Health policy analysis

Regional skills workshop REPORT

September 22, 2009
Munyonyo, Uganda

School of Public Health and Family Medicine, University of Cape Town, Centre for Health Policy, University of Witwatersrand
in the
Regional Network For Equity In Health In East and Southern Africa (EQUINET)

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1. Background

Health policy analysis investigates how and why some problems and issues are prioritized in national and international health policy agendas, and others not; as well as why national health policies achieve less than expected, perform differently from what is expected, succeed in achieving their goals or fail. It focuses on understanding the forces influencing why and how policies are initiated, formulated, negotiated, communicated, implemented and evaluated. It includes particular consideration of the roles of actors or stakeholders in policy change, their use of power in the processes of policy change, the influences of rules, laws, norms and customs over their behaviour, and the influence of global interests and forces. It is underpinned by recognition that health policy is brought alive through the expectations and understandings that policy actors, including implementers and beneficiaries, apply in translating policy through their daily practices. Ultimately, such analysis generates the political awareness needed for evidence-based strategic leadership and advocacy to initiate and sustain health policy implementation and health system development.

Over the last five years the Regional Network For Equity In Health In East and Southern Africa (EQUINET) has generated a range of analyses of specific policy experiences in Southern and Eastern Africa and has developed the understanding and skills necessary to conduct this sort of work. Other work conducted by EQUINET, such as around governance and participation, is also relevant to understanding how to strengthen health system decision-making in ways that support health equity goals. It is time, now, to take stock of the range of health policy analysis work in Africa - and to draw out lessons from past experience, as well as identify new challenges for the years ahead.

This workshop took place as part of the pre-conference activities of the EQUINET conference September 2009 on *Reclaiming the Resources for Health*. It was convened by Lucy Gilson, School of Public Health and Family Medicine, University of Cape Town and Ermin Erasmus, Centre for Health Policy, The University of the Witwatersrand.

The workshop aimed to

- Reflect on health policy analysis and its role in health system development
- Share experience in the use of health policy analysis to support policy development and implementation
- Share experience in teaching health policy analysis (in short course, post-graduate programmes etc)
- Develop shared ideas of how to strengthen this field of work in Africa.

It provided an opportunity to reflect on health policy analysis and its role in health system development. Participants shared experience in the use of health policy analysis to support policy development and implementation and on teaching health policy analysis. In the workshop participants shared ideas of how to strengthen this field of work in Africa. The workshop was held as a pre conference workshop to the EQUINET Regional Conference and involved delegates drawn from the confrebce and thus the wider regional work on equity in health.

2. Welcome and introduction

Professor Lucy Gilson, UCT, welcomed the participants who were from a range of countries, including Tanzania, Botswana, Kenya, Canada, South Africa, The Netherlands, Zambia, United Kingdom, Ghana, United States and Malawi (see *Appendix 1* for full list of participants).

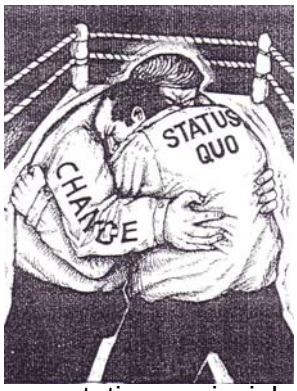
The workshop began by clarifying participants' interests in and expectations of the workshop. The main themes that emerged were:

- interacting with and learning from others;
- developing a better understanding of policy and policy analysis;
- linking up with other organisations active in this field of work;
- learning more about how policy analysis is being done in Africa;
- exploring the possible links between policy analysis and advocacy for policy
- change / learning about policy engagement with government and influencing policy;
- learning about policy development processes and compliance to/implementation
- of policy; and
- thinking more about how policy analysis can help to advance human rights in the area of health and building links between the two fields.

2.1 Policy analysis, existing work and work done in EQUINET

The initial focus of the workshop was on establishing a common understanding of policy analysis. Health policy:

> *…embraces courses of action that affect sets of institutions, organisations, services and funding arrangements of the health care system… includes actions or intended actions by public, private or voluntary organisations that have impact on health. … Health policy is about process and power … it is concerned with who influences whom in the making of policy, and how that happens.*
>
> *Source:* Walt (1994:41).



In the process of developing policy there are areas of contestation and resistance. Policy is a set of decisions taken by those responsible for a particular policy area. Policy as intent includes the vision, goals, understandings, principles, and plans that seek to e.g. guide activities, establish accountability and responsibility, towards identified goals. Policy as practice includes routine decisions, activities, understandings and actual achievements. Policies are presented in: documents, regulations, laws, ministerial Statements, etc., but policies are constructed in what happens in practice (action and inaction), and the expectations, principles, understandings that shape practice.

However there is often an implementation gap — the difference between plans and realised changes in health care management and delivery, and actions to promote health.

> *Effective interventions exist for many priority health problems in low income countries; prices are falling and funds are increasing. However, progress towards agreed health goals remains slow. There is increasing consensus that stronger health systems are key to achieving improved health outcomes. There is much less agreement on how to strengthen them.*
>
> *Source:* Travis et al (2004: 900–906)

Implementing public policy is difficult in that policy often achieves less than expected and has have unexpected negative impacts. Evidence/experience (& theory) shows that challenges lie not just in weaknesses of policy design, but also in how & why key decisions shaping implementation experience are made. As explained by Barrett and Fudge (1981), a process of interaction and negotiation, takes place over time between those 'seeking to put policy into effect and those upon whom action depends'. There are different explanations for this implementation gap:

- **Mechanical model:** plans are bad, targets are flawed, and the contract was poorly specified.
- **Organic model:** communication problems, barriers to effective relationships, and failure to learn from those with practical or past experience.
- **Cultural model:** problems of weak vision and leadership from the government and/ or senior managers, so limited commitment from others.
- **Political model:** resistance from those defending their interests and values, inadequate initial support for policy.

An overview of the current body of policy analysis work was also presented, based on a literature review of published papers of relevance to low- and middle-income countries for the period 1994–2007. There were only 391 papers of reasonable quality for the entire period, while for example 612 papers are listed on Pubmed for HIV/AIDS in Africa and 333 for financing in Africa in 2006 alone. Of these 391 papers, 164 were empirical analyses — 37 exclusively about agenda setting/ policy formulation, 78 exclusively about implementation, and 49 covering elements of both. The main topics of the papers were HIV/AIDS, S&RH, health reform and health financing. The papers were weak in terms of:

- limited depth of data/analysis
- few seek to explain experience
- many single descriptions of experience
- little use of theory or other experience to drive study design and analysis
- little consideration of power
- little engagement with policy making.

Given the potential value of this area of work to health system strengthening it was proposed that it is essential to build the field.

The policy analysis work that has been done in EQUINET specifically focuses on implementation because of the recognition of the gap between what we know/ think can work and what is being effectively implemented. The work has sought to support deeper understanding, skills' development and empirical inquiry, with a focus on developing health policy analysis training programmes and a network of health policy analysis training organisations.

The presentation was followed by a plenary discussion in which participants had the opportunity to comment, guided by the following questions:

i Does the understanding of policy analysis (as reflected in the presentation to the group) make sense to the participants?
ii Does it reflect participants' own understanding of policy analysis?
iii What policy analysis work do the participants themselves know of or do?

In this plenary discussion participants aired a range of questions about, among other things, the difference between policy and strategy, techniques for uncovering power relations affecting the development and implementation of policy, and the extent to which policies contained specifications on implementation processes.

In addition to these questions, some of the participants commented positively on the fact that policy analysis does not exclusively focus on the technical aspects of policy, but that it also takes account of the interest groups and politics that affect policy development and implementation. Others mentioned that some of the areas covered by policy analysis were part of their day-to-day work terrain, even though it is not as formally written up and articulated as in the body of more academic policy analysis work. In accordance with the specific interests of one of the participants, there was also specific reflection on possible links between policy analysis work and work on health and human rights. It was noted that the notion of power is central to both fields and that this might provide a linking point.

In relation to the last question guiding the plenary discussion, no specific additional policy analysis work was identified.

3. Taking forward policy analysis

Having clarified questions and understandings and established a common ground for discussion, the participants broke into two small groups to consider: How would you like to take policy analysis forward in the next two to three years?

The first group discussed a range of substantive areas in which there would be interest in taking forward policy analysis work. These included the effects of trade policy on human rights, eye health (some of the participants were advocating for changes in legislation in this area), human resources for health, and direct facility funding. However, in thinking about taking forward policy analysis, this group had a strong focus on capacity building.

The ideas generated under this theme included:

- The possibility of EQUINET facilitating access to good policy analysis practice that would enable more systematic advocacy and better policy implementation;
- EQUINET partnering with organisations interested in and working in this field;
- Providing not only generic training, but support around specific activities, for example supporting partners in their attempts to influence specific policies;
- Institutional interventions to increase the interest in policy analysis, to increase funders' interest and to increase the recognition of research in this area as relevant and legitimate.

The second group spoke less about capacity building, but had a stronger focus on broad research questions/ research approaches the participants were interested in exploring in future. These were:

- Comparative analysis of regional and international human resource retention strategies;
- Why policies are not aligned (lack of inter-sectoral collaboration and clarity on policy frameworks)?

The issue that underpinning these questions is the conflict between policies at national level, so the group asked:

- What are the influencing factors (agenda) behind the actions of actors?
- We have many policies, but various actors are involved in these. Who is really driving this? What is their agenda?

Group two also focussed on the implications of international agreements and policies on national policies, since many national policies are influenced by international

conventions. There is a need for more thorough understanding of these international agreements and their implications.

It was proposed that a specific focus was needed on:
- What can we learn from previous policies (whether they failed or succeeded)?
- What policy space do nations have in policy initiation and development?
- Exploring the role of the district level as the translator of national policies.

4. Policy analysis capacity building

The rest of the workshop discussion was specifically focused on policy analysis capacity building, concentrating both on needs and suggested activities for the future. This discussion was introduced with a presentation on the Partnership for Health Policy Analysis in Africa (HEPAA), a network of African organisations seeking to build capacity in health policy analysis and generate a critical mass of African health policy analysts. Members include:
- South Africa: Centre for Health Policy (Wits), Department of Public Health and Family Medicine (UCT), School of Public Health (UWC)
- Nigeria: Health Policy Research Group (University of Enugu)
- Tanzania: Institute for Development Studies, University of Dar es Salaam
- Kenya: Tropical Institute of Community Health and Development, Great Lakes University of Kisumu
- Informal links: Colleagues from Ghana and American University of Beirut

There are few courses with a strong health policy analysis focus and little directly relevant training capacity in Africa, although there are public health, public management and development studies courses that cover relevant issues. There appears to be very few international training opportunities focused on the needs of health policy researchers from low- and middle-income countries. Therefore HEPAA proposes that short courses, small grants and post graduate work should feed into building partnership, networking, learning and research, with the development also of a Masters and PhD programme.

After this presentation, the discussion was again continued in smaller groups. Participants were invited to comment on the HEPAA proposals, but also asked to think about the following questions, independently of the HEPAA proposal:
- What additional related training is available in Eastern and Southern Africa?
- Who are the priority target audiences for capacity building and what forms of training should they receive?
- Other than through training, how can demand from policy-makers for this sort of work be developed?
- What needs to be done to ensure that this sort of work does impact on policymaking and implementation practices?

The first discussion group suggested the following possible alternative training sources to explore: People's Health Movement (People's Health University), International Budget Project, University of Zambia (social work department), and University of Nairobi (health policy and planning course). Several target audiences for capacity building were identified, including government, civil society and training trainers (who could be located in universities, civil society etc.) who will train others.

Several principles were suggested that should underpin efforts at training or capacity building, including that:

- If possible, training should be offered on the job/ where it is practically needed most (e.g. making use of health policy reviews conducted by governments or making use of practical opportunities when the use of policy analysis can be demonstrated).
- Participants from a range of stakeholders such as government and civil society should be grouped together in training to create communities of health policy analysts.
- More than one person per organisation should be trained to take account of turnover resulting from resignations, promotions, etc.
- A combination of formal (MPH, PhD) and less formal training (e.g. short courses) should be offered.

This group discussion concluded with a number of practical suggestions for furthering health policy analysis capacity:

- providing internships at organisations doing policy analysis;
- setting up twinning arrangements between organisations;
- hosting academics on sabbatical. It might be possible for EQUINET to circulate a list of organisations willing to host people and organise such programmes;
- mainstreaming health policy analysis teaching across MPH degrees and undergraduate courses; and
- using open education resources to share teaching materials.

The second discussion group suggested that EVIPNet might be a partner to engage with and identified training institutions and a mix of governmental and civil society actors as targets for capacity building. It was argued that training institutions is the first priority in this. This group felt that there should be nodes for capacity building, i.e. that organisations should not be spread to thin and that capacity building should be built around those institutions that can drive capacity building, and also argued for the need to collect lessons on capacity building from other networks and organisations and to build on that. Lastly, it was argued that it would be important to engage with policy and planning courses in MPH degrees and to embed training into broader processes of interaction and mentorship.

5. Conclusion

The workshop concluded with the participants thinking about actions they can and would like to take in order to build the field of policy analysis work. These actions, and the number of participants who mentioned them, are reflected in the table below.

Action points	Number of participants
Thinking further about the possible application of policy analysis in participants' work, for example with health committees, in advancing health rights, in current policy advocacy.	5
Accessing existing training materials to see how that can be used to build organisational capacity	7
Making contact with others who have knowledge about policy analysis, for example to enquire about training courses or partner with others attending the workshop	4

Looking at the policy analysis information contained on the EQUINET website and generally learning more about it from other sources	6
Reviewing existing teaching programmes and, in the face of the apparent increase in demand for policy analysis, prepare for meeting that demand	2
Doing more policy analysis research	1
Advocating in participants' own organisations to incorporate more policy analysis in the work of the organisation	1

Overall, these action points perhaps most strongly indicate that there is an interest in receiving information about policy analysis, that the participants would value staying in touch with people who already have skills in the area of health policy analysis and that there is space for cross-fertilisation between policy analysis and participants' existing areas of work in as far as these areas of work currently fall outside the scope of policy analysis. This, in turn, suggests a continuing role for EQUINET in the area of policy analysis because as a strong and functioning network it is well-placed to facilitate the contact between partners, dissemination of information, and dialogue across different focus areas and specialities that emerged as important in this workshop. In particular, EQUINET could:

- look for opportunities to facilitate a sharing of experiences around different approaches to developing capacity in policy analysis;
- support efforts to take forward the HEPAA capacity building proposal;
- support efforts to make links between HEPAA activities and workshop participants; and
- consider supporting further policy analysis research.

Appendix 1: Workshop participants

Last name	First name	Country	E-mail	Institution
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