Conducting health policy analysis in women’s, children’s and adolescents’ health
What is health policy?
- “Health policy refers to decisions, plans, and actions that are undertaken to achieve specific healthcare goals within a society.”
- Health policy has varied dimensions. Some are tangible, such as policy documents and budgets, and others that are not, such as ideology and values.
- Regardless, there is always negotiation, contestation, and resistance in understanding policy, policy formulation and policy implementation because it is inherently about power.

What is health policy analysis?
- Health policy analysis is the systematic study of all factors, people and processes that impact on the way a policy is developed, formulated and implemented. It includes studies of policy content (what?), studies of policy outputs (achievements?), studies of policy process (how/why?) and evaluation studies.
- Approaches to understanding health policy can be either pragmatic or theoretical, retrospective or prospective, independent or embedded, depending on the needs and world views of those undertaking such analysis.

Why consider health policy and health policy analysis?
Health policy analysis helps to understand context and support change required for addressing problems. Looking at policy documents is a starting point, but rarely enables an understanding of the decision-making involved in the policy process from formulation to implementation that ultimately impacts change. Health policy analysis allows users to understand how problems are defined; agendas are set; policies are formulated; decisions made; and policies are evaluated and implemented. Through policy analysis, we are able to consider the nuances involved in both the successes and or failures involved in the policy process and identify strategies to manage the process.

How to do health policy analysis?
What to study?
Identifying what to study will depend on the purpose and focus of the health policy analysis. This determines the type of health policy analysis needed. You can determine the best approach by asking the purpose of the research:
- Is it to understand the policy content of government documents?
- Is it to study the policy process, including understanding the process of development and the intention of the policy?
- Is the focus on the use of the policy, such as policy in practice or implementation?
How to study?
For more in-depth studies, it is helpful to consider and apply a framework or theory when doing health policy analysis, as a way of unpacking the many factors involved. There are many different types of frameworks and theories, including but not limited to stages heuristics, policy triangle framework, network frameworks, multiple-streams theory, punctuated equilibrium theory and implementation theories and frameworks. Some of these are very linear processes, like the stages model; whereas, others are more complex and consider the messy reality of policy processes.

Depending on the type of health policy analysis needed, a variety of different study designs can be considered and applied (Box 1). The study design needs to consider as a starting point the study scope and purpose, available time and resources, and perspective of those seeking to conduct the health policy analysis.

Box 1: Different study designs in health policy analysis.
- Document analysis or content analysis
- 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

Data collection can be done through primary methods, such as key informant interviews and focus group discussions, as well as secondary methods, such as document analysis and statistical analysis of existing large databases. For example, the World Health Organization hosts a Global Legal and Policy Database and Document Repository for Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey.\(^3\)\(^4\)

Box 2 provides details of one key framework often used in health policy analysis – the Policy Analysis Triangle – with some recommended approaches and tools that can be used to analyse the topic. Additionally, Topp and colleagues provide a helpful consolidated guide to researchers wishing to consider, design and conduct power analyses of health policies or systems, applying an adapted Policy Analysis Triangle.\(^5\)

More tools and approaches are provided.
**Box 2: Policy Analysis Triangle.**

The Policy Analysis Triangle is one enduring framework developed with low-and middle-income (LMICs) country contexts in mind.

Designed by Walt and Gilson in 1994, the framework includes four interlinked aspects - policy actors, context, process and content – with an emphasis on the central role of policy actors and the links between the other factors that influence their decision-making (Figure 1). The interactions between the factors results in the policy process. To date, the RMNCH community has primarily focused policy analysis on content; though, some pivotal studies have explored other factors. More information on the use of the framework is available in the Health Policy Analysis Reader.

A brief summary of each element is provided along with examples of tools and approaches to consider:

**Actors**
- The word “actors” is used instead of “stakeholders” in order to take into account “hidden” actors who may influence the policy but are not clearly involved in the process.
- **Tools and approaches to consider:** Stakeholder mapping or analysis; social network analysis.

**Content**
- Policy content can include the substance of the policy, which is detailed in legislation, policy documents, regulations and guidelines. Policy content can also be understood as what is implicitly understood through what is said, not said and how it is said.
- **Tools and approaches to consider:** content analysis, discourse analysis.

**Context**
- Policy context is the environment or situation in which policy processes occur, e.g. international, national or local settings. Context includes structures and resources as well as ideas and values. For more information, see the Countdown to 2030 brief on Understanding Context.
- **Tools and approaches to consider:** qualitative approaches through use of frameworks to guide the context assessment as well as quantitative approaches with multiple tools available. Indicators included in the Countdown to 2030 country profiles can also be viewed as contextual factors to consider.

**Processes and strategies**
- Specific processes and strategies that take place over time include policy formulation, consensus building, and implementation, including routine service delivery processes. Chronologies or timelines of policy events and steps help to understand the process of change. It is also important to consider both formal and informal strategies and processes, the speed in which change occurs and the actors involved.
- **Tools and approaches to consider:** Policy and Programme Timeline.
**Interactions between factors**
- The four factors of the Policy Analysis Triangle are interrelated and affect one another. Systematically understanding these linkages is critical for more in depth health policy analysis. 
  *Theoretical frameworks* offer a way to understand and interpret these interactions.

*Figure 1: The Policy Analysis Triangle*

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**What are key points to consider?**

1. **Policy analysis is often subjective.** One needs to consider that policy analysis is interpretive, evolutionary, taking into account many perspectives that may not all align or remain constant over time. Various theoretical frameworks allow for different ways of understanding experiences and processes. The policy process involves multiple elements (“decisions, plans, and actions”), which are influenced, according to the policy triangle, by interlinkages between policy actors, context and content.

2. **The perspectives of the individuals involved in conducting the health policy analysis influences the results.** The way in which you are viewed or ‘situated’ as a researcher including your institutional base, perceived legitimacy, and prior involvement in policy communities affects your ability to access the policy environment and conduct meaningful research. For example, the perception of the policy researcher as an
insider or an outsider will influence their access to information and to key actors. Likewise, their gender, class, education and other factors will also influence their access and how much people will be willing to share, especially when investigating sensitive matters.

3. **How long policy analysis takes depends on the purpose and resources.** It is important to recognize the benefits and limitation of the different approaches.

*Short horizon* approaches are sometimes appropriate and necessary for responsiveness in some fast-moving political circumstances. These approaches tend to focus on measuring tangible inputs, policy content and outcome measures. However, quick health policy analysis may not reveal the reality of power dynamics underpinning policy processes.

*Long horizon* approaches are able to be more in-depth, allowing one to go deeper into understanding more meaningful and informative results, such as ethnographic approaches or embedded research. These approaches usually require a longer timeframe than research and political needs often allow. Longer-term retrospective studies also have challenges around resourcing as very few funders and studies allow for years of data collection and analysis. Researchers also have to contend with recall bias among respondents.

**Key resources, tools and illustrative approaches**

For more information on health policy analysis, please access the *Health Policy Analysis Reader* by Gilson and colleagues (2018). This resource provides further description of what health policy is and how analysis can be used as well as key readings and examples from the literature of health policy analysis.

Additional resources, tools and approaches include:

- **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/heapoli/czr055.


**References**


End matters

**Countdown to 2030 for Women’s, Children’s and Adolescent’s Health** aims to support the reviews of the national plans, programmes, 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 Drivers, led by the University of the Western Cape, supports country teams in qualitative approaches to understanding and assessing health policy and systems.

As part of this support, a series of briefs on health policy and systems related research approaches have been developed to introduce different topics and approaches to teams. This brief focuses on understanding context. Other briefs relating to health policy and systems research are available on the Countdown to 2030 DAC Health Policy and Systems webpage:  [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)

**Recommended citation:**
Kinney MV, George AS, for the Countdown to 2030 Health Policy and Systems DAC. Countdown to 2030 Brief: Conducting health policy analysis in women’s, children’s and adolescents’ health. Belville, South Africa: School of Public Health, University of the Western Cape, 2021.

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**Photo credits:**
GettyImages, UN, WHO.

**Design and layout:**
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