

Online Appendix 4B.

Analysis of the 47 case studies on evidence use and additional considerations

We invited policymakers and researchers from across the globe to share case studies of local implementations of NCD preventive policies in low and middle income countries. The first call of the case studies was circulated by HITAP on September 11th 2019 through various channels including: PMAC, iDSI, HTAsiaLink, and WHO. The call included the following questions¹:

1. Summary of case study
2. Reason as to why this is a best buy, wasted buy, or controversial [contested] buy
3. Describe your role in your organization and/or in relation to the intervention
4. Main challenges in implementation/disinvestment
5. What are the conducive factors and barriers of implementation?
6. What was the global impact?
7. Primary outcomes
8. Intervention period.

In total, 58 case studies were received from 30 countries, in which 47 case studies were selected to be analyzed (other case studies were dropped mainly because the cases were not about NCD prevention). Following the assessment and discussion among the chapter authors and the editorial team, on October 19th 2019, we requested the authors of the case studies for revision of their case studies with a set of further follow-up questions for clarification:

¹ The template for submission can be found via this link http://www.globalhitap.net/wp-content/uploads/2018/09/Call-for-Case-Studies_PMAC-Commissioned-Work-.pdf

1. What made you select this intervention to share with us as a case study?
2. What makes this intervention of particular relevance to your context? What are the important factors for determining relevance to your specific context or how did you determine relevance?
3. Did the process of implementation involve community or stakeholder engagement? If so:
 - a. At what stage?
 - b. Whom in the community or which stakeholders?
 - c. How were they engaged?
4. Please describe if there were any local factors that made this intervention more or less successful?

Based on the final versions of the case studies and the literature on Best Practices in public health prevention, we developed a set of considerations (“additional considerations”) that is relevant to implementation of NCD preventive policies. The result is presented in Table 4.3 of the main chapter.

In Appendix 4B, we applied a list of considerations to the 47 case studies as a scorecard. The considerations include two factors for local evidence use and 27 additional considerations of six categories. Three investigators (Tazeem Bhatia, Ryota Nakamura, and Arisa Shichijo) screened the case studies accordingly to ask whether they addressed each consideration.