



AGREE- Health Systems (AGREE-HS) Reporting Checklist 2018

This checklist is intended to guide the reporting of health systems guidance documents.

Manuscripts related to the AGREE-HS have been submitted to peer-reviewed journals for publication. Citations will be added here when they are available.

For more information about the AGREE-HS Reporting Checklist, please visit the AGREE Enterprise website at <http://www.agreetrust.org>

ITEM DESCRIPTION	REPORTING CRITERIA	PAGE #
ITEM 1: TOPIC		
<i>This item addresses the description of the health system challenge, the causes of the challenge and the priority accorded to it, and relevance of the guidance.</i>	<input type="checkbox"/> The health system challenge is clearly described (i.e., the nature of the challenge; the magnitude, frequency or intensity of the challenge; the populations affected).	
	<input type="checkbox"/> The causes of the health system challenge are clearly described.	
	<input type="checkbox"/> The health system challenge is described in terms of its level of priority in the targeted health system and the affected population; arguments to support the priority classification are provided.	
	<input type="checkbox"/> The guidance is relevant to (i.e., timely in relation to when decisions will be made), and appropriate for, the health system challenge, the system or sub-system needs, the target population(s), and the setting(s) in which they will operate.	
ITEM 2: PARTICIPANTS		
<i>This item addresses the composition of the health systems guidance development team and the management of competing interests and funder influence.</i>	<input type="checkbox"/> The health systems guidance development team includes members who have an interest or stake in the recommendations (e.g., decision makers, program managers, operational leaders, consumers and members of the public).	
	<input type="checkbox"/> The health systems guidance development team is multidisciplinary (e.g., political scientists, economists, epidemiologists, methodologists).	
	<input type="checkbox"/> The health systems guidance development team is multi-sectoral (e.g., primary care, public health and, if appropriate to the challenge, finance and housing).	
	<input type="checkbox"/> Competing interests of the health systems guidance development team members (e.g., financial, professional), and the strategies used to identify and manage them, are clearly described.	
	<input type="checkbox"/> Precautions have been taken to avoid or to minimize the influence of a funding agency.	
ITEM 3: METHODS		
<i>This item addresses the use of systematic methods and transparency in reporting; the use of the best available and up-to-date evidence; the consideration of effectiveness and cost-effectiveness of the potential options; and the weighting of benefits and</i>	<input type="checkbox"/> Systematic and transparent methods were used to identify and review the evidence (e.g., integrated review, scoping review, review of the grey literature, systematic review).	
	<input type="checkbox"/> The best available and most contextually relevant evidence was considered.	
	<input type="checkbox"/> The evidence base is current.	
	<input type="checkbox"/> Evidence of effectiveness of the potential options is clearly described, including descriptions of the contexts in which the options were tested.	

<i>harms in the guidance document.</i>	<input type="checkbox"/> Evidence of cost and cost-effectiveness of the potential options is described.	
	<input type="checkbox"/> The weighting of the benefits and harms of the potential options is described.	
	<input type="checkbox"/> There is a link between the recommendations and evidence.	
	<input type="checkbox"/> The rationale behind the recommendations is clear.	
	<input type="checkbox"/> Systematic and transparent methods were used to agree upon the final recommendations (e.g., informal or formal consensus, Delphi method, nominal group methods).	
ITEM 4: RECOMMENDATIONS		
<i>This item addresses the outcomes orientation and comprehensiveness of the guidance; the ethical and equity considerations drawn upon in its development; the details for its operationalization; the sociocultural and political alignment of the guidance; and the updating plan.</i>	<input type="checkbox"/> The anticipated outcomes of implementing the recommendations are clearly described (including indicators, performance thresholds or targets, and standards to measure them).	
	<input type="checkbox"/> The recommendations are comprehensive and provide direction to all relevant health system levels (e.g., national, provincial/state), subsystems (e.g., cancer, mental health) and sectors (e.g., primary care, public health).	
	<input type="checkbox"/> The ethical principles used to develop the recommendations are described.	
	<input type="checkbox"/> The recommendations promote equity among the target population (e.g., in terms of age, sex, gender, culture, religion, race, sexual orientation).	
	<input type="checkbox"/> The recommendations' acceptability to, and alignment with, sociocultural and political interests were considered.	
	<input type="checkbox"/> The recommendations are easily identifiable, clear, and succinct.	
	<input type="checkbox"/> The recommendations are actionable and are sufficiently detailed to be operationalized.	
	<input type="checkbox"/> A plan for updating the recommendations is described.	
ITEM 5: IMPLEMENTABILITY		
<i>This item addresses the barriers and enablers to implementing the recommendations; the cost and resource considerations in implementing the recommendations; the affordability of implementation and anticipated sustainability of outcomes; the flexibility and transferability of the guidance; and the strategies for disseminating the guidance, monitoring its implementation and evaluating its impact.</i>	<input type="checkbox"/> Barriers and enablers to the implementation of the recommendations are described, including factors that are internal (e.g., resources, incentives, administrative structure) and external (e.g., legal system, social system, state of the economy, corruption, beliefs) to the health system. A plan to mitigate barriers and optimize enablers is included.	
	<input type="checkbox"/> Cost and resource considerations for the recommended actions are described (e.g., money, time, infrastructure, equipment, administrative capacity, supplies, staffing, and training).	
	<input type="checkbox"/> The stakeholders' acceptability of the recommendations is described.	
	<input type="checkbox"/> The affordability of the recommendations, in the context where implementation will take place, is described.	
	<input type="checkbox"/> The anticipated sustainability and requirements to maintain long-term outcomes is described.	
	<input type="checkbox"/> The recommendations are flexible and there is a description of how they can be adapted or tailored for specific contexts in which they will be implemented.	
	<input type="checkbox"/> A description of the degree to which the recommendations are transferable to other similar or different contexts is provided.	
	<input type="checkbox"/> Strategies for disseminating the health systems guidance are described.	
<input type="checkbox"/> Strategies for assessing the implementation process and the impact of the recommendations are described.		