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
Presentation outline

• 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
Health Policy Analysis

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

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

Reflection:
Have you used any of these frameworks or theories?
The Policy Analysis Triangle

**ACTORS**
- individuals
- groups

**CONTEXT**

**CONTENT**

**PROCESS**
Strategies

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

- **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
- **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
Key references


- Béland D, Ridde V (2016). Ideas and policy implementation: understanding the resistance against free health care in Africa. Glob Health Gov. 10(3)
- Gilson, L. Qualitative research synthesis for health policy analysis: what does it entail and what does it offer? Health Policy and Planning. 2014. 29(Suppl 3).
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.
Applying Lenses and Levels - MPDSR

4 domains
- Intervention
- Individual
- Inner setting
- Outer setting

3 lenses
- Service delivery
- Societal
- Systems

24 constructs in total
Findings by Lenses and Levels

• **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
What we found …

• 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.

<table>
<thead>
<tr>
<th>Countries</th>
<th>Investment-Case</th>
<th>Project-Appraisal-Document (PAD)</th>
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<tbody>
<tr>
<td>Liberia</td>
<td>2016-2020</td>
<td>Jan-2017</td>
</tr>
<tr>
<td>Tanzania</td>
<td>June 2016</td>
<td>May-2015</td>
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<td>Uganda</td>
<td>April 2016</td>
<td>July-2016</td>
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<td>Kenya</td>
<td>Jan 2016</td>
<td>May 2016</td>
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<tr>
<td>Cameroon</td>
<td>2017-2020</td>
<td>April-2016</td>
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<td>Mozambique</td>
<td>April 2017</td>
<td>Nov-2017</td>
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<td>DRC</td>
<td>Oct 2017</td>
<td>Mar-2016</td>
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<td>Ethiopia</td>
<td>Oct 2015</td>
<td>April 2017</td>
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<td>Bangladesh</td>
<td>Not-available</td>
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<td>Nigeria</td>
<td>2017-2030</td>
<td>May-2016</td>
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<td>Guatemala</td>
<td>2016</td>
<td>Mar-2017</td>
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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

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