**Common Principles of Design & Global Health**

**1. Take a holistic view.**
We design for the relationships between actors and the ways in which they will interact with each other within a health system. We listen to and design for stakeholders at every level within the health system, as well as influencers who sit outside the system, not just the end-user.

**Holism:** Consider all systems components, processes, and relationships simultaneously.

**2. Embrace complexity, adapt, and learn.**
We understand that health systems sit at the intersection of complex global, national, regional, and local culture and politics. We elevate contextual factors through rich user engagement and use an iterative approach to help adapt solutions to different cultures and ensure a good fit to national, regional, and local contexts.

**Context:** Consider global, national, regional, and local culture and politics.

**3. Top into the creative power to engage and motivate.**
We understand that health systems sit at the intersection of complex global, national, regional, and local culture and politics. We elevate contextual factors through rich user engagement and use an iterative approach to help adapt solutions to different cultures and ensure a good fit to national, regional, and local contexts.

**Social Mobilization:** Mobilize and advocate for social and political change to strengthen health systems and address the social determinants of health.

**4. Collaborate with many and diverse perspectives.**
We co-create across disciplinary boundaries and traditional silos within global health systems in a respectful and collaborative manner. We ensure that diverse perspectives and experiences are illustrated to technical experts as a means to understand root causes more deeply and create solutions that are more responsive to end users at every level within the health system.

**Holism:** Consider all systems components, processes, and relationships simultaneously.

**5. Build capacity by engaging communities.**
We engage the community and other stakeholders as equal participants in creative problem-solving so that they have an increased sense of ownership over the solutions that emerge. We use design to increase the quality of solutions, as well as to build capacity in individuals and institutions to more effectively collaborate in addressing challenges and barriers to improved health outcomes.

**Capacity Enhancement:** Enhance ownership of and capacity for leadership, management, institutional strengthening, and problem solving at all levels, from individuals and households to ministries of health.

**6. Test and iterate, over and over.**
We rapidly test solutions by putting them in the hands of end users early and often to make assumptions and learnings tangible early in the design process. We iteratively adapt and refine these prototypes with users (and other stakeholders) to reduce the risks associated with introducing new solutions, whether products, services, communications, or other interventions.

**Efficiency:** Minimize waste and allocate funds where they are needed most.

**7. Anchor on the existing evidence.**
We start our inquiry with what is known and review the established evidence base. Drawing on user insights, we build on the work of global health experts and incorporate the knowledge of the communities and institutions with which we work to strengthen understanding and challenge existing assumptions. We employ a structured, creative process that connects insights to action in a transparent and rigorous manner.

**Evidence-informed action:** Make decisions based on evidence whenever possible and ensure transparency and accountability.

**8. Make solutions accessible, usable, and inclusive.**
We design inclusively; that is, we make design choices that support widespread adoption across diverse needs and priorities, including those of the individuals and communities who are most disenfranchised from the health system. Good design is accessible, and accessible design is good design.

**Equity:** Target those who are disenfranchised.

**9. Create solutions that evoke positive emotions.**
We realize that healthcare products and services that are usable or functional are simply not enough to encourage behavior change and sustained use. We aim to increase the quality of health experiences through thoughtful consideration of the needs, emotions, and constraints of stakeholders at all levels of the system. Our goal, even in resource-constrained environments, is to create feasible, viable solutions that evoke positive emotions for increased uptake and sustained use.

**Satisfaction:** Respond to the needs and concerns of all stakeholders.

**10. Empower users as equal participants.**
We use a collaborative process that seeks to give communities greater influence over their day-to-day health experiences. We co-design new experiences that take into account, and fit within, existing health behaviors, norms, and beliefs rather than expecting users to change their lives to suit the processes and provisions of the health system.

**Community Participation:** Community-level influence on the provision and utilization of health services.