Table 6.1: Implications for policy makers and for research

Observation from this and/or other systematic reviews	Implications for policy makers	Implications for research
Few studies assess survival impact, with outcomes of health worker knowledge and behaviour more common	Knowledge on impact remains low. There is some evidence on under-five and neonatal mortality from fully-implemented IMCI (i.e. not only the training components) from this review, and of using lay health workers from other systematic reviews Policy makers should determine the desired and necessary level of evidence, and whether evidence of impact is necessary	If knowledge of impact is required, it needs to be measured, or things that will allow us to model it need to be measured, e.g. using the Lives Saved tool (LiST)[1] Logic frameworks are useful for helping to think through and test causal pathways
Technical guidance alone is insufficient	Interventions to improve health worker knowledge and behaviour should move beyond didactic training	If it is useful to policy makers to identify what additional components are essential/ sufficient to improve behaviour, alternative strategies must be compared
Quality of the evidence	The quality of the evidence available from studies in LMICs, based on GRADE criteria, is generally low It is necessary to determine the appropriate desired level of quality to inform policy	If it is appropriate, studies designed to generate moderate- to high-quality evidence should be undertaken in LMICs These studies should also take into consideration the points below
Why, how, for whom, under what circumstances	This type of information will help address questions of applicability and transferability to other settings than that of the original study	Studies should incorporate careful documentation and reporting of implementation, including fidelity and adaptations Careful reporting of context, barriers and facilitators to implementation is needed Qualitative methods should be incorporated as core elements of the design and evaluation of complex interventions
The use of theory	Theory and logic models of causal pathways are not frequently used These may help to address questions of applicability and transferability to other settings than that of the original study	The incorporation of theory and logic models should be encouraged A holistic approach to designing and evaluating health system interventions may be useful Studies should also take into account the next point
Evidence is required on sustainability, cost-effectiveness, acceptability, equity	Evidence in these other key aspects that are relevant to decision making are lacking	In addition to a focus on outcomes beyond health worker knowledge and behaviour, studies should consider including these outcomes

[1] http://www.jhsph.edu/departments/international-health/IIP/list/