO practical guide to drug and therapeutics committees](#)
B2.3.2	Clinical Audits	Audits are a key component of clinical governance, which aims to ensure that the patients receive high standard and best quality care. It is important that health professionals are given protected and adequate time to perform clinical audits. Clinical audit runs in a cycle and aims to bring about incremental improvement in health care. Guidelines and standards are set according to perceived importance and performance is then measured against these standards.	[WHO guidance on clinical audits](#)
B3.2	Health Seeking Behaviors	Health seeking behaviors encompass the actions individuals take when they perceive themselves to be unwell, aimed at finding appropriate remedies for their health problems. It includes seeking formal medical care or engaging with specific medical channels, influenced by factors such as socio-economic status, access to services, and perceived service quality, which can impact health outcomes and overall well-being.	[NIH publication on factors influencing health-seeking behavior in Nigeria](#)

B4.1	Targeted Resilience	A focused and tailored approach to enhancing the ability of individuals or systems to effectively navigate and recover from specific health challenges or disruptions. It involves the identification and implementation of precise strategies, resources, and interventions that address the unique vulnerabilities and needs of a particular context, thereby strengthening the capacity to withstand and adapt to adverse health events while minimizing negative impacts.	[AFRO publication on the resilience of health systems across countries](#)
B4.1.1.3	Antimicrobial Resistance (AMR)	Antimicrobial resistance (AMR) threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi. AMR occurs when bacteria, viruses, fungi and parasites change over time and no longer respond to medicines making infections harder to treat and increasing the risk of disease spread, severe illness and death. As a result, the medicines become ineffective and infections persist in the body, increasing the risk of spread to others. Antimicrobials - including antibiotics, antivirals, antifungals and antiparasitics - are medicines used to prevent and treat infections in humans, animals and plants. Microorganisms that develop antimicrobial resistance are sometimes referred to as "superbugs".	[WHO definition of AMR](#)
B4.1.1.4	Food Safety Regulations	Food safety is an area in which there is both an individual and governmental role. As individuals we need to store, prepare and cook food in a hygienic manner. However, the food supply chain has become more complex. There are now growers, manufacturers, distributors, wholesalers and retailers creating a formal food supply and frequently many additional components creating an informal system. It is the role of governments to ensure that the supply chain operates in a manner which does not put health of the ultimate consumer at risk.	[WHO guidelines on food safety and nutrition food laws](#)
B4.1.2.1	Zoonotic disease	A zoonosis is an infectious disease that has jumped from a non-human animal to humans. Zoonotic pathogens may be bacterial, viral or parasitic, or may involve unconventional agents and can spread to humans through direct contact or through food, water or the environment. They represent a major public health problem around the world due to our close relationship with animals in agriculture, as companions and in the natural environment. Zoonoses can also cause	[WHO definition of zoonotic diseases](#)

		disruptions in the production and trade of animal products for food and other uses. Zoonoses comprise a large percentage of all newly identified infectious diseases as well as many existing ones. Some diseases, such as HIV, begin as a zoonosis but later mutate into human-only strains. Other zoonoses can cause recurring disease outbreaks, such as Ebola virus disease and salmonellosis. Still others, such as the novel coronavirus that causes COVID-19, have the potential to cause global pandemics.	
B4.1.3.3	Medical Countermeasures and Personnel Deployment	Medical countermeasures involve the strategic development, procurement, and distribution of pharmaceuticals, vaccines, and other medical interventions to effectively prevent, mitigate, or respond to public health threats, such as infectious disease outbreaks or chemical incidents. Personnel deployment refers to the systematic planning and swift allocation of healthcare workers, including clinical professionals and support staff, to areas experiencing health emergencies, ensuring rapid and targeted response to enhance local capacity and minimize the impact of the crisis.	[WHO framework on medical countermeasures and personnel deployment](#)
B4.1.4.2	Emergency Operations Coordination Centre	A physical location for the coordination of information and resources to support incident management activities. Such a centre may be a temporary facility, or may be established in a permanent location.	[WHO framework for a public health emergency operations centre](#)
B4.1.4.4	Monitor, Manage, and Report Radiation Emergencies	Non-routine situations or events that require a prompt action to mitigate a radio-nuclear hazard or its adverse consequences for human life, health, property or the environment. Nuclear emergencies involve release of the energy resulting from a nuclear chain reaction or from the decay of the products of chain reaction (e.g. nuclear power plant accidents such as Chernobyl and Fukushima accidents). Radiological emergencies are situations involving a radiation exposure from a radioactive source. When referring to an emergency situation regardless of its type, "radiation emergency" term is often used. Radiation emergencies may result from misuse of radioactive sources during industrial, medical or research applications, accidental exposure to uncontrolled (abandoned, lost or stolen) radiation sources, accidents	[WHO guidance on radiation emergencies](#)

		during transport of radioactive materials, but also can be combined with conventional emergencies (a fire or a release of chemical substances), natural disasters, military conflicts, or malicious acts involving radiation sources.	
B4.2	Inherent Resilience	Refers to the built-in capacity and characteristics of a healthcare infrastructure to effectively absorb, adapt, and recover from disruptions, such as shocks, emergencies, or changing circumstances, while maintaining its core functions and delivering essential health services to the population. This includes the system's ability to anticipate, respond to, and mitigate challenges through its internal structures, processes, and resources, ultimately contributing to sustained performance and improved health outcomes.	[AFRO publication on the resilience of health systems across countries](#)
B4.2.1.3	Functional Surveillance Network	Functional surveillance networks are systematic and organized systems that involve various levels of public health practitioners reporting accurate, timely, and reliable data to national authorities and donors, enabling effective responses to communicable disease outbreaks and securing funding. These networks also facilitate the local utilization of surveillance information to address and resolve issues related to the control of communicable diseases, aligning with global health security goals and the International Health Regulations.	[WHO framework for evaluating surveillance and response systems (communicable diseases)](#)
B4.2.1.4	Simulation Exercises in Response to Potential Shock Events	The purpose of a simulation exercise is to validate and enhance preparedness and response plans, procedures and systems for all hazards and capabilities. WHO defines different types of exercises, including discussion-based table top exercises as well as operations-based exercises such as drills, functional exercises and field/full scale exercises. Specifically, simulation exercises aim to: 1. Review and assess planning assumptions, procedures, operational plans and guidelines and standard operating procedures; 2. Assess and test interoperability between these plans and procedures; 3. Reveal planning weaknesses and resource gaps; 4. Improve coordination and collaboration; 5. Clarify roles and responsibilities; 6. Practice and clarify chain of command; 7. Develop knowledge and skills for emergency response operations;	[WHO guidance on simulation exercises](#)

		8. Familiarize staff with new functions and equipment; 9. Gain recognition and trust in the emergency management processes.	
B4.2.2.3	Health Facility Micro-Plans	Health facility microplanning is the meticulous process of developing detailed operational plans at the local level, outlining specific actions, resources, and timelines to efficiently deliver healthcare services and respond to health challenges within a given facility's jurisdiction.	WHO microplanning guidance example for immunization service delivery at the district level
B4.2.3	Versatility and Self-Regulation	Versatility in this context refers to the ability of primary care facilities to adapt and respond effectively to a range of health threats or crises by leveraging their epidemiology and technical skills for identification and isolation of such threats. Self-regulation involves health facility staff proactively reallocating resources, following established procedures, to ensure essential services, protect personnel and infrastructure, and efficiently coordinate additional capacities during potential health threats or shock events.	Publication on adaptive self-regulation: a process review of managerial effectiveness
B4.2.4	Mobilization and Deployment Capacity	Mobilization in the context of district health systems refers to the organized activation of resources, both financial and human, to support and implement healthcare initiatives. Development capacity pertains to the district's ability to plan, manage, and execute sustainable health programs, encompassing factors such as infrastructure, skilled personnel, funding, and administrative frameworks that collectively contribute to the district's healthcare advancement and resilience.	Lancet commissioned publication on approaches for mobilization and allocation of resources for PHC in Ethiopia
B4.2.4.1	Functional Mechanisms for Communication with Stakeholders	The structured channels and processes through which timely and accurate information is exchanged between local health authorities, community representatives, healthcare providers, and external partners. These mechanisms facilitate collaborative decision-making, resource allocation, and the dissemination of health-related data, ensuring transparent engagement, alignment of priorities, and effective coordination to address healthcare challenges within constrained resource environments.	Publication on community voice and role in district health systems in east and southern Africa
B4.2.5	Transformation Capacity	The capacity of individuals and organizations to be able to both transform themselves and their society in a deliberate, conscious way. This includes the capacity to imagine, enact, and sustain a transformed world.	NIH publication on subnational management capacity and health system

			performance focused on primary healthcare in Ethiopia
B4.2.5.2	Absorption of Resources and Skills Mobilized	Refers to the effective utilization and integration of financial, technical, and human resources provided by external partners or organizations. It entails the capacity of the recipient district's ability to efficiently manage and apply these resources, including funds, expertise, and knowledge, towards achieving sustainable improvements in healthcare systems, services, and outcomes.	USAID publication on improving health budget execution and resource absorption
B4.2.5.4	Comprehensive Recovery Planning	Comprehensive recovery planning in the context of district health refers to a strategic and holistic approach aimed at restoring and enhancing health systems and services following a disruptive event or crisis. It involves assessing the impact, coordinating resources, and implementing coordinated actions to rebuild healthcare infrastructure, restore patient care, and strengthen the overall health resilience of the district community.	WHO Guidance on preparing for national response to health emergencies and disasters
C1	Structure	Structure refers to the organizational arrangement of roles, responsibilities, hierarchies, and reporting relationships within the district health management system. An effective structure ensures that roles are clearly defined, and decision-making processes are streamlined to enhance communication and coordination among various healthcare units.	AFRO Publication on Change Management using McKinsey's 7S model
C1.1	Centre of Excellence	Specialized programs within healthcare institutions which supply exceptionally high concentrations of expertise and related resources centered on particular medical areas and delivered in a comprehensive, interdisciplinary fashion—afford many advantages for healthcare providers and the populations they serve. To achieve full value from centers of excellence, proper assembly is an absolute necessity, but guidance is somewhat limited. This effectively forces healthcare providers to pursue establishment largely via trial-and-error, diminishing opportunities for success.	NIH publication on centres of excellence in healthcare institutions: what they are and how to assemble them
C2	Strategy	This refers to the overarching plan or approach that guides the district health management system. It encompasses the long-term goals, objectives, and the methods chosen to achieve them. In the context of healthcare, it involves defining how the district health system will provide services, allocate resources, and respond to healthcare needs.	AFRO Publication on Change Management using McKinsey's 7S model
C3	Systems	Systems refer to the processes, procedures, and workflows that govern the daily operations of the district health management system. This	AFRO Publication on Change

		includes how patient care is delivered, how data is collected and analyzed, how resources are allocated, and how information is shared among different departments.	[Management using McKinsey's 7S model](#)
C3.1	Supportive Supervision	A process of helping staff to improve their own work performance continuously. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits as an opportunity to improve knowledge and skills of health staff. Supportive supervision encourages open, two-way communication, and building team approaches that facilitate problem-solving. It focuses on monitoring performance towards goals, and using data for decision-making, and depends upon regular follow-up with staff to ensure that new tasks are being implemented correctly.	[WHO guidance on supportive supervision for mid-level management training](#)
C4	Style	Style refers to the leadership and management approach adopted within the district health management system. It influences how decisions are made, how conflicts are resolved, and how communication flows. A leadership style that fosters collaboration, open communication, and shared decision-making can enhance the overall functioning of the health system.	[AFRO Publication on Change Management using McKinsey's 7S model](#)
C4.1	Strategic Leadership Attributes	Strategic leadership attributes encompass the qualities and skills that enable leaders to guide organizations toward long-term success and adapt to dynamic environments. These attributes involve a clear understanding of the organization's vision, the ability to formulate innovative and forward-looking strategies, effective decision-making based on a thorough analysis of internal and external factors, and the capacity to align resources and teams to achieve strategic goals. Strategic leaders exhibit a combination of visionary thinking, analytical acumen, adaptability, and the skill to inspire and mobilize their teams toward a shared and sustainable future.	[Harvard Business Review's overview of strategic leadership](#)
C4.2	Transactional Leadership Attributes	Transactional leadership is a leadership style centered around exchanges between leaders and followers, where leaders provide rewards or punishments in exchange for compliance and performance. Its attributes include a focus on task-oriented goals, clear role expectations, well-defined structures, and the use of contingent rewards to motivate and manage followers' behavior. Transactional leaders establish and enforce rules, monitor performance closely, and offer tangible incentives to drive desired outcomes and maintain order within the organization.	[Publication on the effects of transformational and transactional leadership on employees' creative behavior: mediating effects of work motivation and job satisfaction](#)

C4.3	Democratic Leadership Attributes	Democratic leadership encourages creativity and collaboration by valuing diverse perspectives and fostering innovative ideas within teams. Regular feedback is actively sought, demonstrating an appreciation for input and collective problem-solving. These leaders prioritize teamwork, offering consistent support and guidance to ensure project success, while allowing flexibility for individual approaches. Transparency and open communication build trust, strengthening the organizational culture, and enabling leaders to make informed decisions based on shared insights.	National Society of Leadership and Success definition
C4.4	Transformational Leadership Attributes	Transformation leadership goes beyond the top leader. The most effective transformation leaders inspire their colleagues to go places they otherwise wouldn't go, create and communicate a compelling case for change, and are role models for the behavior they want to see throughout the organization.	McKinsey guidance on transformational leadership
C5	Skills	Skills encompass the competencies, capabilities, and expertise of the healthcare workforce within the district health management system. It includes the technical skills of healthcare providers, as well as leadership and management skills required for effective decision-making and collaboration.	AFRO Publication on Change Management using McKinsey's 7S model
C6	Staff	Staff represents the human resources within the district health management system. This includes healthcare professionals, administrative staff, and support personnel. Ensuring the right people with the appropriate skills and values are in place is essential for delivering quality healthcare services and achieving positive health outcomes.	AFRO Publication on Change Management using McKinsey's 7S model
C7	Shared Values	Shared values represent the core beliefs, norms, and principles that guide the behavior and actions of individuals within the district health management system. These values help create a common organizational culture that supports the pursuit of healthcare goals and the provision of quality services.	AFRO Publication on Change Management using McKinsey's 7S model
D1.1	Decentralization Legal Framework	A decentralization legal framework refers to the establishment of legal structures that empower subnational governments to fund a significant portion of their expenses through local revenue sources, enhancing their accountability to citizens and potentially improving the performance of their jurisdictions. Decentralization fosters natural experiments and innovation, driving regions to compete politically by introducing novel services or initiatives to attract voters.	NIH publication on the effects of health sector fiscal decentralization on availability, accessibility, and utilization of healthcare services

D4	Technical Accountability	Mechanisms to ensure answerability of health leadership to the health agenda	BMJ publication on accountability mechanisms and the value of relationships: experiences of front-line managers at subnational level in Kenya and South Africa
D4.1	Quarterly Reviews	A quarterly review is a process that is initiated when managers and other stakeholders pause to assess how the district health management team has performed during a given period of time. A quarterly review is an integral part of the annual DHMT cycle. It is a form of monitoring that aims to provide feedback on performance of a DHMT to inform planning and improve implementation. Quarterly reviews build on routine monitoring and evaluation.	WHO example guidance on conducting quarterly and annual reviews (specific to HIV, but relevant to DHMTs)
D4.2	Annual Performance Monitoring	A tool for evaluating the delivery of personal health care services and for examining population-based activities addressing the health of the public. This attention to performance monitoring is related to several factors, including concerns about ensuring the efficient and effective use of health care dollars in providing high-quality care and achieving the best possible health outcomes.	NIH publication on the use of performance monitoring to improve community health
D4.3	Real-Time Health Intelligence on State of Service Provision Capacity	Real-time health intelligence on the state of service provision capacity refers to the continuous and up-to-the-minute monitoring, analysis, and reporting of a healthcare system's ability to deliver medical services. This involves collecting and processing real-time data on factors such as available healthcare facilities, medical personnel, equipment, and supplies, as well as patient flow and demand. The goal is to provide timely insights to decision-makers, enabling them to make informed adjustments and allocate resources effectively to ensure optimal healthcare service delivery.	Journal publication of impact of big data analytics on health
D4.4	Strategic Review of Sector	Health sector reviews refer to comprehensive assessments and evaluations of all aspects of a healthcare system, including its structure, performance, policies, resources, and outcomes. These reviews involve the analysis of healthcare service delivery, workforce management, infrastructure, financing mechanisms, and regulatory frameworks, with	AFRO Health sector reviews

| | | the aim of identifying strengths, weaknesses, and areas for improvement within the healthcare sector.

The insights gained from health sector reviews help inform policy decisions, guide resource allocation, and facilitate the development of strategies to enhance the overall effectiveness, accessibility, and quality of healthcare services. | |
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| D5 | Social Accountability | Social accountability is defined as an approach toward building accountability that relies on civic engagement, i.e., in which it is ordinary citizens and/or civil society organizations that participate directly or indirectly in exacting accountability. In a public sector context, social accountability refers to a broad range of actions and mechanisms that citizens, communities, independent media and civil society organizations can use to hold public officials and public servants accountable.

These include, among others, participatory budgeting, public expenditure tracking, monitoring of public service delivery, investigative journalism, public commissions and citizen advisory boards. These citizen-driven accountability measures complement and reinforce conventional mechanisms of accountability such as political checks and balances, accounting and auditing systems, administrative rules and legal procedures. | [World Bank definition of social accountability](#) |
D5.1	Health Summit	A health summit is a focused and often high-level gathering of key stakeholders, experts, policymakers, and industry leaders within the healthcare sector. It provides a platform for in-depth discussions, knowledge sharing, and collaboration on critical health-related issues, strategies, and initiatives aimed at improving healthcare delivery, policies, and outcomes.	
D6	Legal & Regulatory Mechanisms	Required formal and informal instruments that give mandate to act.	[WHO Health Law overview](#)
D6.1	Health Acts	Health Acts are legislative frameworks designed to govern various aspects of healthcare, including the provision of medical services, the administration of the health workforce, the establishment of healthcare infrastructure, and the regulation of medical product usage. These acts outline the rights and responsibilities of healthcare stakeholders, define standards of care, and establish regulatory mechanisms to ensure the quality, accessibility, and safety of healthcare services and products within a given jurisdiction. They play a vital role in shaping the healthcare landscape by setting guidelines for service delivery, resource allocation, and public health management.	[WHO Health Law overview](#)

D7	Stakeholder Engagement	Stakeholders are defined as groups who affect and/or could be affected by an organization's activities, products or services and associated performance. This does not include all those who may have knowledge of or views about the organization. Organizations will have many stakeholders, each with distinct types and levels of involvement, and often with diverse and sometimes conflicting interests and concerns.

Stakeholder Engagement is defined as the process used by an organization to engage relevant stakeholders for a purpose to achieve accepted outcomes. | Deloitte's definition of stakeholders and stakeholder engagement |
| D7.1 | Partnership Instrument | Partnership instruments refer to legal agreements or formal documents that outline the terms, responsibilities, and obligations between two or more parties engaged in a partnership arrangement. These instruments establish the framework for collaboration, resource sharing, profit distribution, decision-making, and risk allocation, ensuring clarity and accountability among partners within the business or organizational context. Partnership instruments can take various forms, such as partnership agreements, joint venture contracts, or memorandum of understanding (MOUs). | WHO partnership overview - framework to guide assessment of engagement with partners |
| D7.2 | Public-Private Partnerships | PPPs are long-term contracts between private and public entities to provide health facilities, equipment or services.

Public-private partnerships (PPPs) are a mechanism for government to procure and implement public infrastructure and/or services using the resources and expertise of the private sector. Where governments are facing ageing or lack of infrastructure and require more efficient services, a partnership with the private sector can help foster new solutions and bring finance. | WHO report on actions for governments to optimize public-private partnerships for health

World Bank definition of PPP |
| D8 | Integrity & Public Confidence | Integrity is essential for building strong institutions and assures citizens that the government is working in their interest, not just for the select few. Integrity is not just a moral issue, it is also about making economies more productive, public sectors more efficient, societies and economies more inclusive. It is about restoring trust, not just trust in government, but trust in public institutions, regulators, banks, and corporations. | OECD recommendation on public integrity |