

## Examples of implementation strategies to address different types of barriers

Level	Barriers and enablers		Examples of implementation strategies
Recipients of care	Knowledge and skills	Recipients of care may have varying degrees of knowledge about the healthcare issue or the intervention, or may not have the skills to apply this knowledge. E.g. People may be unaware that family planning services are available at their local clinic or may not have the skills to prepare oral rehydration therapy when its use has been recommended	Disseminate information that is reliable and accessible; e.g. using the mass media or community health workers
	Attitudes regarding programme acceptability, appropriateness and credibility	Recipients of care may have opinions about the healthcare issue and the intervention, including views about the acceptability and appropriateness of the intervention and the credibility of the provider and the healthcare system. E.g. People may not agree with the choice of intervention or may not trust the reasons behind it	Disseminate information regarding the size of the problem, including relevant comparisons, or about the rationale for the health intervention and how it works. Consider alternative interventions, if there are well founded objections to the intervention.
	Motivation to change or adopt new behaviour	Recipients of care may have varying degrees of motivation to change behaviour or adopt new behaviours. E.g. they may be more or less motivated to seek care	Disseminate information that is designed to motivate people to, for example, seek care; use financial or material incentives
Providers of care	Knowledge and skills	Providers may have varying degrees of knowledge about the healthcare issue or the intervention, or may not have the skills to apply this knowledge. E.g. health workers may be unaware of guidelines on tuberculosis treatment or may not have received training in the implementation of these guidelines	Disseminate educational materials. Educational meetings or outreach visits
	Attitudes regarding programme acceptability, appropriateness and credibility	Providers may have opinions about the healthcare issue and the intervention, including views about the acceptability and appropriateness of the intervention and the credibility of the provider and the healthcare system. E.g. health workers may not agree with the choice of intervention or may not trust the reasons behind it	Disseminate information regarding the size of the problem, including relevant comparisons, or about the rationale for the health intervention and how it works; use opinion leaders. Consider alternative interventions, if there are well founded objections to the intervention.

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	Motivation to change or adopt new behaviour	Providers may have varying degrees of motivation to change behaviour or adopt new behaviours. E.g. they may be more or less motivated to take on new tasks	Disseminate information that is designed to motivate health workers to change their practice; financial or other incentives; reduce the burden of changing practices
Other stakeholders (including other healthcare providers, community health committees, community leaders, programme managers, donors, policy makers and opinion leaders)	Knowledge and skills	Other stakeholders may have varying degrees of knowledge about the healthcare issue or the intervention, or may not have the skills to apply this knowledge. E.g. a community leader may have insufficient knowledge of the benefits of exclusive breastfeeding or may not feel skilled in running community meetings to promote infant care	Targeted dissemination of tailored educational materials. Educational meetings or outreach visits
	Attitudes regarding programme acceptability, appropriateness and credibility	Other stakeholders' may have opinions about the healthcare issue or the intervention, including views about the acceptability and appropriateness of the intervention and the credibility of the provider and the healthcare system. E.g. stakeholders may not agree with the choice of intervention because of competing interests or priorities	Exposure of conflicts of interest; declaration and management of conflicts of interest in policy development processes; more systematic and transparent priority-setting processes; provision of evidence of the size of the problem and relevant comparisons. Consider alternative interventions, if there are well founded objections to the intervention.
	Motivation to change or adopt new behaviour	Other stakeholders may have varying degrees of motivation to change behaviour or adopt new behaviours. E.g. programme managers may not be motivated to deliver supervision to remote clinics	Targeted dissemination of information that is designed to motivate; modification of incentives or disincentives
Health system constraints	Accessibility of care	The accessibility of healthcare facilities may affect implementation of the option, for instance because of financial (user fees), geographic (distance to clinic), or social (access for certain ethnic groups) factors	Reduce financial, physical or other barriers to care
	Financial resources	Additional financial resources may be needed to implement the option	Strategies for generating the necessary resources or reducing the cost of implementing the option
	Human resources	An increased supply or distribution of health workers may be needed to implement the option	Task shifting; training and support; adjustment of incentives to recruit and retain health workers where they are needed
	Educational system	The educational system for health workers may need to be modified	Change training programmes or develop new training programmes
	Clinical supervision	Health workers may require more supervision than is currently provided to implement the option	Train people who can provide training and support; ensuring appropriate incentives are in place for supervisors; formal agreements and arrangements for monitoring

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	Internal communication	Changes in communication between different levels of the health system or between the health and social care systems may be needed to implement the option	Structured referral sheets, involvement of consultants in primary care educational activities
	External communication	Changes in communication between health workers and recipients of care needs may be needed to implement the option	Tailored patient information; outreach by community health workers; provide training to health workers to improve their communication with patients
	Allocation of authority	Changes may be needed regarding the levels or individuals that have the authority to make decisions	Decentralisation, recentralisation or reallocation of authority to make relevant decisions
	Accountability	Changes may be needed so that those with the authority to make decisions are accountable for the decisions they make	Increased transparency; formal agreements regarding accountability; systems for appropriate monitoring and supervision
	Management and / or leadership	Adequately trained managers or sufficient leadership may be needed to implement the option	Training, support and supervision of managers; provision of tools to improve management. Identification of effective leaders; engagement of opinion leaders; establishment of leadership systems
	Information systems	Adequate information systems to assess and monitor needs, resource use, and utilisation of targeted services may be needed to implement the option	Improvements in information systems; appropriate incentives for recording important information; feedback to health workers on the information collected
	Facilities	Adequate supply and distribution of necessary supplies and equipment to facilities, and maintenance of these facilities, may be needed to implement the option	Improvements in facilities and distribution of supplies; new facilities; improved management and use of existing facilities
	Patient flow processes	Adequate processes for outreach and receiving, referring and transferring patients may be needed to implement the option	Redesign of processes to facilitate appropriate and efficient utilisation of services
	Procurement and distribution systems	Adequate systems for procuring and distributing drugs and other supplies may be needed to implement the option	Improvements in distribution systems; better management of distribution systems; appropriate incentives for improvements
	Incentives	Reimbursement systems for patients, health workers or others may need to be structured to facilitate rather than hinder implementation of the option	Changes in how providers or patients are reimbursed; reduction of financial disincentives; use of financial or other incentives

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	Bureaucracy	Paperwork and procedures may need to be structured to facilitate rather than hinder implementation of the option	Elimination of unnecessary paperwork
	Relationship with norms and standards	Current norms and standards of practice need to be in line with the relevant option	Engagement of opinion leaders; consensus processes; establishment of or changes to professional standards
Social and political constraints	Ideology	Ideological beliefs (e.g. in 'free markets') may affect implementation of the option	Systematic and transparent approaches to using evidence to inform decisions; more transparent decision-making processes
	Short-term thinking	Implementation of the option may be opposed if its benefits are likely to occur beyond the time horizon of decision makers (e.g. after the next election)	More systematic and transparent approaches to making judgements about the pros and cons of options; more transparent decision-making processes; incentives for focusing on longer term outcomes
	Contracts	Contracts with service providers or enforcement of contracts may not be adequate to ensure implementation of the option or the types of effective care at which it is targeted	Improvements in contracts, including provision for enforcement
	Legislation or regulation	Changes to legislation or regulations, including those that are general (e.g. regulating government contracts, regulating working conditions) and those that are specific to the health system (e.g. licensing health professionals) may be needed	Modify the option so that it is not in conflict with legislation or regulations or modify conflicting legislation or regulations
	Donor policies	Donor policies and programmes may influence implementation	Negotiations with donors; reduce dependency on donors; establishment of collaborative working arrangements with donors and across different donor agencies
	Influential people	The opinions of influential people may influence the option or the types of effective care at which it is targeted	Engagement of opinion leaders in policy development processes; engage opinion leaders in open and structured discussion of the evidence
	Corruption	Corrupt behaviour by decision makers or others may influence implementation	Increase transparency and accountability; decrease incentives or factors that motivate corruption
	Political stability	Political instability may influence implementation	Engagement of more stable organisations (e.g. NGOs and donors) in policy development and implementation processes