POLICY AND PROGRAMME TIMELINE TOOL PROTOCOL

"Big Picture" of National Policy Change for

Reproductive, Maternal, Newborn, Child and Adolescent Health

"Telling the Story"

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Aim of the Health System and Policy (HSP) Analysis

Countdown to 2030 for Women's, Children's and Adolescent's Health aims to support the reviews of the national plans, programs, and investment cases for reproductive, maternal, newborn, child, adolescent health and nutrition (RMNCAH-N). Data & Analysis Centers (DAC) have been established to support country teams with technical guidance and tools. The DAC for Health Policy and Systems Systems,[1] led by the University of the Western Cape, will support country teams in qualitative approaches to understanding and assessing health policy and systems. As part of this support, example protocols and tools have been developed along with a series of briefs on health policy and systems related research approaches. This document present an example protocol for conducting a Policy and Programme Timeline Tool.

The Countdown Policy and Program Timeline Tool is one approach to document changes in a country's RMNCAH-N policy, programmes, and implementation over time in an effort to see how these changes have contributed to women's, children's and adolescents' health. The CD Policy and Programme Timeline Tool has been updated from the original Countdown to 2015 tools.[2] The general aim of the Policy & Programme Timeline Tool is to understand through a standardised process with standardised content, what HSP factors have contributed to change (or the lack thereof) in RMNCAH-N in countries working with the Countdown to 2030 collective.

Objectives: CD Policy and Program Timeline Tool

1. To use a chronological timeline to build consensus with country RMNCAH-N partners (e.g. government, NGOs, UN agencies), and document and analyse what policies, programmes, and implementation strategies, pivotal moments, windows of opportunity have changed for RMNCH from 2020 to the current year.

2. To assess which inputs may have contributed to change in coverage and impact indicators from 2020 to the current year, and to identify important themes and stories of change and future gaps.

3. To assess the most important policy and program inputs for RMNCAH-N and better understand how change occurred. If no change has occurred in coverage and impact indicators, the objective is to identify possible barriers or reasons for no change.

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[1] https://www.countdown2030.org/tools-for-analysis/health-policy-and-systems-data-analysis-center

[2] Access the original tool and other tools at Singh, N.S., Huicho, L., Afnan-Holmes, H. et al. Countdown to 2015 country case studies: systematic tools to address the "black box" of health systems and policy assessment. BMC Public Health 16, 790 (2016). https://doi.org/10.1186/s12889-016-3402-5

4. To draw lessons learned about policy change and scale up of RMNCAH-N interventions that could be applied to accelerate progress for other public health interventions, or other countries and disseminate in a peer-reviewed paper

EXAMPLE PROTOCOL

This protocol aims to provide an example of levels and factors to consider in developing your specific Policy and Programme Timeline Tool. These components should be adapted and tailored to the specific needs of the research and context. For example, this example protocol goes from 2000 to 2020 and includes six levels and focuses only reproductive, maternal, newborn, child and adolescent health (RMNCAH). However, some countries and researchers might decide to examine other areas along the continuum of care, different time points and levels or consider different elements, such as private sector engagement. If you would like support in developing a Policy and Programme Timeline Tool for the CD research, please contacts the Data & Analysis Center for Health Policy and Systems.[3]

This protocol describes the:
   A. Standard Tool; a Microsoft Excel spreadsheet for collating data; and
   B. Standard Process; methods for conducting a country-specific analysis to complete the Policy & Programme Timeline Tool

A. Standard Tool: CD2030 HSP Policy and Program Timeline
   i. Columns
   ii. Rows (Level 1; Level 2; Level 3)
   iii. References and Acronyms

i. Columns:
The standard template includes five columns:

   1. Pre - 2000
   2. 2000 – 2005
   3. 2006 - 2010
   4. 2011 - 2015
   5. 2016 - 2020

ii. Rows
The Policy and Program Timeline will include data on the following levels:

Level	Component	Sub-components
1	National Context	N/A
2	National level policies, strategies and plans that include RMNCAH	Health policies
		Other policies
		RMNCH specific policies
3	Health system inputs related to RMNCAH	Health System Financing
		Health Workforce

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[3] https://www.countdown2030.org/tools-for-analysis/health-policy-and-systems-data-analysis-center

		Infrastructure, medicine and commodities
		Policies on Community engagement / Community-based behavior change
		Health Information Systems
		Leadership and governance

NOTE: Annex 1 includes a list of information required in each level of the Policy & Programme Timeline tool.

iii.   References and Acronyms

References
All policy documents, implementation strategies, situation analyses, research studies, etc. need to be cited at the bottom of the timeline. Include author name(s) (Last name, first name), title of document, place of publication, date of publication.

Acronyms
An acronym legend should be included at the bottom of the table or if preferred in a separate tab.

Access the CD 2030 Policy and Program Timeline Tool Template in Excel

Snapshot CD 2030 Policy and Program Timeline Tool Template

Countdown to 2030
Women's, Children's & Adolescents' Health

Insert Country's flag here	COUNTDOWN TO 2030: **Policy & Program Timeline (2020-2021)**					
	Pre-2000	**2000-2005**	**2006-2010**	**2011-2015**	**2016-2020**	**Notes**
LEVEL 1: National context - political, humanitarian, environmental						
National Context — Non-health variables	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here
LEVEL 2: High impact national policies						
Health policies — National health sector policies and strategies	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here
Other policies — Non-health policies and strategies related to RMNCAH	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here
RMNCH specific policies — 2.1 Reproductive health policies, strategies, and reports	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here
2.2 Maternal health policies, strategies and reports	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here
2.3 Perinatal health or stillbirth policies, strategies and reports	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here
2.4 Newborn health policies, strategies and reports	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here
2.5 Newborn health policies, strategies and reports	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here
2.6 Adolescent health policies, strategies and reports	· enter text here	· enter text here	· enter text here	· enter text here	· enter text here ·	· enter text here

LEVEL 3: HEALTH SYSTEM INPUTS RELATED TO RMNCAH

		Pre-2000	2000-2005	2006-2010	2011-2015	2016-2020	2016-2020
Health Systems Financing	-Policies in place for sustainable financing of RMNCAH -Documentation of RMNCAH resource allocation and expenditure in place -Policies to eliminate of financial barriers	*enter text here	*enter text here	*enter text here	*enter text here	*enter text here	*enter text here
Health Workforce	-Deployment and retention -Accreditation and certification -Authorization of service provision and task shifting -Unmet needs for midwives/doctors/ health service providers -RMNCAH training curricular -RMNCAH continuous skills training -Supporting supervision for all RMNCAH health	*enter text here	*enter text here	*enter text here	*enter text here	*enter text here	*enter text here
Infrastructure, medicines, and commodities	-Essential infrastructure in health facilities -Essential medicine supply and equipment list -Medicine and commodity security -Stock-out policies	*enter text here	*enter text here	*enter text here	*enter text here	*enter text here	*enter text here
Policies on community engagement / community-based	-Key community engagement strategies/policies specific to RMNCAH -Key community-based behavior change policies specific to RMNCAH	*enter text here	*enter text here	*enter text here	*enter text here	*enter text here	*enter text here
Health information systems	-Birth registration -Death notification -Death review -Well-functioning health information system and surveillance system for RMNCAH -Defining key RMNCAH indicators	*enter text here	*enter text here	*enter text here	*enter text here	*enter text here	*enter text here
Leadership and Governance	-Documentation on formal and/or informal partnerships and measuring mechanisms for RMNCAH within the specific country.	*enter text here	*enter text here	*enter text here	*enter text here	*enter text here	*enter text here

B. Standard Process for completing the Policy and Programme Timeline

The following table describes the 3 steps to complete a Policy & Programme Timeline:

	Steps	Task(s)	Who
1	Drafting the Policy and Programme Timeline	Country team to fill in the Policy and Programme Timeline Tool - See Annex 1 for information required to fill the tool	Country teams with technical support as relevant
2	Country-specific analysis of Policy and Programme Timeline	Country team to approach country partners/ stakeholders to share the Policy and Programme Timeline and to use standardised questions as per the tool's protocol to build consensus on what has changed and what has had the most impact on RMNCH via policy, programmes, and implementation in their country. - See Annex 2 for guidance on conducting the analysis	Country team, country partners/ stakeholders and in some cases, additional support
3	Synthesising results from Policy and Programme Timeline analysis	▪ Analysis of common themes across countries as relevant ▪ Draft standardised graphics representing analysis results for use in journal articles, policy briefs and/or other dissemination outputs as relevant - See Annex 3 for guidance on synthesising results, and Annexes 4 and 5 for examples of graphics	Country teams with additional technical and graphic support as relevant

Annex 1: Suggested content for completing CD Policy and Programme Timeline Tool

- **NOTE:** It is likely that items will qualify for multiple rows, in which case include it in the first relevant row as your read from top to bottom. In addition, either include sufficient information so that it is clear that it could have been in two rows, or repeat in the second row.

LEVEL 1: National context
- This row in Excel will include information of non-health variables that may have affected RMNCH over time e.g. change in political regime, humanitarian disasters; women's status; women's education; major economic changes; urbanization, expansion of private sector.

LEVEL 2: Macro Health Policies and Strategies
- This row will include policies for health, other sectors relating to RMNCAH and specific to RMNCAH
  - Health policies: National health sector policies and strategies
  - Other policies: Non-health policies and strategies related to RMNCAH
  - RMNCH specific policies
    - 2.1 Reproductive health policies, strategies, and reports
    - 2.2 Maternal health policies, strategies and reports
    - 2.3 Perinatal health or stillbirth policies, strategies and reports
    - 2.4 Newborn health policies, strategies and reports
    - 2.5 Newborn health policies, strategies and reports
    - 2.6 Adolescent health policies, strategies and reports

- Also include general national milestones such as committing to MDGs/SDGs, national funded programmes, etc. could also be included here if of national significance.

LEVEL 3: Health system inputs related to RMNCAH
- These rows will include important resources critical for improving RMNCAH (including health systems inputs) under which data were collected in the desk review phase. These categories will be finalized upon discussion with the study team (including country teams), but some suggestions to consider include:

  - Health System Financing, including relevant information on the following key components:
    - Policies in place for sustainable financing of RMNCAH
    - Documentation of RMNCAH resource allocation and expenditure in place
    - Policies to eliminate of financial barriers
    - RMNCAH resource reporting and tracking in place

  - Health Workforce, including relevant information on policies on the following key components:
    - Deployment and retention
    - Accreditation and certification
    - Authorization of service provision and task shifting
    - Unmet needs for midwives/doctors/health service providers

- RMNCAH training curricular
- RMNCAH continuous skills training
- Supporting supervision for all RMNCAH health workers in the delivery of quality RMNCAH care

▪ <u>Infrastructure, medicines and Commodities</u>, including relevant policies on the following key components:
- Essential infrastructure in health facilities
- Essential medicine supply and equipment list
- Medicine and commodity security
- Stock-out policies
- Water sanitation and hygiene

▪ <u>Policies on Community engagement / Community-based behavior change</u>, including relevant information on the following key components:
- Key community engagement strategies/policies specific to RMNCAH
- Key community-based behavior change policies specific to RMNCAH

▪ <u>Health information Systems,</u> including relevant policies on the following key components:
- Birth registration
- Death notification
- Death reviews
- Well-functioning health information system and surveillance system for RMNCAH
- Defining key RMNCAH indicators
- National and subnational RMNCAH targets
- RMNCAH data review process

▪ <u>Leadership and governance</u>
- Documentation on formal and/or informal partnerships and convening mechanisms for RMNCAH within the specific country.

<u>Annex 2:</u> Guidance on Conducting Country-specific Analysis of Policy and Programme Timeline

SPECIFIC TASKS OR STEPS:
1. **Draft the timeline** using the developed and an adapted template
    - Complete a desk review, literature review and consider expert inputs to draft the policy and programme timeline using the standard template.
    - Cross check other data sources such as the WHO MNCAH / SRHR Policy Portal[4]
2. **Solicit feedback from country partners and other stakeholder** to validate data, enable discussion and build consensus on what has changed in policy, programs, and implementation in their country.
    - **Organize a meeting with country partners and stakeholders** to review the timeline and discuss the content. If a meeting is not possible, then conduct individual interviews.
    - Work through the questions below, document findings and note where consensus is strong or weak from their country Policy and Program Timeline Analysis. The meeting should be led by the research team with engagement from a diverse group of relevant stakeholders. Since questions are grouped in themes, it might be useful to start with a general discussion on reproductive, maternal, newborn and child health (RMNCH) within country to review the timeline before delving into specific questions (listed below). If key events/sources of influence emerge from discussion are not reflected in the timeline, then they should be added to the timeline
    - **Record minutes of meetings** with partners going through the initial review and discussions of the questions below, and then systematically summarise those notes identifying major themes.
    - This meeting can be used as the forum in which to propose a country paper.
3. **Analysis of policy and programme timeline** to assess what has changed in policy, programmes, and implementation (See Annex 3 for more details)
    - Use the data from the tool and the stakeholder engagement process for qualitative assessments of which changes were most influential for what outcomes.
    - Compare policy changes with change in quantitative data such as mortality, coverage, equity, funding and target areas of programme implementation. This will inform conclusions and lessons learned about why and how change occurred or didn't.
    - Develop visual and/or narrative summary of the results for sharing.

Questions to guide the country specific analysis
These questions aim to guide the country-specific analysis of the Policy and Program Timeline tool for the country papers and report. Suggested questions for each row in the tool focus on the *Agenda Setting* and *Partnerships* components of the policy heuristic:

1. <u>**Agenda Setting**</u>
    - What have been key policies/program milestones for RMNCAH in the country?
    - What windows of opportunity were used (and what was result)?
    - Were opportunities missed?

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[4] https://www.who.int/data/maternal-newborn-child-adolescent-ageing/national-policies

- What were strategic steps taken to bring attention to RMNCAH?
- Has reproductive health ascended as an issue in political and policy attention? And if so, how?
- Has maternal health ascended as an issue in political and policy attention? And if so, how?
- Has newborn health ascended as an issue in political and policy attention? And if so, how?
- Has child health ascended as an issue in political and policy attention? And if so, how?
- Has increased attention to one aspect of RMNCAH affected attention to another aspect of health along the continuum of care?
- What did [Country X] plan in terms of addressing policy barriers and/or mobilizing resources for RMNCAH and what actually happened (or did not)?
- How did the relevant ministry/ies build technical capacity in RMNCAH in [Country X]

- Looking at different causes of maternal, newborn and child deaths, identify if one cause has had more attention than the others. If so, why?
- In reviewing completed timelines, are there obvious gaps in terms of the spectrum of interventions for RMNCAH in [Country X]
- What did [Country X] plan in terms of taking advantage of opportunities for integration along the continuum of care and what was done to test feasibility of integrating (or did not do)?
- Is there a Behaviour change or communication strategy for RMNCAH?

2. **Partnerships**
- Who has played critical role in RMNCAH, e.g. Steering committee, government leader, NGO, donor or UN agency, professional associations, specific individual champions, etc.?
- Name any champions and indicate how they were involved?
- Is there a stakeholder that has been essential and without which achievements could not have been possible?
- Has there been significant opposition to any RMNCAH policies? From whom? What influence did that opposition have?
- Were there any south-to-south visits from [Country X] to another? What influence did such visits have on RMNCAH policies?
- Did [Country X] also host visitors from another country? If so, did that have an influence on the RMNCAH policies?

Annex 3: Guidance on Synthesising Results from Country Specific Analyses on Policy and Programme Timelines

	I. Analysis of common themes across countries conducting Countdown Country Case Studies	
	Theme	Questions to guide country analysis across countries
1	Lessons learnt about pathways to scale	- Did major challenges in national context (first row of timeline figure) interfere or facilitate the process of scale up? If so how? - Advocacy – what works best for getting RMNCAH on the national agenda? - Program – overall which programs moved fast and which did not? E.g. Kangaroo Mother Care (KMC). Why? Why not? Did policy change link to program implementation? What helped this or hindered it? E.g. training strategies etc. - Research - what new evidence or research for RMNCAH led to action?
2	Lessons learnt about levers for scale	- For countries with government coordinating mechanisms (e.g. steering committee, taskforce, etc.), did policy change move after establishment of such a committee? How did these committees function (composition, coordination, sphere of influence, integrated vs. specific to newborn health). Were they consistent or variable? Why? - Did partnerships with professional associations contribute? How? - Did the media and use of wider civil society, parliamentarians contribute? How?
	II. Draft graphics reflecting the Policy and Program Analysis to be used in a scientific journal and policy brief	
	- Select and incorporate key data on RMNCAH policies and programs into a graphic that is suitable for the purpose and audience. - See Annex 4 and 5 for examples of graphics. Annex 4 depicts a policy timeline generated from the Niger Countdown Country Case Study and published in the Lancet (Amouzou et al, 2012). Annex 5 depicts a policy timeline generated from the Decade of Change for Newborn Survival Country analysis conducted in Bangladesh and published in a policy brief (Rubayet et al, 2012).	

Annex 4: Policy & Programme Timeline presented in the Niger Countdown Case Study published in the Lancet (Amouzou et al, 2012)
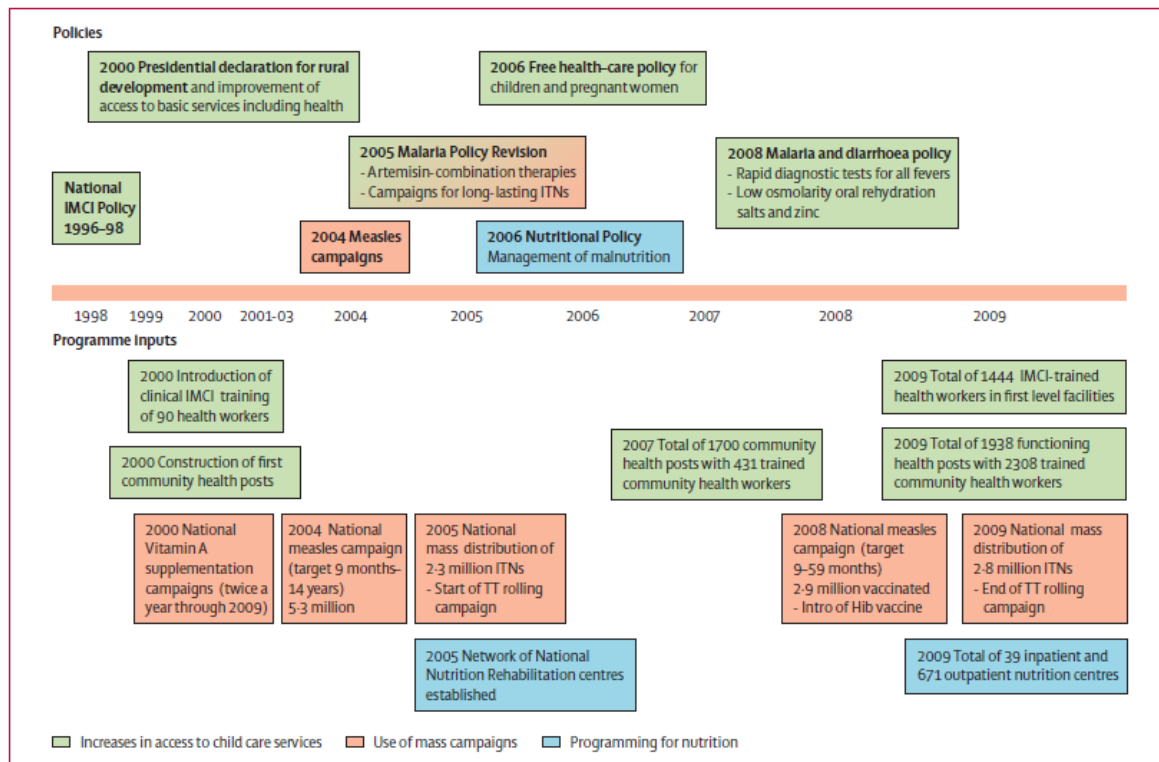

Figure 6: Major policy changes and programmatic activities related to child survival in Niger, 1998–2009
IMCI=Integrated Management of Childhood Illness. ITN=insecticide-treated bednets. TT=tetanus toxoid vaccine.

Annex 5: Policy brief for A Decade of Change "Newborn Survival in Bangladesh"