

presented and discussed in plenary on the second day of the meeting. Details of the group work are available at [ftp://ftp.who.int/pub/Outgoing/CORE\\_GUIDELINES\\_GROUP-HRH](ftp://ftp.who.int/pub/Outgoing/CORE_GUIDELINES_GROUP-HRH)

Some of the recommendations were agreed during the meeting but others need to be rewritten to make them more actionable and specific to transforming and/or scaling up health professional education. Votes were taken on the recommendations for the PICO questions on the agenda related to:

- accreditation
- faculty development (however, a PICO question on increasing the number of faculty is missing as is a recommendation on how to develop more effective teachers in terms of transforming education)
- regulation
- interprofessional education
- continuous professional development
- career ladders (the Core Group agreed on a recommendation related to career ladders whereas educational ladders will be included in the section on direct entry)

Two of the 10 working groups – financing and admission procedures – discussed a policy brief and literature review respectively, rather than PICO questions with decision tables. Even though there were no PICO questions, the Core Group thinks these are critical areas that need a place in the guidelines.

It was agreed that some PICO questions and their decision tables need further work and/or major revisions before the Core Group can decide on the recommendation. These are:

- direct entry (this needs a systematic review because the evidence is not related to the PICO question)
- ICT (there were major concerns about the current focus on high-end simulation)
- curricula reform (this issue was not discussed at the meeting as the decision tables had not been completed. This is being planned with the team leader for HRH in the WPRO region by mid April)

These three issues are not included in the summaries below. Decision tables and suggested recommendations will be shared with the Core Group as soon as possible and voting on the additional recommendations and the strength of the recommendations will be done electronically.

#### Voting

As part of the guidelines review process the group is required to vote on recommendations and on the strength of the recommendations they make. This procedure was duly followed and is included in the outcome of the discussions below. No one voted against any of the recommendations.

#### Working Group 1: Accreditation

**Recommendation:** Accreditation of health professional education should be introduced. If a country has a health professions educational institutions accreditation system(s), the system(s) should be reviewed relative to established professional guidelines for accreditation. If a country does not have a health professions educational institutions accreditation system(s), an accreditation system(s)

should be developed with reference to established professional guidelines for accreditation. In both instances, accreditation should include attention to addressing population needs, provide holistic health professional education, and be concerned with health workforce needs.

Vote: 24 in favour of a strong recommendation; 12 in favour of a conditional recommendation.

Strong historical and limited current evidence suggests that accreditation is an important quality improvement and assurance mechanism for health professions schools. Moreover, accreditation can be a strong building block in effecting the relevance of a county's health workforce in meeting population health needs. Lastly, accreditation can promote social responsibility in terms of institutions addressing population needs.

Sets of accreditation process standards have been developed. International professional groups such as ICN, ICM, WFME should discuss these so that a set of global standards can be developed. Among other things, accreditation must be based on standards, it must be supported by legislation, and it should be done independently. The process should be transparent and the system and process should be periodically evaluated.

Group 1 noted page 18 of accreditation policy brief for additional considerations.

Research priorities should concentrate on: success in addressing population health issues in the accreditation process; the impact on educational institutions and the graduates they prepare; and comparative studies on the process of accreditation, using criteria such as purpose, cost, transparency and social accountability.

Working Group 2: Faculty development

**Recommendation:** Governments, funders and accrediting bodies should implement higher education policies for mandatory faculty development programmes that are aligned with the goal of relevant health professional education (in developing teaching and clinical skills) and linked to funding, promotion and reward.

Vote: 1 in favour of a strong recommendation; 27 in favour of a conditional recommendation.

**Recommendation:** Health professional schools should implement faculty development programmes that use approaches for selection, rewards and CPD that are relevant to the evolving health care needs of communities and support faculty involvement in service.

Vote: 22 in favour of a strong recommendation; 14 in favour of a conditional recommendation.

Group 2 added that other recommendations should be considered for inclusion in the guidelines if not already covered in other groups, including:

- Embedding aspects of faculty selection and development in accreditation processes to align with the goal of education (i.e. quantity, quality, relevance)
- Developing international standards for competencies of health professional teachers to align with the goal of education (i.e. quantity, quality, relevance)
- Include faculty who are appropriate for primary health care education
- Faculty exchange

Group 2 noted there was not enough time to explore and consider all the recommendations in the “faculty development” policy brief and suggested reconsidering previous PICOs related to recruitment, selection and retention of faculty. For example, rewarding and valuing teaching and engaging people from health services as teachers. No specific research priorities were identified.

#### Working Group 3: Regulation

**Recommendation:** Professional regulation is in place to ensure the quality and relevance of care provided by health professionals.

Vote: 34 in favour of a strong recommendation; 2 in favour of a conditional recommendation.

Group 3 noted there was little or no research evidence from systematic reviews alone regarding the effectiveness of professional regulation but still unanimously agreed on the recommendation based on the need for patient safety, the need to protect the public against the risk of poor practice, and the high risk nature of health-care delivery.

Implementation will require building technical capacity and adequate resources (financial and human). It is essential to address both private and public education and care delivery and to address enforcement issues. It is important to reach consensus about regulatory approaches at the national, regional and international level and to take into account experiences with international and regional educational standards.

Research priorities should be: establishing measurable indicators of regulatory success; measuring the impact of health-care professional regulation on ensuring quality and relevance of health-care practice; and determining best practices in regulation.

It was noted that the recommendation is too vague and it is unclear how it is specific to education.

#### Working Group 4: Financing

Group 4 had no PICO questions and therefore no decision tables to complete or recommendations to make. However, the group believes financing is one of the most important issues and one of the most sensitive, a viewpoint that was shared in the Values & Preferences Survey. The financing policy brief is an annotated outline and needs to be further developed, drawing out the key messages related to how financing should be geared to achieve transformation and scale up. The group presented what they believe are the most important financing issues that the guidelines should address.

The main financing challenges are 1) How to increase the availability of financing and 2) How to get the greatest value for the money (i.e. the greatest return on investment possible) through allocation at national and school levels, mechanisms such as student grants and school block grants, and financial management.

Because of the paucity of research and evidence on financing of health professional education, financing recommendations will likely be conditional or depend on expert opinion. No final decision was taken. Financing cuts across all the other guideline areas and many groups have categorized

needed resources as “significant”; some groups may need to determine the financing implications of their recommendations.

Government investment in health professional education is justified by the goal of health equity; at the same time there can be a positive role for private sector financing. The guidelines need to look both at general tertiary education funding as well as what is unique about health professional education and the document needs to define what financing is required. Given the great need for additional evidence in the form of case studies, WHO needs to decide which financing areas to prioritize. In conclusion, Group 4 urged members of the Core Group to write and contribute case studies and to send gray literature to the secretariat.

#### Working Group 7: Interprofessional education

Interprofessional education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care while transprofessional education occurs when health professionals learn about, from and with non-professional health workers, such as community health workers, administrators and political leaders.

The PICO question is: Should interprofessional (IPE) in both undergraduate and postgraduate programmes be used? No wording for a recommendation was put forward.

Vote: 5 in favour of a strong recommendation; 29 in favour of a conditional recommendation.

Group 7 took the question as relating primarily to undergraduate (pre-qualification) education and recommended the option be considered. IPE may be relevant to quantity as well as quality and relevance questions. IPE may also be resource-efficient in a way that allows more health workers to be educated. However, before supporting it fully, the group would like further work to obtain much better evidence in institutions with programmes and resources available to support the necessary research.

The main research priority is better quality studies looking at quality of health professionals produced using IPE and relevance to the communities being served. Other priorities include approaches for training educators involved in IPE; studies of cost effective models for IPE and sustaining IPE; and evaluation of impact of IPE on health professional practice in developing countries.

The group noted it found a disconnect between the question (“Should inter-professional education [IPE] in both undergraduate and postgraduate programmes be used?”) and the related problem statement (“Low number, quality and relevance of health professionals”); and the statement “the evidence suggests that these professions do not effectively work well together”. The evidence for the latter statement should be included.

#### Working Group 9: Postgraduate specialization and CPD

Because career ladders or pathways are different policy issues from education ladders with different factors to consider and because the evidence for clinical ladders doesn’t apply to education ladders the Core Group decided (by majority vote) to split them into two PICO questions and

recommendations. The decision table and recommendation for education ladders needs to be developed.

**CPD recommendation:** CPD programmes, delivered through comprehensive multiple and interactive techniques, are likely to improve the quality of care delivered by health workers, measured as improved clinical practice, knowledge, skills and attitudes.

Vote: 10 in favour of a strong recommendation; 22 in favour of a conditional recommendation.

CPD is important for everyone given the rapid progress seen today in technology, diagnostics tools and treatment methods, in order to update and maintain knowledge and skills of health workers throughout their professional life. Programmes that are responsive to the needs of health service and population in all areas can have a significant impact and may improve equity.

CPD could be transformative if it is focused especially on resource shortage areas. An important factor is who delivers the programme (government, professional associations or others e.g. drug companies).

#### Working Group 10: Admission procedures

This group is concerned with entry requirements, admissions standards and selection procedures. As noted above, these issues were not formulated as specific PICO questions originally, but were felt to be of sufficient importance and relevance for inclusion. Group 10 made the following provisional recommendations:

- Efforts should be made through admissions policies to increase the diversity of students if this is necessary for the health workforce to better serve the diversity of societies.
- Targeted admissions policies could be used to ensure entry by students from underserved populations, whether on the basis ethnicity, language, social class, urban-rural or a combination.
- Where targeted admissions policies are used, support mechanisms must be in place to ensure that students are able to complete programmes. These may include adjustments to the curriculum, and teaching and learning methods, and financial support.
- Combined strategies for admissions to enhance quantity, quality and relevance are needed.
- Admissions policies should be developed in close cooperation with related matters such as the cadres needed in health workforce, faculty professional development, curriculum development, and financing etc. For example, ensuring that members of the teaching faculty are able to support the learning of diverse groups of students would be essential.

The secretariat noted that some recommendations from the rural retention guidelines will be included in this section of the document. It was suggested that the secretariat consider linking admission procedures/requirements to direct entry programmes because the two are aimed at selection of students. The transforming education guidelines also need to address the important question of how to link education to practice.

## 4 General comments about the guidelines

During the course of the meeting several members of the Core Group made general comments about the guidelines.

1. The transforming and scaling up nature of the guidelines must be clear and visible — the document needs to capture the imagination of the reader.
2. The document needs to be framed in the context of universal health coverage (access to services and social protection), which cannot be achieved without more and better and different health professionals. A related context is the move towards primary health care, close to client services and people-centred care.
3. The guidelines should be global and not with a focus on low- and middle-income countries. Rich countries should scale up and transform health professional education as well. All countries need to take action to facilitate this transition.
4. The document should be comprehensive and cover the full range of issues related to transforming and scaling up health professional education.
5. Several experts voiced concern that the recommendations are being limited by the lack of robust research evidence. How do you bring into guidelines what seems obvious but for which there is little or no evidence?
6. It seemed to be a widely shared view among the experts that the group should make some aspirational recommendations, and to recommend that these be tested going forward. In the words of one expert: “We are talking about changing a system that hasn’t worked but we are looking for evidence in a system that has not worked in order to address the problems”. In the words of another: “This effort should also invite all of us to be innovative and audacious and to experiment, evaluate and generate new evidence about what we intended to do.”
7. The document should offer guidance on implementation, including some creative ways to implement.
8. The guidelines need to highlight what is new and different – they must not be guidelines that could have been produced 10 years ago. Transforming education is more than education to ensure quality.
9. In transforming health professional education it is important to distinguish between things to improve and things to change.
10. Given the amount of work needed the June deadline for a final document is very ambitious.

## 5 Suggestions from the Core Group for developing the guidelines and policy recommendations

1. Because the meeting focused on specific PICO questions, many experts are unclear about the bigger picture. The experts need to see the full set of draft recommendations, including the best practice recommendations and not only those derived from the PICO questions and policy briefs discussed during this meeting. It should also include those that will be updated from the rural retention policy guidelines.
2. The research agenda needs to be drafted, commented on and agreed to with further input from the Core Group.

3. From what the experts have seen to date, several gaps have been identified. So far there is insufficient attention to governance, equity, social accountability, ethics, gender, participation of all stakeholders, and involvement of communities.
4. There are few recommendations specific to quantity i.e. to scaling up education and training of health professionals. Scope of practice requires more consideration in the guidelines.
5. The report needs to consider selection bias and negative evidence. Recommendations cannot be made in isolation question of opportunity costs of alternative strategies.
6. The guidelines need to show value for money – want health workers that make an impact and that they work where they are needed, in the government and the not-for-profit sector.
7. Cross check the recommendations against other internationally vetted standard of health professional education, not only WFME, in order to ensure the guidelines are covering other health professional standards as well.

## 6 Translating guidelines into practice by partners and countries

### Civil Society Survey

The results of a civil society (CS) survey were presented on the last day of the meeting. The survey was designed with the following objectives:

- to deepen the engagement of CS as a key stakeholder in the work of the core guidelines group;
- to identify the roles and contribution of CS to the transformational education agenda and movement;
- to jointly identify messaging and advocacy around transforming and scaling up health professional education;
- to explore strategies and mechanisms for accountability for transforming and scaling up health professional education.

The results of the survey are available online at [www.chestrad-ngo.org](http://www.chestrad-ngo.org). Several suggestions for advocacy messages emerged from the survey. First, transforming health professional education should take place in the context of broader HRH management and coordination processes and can promote retention, quality and health systems strengthening when combined with other retention and motivation strategies (career progression, safety, remuneration etc.). Second, social accountability should be a component of the curriculum and training of health workers at all levels. Third, health systems needs and priorities should drive and inform the curriculum and skills mix of health worker training and curriculum development. Fourth, governments should remain the custodians of training of medical professionals, and accreditation agencies should recognize this while ensuring the independence of peer accreditation processes.

CS can contribute to the successful implementation of the guidelines through advocacy and policy dialogue, service delivery, capacity enabling and training, and accountability demand (from government, training institutions and development partners).

The survey also revealed ways that the guidelines can help CS including by:

- implementing transformational education within the broad context of HRH and health systems strengthening interventions
- developing guidelines for other cadres of health workers not currently captured in the current guidelines but are the focus of current HRH efforts (community health workers, clinical specialists etc.)
- working with CS on social accountability and other demand side accountability processes for transformational education
- enabling and resourcing CS accountability roles — provide safety nets for independent CS accountability

Panel discussion — the role of partners in translation of the guidelines into practice

A number of partners discussed how they could contribute to implementing the guidelines after they are launched. Below is a summary of their suggested actions.

#### WFME

- Can contribute its experience in developing standards for education.
- Messages for scaling up and transforming education of health professionals should be kept simple and clear for advocacy.
- Supporting material needs to have strong evidence.

#### ICM

- Can contribute to systematic reviews.
- Provide advocacy for the guidelines among its 108 member associations in 90 countries and ensure dissemination through their branches and partners. They also have access to 250,000 midwives globally.
- Use the guidelines closely in conjunction with ICM standards in countries. Governments are asking for standards as they develop frameworks.

#### ICN

- Can disseminate the guidelines to 135 national associations representing 13 million nurses worldwide.
- Able to include the guidelines on the section of their website that has rotating information.
- Can target global education networks which can be linked to their on-line discussion forum.
- Put the guidelines on the agenda of regular meetings.
- Invite WHO to speak at ICN's conference in 2013.
- Include it on the agenda for the Triad meeting during the WHA in May this year with key nursing and midwifery leaders.

#### UNESCO

- The TVET Congress (May 2012, Shanghai, China) will include a session on scaling up and transforming the education of health professionals.
- Has great political reach to its 197 Member States and can advise and advocate for the guidelines to be incorporated into policy issues at the country level.



- Can host a meeting for the guidelines to be shared at special information meetings held by UNESCO. This will be the forum to raise questions for consideration and encourage discussion at the country level. In this way if requests come from Member States as a follow up there can be joint working e.g. on curriculum development.
- There is potential for technical and vocational training curricula to be modified as a result of discussions.
- There will be an opportunity to present & discuss the guidelines at an international forum in 2013 on financing higher education.

#### USAID

- Missions can be provided with copies of the guidelines and discussions can be organized on their content and potential use
- Training on use of the guidelines can be incorporated into state of the art training for staff.
- The guidelines can be disseminated through PEPFAR and under the Global health Initiative.
- The guidelines can be used in the work of MEPI and NEPI for implementation at the country level.

#### Capacity Plus/Intrahealth

- The guidelines can be placed on the Global Resource Centre which receives something in the region of 1,000 visitors every month.
- Place the guidelines on their education listserv.
- Incorporating guidelines into MEPI schools education workshops.
- Ensure all IntraHealth staff in 20 countries are trained on the use of the guidelines.
- Monitor the use of the guidelines by making a checklist for schools that use the guidelines.
- Target Accreditation Boards in countries with whom IntraHealth works.

#### JICA

- JICA can help at the implementation stage of the guidelines at the country level.
- They can ensure that the Japanese Medical Education Association and the Japanese Nursing Education Association work together using the guidelines.
- Advocate with the Japanese government to see transforming and scaling up the education of health professionals as a global issue because this is how they will gain support for use of the guidelines.
- JICA can work with WHO regional and country offices in the area of translating the guidelines into practice in pre-service education.
- JICA will work with and support AAAH and other regional networks who are adopting the guidelines.
- The JICA-World Bank initiative will examine the recommendations with a view to incorporating them into their work in the future.

#### World Bank

- The recommendations can be implemented through their projects on higher education (worth \$300m) and their work with the African Development Bank. This will be a good avenue to showcase the recommendations.

- They can advocate with ministries of finance and identify the issue of value for money, particular with new health workers. The link with health systems in the guidelines must be made clear.

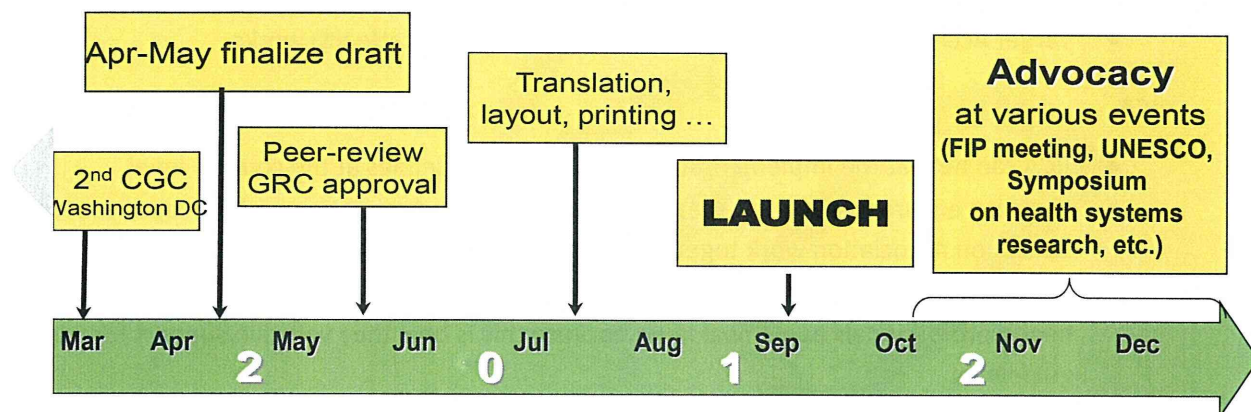
## 7 Plan of action for coming months

The figure below shows the timeline for finalizing and launching the guidelines and for the advocacy that will follow the launch. In addition to the printed document the guidelines will be disseminated through policy briefs, joint editorial in 10-20 journals, videos (at least one per intervention), a website and blog, and various articles.

Several major events in 2012 will provide opportunities to promote the guidelines, notably:

- UNESCO / TVET Congress, May 2012, Shanghai, China
- FDI World Dental Federation Annual World Dental Congress 29 August – 1 September 2012, Hong Kong, China
- FIP Centennial Congress, 3-8 October 2012, Amsterdam, The Netherlands
- Symposium on health systems research, 31 October –3 November 2012, Beijing, China
- WFME Conference, 14-16 November 2012, Malmö, Sweden

### Finalizing the recommendations



The first major milestone is to finalize the draft. The document needs to be written, circulated to the Core Group for comment and further revised before it goes for peer-review and to the GRC for approval. In the weeks following the meeting work will be done by the secretariat and individual experts and shared electronically so all experts have a chance to review and comment. All documents will be available at [ftp://ftp.who.int/pub/Outgoing/CORE GUIDELINES GROUP-HRH](ftp://ftp.who.int/pub/Outgoing/CORE_GUIDELINES_GROUP-HRH)

In closing the meeting Jon Kim Andrus, Deputy Director of AMRO/PAHO, said transformative education are powerful words loaded with responsibilities. The overarching goals are universal access to quality health care and reducing social inequities. More knowledge is needed about how to reach these goals. This effort should invite people to be innovative and audacious and to experiment, evaluate and generate new evidence about whether or not an intervention did what it was intended to do.

## 8 Annexes

- I. Meeting agenda with ftp web link to meeting documents and presentations
- II. List of working groups
- III. List of participants
- IV. Template for decision tables

### Annex II LIST OF WORKING GROUPS

(Names in bold: Facilitators and Rapporteurs)

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<p><b>Group 6 – Direct entry</b></p> <ol style="list-style-type: none"> <li>1. <b>Lyn Middleton</b></li> <li>2. <b>Agneta Bridges</b></li> <li>3. Jean Barry</li> <li>4. Jose Rafael Morales</li> <li>5. Robert Ochai</li> <li>6. Ann Phoya</li> <li>7. Barbara Aranda-Naranjo</li> <li>8. Djona Avocksouma</li> <li>9. Mwansa Nkowane</li> </ol>	<p><b>Group 7 Interprofessional education</b></p> <ol style="list-style-type: none"> <li>1. <b>Masamine Jimba</b></li> <li>2. <b>David Gordon</b></li> <li>3. Milliard Bayene</li> <li>4. Jennifer Dohrn</li> <li>5. David Knapp</li> <li>6. Estelle Quain</li> <li>7. Peter Johnson</li> <li>8. Margaret Brewinski-Isaacs</li> <li>9. Walid Aboubaker</li> <li>10. Gulin Gedik</li> </ol>	<p><b>Group 8 Simulation and use of ICT</b></p> <ol style="list-style-type: none"> <li>1. <b>Seble Frehywot</b></li> <li>2. <b>Rebecca Bailey</b></li> <li>3. Edson Araujo</li> <li>4. Erich Buch</li> <li>5. Yianna Vovides</li> <li>6. Kate Tulenko</li> <li>7. Lola Dare</li> <li>8. Yojiro Ishii</li> <li>9. Arletty Pinel</li> <li>10. Galina Perfilieva</li> </ol>
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### **CORE GROUP MEMBERS**

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**Annex IV Template for Decision Tables**

**1.1. EVIDENCE BASE:**

*Problem:*  
*Option:*  
*Comparison:*  
*Setting:*

CRITERIA		JUDGEMENT						EVIDENCE	QUERIES TO PANEL
PROBLEM	Is the problem serious?	No	Probably no	Uncertain	Probably yes	Yes	Varies		
	Are a large number of people affected?	No	Probably no	Uncertain	Probably yes	Yes	Varies		
BENEFITS & HARMS OF THE OPTIONS	Are the anticipated desirable effects large?	No	Probably no	Uncertain	Probably yes	Yes	Varies		
	Are the anticipated undesirable effects small?	No	Probably no	Uncertain	Probably yes	Yes	Varies		
	What is the certainty of the anticipated effects?	Very low	Low	Moderate	High	No evidence	Varies		

<p><b>Are the anticipated desirable effects large relative to the undesirable effects?</b></p>	<p>No    Probably no    Uncertain    Probably yes    Yes    Varies</p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p>		
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CRITERIA	JUDGEMENT	EVIDENCE	QUERIES TO PANEL														
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>RESOURCE USE</b></p> <p><b>Are the resources required small?</b></p>	<p>No    Probably no    Uncertain    Probably yes    Yes    Varies</p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p>	<p><b>Main resource requirements</b></p> <table border="1" data-bbox="784 658 1736 987"> <thead> <tr> <th data-bbox="784 658 1075 697">Resource</th> <th data-bbox="1075 658 1736 697">Costs</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Resource	Costs													
		Resource	Costs														
<p><b>Is the incremental cost small relative to the benefits?</b></p>	<p>No    Probably no    Uncertain    Probably yes    Yes    Varies</p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p>																
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>EQUITY</b></p> <p><b>What would be the impact on health equity?</b></p>	<p>Reduced    Probably reduced    Uncertain    Probably increased    Increased    Varies</p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p>																

ACCEPTABILITY	<p>Is the option acceptable to most stakeholders?</p> <p>No    Probably no    Uncertain    Probably yes    Yes    Varies</p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p>		
FEASIBILITY	<p>Is the option feasible to implement?</p> <p>No    Probably no    Uncertain    Probably yes    Yes    Varies</p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p>		

**1.1. RECOMMENDATION: Should traditional birth attendants (TBAs) be trained to provide supportive care and refer, and provided with delivery kits?**

<b>Balance of consequences</b>	Undesirable consequences <i>clearly outweigh</i> desirable consequences in most settings <input type="checkbox"/>	Undesirable consequences <i>probably outweigh</i> desirable consequences in most settings <input type="checkbox"/>	The balance between desirable and undesirable consequences <i>is uncertain</i> <input type="checkbox"/>	Desirable consequences <i>probably outweigh</i> undesirable consequences in most settings <input type="checkbox"/>	Desirable consequences <i>clearly outweigh</i> undesirable consequences in most settings <input type="checkbox"/>
<b>Recommendation</b>	<i>We recommend against the option</i> <input type="checkbox"/>	<i>We suggest not considering the option</i> <input type="checkbox"/>	<i>We suggest considering the option</i> <input type="checkbox"/>	<i>We recommend the option</i> <input type="checkbox"/>	

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**Justification** -

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**Implementation considerations** -

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**Key uncertainties** -

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**Monitoring and evaluation** -

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**Research priorities** -

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DRAFT