

### **EXPLORING POLICY SURVEILLANCE**

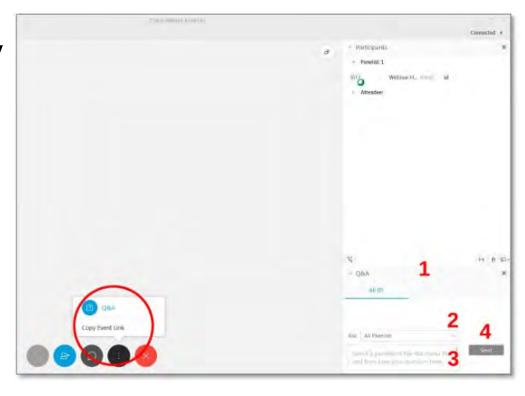
Part 2 —Global Policy Surveillance: Challenges and Opportunities

February 11, 2019, 11:00 a.m.-12:30 p.m. ET



### How to use WebEx Q&A

- Open the Q&A panel by clicking the "..." button on the bottom of the screen and selecting "Q&A"
- 2. Select "All Panelists"
- 3. Type your question
- 4. Click "Send"



### Moderator



Scott Burris, JD

Director, Center for Public Health Law Research

Professor, Temple University Beasley School of Law



Ben Mason Meier, JD, LLM, PhD Associate Professor of Global Health Policy University of North Carolina – Chapel Hill



Matthew Kavanagh, PhD
Visiting Professor of Law and Director, Global Health
Policy and Governance Initiative, O'Neill Institute for
National and Global Health Law
Georgetown University



Dominique Sprumont

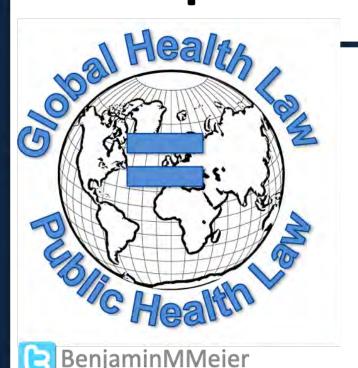
Professeur extraordinaire, University of Neuchatel,

Deputy Director of the Swiss School of Public Health
(SSPH +)



Willetta Waisath, MPH
Senior Research Analyst
WORLD Policy Analysis Center
UCLA Fielding School of Public Health

# Global Health Advancement through Policy Surveillance An Academic Imperative for Empirical Research



Benjamin Mason Meier, JD, LLM, PhD
Exploring Policy Surveillance Webinar
Global Policy Surveillance
February 11, 2019



THE UNIVERSITY

of NORTH CAROLINA

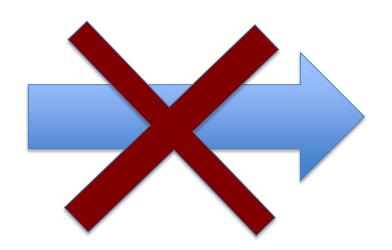
at CHAPEL HILL



- 1. Surveillance How can Policy Surveillance Support Comparative Law?
- 2. Application How Have We Applied Policy Surveillance to Advance Global Health?
- 3. Expansion How Can Policy Surveillance Expand in Global Health Law?

# From International Development to National Implementation

International Treaty



Health Promotion

Policy Surveillance to Facilitate National Implementation

# Studying National Implementation

- 1. Judicial Challenges
- 2. International Treaty Bodies
- 3. National Law
- 4. Civil Society Advocacy



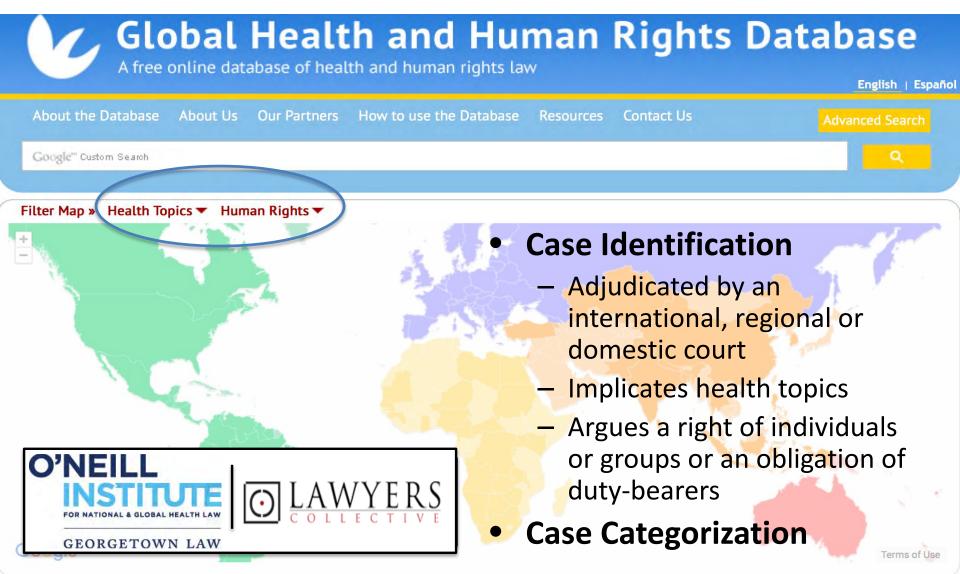
**Linguistic Analysis** 



**Thematic Analysis** 

Policy
Surveillance
through
Analytic
Coding

### **Judicial Challenges**



## **International Treaty Bodies**

Type of Information	Normative Content	Human Rights Principles	Population Addressed	Context of Reference	Types of Information	Sphere of Life
Structure	Affordability	Equality and Non- discrimination	Urban	Health	Quantitative	Home
Process	Quality	Participation	Rural	Sanitation	Qualitative	School
Outcome	Availability	Accountability (includes monitoring)	Women	Hygiene		Workplace
	Accessibility	Sustainability	Children	Food & agriculture		Health Facility
	Acceptability		Racial/ethnic minorities	Housing		
Acco.	ccina Tro	\atı,	Migrants	Facilities/Services		

Refugees

Vulnerable

# **Assessing Treaty Body Monitoring**

- 1. What are States Reporting?
- 2. What is Civil Society Reporting?
- 3. How are Treaty Bodies Responding?

Population
Geographic Ecosystem Health
Regions
Disabilities Emergencies

Older Persons Water Source

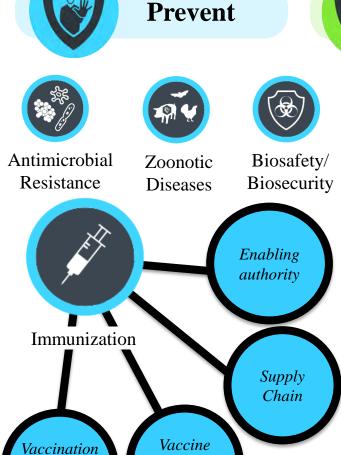
Education

Resource Availability

Older Persons Water Source
Prisoners Assistance and
Cooperation
Land Tenure Status



### **National Law**



adminis-

tration

registration

& liability



### **Detect**



Respond







Laboratory **Systems** 

**/** 

Reporting

Surveillance

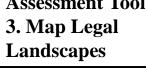


Workforce Development

Medical **Emergency** Law Operations Enforcement Measures









# Civil Society Advocacy

- Social Media Use Exploding
  - 2.55 billion individuals by 2017
  - NGO use social media to engage individuals
- Political Advocacy
   Opportunities for Norm Change
  - Public Awareness
  - Mass Media
  - Policy Reforms

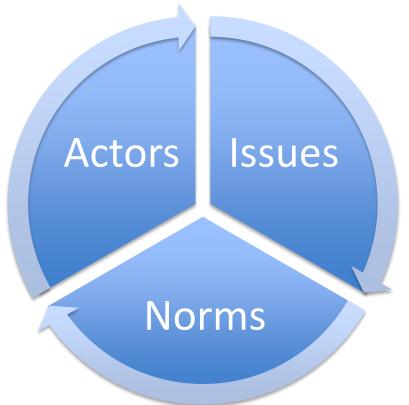






# Facilitating Implementation through Empirical Research

**Understanding Policy Mechanisms** 



Policy Surveillance as a Basis for

- Practice –
   Transnational

   Precedent
- Research –ComparativeAnalysis
- Governance Indicators

# An Academic Imperative for Empirical Research in Global Health Law



Benjamin Mason Meier, JD, LLM, PhD Global Policy Surveillance: Challenges and Opportunities

Center for Public Health Law Research February 11, 2019



THE UNIVERSITY

of NORTH CAROLINA

at CHAPEL HILL





# Using Policy Surveillance to understand cross-national differences in adoption of evidence-based policies

Matthew M. Kavanagh, PhD

Georgetown University

Visiting Professor of Law

Director, Global Health Policy & Governance Initiative

O'Neill Institute for National & Global Health Law

# A political economy of HIV treatment policy

**Drivers of Health Policy Diffusion** 

Matthew M Kavanagh PhD, Georgetown University Somya Gupta, International Association of Providers in AIDS Care Kalind Parish, University of Pennsylvania

### Puzzle

Translation of scientific evidence into policy drives progress health (Deaton)

Persistent cross-national differences the policies governing standard medical treatments

Physicians, WHO, policymakers, (some) health policy scholars suggest that to overcome differences focus on:

- improving scientific evidence
- clarifying interpretations of that evidence for policymakers
- awareness and dissemination channels
- effective cost-benefit analyses
- sufficient resources to implement new medical standards

Even addressing all of these factors is insufficient to secure rapid, equitable adoption of quality medical practice guidelines across countries and contexts.

### HIV: glaring case in point

More than 70 million infected since start of pandemic, half of whom have died—37 million living with HIV

#### When to start HIV Treatment?

- First advice: start late because drugs expensive, high side effects, unclear benefit
- Series of RCTs show health benefits of earlier start
- Prevents HIV transmission
- Paradigm shifts in treatment









Viral suppression from ART prevents HIV transmission

AVERT.org Source: The PARTNER study (2016)

CD4 Count: Measure of Immune Damage

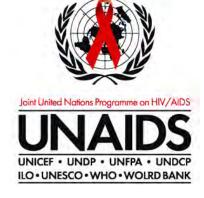
 $200 \rightarrow 350 \rightarrow 500 \rightarrow Treat All$ 

### HIV, case in point

pieces for rapid, universal translation of science into policy:

- Evidence: Billions \$ on RCTs, Enrolled Tens of Thousands, Dozens of Countries Economists show "cost effective"
- Dissemination: WHO recommendations, Entire UN Agency (UNAIDS), UN High Level Meeting
- Funding: \$7 Billion per year in aid

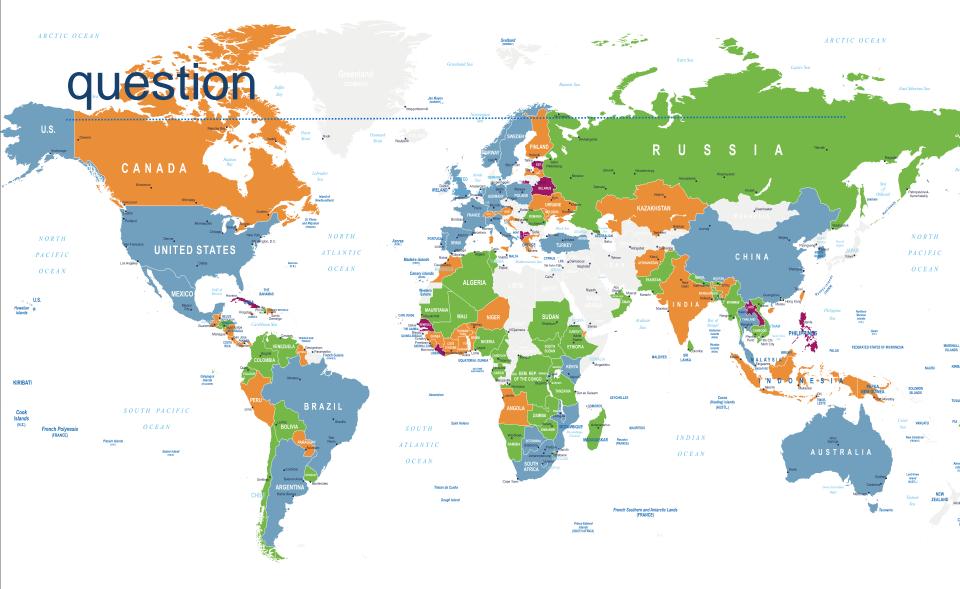








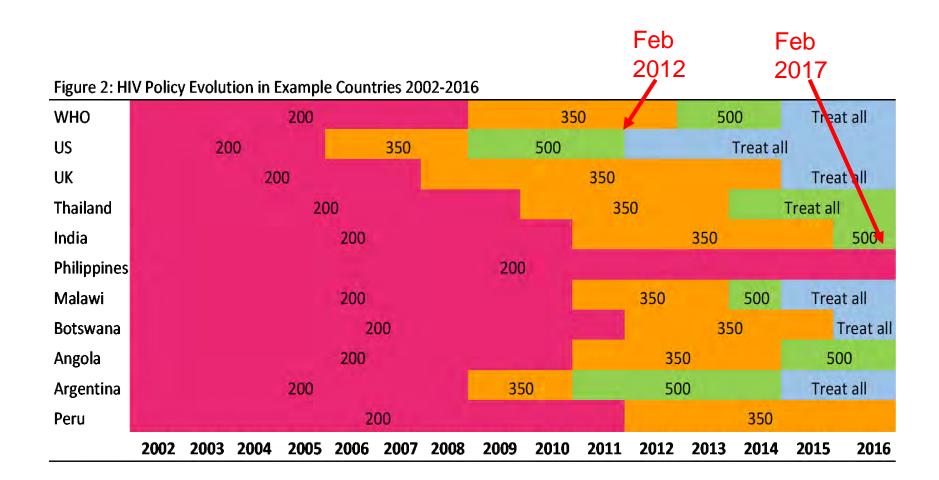




HIV Treatment Guidelines as of Jan 2017

< 500
< 350
< 200, < 250 or < 300
Policy unavailable

Irrespective of CD 4 count



### Methodology

#### 1. Coding HIV Guidelines

- Constructed a database of national HIV treatment guidelines through monthly Internet searches, direct requests to experts and program managers, and unsolicited submissions.
- 290 published national ART guidelines for adults and adolescents from 122 countries (98% of the global HIV burden)

#### Extracted:

- (a) date i.e. month and year of publication and
- (b) antiretroviral therapy (ART) eligibility criteria for asymptomatic people living with HIV.
- DV = Calculated the time difference in months between when WHO recommended a CD4 initiation and national policy adoption

(Higher values represent slower adopters)

#### 2.Qualitative process tracing: 25 intvws, 12 countr

Table 1: Countries Sampled by Systemic Differences										
	HIV Prevalence		Per Capita health		Health System					
	(adjusted)		expenditure		ranking (adjusted)					
Early	Higher	Brazil, Malawi, Thailand, U.S.	High	Brazil, France, Netherlands U.S.	High	France, Netherlands Thailand				
Adopters	Lower	France, Netherlands	Low	Malawi, Thailand	Low	Brazil, Malawi, U.S.,				
	Higher	South Africa, Swaziland, Uganda, Zambia	High	Canada, South Africa, Swaziland, Uganda,	High	Canada				
Late Adopters	Lower	Canada, India	Low	India, Zambia	Low	India, Lesotho, South Africa, Swaziland, Uganda				

Sources: (UNAIDS 2016; World Bank 2017; Institute of Medicine 2013; Murray and Frenk 2010)

# A Political Economy of HIV Treatment Policy: is variation systematic?

#### "Evidence based medicine":

Policymakers act rationally on evidence

**Agenda setting:** large sectors of the population, media attention, etc. should generate "urgency"

**Economics:** poorer countries will not adopt or adopt more slowly because they simply cannot afford the cost of implementation

Garbage Can Model: policymaking is simply so complex that it is impossible to move toward convergence or predicting which countries will rapidly adopt (Cohen, March, Olson)

(also seemingly where many policy agencies stand)

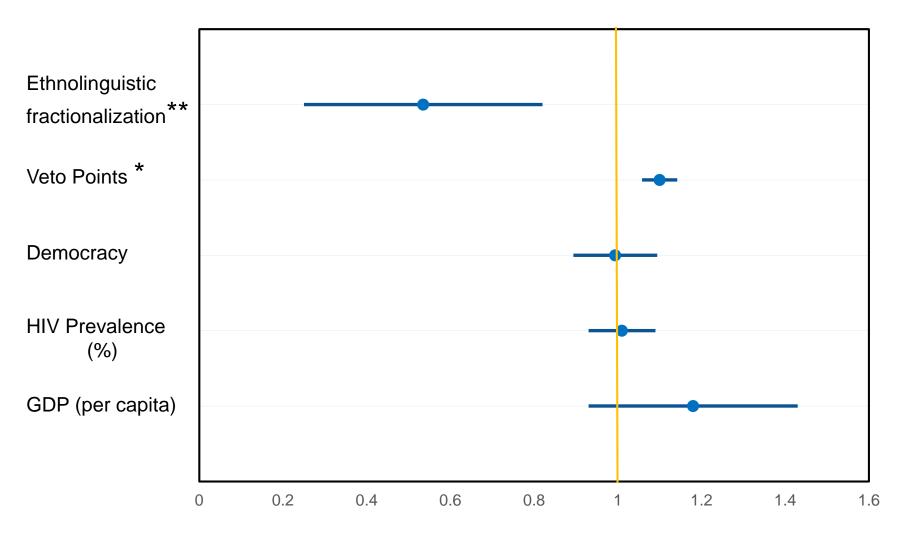
### Statistical analysis

 Cox proportional hazard model to model guideline adoption

### IVs

- Disease Burden/Need:
  - HIV prevalence
- Wealth: GDP per capita
- **Democracy**: polity score
- Structure of government:
   veto points (checks) from IADP
   political institutions database
- Ethnolinguistic
   Fractionalization
   (Alessina)

# Speed of adoption of HIV treatment guidelines (Cox Proportional Hazard Model)



n: 237 country-level clustered standard errors ph test: 0.00 control for GL: yes

### Expected factors do not have an effect

#### Disease burden

No statistical significance, interviewees report no consideration of relative prevalence

#### Evidence is considered

interviewees all reported, without exception, a discussion of the medical evidence. Some interviewees reported slight differences in how countries weighed the evidence, especially during earlier guidelines writing, by the time the WHO changed its guidelines the science was clear.

#### Wealth & cost effectiveness

GDP/pc not significant. In interviews only some guidelines processes considered cost. Low income countries always considered cost, wealthy countries rarely. Rarely formal Cost-Bene, mostly political in LICs.

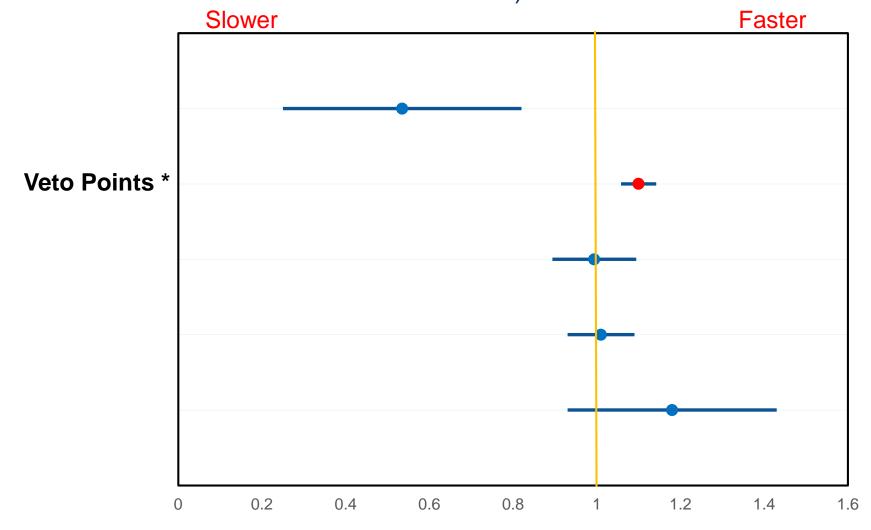
### Democracy

Not significant. Qual: guidelines are not legislated, bureaucratic, electeds play ideosyncratic role. Information flows even in non-democracy (e.g. Thailand fast mover under military govt)

### Structure of government

Veto points

## Speed of adoption of HIV treatment guidelines (Cox Proportional Hazard Model)



n: 237 country-level clustered standard errors ph test: 0.00 control for GL: yes

### Structure of government

Veto points: strongly associated with *faster* policy adoption.

1 veto point (Moldova, Angola; etc.) → 6 veto points (Denmark; Iraq) = 40% faster adoption

Counterintuitive but previous point: bureaucratic process, veto points empower political and social minorities

"We count on a few politicos who will pick up the phone to make sure the HHS process is moving."

-AIDS policy NGO leader, USA (high veto points)

"The sectors engaged are the Ministry of Health and Ministry of Finance as well as some development partners. No, parliamentarians do not play a role. Civil soceity is consulted but the decision is taken by experts inside the Ministry."

-HIV program manager, Rwanda (low veto points)

# Social structures matter—racial & ethnic stratification slows adoption

### Impact is large and significant

no ethno-linguisticfull fractionalizationfractionalization(Papua New Guineaslow down by(e.g. the Maldives,is closest at 0.984,62.5%, ceterisJapan and SouthUganda andparibusKorea come close)Tanzania high)

Adds to evidence that ethnic divisions undermine public goods and policy coordination.

# The role of WHO and other international actors: push and pull

WHO, Global Fund, PEPFAR are powerful players
Mixed impact: Provided funds, but GF opposed ART for all in lower income countries WHO was slower than IAS or HHS

North: WHO mattered not at all, South it was critical

"How can I tell the ministry of Finance that we want to do more than the WHO says?" -AIDS leader, Swaziland

### Conclusion

**Limitations:** Cover 108 countries, but are nonetheless and represent a short period of time, since comparable guidelines are only available for the past approximately 15 years.

Our qualitative data make up for some of these limitations, but is also limited in reach to 12 countries.

**Conclusion:** the institutional political economy of countries is a stronger and more robust predictor of health policy diffusion than either disease burden or national wealth.

- systematic, rather than random
- veto players counterintuitive but important
- new approach is needed by agencies such as the WHO and UNAIDS.



### Learnings for global health policy surveillance

### **Challenges**

- No central repository
- Translation of languages
- Translation of concepts
- What constitutes "the policy"?
- Unwritten policies

### **Key questions**

- How much weight to government report/survey?
- Can we compare dissimilar countries? Not like states

#### **New & different literatures**

 Use comparative politics, comparative law, political economy to do cross-national work

### What Policy Surveillance brings to Global Health

- We can evaluate policy as an intervention.
- We can also explore why some countries adopt evidence-based policies faster to help craft political adoption strategies.

## What Global Health brings to Policy Surveillance

 Bigger differences in political systems to understand how policy works



# Thank you

Matthew M. Kavanagh, PhD

Georgetown University

Visiting Professor of Law

Director, Global Health Policy & Governance Initiative

O'Neill Institute for National & Global Health Law

Matthew.Kavanagh@georgetown.edu





# From Evaluation of the Law to Policy Surveillance: A Swiss Perspective

**Prof. Dominique Sprumont** 

Deputy Director
Institute of Health Law
University of Neuchâtel
Switzerlad



# Evaluating the effectiveness of the law: SSPH A Constitutional Mandate



#### Art. 170 Examinaziun da l'efficacitad

L'Assamblea federala procura per l'examinaziun da l'efficacitad da las mesiras da la Confederaziun.

#### Art. 170 Verifica dell'efficacia

L'Assemblea federale provvede a verificare l'efficacia dei provvedimenti della Confederazione.

#### Art. 170 Evaluation de l'efficacité

L'Assemblée fédérale veille à ce que l'efficacité des mesures prises par la Confédération fasse l'objet d'une évaluation.

#### Art. 170 Überprüfung der Wirksamkeit

Die Bundesversammlung sorgt dafür, dass die Massnahmen des Bundes auf ihre Wirksamkeit überprüft werden.

#### **Art. 170 Evaluation of effectiveness**

The Federal Assembly shall ensure that federal measures are evaluated with regard to their effectiveness.

# Comparative and International Law Analysis: A Central Element of the Legislative Process

Condensé	7260
1 Partie générale: Présentation de l'objet	7267
1.1 Contexte	7267
1.1.1 Article constitutionnel concernant la recherche sur l'être humain	7268
1.1.2 Mise en œuvre du mandat législatif	7268
1.1.3 Objectif principal du projet de loi	7270
1.2 Aspects éthiques	7271
1.2.1 L'antagomame de fond	7271
1.2.2 Les quatre principes classiques de l'éthique biomédicale	7272
1.2.2.1 Le principe de l'autonomie	7272
1.2.2.2 Le principe de la justice	7273
1.2.2.3 Les principes de la non-malfaisance et de la bienfaisance	7273
1.3 Aspects scientifiques	7275
1.4 Satustion juridique en Suisse	7276
1.4.1 Vue d'ensemble	7276
1.4.2 Législation fédérale	7277
1.4.2.1 Produits therapeutiques	7277
1.4.2.2 Transplantation	7278
1.4.2.3 Recherche sur les cellules souches embryonnaires	7278
1.4.2.4 Procréation médicalement assistée	7278
1.4.2.5 Analyse genetique humaine	7279
1.4.2.6 Protection des données	7279
1.4.2.7 Secret professionnel en matière de recherche médicale	7280
1.4.3 Législations cantonales	7390
1.5 Situation juridique internationale et législation en vigueur dans	
d'autres pays	7281
1.5.1 Conseil de l'Europe	7281
1.5.2 Union européenne	283
1.5.3 Situation juridique dans d'autres pays	
1.6 Directives et déclarations	7284
1.6.1 Directives des Académies suisses des sciences	7284
1.6.2 Prise de position de la Commission rationale d'éthique 1.6.3 Directives et déclarations de l'Organisation des Nations Unies	7286
1.6.4 Déclaration d'Helsinki de l'Association médicale mondiale	7287
1.6.5 Ligne directrice des bonnes pratiques cliniques de la Conférence	1201
internationale sur l'harmonisation des critères d'homologation	
des produits pharmaceutiques à l'usage de l'homme	7288
1.7 Mise an point de l'avant-projet	7289
1.7.1 Résultats de la procédure de consultation	7289
1.7.1.1 Résultats généraux	7289
1.7.1.2 Résultats en détail	7289
1.7.2 Remaniement de l'avant-projet et principales modifications	1-00
apportées	7290

# Comparative and International Law Analysis: A Central Element of the Legislative Process

Übersicht	312
Verzeichnis der Abkürzungen	318
1 Grundzüge der Vorlage	319
1.1 Ausgangslage 1.1.1 Gesundheitspolitische Bedeutung 1.1.2 Das geltende Epidemiengesetz	319 319 327
1.1.3 Mängel im geltenden Recht 1.1.4 Anlass für die Neuregelung	328 329
1.2 Ergebnis des Vorverfahrens 1.2.1 Ergebnis des Vernehmlassungsverfahrens 1.2.2 Überarbeitung des Vorentwurfs	331 331 334
1.3 Die beantragte Neuregelung     1.3.1 Überblick     1.3.2 Steuerungs- und Koordinationsinstrumente     1.3.3 Aufgabenteilung und Zusammenarbeit zwischen Bund	335 335 336
und Kantonen  1.3.4 Erkennung und Überwachung, Verhütung und Bekämpfung  1.3.5 Weitere Aspekte	337 338 341
1.4 Begründung und Bewertung der vorgeschlagenen Lösung	342
Austimmung von Aufgaben und Finanzen	343
1.6 Rechtsvergleich und Verhältnis zum europäischen Recht     1.6.1 Rechtsvergleich     1.6.2 Verhältnis zum europäischen Recht	345 345 345
1.7 Bundesgesetzgebung	347 347
1.7.2 Tierseuchen 1.7.3 Krankenversicherung 1.7.4 Heilmittel 1.7.5 Prävention und Gesundheitsförderung	349 349 354 355
1.8 Umsetzung	356
2 Erläuterungen zu den einzelnen Artikeln	357
2.1 1. Kapitel: Allgemeine Bestimmungen und Grundsätze	357
2.2 2. Kapitel: Information und Informationsaustausch	367
2.3 3. Kapitel: Erkennung und Überwachung 2.3.1 1. Abschnitt: Meldungen 2.3.2 2. Abschnitt: Laboratorien	369 369 374
2.4 4. Kapitel: Verhütung     2.4.1 1. Abschnitt: Allgemeine Verhütungsmassnahmen     2.4.2 2. Abschnitt: Impfungen     2.4.3 3. Abschnitt: Biologische Sicherheit	377 377 379 381





# Working in a multilingual and multilegal reality

- With 27 legislative systems (not including the largest cities), Swiss lawyers have a high likelihood to contribute in a legislative process
- They are used to conducting a comparative and international legal analysis (benchmarking) in a multilingual and multilegal environment





# Do what I say not what I do (or is it the opposite?)

 This is common practice to work in a multilingual, multicultural and multilegal environment, to compare a variety of legal thinking and to evaluate current legislation in comparison with other legal systems.

Yet this is not policy surveillance





# Do what I say not what I do (or is it the opposite?)

 The current practice of evaluating legislation lacks systematic and methodology to be considered policy surveillance

 Yet, public health in Switzerland and in Europe would highly benefit from introducing policy surveillance





#### The step forward: what challenges?

- Variety of legal systems
- Multilingual environment (English is a problem for a rigourous scientific approach at the international level)
- Multicultural environment
- Limited expertise in policy surveillance?
  - Pilot project on the implementation of IRH in 4 countries from WHO Euro (Switzerland, Serbia, Georgia, Kirgystan)





# Merci de votre attention



# **Exploring Policy Surveillance 2019 Webinar Series**

Global Policy Surveillance: Challenges and Opportunities

Willetta Waisath, MPH
WOLRD Policy Analysis Center
Fielding School of Public Health
University of California, Los Angeles



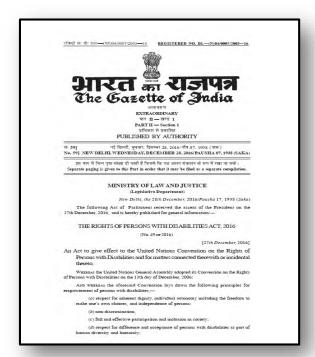


# The Power of Policy and Legal Indicators

Collectively, we have made excellent progress on outcome indicators, but much less data has been available on global laws and policies

#### Laws and policies:

- are immediate levers leaders can move
- provide a necessary, if not sufficient, first
   step to improving implementation
- strengthen the work of civil society to promote effective realization of health, development, and well-being
- enable rigorous techniques to measure impact and inform evidence-based policy decisions







### **WORLD: A Quantitative Policy Approach**

➤ The WORLD Policy Analysis Center (WORLD) creates quantitatively comparable databases by collecting and analyzing legislation and policies for all 193 UN member states.

#### With partners, WORLD:

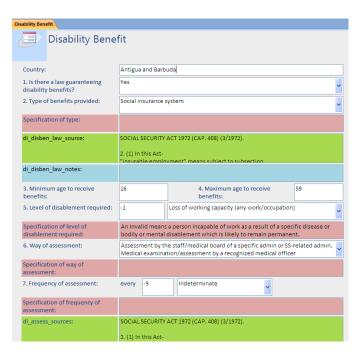
- Undertakes rigorous analyses of policy effectiveness
- Facilitates comparative studies of policy progress
- Informs policy debates
- Advances accountability efforts





#### **Database Construction**

- Topic Selection:
  - Areas with research evidence demonstrating their importance
  - Areas with widespread global consensus on their value
  - Areas where we don't know what works but have a valid causal theory
  - Areas with a lack of global policy knowledge



#### Sources:

- Primary national legal sources

   (e.g. constitutional texts, original legislation) from global compendiums
- Secondary sources (e.g. country reports to the UN) to clarify, complement, or corroborate



### **Coding Process and Frameworks**

- Coding in original languages: Research team fluent in 5 of the 6 official UN languages and several additional ones
- Review source materials for each individual country in a systematic, consistent, and comparative way
- Quality checks:
  - Double coding; reconciling
  - Database cleaning
  - Verification of outliers
  - Periodic updates
  - Feedback from countries/regions





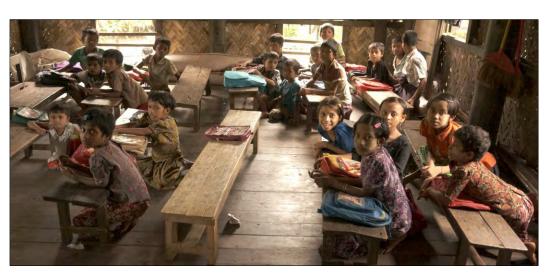
# **Overview of WORLD Priority Areas**

WORLD makes available quantitatively comparable data on more than 1,500 laws and policies in 193 countries affecting human health, development, well-being, and equity, including:

- Health
- Disability
- Poverty
- Education
- Gender
- Migration

- Childhood
- Families
- Child Labor
- Equal Rights and Discrimination

- Adult Labor and Working Conditions
- Environment
- Aging
- Marriage





### **Moving from Data to Action**







**Collect Policy Data** 

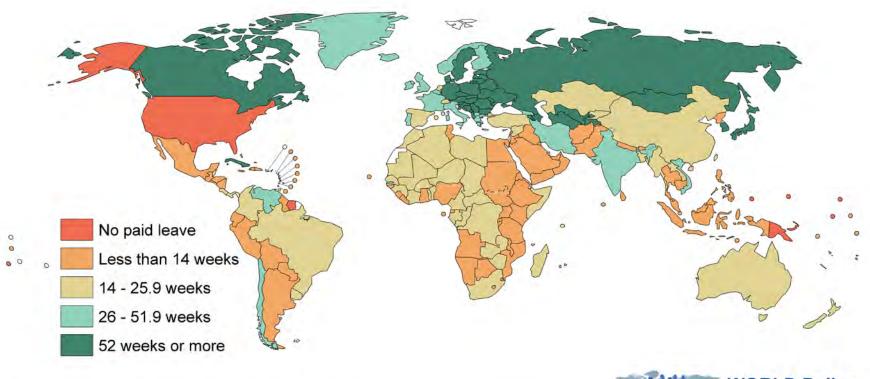


Link Policy Data to Outcome Data



Share Findings with Decision-makers

#### Is paid leave available to mothers of infants?



Source: WORLD Policy Analysis Center, Adult Labor Database, 2015/2016





#### **Overview of Global Micro Data**

WORLD's partners at the Townsend Centre for International Poverty Research in Bristol, UK have harmonized social survey data at individual and household level from 1990 to 2014, in areas including:

#### **Core variables:**

- Individual demographics
- Individual relationships
- Physical characteristics
- Household structure
- Head of household
- Household consumer durables & assets
- Household facilities
- Employment
- Education
- Health: child
- Health care: children

- Adult health
- Health care: adult
- Antenatal care
- Delivery & postnatal care
- Knowledge of AIDS
- Access to information
- Birth & child id variables
- Date & id variables
- Weight
- Women's autonomy/status
- Child birth order

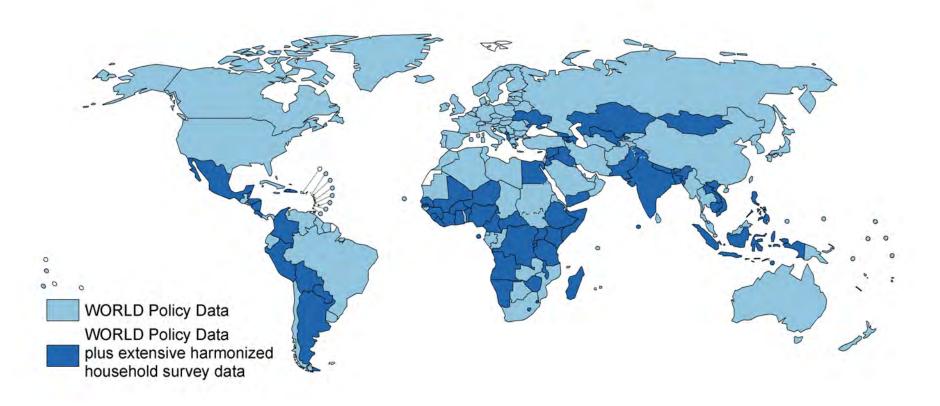
#### **Derived variables:**

- Physical characteristics
- Household structure
- Employment
- Education
- Health: child
- Health care: children
- Adult health
- Health care: adult
- Antenatal care
- Delivery & postnatal care
- Knowledge of AIDS
- Access to information
- Women's autonomy/status





### **Global Data Coverage**



1,500+ Law and Policy Indicators for 193 Countries
Harmonized DHS/MICS Surveys for ~4.6 Million Individuals on health, employment, poverty/deprivation, education, income and expenditures.





# Findings on Paid Maternity Leave and Infant Mortality

- Examining the effects of paid maternity leave duration on infant death
  - 282,751 births in 20 LMICs (years 2000-2007)
- Findings
  - Extending the duration of paid maternity leave decreased the probability of infant death.
  - Each additional month of paid maternity leave led to 7.9 fewer infant deaths per 1,000 live births, reflecting a 14% reduction relative to the mean.



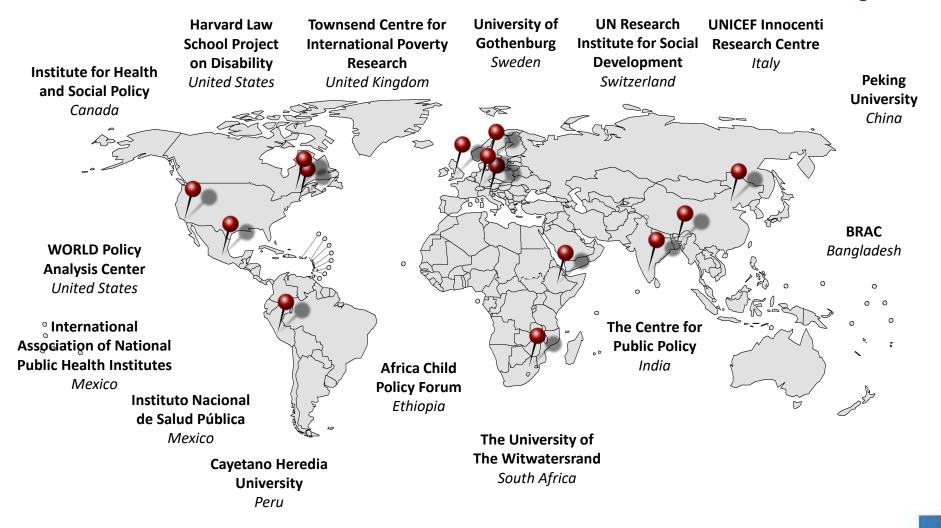
Photo: Filckr/Steve Evans

Source: Nandi A, Hajizadeh M, Harper S, Koski A, Strumpf E, Heymann J. Increased duration of paid maternity leave lowers infant mortality in low- and middle-income countries: A quasi-experimental study. PLoS Medicine. Published online before print, March 2016.





# **Global Data and Research Partnerships**





### Working in Partnership with Civil Society





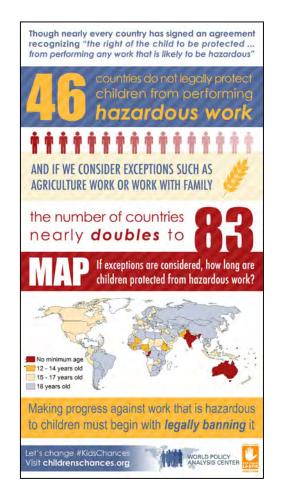
#### **Collaborations on Global Gender Data Efforts**





#### **Joint Production of Materials**







#### **Engaging in Conversations on Social Media**







# **Knowledge Exchange**

#### **Multi-lingual Webinars**



#### **Guest Blog Posts & Authorship**





#### **Global Workshops & Civil Society Convenings**

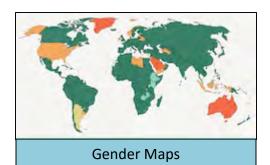






### **A Diversity of Online Tools**

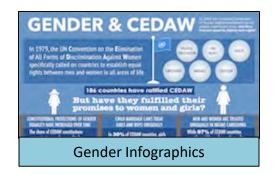
#### Different materials for different audiences













# Global Policy Research: Challenges and Solutions

- Applying our methodology to countries with federal systems
- ➤ Developing systematic methodologies to capture provisions outlined in varied legislative or policy sources across countries (i.e. national constitutions, legislation, policy, regulations)
  - Migration database
  - Education database



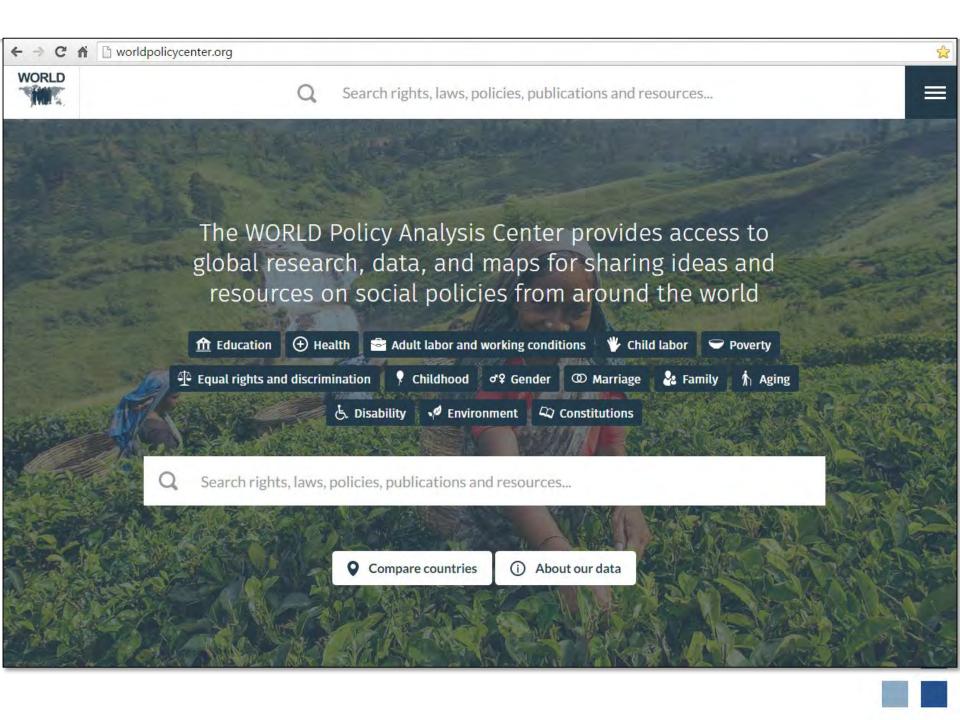


### **Global Policy Research: Future Opportunities**

- Increased opportunities to incorporate policy data in monitoring global agreements
- ➤ Greater capacity for rigorous, policy-to-outcome analyses to assess what works

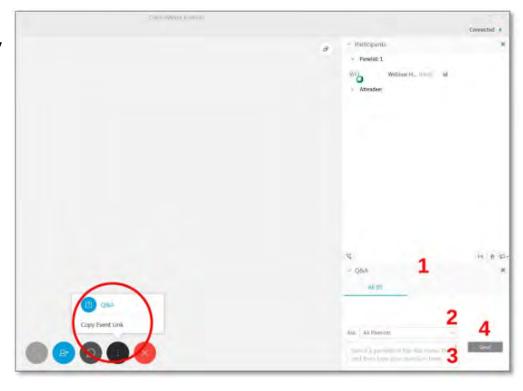
Expanded partnerships for impact across sectors





#### How to use WebEx Q&A

- 1. Open the Q&A panel by clicking the "..." button on the bottom of the screen and selecting "Q&A"
- 2. Select "All Panelists"
- 3. Type your question
- 4. Click "Send"



#### Thank You!

Join us March 12 at 1:00 p.m. ET for our next webinar:

# **Local Policy Surveillance: Challenges and Opportunities**

Register at bit.ly/ExplorePS19

