

# Equity in Programming Benchmarks

External version to share with PATH  
partners to join us on our learning journey

June 2022



# Equity in programming benchmarks

*This document provides the benchmarks self-assessments, examples and resources to implement PATH four change strategies through our projects and proposals. We have created this version to share with PATH's partners, and we welcome your feedback!*

**A note for PATH's partners:** Thanks for your interest in how we are centering equity in our work. We invite you to join us on our learning journey. Please share your feedback and any resources we should feature in future editions of the Benchmarks by filling out this [survey](#).

## Why: The Equity in Programming Benchmarks help PATH staff center equity by embedding our change strategies into our projects and proposals.

In the [PATH 2025 strategy](#), we committed to four change strategies that describe how we will fulfill our mission and strategic priorities:

1. Equity in health
2. Community priorities
3. Respectful partnerships
4. Inclusive innovation

We have incorporated elements of these four change strategies into our projects for many years, but have not had a common understanding across PATH.

We are now taking the necessary step of formalizing benchmarks for each change strategy so we can hold ourselves accountable and learn how we can better center equity in our proposals and projects. These benchmarks are one of the ways that we will track progress of the PATH strategy.

## What: The benchmarks include a self-assessment, examples, and resources for proposal and project teams.

Project teams can use the benchmarks to:

- Self-assess the extent to which a project will implement each change strategy
- Identify opportunities for learning and improvement—what more can you do to center equity in the project?

## Who: PATH staff self-assess their proposals and projects.

Responsible Project Managers (RPMs) or their delegates are responsible for submitting their project's equity self-assessment via Salesforce to program/country leaders for review. RPMs can also choose to share the benchmarks with donors and partners for their feedback.

## When: At any time in the project lifecycle; new projects are expected to submit their equity self-assessment within 90 days of award.

PATH Project & proposal teams are invited to submit their self-assessment at any time via Salesforce. RPMs or their delegates of new projects should submit their self-assessments within 90 days of award.

## How were these developed: Input from across PATH and our partners.

We are so grateful to the 100+ PATH staff and external partners who contributed to the benchmarks to date. We welcome additional feedback! Please send questions and ideas to [equity@path.org](mailto:equity@path.org).

## A note of appreciation and encouragement

Thank you for your commitment to centering equity in our programming at PATH! These benchmarks are intended to support teams to pause and reflect together about your project's current state and how you could better implement each change strategy. We encourage teams to be realistic in your self-assessment, to provide evidence to explain your levels, and to recognize there is always room for improvement. By implementing the PATH 2025 strategy, influencing our donors and partners, and learning from each other, we aim to design projects that achieve level 3 and 4. As we embark on this effort, we expect that many projects will start at level 1 or 2 for some of the change strategies.

People generally take 45-90 minutes to complete the assessment on their own; and we recommend a team conversation to discuss as well.

# Overview of the PATH change strategies and sub-objectives

<b>Glossary</b>	4	<b>3. Respectful partnerships</b>	8-9
<b>1. Equity in health</b>	5-6	Partners with public- and private-sector actors at the global, regional, national, and local levels, respecting diverse expertise and country and community knowledge and decision-making.	
1A Focuses on marginalized populations		3A Shifts power to partners	
1B Challenges inequities		3B Transitions project to partners	
1C Measures equity		3C Strengthens partner capacity	
1D Learns about equity		3D Invests in respectful partnerships	
<b>2. Community priorities</b>	7	<b>4. Inclusive innovation</b>	10
Determines priorities and approaches based on unmet health needs, all defined by countries and communities.		Engages countries and communities in the end-to-end design process to create fit-for-purpose health interventions.	
2A Addresses community priorities		4A Includes users in innovation	
2B Engages communities		4B Builds inclusive innovation skills	
		<b>Final questions and next steps</b>	11
		<b>Appendix</b>	12-16
		Ideas for improvement, and project examples and resources	

MJK treatment coordinator Vilas Naik visits 60-70 TB patients every month across Mumbai to ensure medication is being taken on time and to answer any questions. MJK works with PATH to help implement the PPSA program. PATH/Ruhani Kaur.





# Glossary

Here are the definitions that are included in the PATH business dictionary for some of the key terms included in the benchmarks.

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## Capacity building

Capacity building is the process by which PATH and our partners acknowledge local strengths and assets as the essential building blocks of sustainable public health programming and innovation.

## Climate vulnerability

Climate vulnerability is the susceptibility of a population or region to health risks that are driven by climate change. Communities that face the greatest barriers in anticipating, coping with, and recovering from adverse climate-related impacts are most vulnerable to the increased health risks that accompany them. Barriers are often non-climatic, structural inequalities, which undermine communities' adaptation and mitigation responses to climate change.

## Diversity, Equity, and Inclusion (DEI)

Diversity, Equity, and Inclusion (DEI) is a term used to describe programs and policies that encourage representation and participation of diverse groups of people, including people of different genders, races and ethnicities, abilities and disabilities, religions, cultures, ages, sexual orientations, diverse backgrounds, experiences, skills, and expertise that enable them to succeed, and diverse, mission-advancing perspectives to be heard.

## Health equity

Health Equity is the absence of avoidable or remediable differences in the health of groups of people, whether those groups are defined socially, economically, demographically, or geographically.

## Human Centered Design (HCD)

Human-centered design (HCD) focuses on co-designing solutions in partnership with populations of intended impact. Solutions are designed and tested iteratively with stakeholders to truly address people's pain points and needs, instead of prescribing solutions based on assumptions.

## Inclusive innovation

Inclusive innovation addresses the specific needs of regions, countries and communities through engagement of and co-creation with all stakeholders in the development, refinement, application, scaling, and transfer of health product, service, or system innovations.

## Knowledge product

A Knowledge Product is an artifact or event that provides useful information and thus enables action or promotes understanding. Examples include a report, dashboard, journal article, briefing, presentation, speech, video, etc.

## Local

Local means representing the community that is impacted by or intended to be impacted by the PATH project performing public health work.

## Marginalized

Marginalized is a spatial metaphor for a process of social exclusion in which individuals or groups are relegated to the fringes of a society, being denied economic, political, and/or symbolic power and pushed towards being 'outsiders'.

## Partner

An external entity with whom PATH has executed a formal agreement to collaboratively perform a body of work.

## Population of intended impact

The Population of Intended Impact is the population(s) or population sub-group(s) whose health or wellbeing a project is conceived and designed to improve, directly or indirectly.

## RAPIDi

RAPIDi refers to a tool that is used to clarify the 6 key roles in a decision: Recommend, Agree, Perform, Input, Decide and inform. PATH staff can find more details on PATH Central

## Responsible project manager (RPM)

A Responsible Project Manager (RPM) is the person assigned to manage, and hold ultimate accountability for a Project.

## Stakeholder

A Stakeholder is an entity, individual, or group that has a particular perspective about, interest in, or may be directly or indirectly impacted by a project's processes or outcomes.

## Transition strategy

A Transition Strategy is an evaluation of the components necessary for local partners to sustain the efforts and learnings of a project where PATH is the primary implementer, and a roadmap, co-created with Local Stakeholders, for ensuring the transfer of those components.

---

Project or proposal name:  
Date:

1

# Equity in health

Challenges inequities in global health programming and pursues new approaches rooted in determinants of health, human rights, and country and community leadership.

## How to use this page

Fill in the last two columns with the following:

- Which benchmark best matches your project's design? Please explain  
*Note: we expect many PATH projects are at Level 1 or 2. Provide strong justification if you indicate Level 3, 4, or NA. The NA option should only be selected if the change strategy is not relevant to your project.*
- How might you improve? See page 12 for ideas, examples and resources

	Level 1 LOW The project or proposal involves no action to implement the change strategy	Level 2 MEDIUM The project or proposal involves limited actions in support of the change strategy	Level 3 HIGH The project or proposal proactively takes action for more equitable outcomes to implement the change strategy	Level 4 TRANSFORMATIVE The project includes specific transformative actions for equitable leadership, engagement and learning to implement the change strategy	Which benchmark best matches your project's design?  Select a level and provide evidence to explain.	How might you improve your project design and implementation?  Insert your steps for improvement below
1A  Focuses on marginalized populations  Focuses on improving the health and well-being of populations that have been historically marginalized by health systems.	Does not benefit populations that have been historically marginalized.	Benefits populations that have been historically marginalized but does not treat them differently in interventions.	Benefits populations that have been historically marginalized with some interventions specifically designed for their particular health needs.	Primarily benefits populations that have been historically marginalized with all or most interventions specifically designed their particular health needs.	<div>NA1234</div>	
1B  Challenges inequities  Includes interventions to address underlying determinants that influence health.	Does not include interventions that address underlying social (e.g., gender identity, race, socioeconomic status, tribe, religion) or environmental (geography and climate change) determinants influencing the health outcome(s) of interest.	Includes interventions to address at least one social or environmental determinant influencing the health outcome(s) of interest.	Includes a prioritized set of interventions to address multiple social and/or environmental determinants influencing the health outcome(s) of interest.	Level 3 + includes an analysis of and interventions to address other power dynamics (e.g., policies, operating environment, neocolonialism) influencing the health outcome(s) of interest, including mitigation of unintentional negative project consequences.	<div>NA1234</div>	

Project or proposal name:  
Date:

1

Equity in health

Challenges inequities in global health programming and pursues new approaches rooted in determinants of health, human rights, and country and community leadership.

How to use this page

Fill in the last two columns with the following:

- Which benchmark best matches your project's design? Please explain  
*Note: we expect many PATH projects are at Level 1 or 2. Provide strong justification if you indicate Level 3, 4, or NA. The NA option should only be selected if the change strategy is not relevant to your project.*
- How might you improve? See page 12 for ideas, examples and resources

	<div>Level 1</div> <div>LOW</div> <div>The project or proposal involves no action to implement the change strategy</div>	<div>Level 2</div> <div>MEDIUM</div> <div>The project or proposal involves limited actions in support of the change strategy</div>	<div>Level 3</div> <div>HIGH</div> <div>The project or proposal proactively takes action for more equitable outcomes to implement the change strategy</div>	<div>Level 4</div> <div>TRANSFORMATIVE</div> <div>The project includes specific transformative actions for equitable leadership, engagement and learning to implement the change strategy</div>	<div>Which benchmark best matches your project's design?</div> <div>Select a level and provide evidence to explain.</div>	<div>How might you improve your project design and implementation?</div> <div>Insert your steps for improvement below</div>
<div>1C</div> <div>Measures equity</div> <div>Incorporates measures of equity into all projects and programs.</div>	<div>Includes no or minimal attention to metrics related to equity or climate vulnerability.</div>	<div>Collects and/or uses data from other sources related to one or more dimensions of equity (e.g., sex, race, disability, gender, sexual orientation, age, etc.) beyond individual health outcome measures, including those identified in 1B.</div>	<div>Level 2</div> <div>+ uses equity-related data to assess progress toward project goals and to influence ongoing project implementation.</div>	<div>Level 3</div> <div>+ builds local partners' capacity to collect and analyze equity-related data</div> <div>+ engages local stakeholders in developing and reviewing metrics, goals, and progress.</div>	<div>NA1234</div>	
<div>1D</div> <div>Learns about equity</div> <div>Invests in learning and continuous improvement to enable more equitable research and public health approaches.</div>	<div>Does not include a learning agenda to enable more equitable research and public health approaches.</div>	<div>Includes one learning question to enable more equitable research and public health approaches with a plan to address that question.</div>	<div>Includes a learning agenda and plan to incorporate results to enable more equitable research and public health approaches.</div>	<div>Includes a comprehensive learning agenda and a plan to incorporate results to enable more equitable research and public health approaches</div> <div>+ includes a plan and resources to share results and learnings within the sector.</div>	<div>NA1234</div>	

Project or proposal name:  
Date:

2

Community priorities

Determines priorities and approaches based on unmet health needs, all defined by countries and communities.

How to use this page

- Fill in the last two columns with the following:
- Which benchmark best matches your project's design? Please explain

*Note: we expect many PATH projects are at Level 1 or 2. Provide strong justification if you indicate Level 3, 4, or NA. The NA option should only be selected if the change strategy is not relevant to your project.*

- How might you improve? See page 13 for ideas, examples and resources

	<div>Level 1</div> <div>LOW</div> <div>The project or proposal involves no action to implement the change strategy</div>	<div>Level 2</div> <div>MEDIUM</div> <div>The project or proposal involves limited actions in support of the change strategy</div>	<div>Level 3</div> <div>HIGH</div> <div>The project or proposal proactively takes action for more equitable outcomes to implement the change strategy</div>	<div>Level 4</div> <div>TRANSFORMATIVE</div> <div>The project includes specific transformative actions for equitable leadership, engagement and learning to implement the change strategy</div>	<div>Which benchmark best matches your project's design?</div> <div>Select a level and provide evidence to explain.</div>	<div>How might you improve your project design and implementation?</div> <div>Insert your steps for improvement below</div>
<div>2A</div> <div>Addresses community priorities</div> <div>Identifies and validates needs, priorities, and approaches with populations of intended impact to inform project design and activities.</div>	<div>Does not integrate the needs, priorities, or approaches of the populations of intended impact (a.k.a. community).</div>	<div>Loosely refers to documentation about the needs, priorities, and approaches of the populations of intended impact.</div>	<div>Carefully utilizes existing documentation and/or solicits input about needs, priorities, and approaches from stakeholders from the populations of intended impact</div> <div>+ includes a clear definition of the populations of intended impact.</div>	<div>Level 3</div> <div>+ co-creates approaches with stakeholders from the populations of intended impact</div> <div>+ explains project design decisions to stakeholders from populations of intended impact.</div>	<div>NA1234</div>	
<div>2B</div> <div>Engages communities</div> <div>Actively engages with populations of intended impact throughout project implementation.</div>	<div>Does not include plans, resources, or accountability for engagement with populations of intended impact (a.k.a. community).</div>	<div>Includes minimal plans and resources for engagement with populations of intended impact during project implementation</div> <div>+ conducts one-time engagement with select stakeholders from populations of intended impact.</div> <div>+ for upstream projects: May rely on other partners to engage with stakeholders.</div>	<div>Routinely solicits input from stakeholders from populations of intended impact</div> <div>+ includes community-engagement plan that specifies how and when input is solicited and used</div> <div>+ allocates resources and assigns accountability for engaging with populations of intended impact.</div> <div>+ for upstream projects: May be informed by engagement conducted by partners.</div>	<div>Level 3</div> <div>+ utilizes a governance structure that includes local stakeholders from the populations of intended impact (e.g., a project advisory board).</div>	<div>NA1234</div>	

Project or proposal name:  
Date:

3

Respectful partnerships

Partners with public and private sector actors at the global, regional, national and local levels, respecting diverse expertise and country and community knowledge and decision-making.

How to use this page

Fill in the last two columns with the following:

- Which benchmark best matches your project's design? Please explain  
*Note: we expect many PATH projects are at Level 1 or 2. Provide strong justification if you indicate Level 3, 4, or NA. The NA option should only be selected if the change strategy is not relevant to your project.*
- How might you improve? See page 14 for ideas, examples and resources

	<div>Level 1</div> <div>LOW</div> <div>The project or proposal involves no action to implement the change strategy</div>	<div>Level 2</div> <div>MEDIUM</div> <div>The project or proposal involves limited actions in support of the change strategy</div>	<div>Level 3</div> <div>HIGH</div> <div>The project or proposal proactively takes action for more equitable outcomes to implement the change strategy</div>	<div>Level 4</div> <div>TRANSFORMATIVE</div> <div>The project includes specific transformative actions for equitable leadership, engagement and learning to implement the change strategy</div>	<div>Which benchmark best matches your project's design?</div> <div>Select a level and provide evidence to explain.</div>	<div>How might you improve your project design and implementation?</div> <div>Insert your steps for improvement below</div>
<div>3A</div> <div>Shifts power to partners</div> <div>Shifts power, decision-making, and funding to local partners.</div>	<div>Is primed by PATH or other US/ Europe-based organization that makes all/most decisions</div> <div>+ does not have a plan for distributing project resources to partners and/or internally across PATH teams.</div>	<div>Is primed by other US/ Europe-based organization</div> <div>+ includes country-based staff on project team and a plan for sharing resources across teams.</div>	<div>Meaningfully and equitably involves local partners in decision-making</div> <div>+ includes a transparent plan for equitable distribution of project resources to partners and internally across PATH teams.</div>	<div>Level 3</div> <div>+ is primed by a local partner as a sub and/or local partner(s) receive parallel direct awards from funder</div> <div>+ builds in decreasing level of effort for PATH over the course of the project</div> <div>+ includes RAPIDi decision framework that gives local stakeholders most decision-making power.</div>	<div>NA1234</div>	
<div>3B</div> <div>Transitions project to partners</div> <div>Adapts and transitions asset and project ownership to local partners, establishing greater control and sustainability for affected communities.</div>	<div>Does not include strategy to transfer assets or ownership to local stakeholders.</div>	<div>Includes resources and timeline to develop a transition strategy to transfer assets (resources, knowledge) and ownership (responsibilities) to local stakeholders.</div>	<div>Includes a transition strategy to transfer assets and ownership to local stakeholders.</div>	<div>On track to implement a transition strategy to transfer assets and ownership to local stakeholders</div> <div>+ transition strategy was co-created with local stakeholders.</div>	<div>NA1234</div>	



Project or proposal name:  
Date:

3

Respectful partnerships

Partners with public and private sector actors at the global, regional, national and local levels, respecting diverse expertise and country and community knowledge and decision-making.

How to use this page

Fill in the last two columns with the following:

Which benchmark best matches your project’s design? Please explain

*Note: we expect many PATH projects are at Level 1 or 2. Provide strong justification if you indicate Level 3, 4, or NA. The NA option should only be selected if the change strategy is not relevant to your project.*

How might you improve? See page 15 for ideas, examples and resources

	<div>Level 1</div> <div>LOW</div> <div>The project or proposal involves no action to implement the change strategy</div>	<div>Level 2</div> <div>MEDIUM</div> <div>The project or proposal involves limited actions in support of the change strategy</div>	<div>Level 3</div> <div>HIGH</div> <div>The project or proposal proactively takes action for more equitable outcomes to implement the change strategy</div>	<div>Level 4</div> <div>TRANSFORMATIVE</div> <div>The project includes specific transformative actions for equitable leadership, engagement and learning to implement the change strategy</div>	<div>Which benchmark best matches your project’s design?</div> <div>Select a level and provide evidence to explain.</div>	<div>How might you improve your project design and implementation?</div> <div>Insert your steps for improvement below</div>
<div>3C</div> <div>Strengthens partner capacity</div> <div>Works with local partners to co-create capacity strengthening activities that recognize local strengths and assets.</div>	Does not include plan to assess or strengthen local capacity.	Conducts an assessment of existing strengths and assets + includes capacity strengthening activities.	Implements demand-driven capacity strengthening activities that assesses and builds from existing local capacity and assets.	Level 3 + demonstrates evidence of increased local capacity + builds on synergies and resolves duplication/conflict with other projects.	<div>NA1234</div>	
<div>3D</div> <div>Invests in respectful partnerships</div> <div>Establishes and prioritizes respectful partnerships that increase representation of regional, national, and subnational government, private sector, and civil society in global health.</div>	Involves no or minimal partnership with regional, national, subnational, private sector, and/or civil society actors.	Involves some subset of the following stakeholders: regional, national, and subnational governments, private sector, and civil society.	Meaningfully involves representatives from diverse local stakeholders + includes representatives from two or more local stakeholder constituencies in steering committees and decision-making processes and/or technical advisory groups.	Demonstrates shared leadership with a diverse range of stakeholders + includes MOUs and/or funding agreements with diverse local partners + includes a mechanism where partners can safely offer feedback and receive timely responses + includes plan with sufficient time and budget to co-author peer-reviewed articles and/or present at meetings with local stakeholders.	<div>NA1234</div>	

Project or proposal name:  
Date:

4

## Inclusive innovation

Engages countries and communities in the end-to-end design process to create fit-for-purpose health interventions.

How to use this page

Fill in the last two columns with the following:

- Which benchmark best matches your project’s design? Please explain

*Note: we expect many PATH projects are at Level 1 or 2. Provide strong justification if you indicate Level 3, 4, or NA. The NA option should only be selected if the change strategy is not relevant to your project.*

- How might you improve? See page 16 for ideas, examples and resources

	Level 1 LOW The project or proposal involves no action to implement the change strategy	Level 2 MEDIUM The project or proposal involves limited actions in support of the change strategy	Level 3 HIGH The project or proposal proactively takes action for more equitable outcomes to implement the change strategy	Level 4 TRANSFORMATIVE The project includes specific transformative actions for equitable leadership, engagement and learning to implement the change strategy	Which benchmark best matches your project's design?  Select a level and provide evidence to explain.	How might you improve your project design and implementation?  Insert your steps for improvement below
4A  Includes users in innovation  Includes and listens to affected users in the innovation process.	Does not include affected users (e.g., health care workers, patients, managers) in the innovation process (i.e., understanding the problem, developing value propositions, developing target product/policy profiles, prototyping solutions, testing, iterating).	Includes fewer than 10 users in the innovation process via consultations, interviews, focus groups, or design sessions.	Proactively includes 10 or more diverse users (including diverse gender representation) in the innovation process  + uses human-centered design (HCD) approaches to engage users from the populations of intended impact in prioritizing and optimizing solutions.	Co-creates project interventions using HCD principles with more than 25 diverse users or a statistically relevant sample (disaggregated by gender, ethnicity, and other relevant factors) in multiple points in the innovation process.	<div>NA1234</div>	
4B  Builds inclusive innovation skills  Builds and utilizes local inclusive innovation skills and experience.	Does not build or utilize national or subnational inclusive innovation skills or experience.	Builds and utilizes limited national or subnational inclusive innovation skills and experience.	Builds and utilizes local inclusive innovation skills and experience of at least two local stakeholders.  + gives credit for project data and local stakeholders' efforts	Level 3  + Elevates and centers local inclusive innovation skills and experience of at least 5 local stakeholders.	<div>NA1234</div>	

## Final questions and next steps for PATH partners

**For PATH partners, thank you for your interest in PATH's work on equity in programming!**

We would love your help to learn how PATH can better center equity in our projects. Please send us a note at [equity@path.org](mailto:equity@path.org) or fill in this [survey](#).

At any point, please email [equity@path.org](mailto:equity@path.org) with questions or feedback.

**You responses to the following 5 questions will allow us to learn and improve:**

1. What opportunity or Business World Project ID is associated with this proposal or project?:
2. Which PATH staff or partners contributed to assessing your project (insert names)?:
3. What 1-2 steps or changes do you plan to take after assessing your project against these benchmarks? (You can refer to specific sub-objectives, e.g., 1A or 2B if appropriate. 255 character limit.)
4. What 1-2 steps or changes could you take with support from PATH colleagues or partners? What support is needed and from whom? Please be as specific as possible! (255 character limit.)
5. Please insert the titles of any examples or resources you would like to share with other teams for future updates of these benchmarks. Please send links or attachments to [equity@path.org](mailto:equity@path.org)!

1

# Equity in health

Challenges inequities in global health programming and pursues new approaches rooted in determinants of health, human rights, and country and community leadership.

How to use this page

Consider these ideas for strengthening design and implementation.

1A

**Focuses on marginalized populations**

Focuses on improving the health and well-being of populations that have been historically marginalized by health systems.

1B

**Challenges inequities**

Includes interventions to address underlying determinants that influence health.

1C

**Measures equity**

Incorporates measures of equity into all projects and programs.

1D

**Learns about equity**

Invests in learning and continuous improvement to enable more equitable research and public health approaches.

IDEAS FOR IMPROVEMENT

We invite you to share additional ideas. Send your input to [equity@path.org](mailto:equity@path.org)

PROJECT EXAMPLES AND RESOURCES

We invite you to share additional examples and resources. Send your input to [equity@path.org](mailto:equity@path.org)

- Identify populations who have been historically marginalized—these may include populations that are generally marginalized (tribal/indigenous communities, women, rural populations, certain sexual identities) or have different needs (people with disabilities, older people).
- Identify how the project will provide long-term benefits to marginalized populations, including skills, training, awareness of rights.

- Healthy Markets project was designed to grow the commercial market for HIV-related goods and services to meet the needs of Vietnam’s most-at-risk populations. [Link](#)
- PATH’s DMPA-SC injectable contraception projects. [Link](#)
- Heeks et al. re: inclusive innovation: “Level 1/Intention: an innovation is inclusive if the intention of that innovation is to address the needs or wants or problems of the excluded group.” [Link](#)

- Before proposal writing starts, conduct scoping visits and/or review existing documentation (e.g., partner reports, previous project write-ups) to understand the power dynamics.
- Discuss within your project team how donor/funder dynamics play into inequities and develop strategies to mitigate those inequities.

- WHO Protecting health from climate change: vulnerability and adaptation assessment, 2013. [Link](#)
- BMGF Gender Integration Guide. [Link](#)

- Collect data for gender-sensitive indicators (e.g., differential health service access and use as experienced by individuals of various sexes, gender identities, or gender expressions) and gender norms change indicators, as applicable within the context of specific project aims.
- Collect data on climate vulnerability indicators.

- UN guidance on data disaggregation related to SDGs. [Link](#)
- USAID learning lab tool on context monitoring, the collection of information about conditions/external factors relevant to the project. [Link](#)
- Example from PATH’s evaluation of Tostan’s Community Empowerment Program (CEP). [Link](#)
- WHO Protecting health from climate change: vulnerability and adaptation assessment, 2013. [Link](#)

- Include deliberate interventions to promote learning within PATH and externally alongside local partners and stakeholders.
- Include self-reflection about shifting the balance of power and changing the ways of working with local stakeholders.
- Stay flexible to make intentional changes and adapt to ensure ethical and equitable public health practices and approaches.
- Invest in knowledge management and learning models to document lessons and best practices.
- Publish scientific papers in open-access journals to ensure accessibility to and transfer of knowledge.
- Communicate regularly with all stakeholders about progress and learnings, including where we fail, what we learn, and how we adapt.

- USAID Learning Lab has several resources on learning agendas. [Link](#)



2

# Community priorities

Determines priorities and approaches based on unmet health needs, all defined by countries and communities.

How to use this page

Consider these ideas for strengthening design and implementation.

## 2A

Addresses community priorities

Identifies and validates needs, priorities, and approaches with populations of intended impact to inform project design and activities.

## 2B

Engages communities

Actively engages with populations of intended impact throughout project implementation.

### IDEAS FOR IMPROVEMENT

We invite you to share additional ideas. Send your input to [equity@path.org](mailto:equity@path.org)

- If your project does not work directly with the community, refer to other teams' or organizations' resources to ensure your activities still reflect community needs, priorities, and approaches.
- Shift from what we think the end users want to what they actually want.
- Ensure an open forum to get honest inputs.
- Bring historically marginalized populations directly into project design discussions as early as possible.
- At concept stage and before proposal writing starts, conduct scoping visits and/or review existing documentation (e.g., partner reports, previous project write-ups) to understand the power dynamics, needs, and assets.
- Set up or utilize ongoing mechanisms for partner engagement and oversight of the work.
- Community advisory boards are well-established mechanisms for oversight of HIV research, for example.
- Compensate people for their time and expertise. This is especially important for historically marginalized populations.
- Maintain an active feedback loop to build trust and continuously capture needs and priorities as context shifts.
- Conduct full public health value proposition to assess the value from the point of view of all stakeholders.
- Utilize countries' existing processes especially related to decision-making to propose projects/interventions (e.g., national immunization technical advisory groups for new vaccines or sector-wide approaches for wider health systems work).
- Design and validate target product profiles that considers health equity needs.

- As a requirement for PATH participation, scientific meetings, panels, and convenings must reflect the diversity of people the work is meant to serve.
- Create a social accountability strategy for citizen-led programming to be involved in implementation.
- Use local media to engage affected communities, raise awareness, and encourage action.
- Create neutral platforms for real engagement, not just hotel conference rooms where people “tell us what we want to hear” and collect per diem.
- Implement a feedback loop that tracks how the project changed based on input from stakeholders and how we handled contradictory feedback.
- As needed, engage with donors to secure the time and resources necessary for active engagement.
- Invest as much time and resources into community partnerships (or local partnerships, however we end up defining that) and engagement as we put into donor management and engagement.
- Commit to regular meetings with national governments to understand health priorities, design business development strategies, and co-create projects based on their priorities, not donor priorities.
- Ask yourself: How will local stakeholders be better off because of our work?
- Evidence of resources and accountability could involve including community engagement in staff person's job description; there is funding for community meetings/outreach; it is clear who is ultimately accountable for ensuring community engagement; there is a funded deliverable related to community engagement.
- Advocate with donors and other stakeholders for meaningful community engagement.

### PROJECT EXAMPLES AND RESOURCES

We invite you to share additional examples and resources. Send your input to [equity@path.org](mailto:equity@path.org)

- Macro-Eyes AI project visited pharmacies to understand the gaps in supply chain and inventory management.
- Living Labs '4D' approach: Discover (learn about the problem, context, and users); Define (analyze learnings and identify key insights); Dream (gather ideas from users and prioritize concepts to test); Design (prototype, gather feedback, and iterate). [Link](#)
- UNICEF Minimum quality standards and indicators in community engagement, 2020. [Link](#)
- Heeks et al. re: inclusive innovation: “Level 1/Intention: an innovation is inclusive if the intention of that innovation is to address the needs or wants or problems of the excluded group.” [Link](#)
- PATH, 2021: Stakeholder preferences for a new rotavirus vaccine candidate, [Link](#); specific country [links](#)
- PATH Advocacy & Public Policy Kenya sub-national-level social accountability work. [Link](#)
- WHO: Community engagement: a health promotion guide for universal health coverage in the hands of the people, 2020. [Link](#)
- WHO: Population consultation on needs and expectations, 2016. [Link](#)
- PATH's Advocacy for Better Health project (Uganda). [Link](#)

3

# Respectful partnerships

Partners with public and private sector actors at the global, regional, national and local levels, respecting diverse expertise and country and community knowledge and decision-making.

How to use this page

Consider these ideas for strengthening design and implementation.

## 3A

### Shifts power to partners

Shifts power, decision-making, and funding to local partners.

## 3B

### Transitions project to partners

Adapts and transitions asset and project ownership to local partners, establishing greater control and sustainability for affected communities.

IDEAS FOR IMPROVEMENT	PROJECT EXAMPLES AND RESOURCES
<p>We invite you to share additional ideas. Send your input to <a href="mailto:equity@path.org">equity@path.org</a></p> <ul style="list-style-type: none"><li>• Respect governments' decisions. Seek to understand instead of thinking we know better.</li><li>• Aim to put PATH in the back seat, with local partners speaking for themselves. Question whether PATH should be seated at this table at all; not just "offering a seat at the table" to the local partner.</li><li>• Develop and test new models of working with national decision-makers and local partners.</li><li>• Understand the local landscape (e.g., decentralization, political economy - the incentives, relationships, distribution and contestation of power and wealth, where decisions are made, where power is held).</li><li>• Advocate for involving local partners and stakeholders at the table with the donors to set strategies and priorities before the project is even funded; advocate for reform of public-sector procurement to require participation of local partners and break down barriers to funding them.</li><li>• Conduct mapping of resources, decisions to ensure that these sit with country stakeholders and partners instead of with donors, INGOs, PATH.</li><li>• Work collaboratively with MOH to understand their needs and help them apply for funding instead of forcing our project onto the government priorities.</li></ul>	<p>We invite you to share additional examples and resources. Send your input to <a href="mailto:equity@path.org">equity@path.org</a></p> <ul style="list-style-type: none"><li>• World Economic Forum, 2022. "How to boost inclusive investment decision-making in global health". <a href="#">Link</a></li><li>• NSGI &amp; UK AID, 2017. The Beginner's Guide to Political Economy Analysis. 2017. <a href="#">Link</a></li><li>• Madhukar Pai, Forbes 2021, Decolonizing Global Health: A Moment To Reflect On A Movement. <a href="#">Link</a></li><li>• Anand Giridharadas, Medium, 2015, The Thriving World, the Wilting World, and You. <a href="#">Link</a></li><li>• Abdisalan Mohamed Noor in PLoS, 2022. Country ownership in global health. <a href="#">Link</a></li></ul>
<ul style="list-style-type: none"><li>• Establish a clear timeline for PATH contributions to taper and end as local leaders take on full ownership.</li><li>• Ensure transition strategy involves local leadership from the start of the project not just at the end.</li><li>• Acknowledge and wrestle with the conflict of interest that can emerge when PATH staff need to bring in revenue to the organization/funding to pay their salaries when at the same time we are expected to transition projects and funding to local partners.</li><li>• In the proposal and/or project work plans, name the local partners we will work with and transition the work to</li><li>• Include contingency plans for sustainability after the project ends.</li><li>• Develop a sustainability plan for financing of the product/intervention before project is initiated or during the project.</li><li>• Use a rights-based approach to build capacity in the community to demand quality services and understand what proper service looks like and to know their rights; thus when PATH leaves, the local community will ensure sustainability.</li></ul>	<ul style="list-style-type: none"><li>• Global Fund Guidance for Sustainability and Transition Assessments and Planning for National HIV and TB Responses. <a href="#">Link</a></li><li>• PATH Early Childhood Development projects in Mozambique and Kenya. <a href="#">Link</a></li><li>• Tanzania Data Use Partnership is led by the government of Tanzania. The government therefore has led the creation, rollout, and scale-up plans for digital systems being developed. They have designed the systems to fit their health priorities, told donors where investments are needed, and owned all digital systems from the beginning. <a href="#">Link</a></li><li>• FANTA III and USAID, 2015. Sustaining Development: A Synthesis of Results from a Four-Country Study of Sustainability and Exit Strategies among Development Food Assistance Projects <a href="#">Link</a></li><li>• Examples from working with reserach &amp; development coalitions: CHRead in Kenya <a href="https://www.path.org/resources/establishing-and-nurturing-kenyan-coalition-health-research-and-development/">Link</a>: <a href="https://www.path.org/resources/establishing-and-nurturing-kenyan-coalition-health-research-and-development/">https://www.path.org/resources/establishing-and-nurturing-kenyan-coalition-health-research-and-development/</a> and SAHTAC in South Africa. <a href="#">Link</a></li><li>• MQSUN+: PATH supported governments to design and cost their own nutrition strategies so they can budget for it (e.g., they want us to facilitate discussion among different government entities bringing their data to the table and merge all data for decision-making/prioritization). It's <i>their</i> strategy they can shop around for investment. <a href="#">Link</a></li><li>• The NCD team developed the NCD Navigator in collaboration with the Kenya MOH--a first-of-its-kind, locally managed, NCD digital information system that provides information on the NCD response in a country. Ownership was transitioned to MOH in 2020. Information can be overlaid with prevalence data and so can be used to identify high disease burden areas with low current investment/programming. <a href="#">Link</a></li><li>• Research Fairness Initiative (RFI) has a reporting guide that outlines how to achieve fairness in research collaboration and partnerships <a href="#">Link</a></li><li>• The Equity Tool for Valuing Global Health Partnerships. <a href="#">Link</a></li></ul>

3

Respectful partnerships

Partners with public and private sector actors at the global, regional, national and local levels, respecting diverse expertise and country and community knowledge and decision-making.

How to use this page

Consider these ideas for strengthening design and implementation.

3C

Strengthens partner capacity

Works with local partners to co-create capacity strengthening activities that recognize local strengths and assets.

3D

Invests in respectful partnerships

Establishes and prioritizes respectful partnerships that increase representation of regional, national, and subnational government, private sector, and civil society in global health.

IDEAS FOR IMPROVEMENT

We invite you to share additional ideas. Send your input to [equity@path.org](mailto:equity@path.org)

PROJECT EXAMPLES AND RESOURCES

We invite you to share additional examples and resources. Send your input to [equity@path.org](mailto:equity@path.org)

- Acknowledge and document the ways in which PATH is also learning from our local partners.
- Enable local partners to lead from the front while PATH provides mentorship, training, and other capacity development.
- Ensure that capacity strengthening is truly driven by local partner demand and not just driven by donors or PATH.
- Invest sufficient time and budget for assessing and building partner's institutional and technical capacities.
- Conduct scoping visits to assess needs from various perspectives, including public health officials, community, care providers, patients, and other partners to align on the goals and understand existing assets.
- Explore partnerships with local universities for capacity strengthening.
- Leverage and strengthens existing platforms in the countries; for example, technical working groups in different government ministries, community based organizations, district and neighborhood health committees.
- Use a participatory approach to assessments where local partners are defining their own assets, strengths, and needs and then jointly implementing a collaboration model that builds on local partners' strengths.

- PATH Healthy Markets project assessment tools and strengthening local partners.
- PPIA (India/TB) mapping partner assets and capacity-building. [Link](#)
- Capacity Development Framework for EpiC project (The Meeting Targets and Maintaining Epidemic Control). [Link](#)

- Use participatory models to solicit local partners' vision and priorities.
- Develop and document a partnership strategy with diverse partners. Conduct a mapping of partners to make sure we are not working only with the "big-name" or "safe" partners, but working with local, new partners; examines the diversity of our local partners too (e.g., how many are led by women? do they represent a diversity of communities? do they involve people living with disabilities?).
- Stay open and transparent with partners; communicate regularly with all stakeholders about our progress and learnings, including where we fail, what we learn, and how we adapt.
- Work with partners to co-define clear and equitable common governance, values, decision-making processes, and communications; avoid dominating discussion and decisions.
- Support PATH country staff to nurture ongoing relationships with diverse set of local partners and stakeholders.
- Invest resources and time to identify and nurture relationships with the right organizations to partner with.
- Tap into or create national coordination mechanisms to bring together government ministries, local partners, and key stakeholders.
- Consider this definition of feedback mechanisms from CARE Gender Marker guidance: accessible, safe, and reliable processes through which partners can report complaints or other feedback about the project. These mechanisms should be transparent, with standard procedures for responding to and learning from feedback, within a set timeline.
- Use coalition models/reference groups to co-create and provide leadership for project implementation, review, and transition for scale-up (partners choose to join; rules of engagement).
- Leverage or establishes local technical advisory boards to inform project implementation, review findings, and disseminate information.

- Example of national coordination: DMPA-SC task force in Uganda, under Access Collaborative. [Link](#)
- PATH's malaria projects in Zambia helped the government manage partners instead of having PATH manage the partners; for example, by developing a comprehensive monitoring tool. [Link](#)
- Examples from working with reserach & development coalitions: CHRead in Kenya [Link](#), and SAHTAC in South Africa. [Link](#)
- PLOS Global Public Health: Equity in global health research: A proposal to adopt author reflexivity statements, 2022. [Link](#)
- BMJ Global Health editorial as a resource: "Using scientific authorship criteria as a tool for equitable inclusion in global health research [Link](#)

4

Inclusive innovation

Engages countries and communities in the end-to-end design process to create fit-for-purpose health interventions.

How to use this page

Consider these ideas for strengthening design and implementation.

4A

Includes users in innovation

Includes and listens to affected users in the innovation process.

4B

Builds inclusive innovation skills

Builds and utilizes local inclusive innovation skills and experience.

IDEAS FOR IMPROVEMENT	PROJECT EXAMPLES AND RESOURCES
<p>We invite you to share additional ideas. Send your input to <a href="mailto:equity@path.org">equity@path.org</a></p>	<p>We invite you to share additional examples and resources. Send your input to <a href="mailto:equity@path.org">equity@path.org</a></p>
<ul style="list-style-type: none"><li>• Commit to regular engagement with country stakeholders to understand priorities before any project is on the table.</li><li>• Design activities around priorities of users, not donors.</li><li>• Involve stakeholders from environment/climate change sector.</li><li>• Ask communities what they want at the point of writing the proposal - trust that they know what is best for them.</li><li>• Commit to regular engagement with country stakeholders to understand priorities before any project is on the table.</li><li>• Facilitate dialogue in a neutral way so as to not favor only some stakeholders.</li><li>• Involve a diverse design and project team.</li><li>• Design business development efforts around user priorities, not donor priorities.</li><li>• Ensure a diverse set of stakeholders are involved in co-creation from the conceptualization phase, not later.</li></ul>	<ul style="list-style-type: none"><li>• PATH contraception self-injection work included feasibility and acceptability studies early in the product development process. <a href="#">Link</a></li><li>• PATH &amp; Defeat DD, 2022. The importance of country-level voices in vaccine development. <a href="#">Link</a></li><li>• Innovation Countdown 2030 crowdsourced a menu of innovation options for countries to review and select from for further development to meet needs in their health strategies. <a href="#">Link</a></li><li>• Trials of Improved Practices (often used for nutrition--e.g.) to optimize solutions/ address barriers to increase uptake. <a href="#">Link</a></li><li>• Living Labs and their 4D approach to go into the communities and assess what challenges they are facing and let communities find own solutions. <a href="#">Link</a></li><li>• Heeks et al “Level 4/Process: an innovation is inclusive if the excluded group is involved in the development of the innovation.” Articles: New models of inclusive innovation for development (Heeks et al., 2014 <a href="#">Link</a>) and Inclusive innovation: definition, conceptualisation and future research priorities (Heeks et al., 2019 <a href="#">Link</a>).</li></ul>
<ul style="list-style-type: none"><li>• Give credit for project data and local stakeholders’ efforts through publications, opportunities to present, leadership roles on project, financial support, letters of recommendation, acknowledgment to employers, credit in project materials.</li><li>• Identify local leaders who will co-guide the work and will drive it forward after PATH’s contributions taper and end.</li><li>• Include feasibility and acceptability studies early in the product development process; results are incorporated in product decisions.</li></ul>	<ul style="list-style-type: none"><li>• G6PD Operational Research Community of Practice (GORCOP) is a platform hosted by PATH that allows for global participation and has provided a place for researchers from all over the P. vivax malaria world to present their own research. <a href="#">Link</a></li><li>• Example from Malaria Vaccine Implementation Program: Efforts made to enhance African voices and experiences in the project. The HUS team hired local researchers to collect data, and local facilities were used in the pilot and for the HUS. There was engagement with in-country stakeholders and governments to co-guide the work to drive the vaccine rollout after PATH’s contributions taper and end.</li><li>• See Heeks et al. reference from 4A.</li></ul>



