

# Health policy analysis for annual reviews

Countdown Data & Analysis Centre (DAC)  
For Health Policy and Systems

Countdown DAC webinar seminars  
23 March 2021

**Facilitated by Asha George and Mary Kinney**



UNIVERSITY of the  
WESTERN CAPE

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- Countdown Drivers group - past & present
- Health policy analysis – brief overview
- Countdown Drivers group – studying RMNCAH through health system lenses and levels
- Way forward - opportunities for GFF country collaborations with DAC HPSR

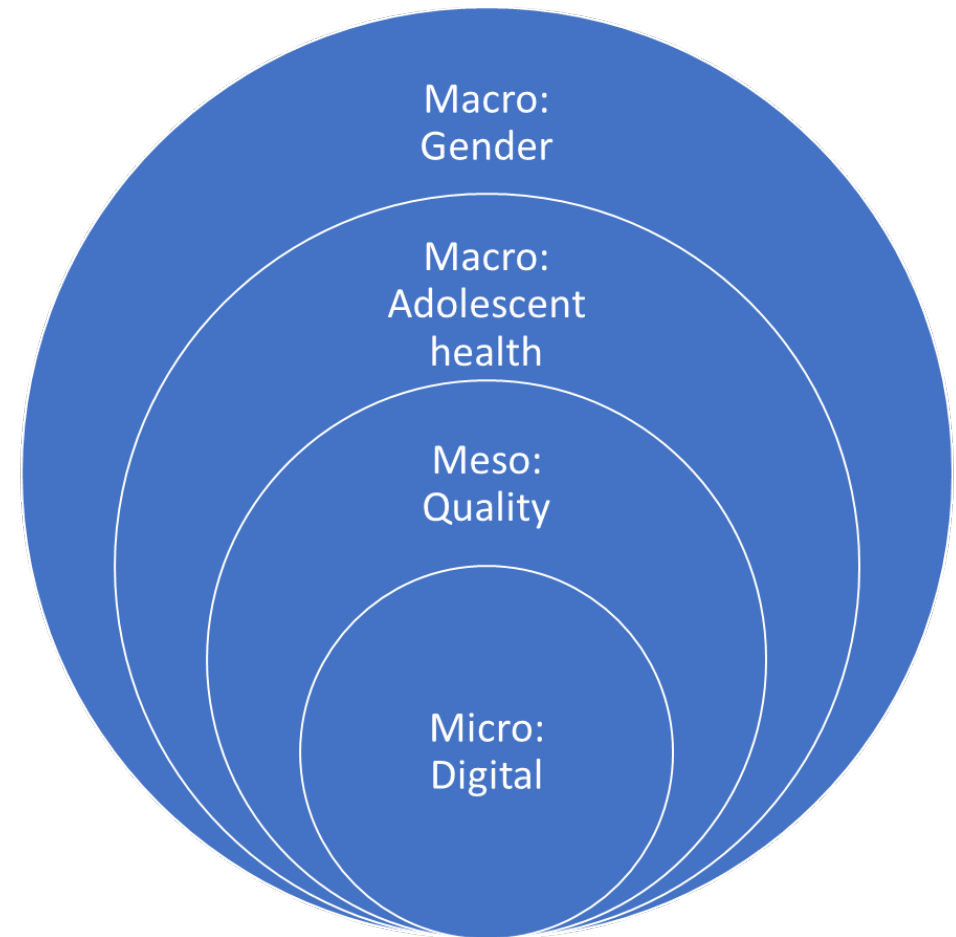


# Countdown Drivers Group

How we think about studying  
RMNCAH through health  
system lenses and levels

# Countdown 2030 Drivers Group, 2017-2020

- **Indicators** September 2019
- **Four workstreams**
  - Digital Health
  - Quality of care (MPDSR)
  - Adolescent Health
  - Gender
- **Outputs**
  - 4 supplements
  - 19 publications & counting
  - 4 conference panel presentations
  - 2 WHO technical working groups
  - 2 PMNCH technical groups
  - 1 National Community of Practice
  - 1 Lancet Commission
  - 1 news article



# Countdown 2030 Drivers Group, 2021-2023

- Policy briefs/ presentations
  - Context
  - Policy
  - Implementation
  - Lenses and Levels
- DAC support to GFF analysis
  - Adolescent Health
  - Maternal Newborn
- Exemplars
  - Peer review support to JHU, LHSTM, UManitoba



Mary  
Kinney  
ABOUT COUNTDOWN TO 2030



Asha  
George

Slide content adapted from  
courses and slide sets from  
SOPH and CHESAI



# Health Policy Analysis

Brief overview of how to  
consider health policy  
analysis for annual reviews

**A HEALTH POLICY ANALYSIS READER:**  
THE POLITICS OF POLICY CHANGE IN  
LOW- AND MIDDLE-INCOME COUNTRIES  
EDITED BY LUCY GILSON, MARSHA ORGILL AND ZUBIN CYRUS SHROFF



# What is policy?

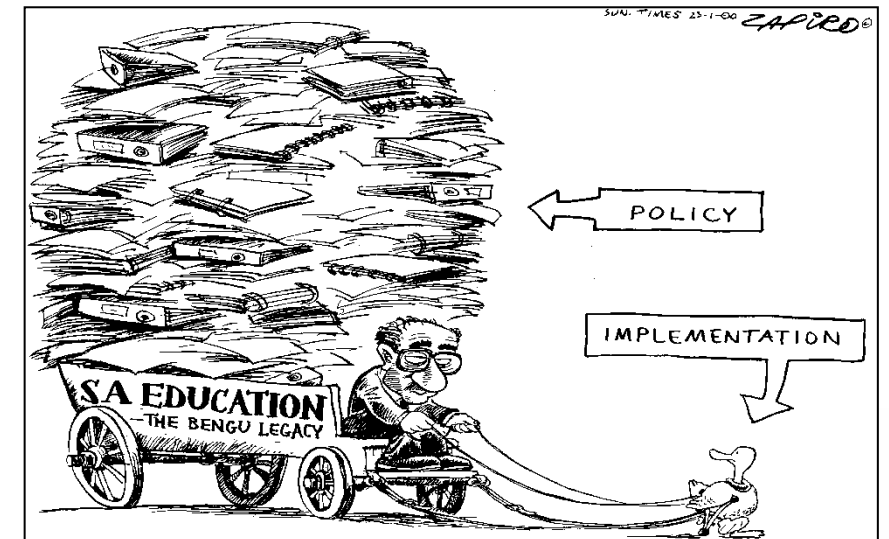
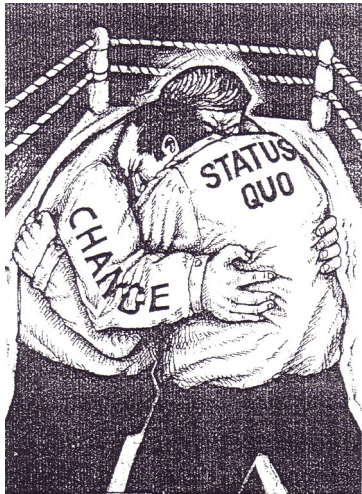
A decision-making process



A set of decisions



Policy intent & implementation



*Health policy = “decisions, plans, and actions that are undertaken to achieve specific [health and] health care goals within a society” (WHO, 2018)*

## **Reflection:**

Why do policies not always achieve in practice what they intended?

Write your thoughts in the chat box ...



Policies often don't achieve what was intended because of  
*power & processes*

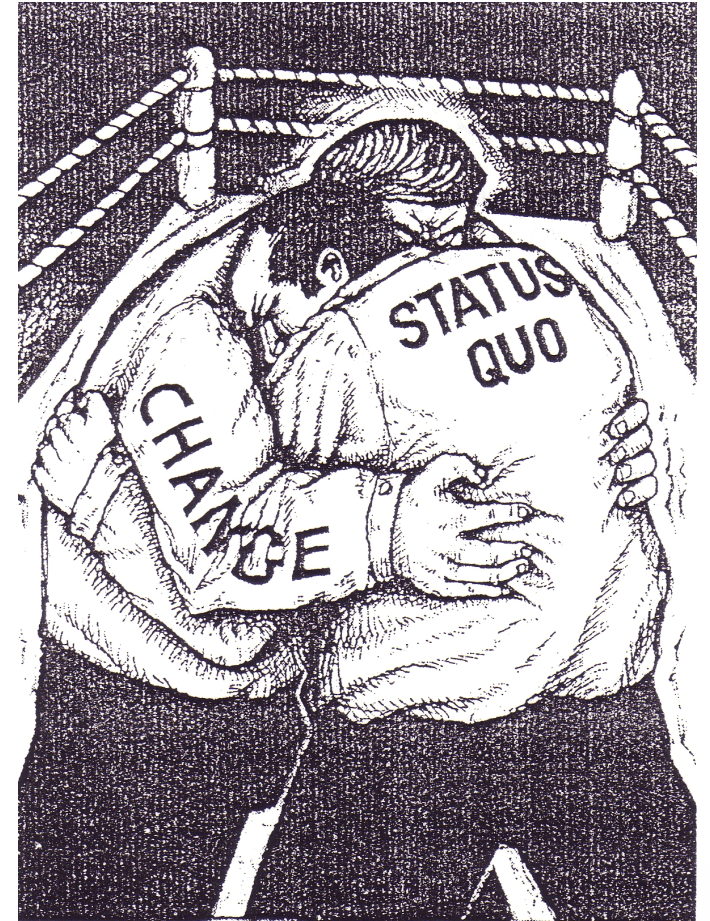
*Health policy is about process and power ... it is concerned with  
who influences whom in the making of policy, and how that  
happens*

(Walt 1994)

\*\*\*\*\*

# What is the policy process?

- The many and complex sets of decisions, actions, and inter-action entailed in developing policy and putting policy into effect
- Policy formulation and implementation always involve: negotiation, contestation, resistance



# So, why study policy?

- Technically sound documents/ideas about new ways of addressing (old) problems are not enough to bring about the changes in practice needed to address the problems
- Existing understandings & practices may not support goal achievement

Policy analysis helps us to better  
understand the interactions  
between the different factors  
impacting on policy process;  
success or failure

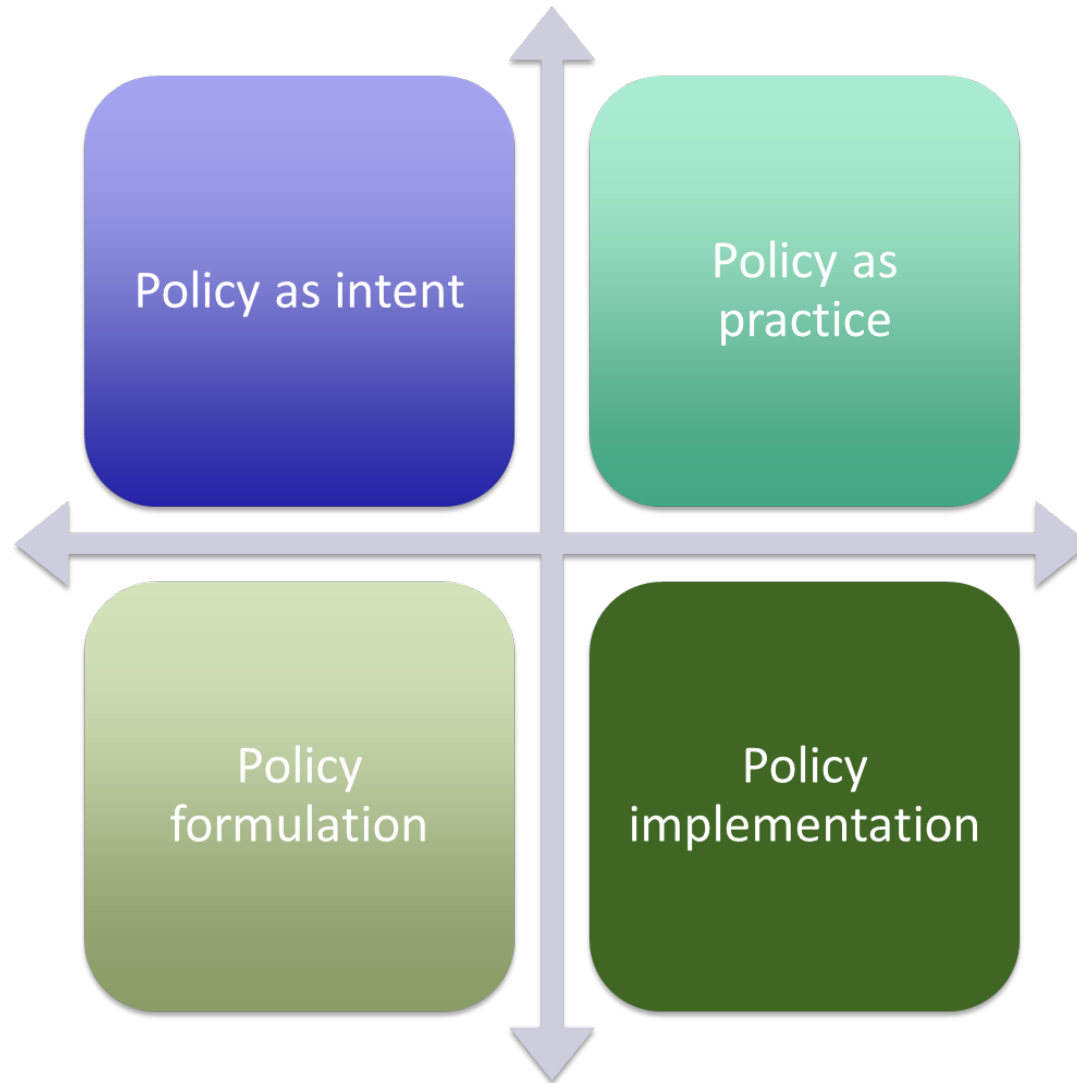
...

**and to think about strategies to  
manage the process!**

# Considerations for health policy analysis

1. What to study?
2. How to study?
3. What are the caveats?

# 1. What do you want to study?



## Reflection

What have you studied previously regarding policy?

What do you want to study?



## 2. How to study health policy analysis?

- Frameworks and theories
  - Stages heuristics
  - Policy triangle framework
  - Network frameworks
  - Multiple-streams theory
  - Punctuated equilibrium theory
  - Implementation theories

The stages model

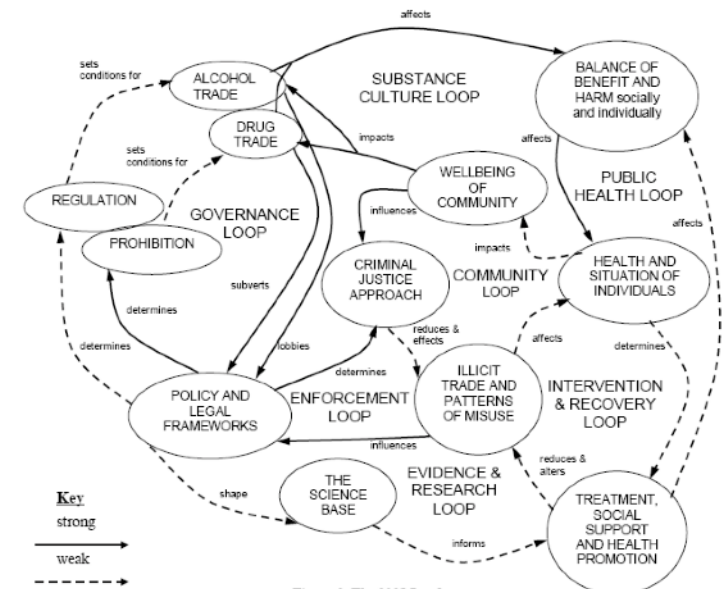
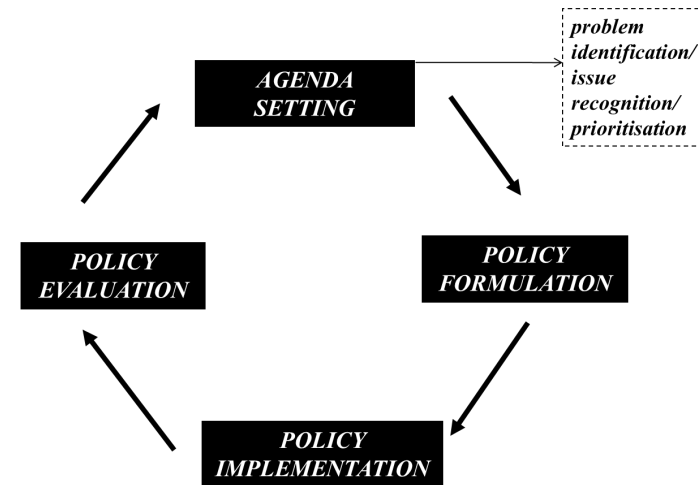


Figure 3. The 2008 Landscape

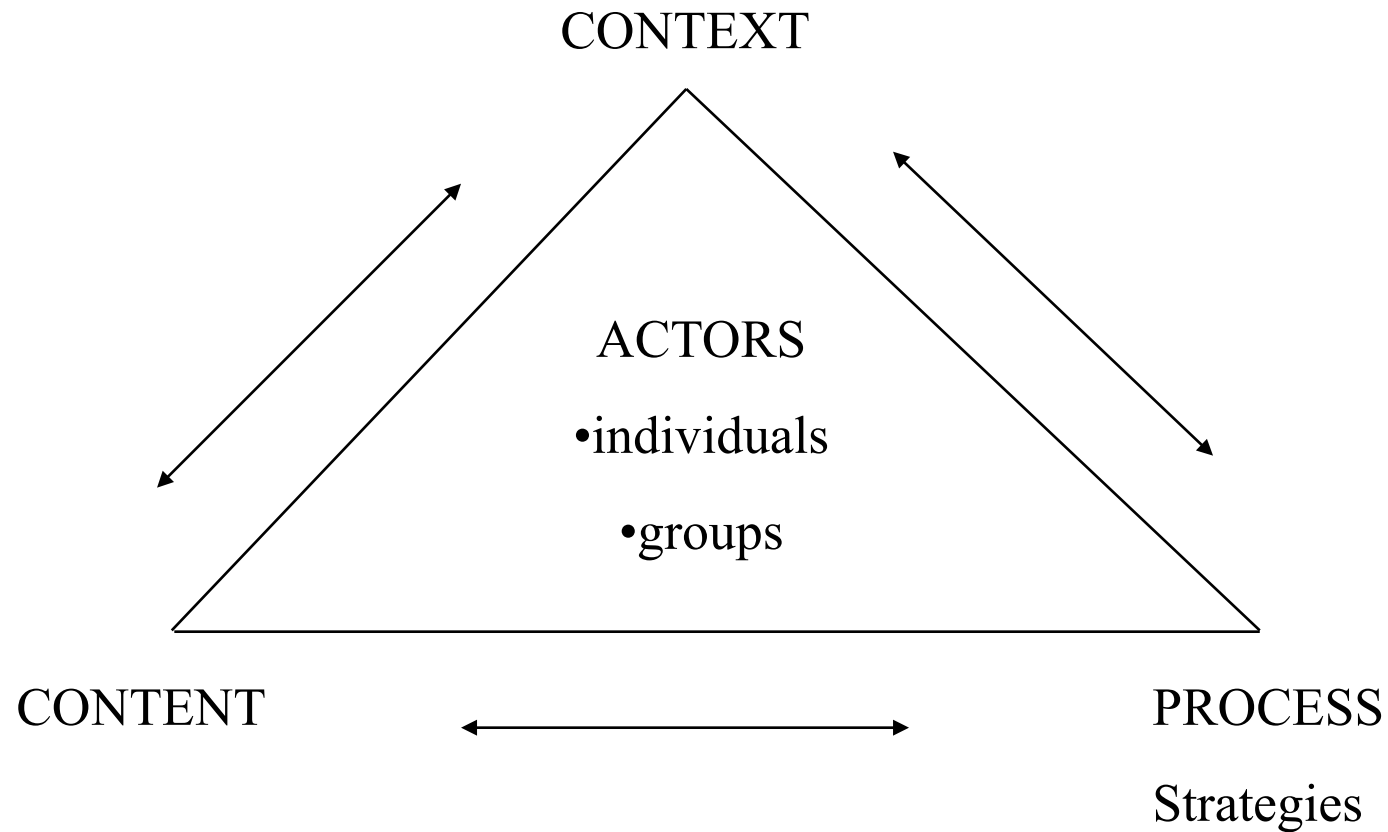
*(Approaches to Alcohol and Drugs in Scotland: A question of Architecture, 2008, p. 62; public domain)*

INTEGRAL REVIEW • March 2010 • Vol. 6, No. 1  
Toward Development of Politics and the Political



**Reflection:**  
Have you used any of these frameworks or theories?

# The Policy Analysis Triangle



Reference: Walt G, Gilson L (1994). Reforming the health sector in developing countries: the central role of policy analysis. Health Policy Plan. 9:353–70

# Many different study designs ...

- Single or multiple case study design
- Ethnography
- Discourse analysis
- Insider-researcher accounts of experience;
- Tracing policy change over time
- Stakeholder and social network analysis;
- Large-scale quantitative data
- Mixed methods studies

### 3. What are the caveats?

- Temporal issues – retrospective vs contemporary
- Positionality of researchers
- Quality vs quickly
- Multiple pathways and approaches

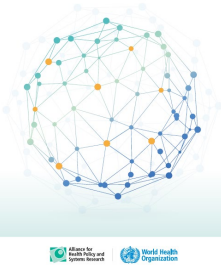


#### **Reflection:**

What are other caveats or considerations?

# Some tools and resources

- Gilson, L, Orgill, M, Shroff, ZC. (2018). **A health policy analysis reader**: The politics of policy change in low- and middle-income countries. Geneva: World Health Organization. <https://www.who.int/alliance-hpsr/resources/publications/hpa-reader/en/>
- Brinkerhoff DW, Crosby B (2002). **Managing policy reform**: concepts and tools for decision-makers in developing and transitioning countries. Bloomfield: Kumarian Press.
- **Policy and Programme Timeline Tool**: [The Policy and Programme Timeline Tool](#) examines changes in Reproductive, Maternal, Newborn and Child Health (RMNCH) policy, programs, and implementation from 1990 to the present, across five levels: (i) national context; (ii) macro health systems and governance; (iii) health system building blocks; (iv) high impact policies specific to RMNCH; (v) high impact research specific to RMNCH; and a cross-cutting component focused on partnerships and convening mechanisms
- **Policy analysis**. Leichter HM. A comparative approach to policy analysis: health care policy in four nations. Cambridge: Cambridge University Press, 1979.
- Browne J, Coffey B, Cook K, et al. (2019). **A guide to policy analysis as a research method**, *Health Promotion International*. 34(5):1032–1044, <https://doi.org/10.1093/heapro/day052>
- **Stakeholder power analysis**: Power tools series. Online at: <http://www.policy-powertools.org/Tools/Understanding/SPA.html>
- **Social Network Analysis**: Blanchet K, James P. How to do (or not to do) ... a social network analysis in health systems research. (2012). *Health Policy Plan*. 27(5):438-46. doi: 10.1093/heapol/czr055
- **Health-related Policy Analysis Tool (HrPAT)**: Context, Process, Content, Stakeholder Consultation, Implementation and Evaluation (2019) <https://onlinelibrary.wiley.com/doi/full/10.1111/jonm.12804>



# Key references

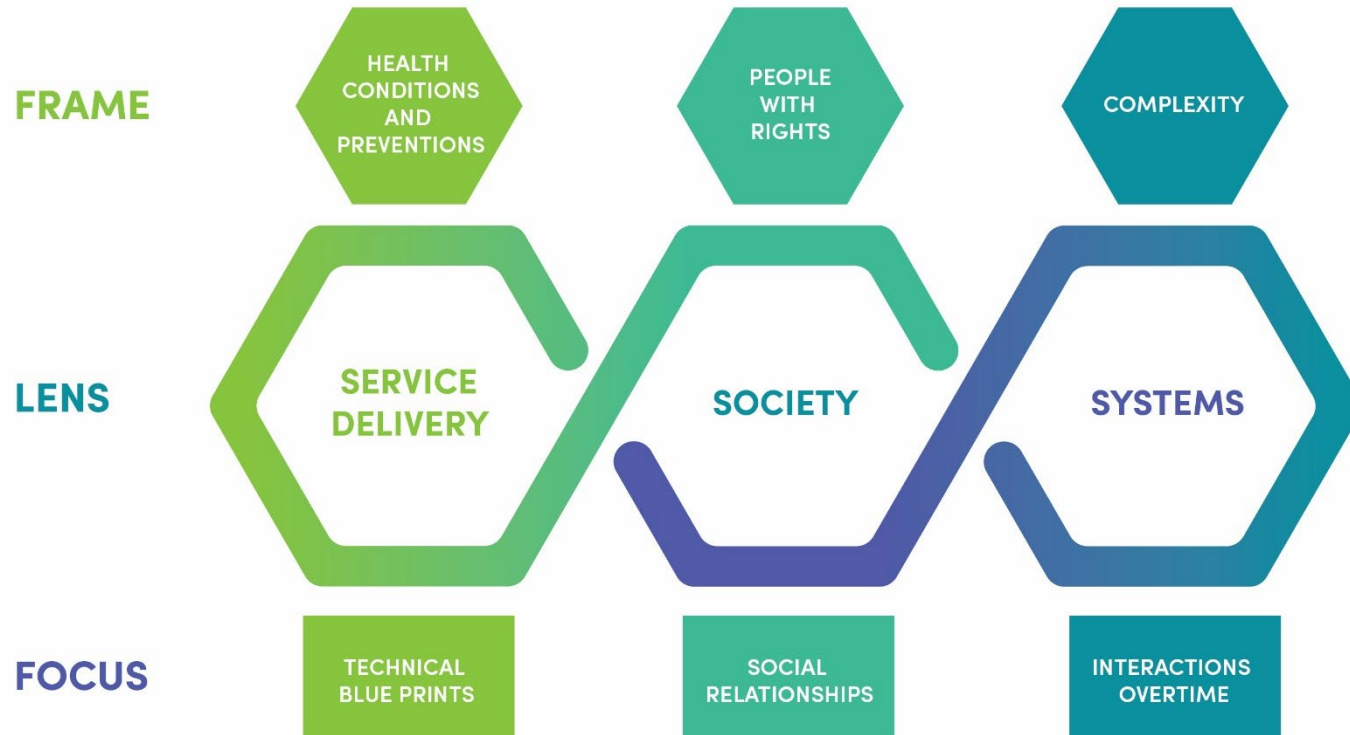
- **Gilson, L, Orgill, M, Shroff, ZC. (2018). A health policy analysis reader: The politics of policy change in low- and middle-income countries. Geneva: World Health Organization. <https://www.who.int/alliance-hpsr/resources/publications/hpa-reader/en/>**
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- Béland D, Ridde V (2016). Ideas and policy implementation: understanding the resistance against free health care in Africa. *Glob Health Gov.* 10(3)
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- Grindle MS, Thomas JW (1989). Policy makers, policy choices, and policy outcomes: the political economy of reform in developing countries. *Policy Sci.* 22(3-4):213-48
- Koon AB, Hawkins B, Mayhew S (2016). Framing and the health policy process: a scoping review. *Health Policy Plan.* 31:801-16
- Olivier de Sardan J-P, Ridde V (2015). Public policies and health systems in Sahelian Africa: theoretical context and empirical specificity. *BMC Health Serv Res.* 15(Suppl 3):S3
- Reich MR (1995). The politics of health sector reform in developing countries: three cases of pharmaceutical policy. *Health Policy.* 32(1-3):47-77
- Shiffman J (2009). A social explanation for the rise and fall of global health issues. *Bull World Health Organ.* 87:608-13
- Walt G, Gilson L (1994). Reforming the health sector in developing countries: the central role of policy analysis. *Health Policy Plan.* 9:353–70
- Walt G, Shiffman J, Schneider H, Murray SF, Brugha R, Gilson L (2008). ‘Doing’ health policy analysis: methodological and conceptual reflections and challenges. *Health Policy Plan.* 23(5):308-17.

# Way forward

Lenses & levels framework

# Countdown Drivers Group

*How we frame RMNCAH&N (reproductive maternal newborn children, adolescent health and nutrition/ women and children's health) has implications for how we understand these health conditions, address and analyse them & how we understand policy implementation*



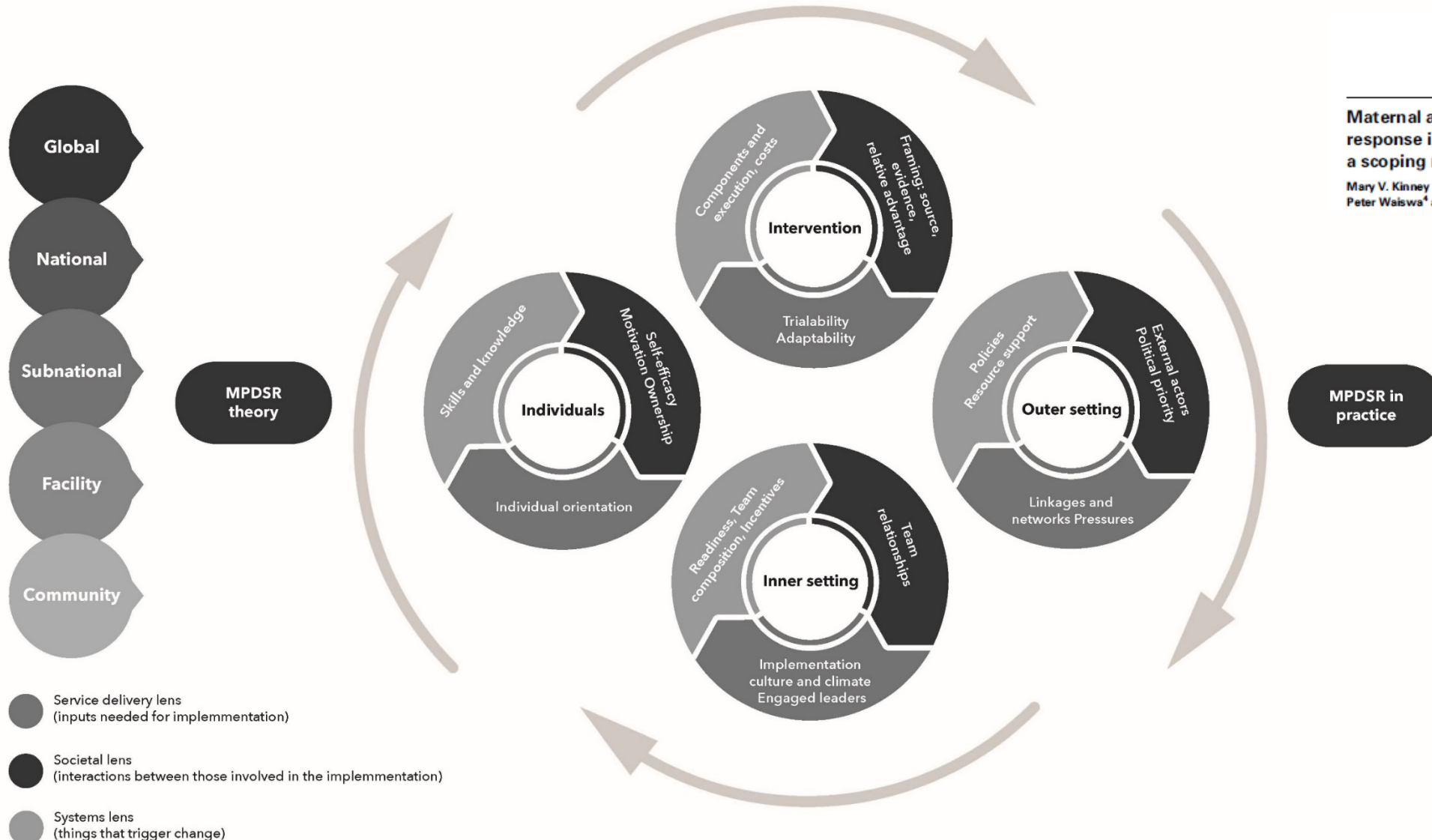
Analysis

BMJ Global Health

**Lenses and levels: the why, what and how of measuring health system drivers of women's, children's and adolescents' health with a governance focus**

Asha George,<sup>1</sup> Amnesty Elizabeth LeFevre,<sup>2</sup> Tanya Jacobs,<sup>1</sup> Mary Kinney,<sup>1</sup> Kent Buse,<sup>3</sup> Mickey Chopra,<sup>4</sup> Bernadette Daelmans,<sup>5</sup> Annie Haakenstad,<sup>6</sup> Luis Huicho,<sup>7</sup> Rajat Khosla,<sup>8</sup> Kumanan Rasanathan,<sup>9</sup> David Sanders,<sup>1</sup> Neha S Singh,<sup>10</sup> Nicki Tiffin,<sup>11,12</sup> Rajani Ved,<sup>13</sup> Shehla Abbas Zaidi,<sup>14</sup> Helen Schneider<sup>1</sup>

# Applying Lenses and Levels - MPDSR



Health Policy and Planning, 2021, 1–10  
doi:10.1093/hpp/ciab071  
Review



## Maternal and perinatal death surveillance and response in low- and middle-income countries: a scoping review of implementation factors

Mary V. Kinney <sup>1,\*</sup>, David Roger Walugembe<sup>2</sup>, Phillip Wanduru<sup>3</sup>, Peter Waiswa<sup>4</sup> and Asha George <sup>1</sup>

### 4 domains

- Intervention
- Individual
- Inner setting
- Outer setting

### 3 lenses

- Service delivery
- Societal
- Systems

24 constructs in total

# Findings by Lenses and Levels

Maternal and perinatal death surveillance and response in low- and middle-income countries: a scoping review of implementation factors

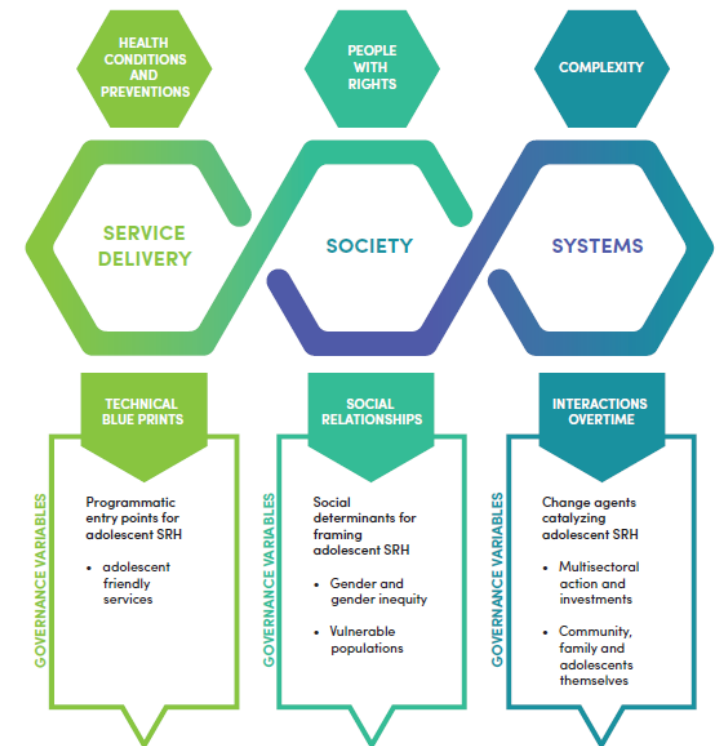
Mary V. Kinney <sup>1,\*</sup>, David Roger Walugembe<sup>2</sup>, Phillip Wanduru<sup>3</sup>, Peter Waiswa<sup>4</sup> and Asha George <sup>1</sup>

- **Service delivery lens: Inputs needed for implementation**
  - Almost half the literature focuses on the tangible inputs, though these are often measured inadequately or through incomparable ways
- **Societal lens: Interactions between those involved**
  - Less studied were the people (external actors, leaders, and team members), their relationships, their motivations, their implementation climate and their ability to communicate to influence implementation processes
- **Systems lens: Things that trigger change**
  - Very few studies on the complex interplay and change dynamics of implementation in relation to other quality improvement and accountability mechanisms

# Applying Lenses and Levels – Adolescent Health

- **Aim:** To understand how adolescents are represented in the GFF docs
- **Methods**
  - Document analysis: Investment Cases and PADs
  - 11 first wave countries
- **Strengths**
  - One measure of commitment
  - A first step of analysis: is it on paper, is it measured, is it budgeted?
- **Limitations**
  - Does not reflect what is not on paper
  - Cannot on its own confirm the power dynamics involved: the negotiations brokered, the actors engaged or ignored, or actual implementation that followed

<b>Reproductive Health</b> Are rhetorical commitments to adolescents reflected in planning documents? An exploratory content analysis of adolescent sexual and reproductive health in Global Financing Facility country plans --Manuscript Draft--	
Manuscript Number:	REPH-D-21-00154
Full Title:	Are rhetorical commitments to adolescents reflected in planning documents? An exploratory content analysis of adolescent sexual and reproductive health in Global Financing Facility country plans
Article Type:	BMC Supplements Reviewed



# What we found ...

Manuscript Number:	REPH-D-21-00154
Full Title:	Are rhetorical commitments to adolescents reflected in planning documents? An exploratory content analysis of adolescent sexual and reproductive health in Global Financing Facility country plans
Article Type:	BMC Supplements Reviewed

- Several country documents signal understanding and investment in adolescents as a strategic group, this is not consistent across all countries, nor between IC and PADs.
- Attention to adolescents weakens as one moves from programming content to monitoring indicators to financial resources allocated.
- Important examples of how the GFF supports adolescents exist but more must be done.
- Adolescents must be addressed more consistently as a core priority for the health sector

Countries	Investment Case				Project Appraisal Document (PAD)			
	Time	Content	Indicators	\$\$\$	Time	Content	Indicators	\$\$\$
Liberia	2016-2020	✓	✓	✓	Jan-2017	✓	✗	✓
Tanzania	June-2016	✓	✓	✓	May-2015	✓	✗	✗
Uganda	April-2016	✓	✓	✗	July-2016	✓	✗	✗
Kenya	Jan-2016	✓	✓	✓	May-2016	✓	✗	✗
Cameroon	2017-2020	✓	✗	✗	April-2016	✓	✓	✓
Mozambique	April-2017	✓	✓	✗	Nov-2017	✓	✓	✓
DRC	Oct-2017	✓	✓	✓	Mar-2016	✗	✗	✗
					Mar-2017	✓	✓	✗
Ethiopia	Oct-2015	✓	✓	✗	April-2017	✓	✓	✓
Bangladesh	✗	Not available			PAD-1: July-2017	✓	✓	✓
					PAD-2: Nov-2018	✓	✓	✓
Nigeria	2017-2030	✓	✓	✗	May-2016	✓	✓	✗
Guatemala	2016	✓	✗	✗	Mar-2017	✓	✗	✗

Manuscript Number:	REPH-D-21-00154
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Article Type:	BMC Supplements Reviewed

# Findings by Lenses and Levels

- **Service delivery lens: Programmatic entry points for ASRH**
  - Mainly adolescent friendly health services and school health programs but not systematically mentioned or invested in
- **Societal lens: Social determinants framing ASRH**
  - Gender is acknowledged in the documents as key issue but no recommendations or investments made specifically with exception of Bangladesh, Mozambique, Kenya & Cameroon.
- **Systems lens: Change agents catalyzing ASRH**
  - Multi-sectoral action and engagement of multiple actors essential for ASRH. While mentioned in documents as important, no concrete investments or actions/recommendations made with exception of Liberia, Cameroon and Bangladesh.

# So what for adolescents in the GFF?

- Further opportunities to be seized
  - Depth/ Service Delivery Effectiveness
    - Adolescent friendly health services
    - School health programs
  - Breadth/ Societal Relevance
    - Gender
    - Community based initiatives
  - Catalytic/ Systems Level
    - Multi-sectoral action
    - Adolescent engagement
- More of the same is not enough nor relevant
  - Opportunities to lead on thrive and transform for EWEC Global Strategy
  - Capacity building & canvassing constituencies & political courage

# Next steps: more content analysis of GFF planning documents

1. Continuing work on adolescent health
  - Includes analysis of equity, multi-sectoral & community investments
2. New work on maternal-newborn health
  - Includes analysis of quality

\*\* Aiming to include more countries and other GFF documents e.g. annual reviews \*\*\*

# Thank you!

## More information

[www.countdown2030.org/tools-for-analysis/health-policy-and-systems-data-analysis-center](http://www.countdown2030.org/tools-for-analysis/health-policy-and-systems-data-analysis-center)

## Contacts

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