College of Medicine and Health Sciences
School of Public Health

HEALTH POLICY AND COOPERATION

MPH, Msc Epidemiology, 2020 Cohort

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Understanding policy making in the real world

Objectives of the session

At the end of this session , students should be able to

- Describe the policy **making process** **in the real world**
- Explain the key factors that could lead to the successes or failures of policies

INTRODUCTION

- **The term "policy"** encompasses a broad range of laws, approaches, prescriptions, guidelines, regulations and habits.
- Policy can be reflected in a form of a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.
- Policy can become law and can be used to change law. It can also guide how law is enforced.

Policy decisions are frequently reflected in resource allocations.

- Some "macro"-policies have implications across most or all areas, including the health sector, whose actors have limited influence over them.
- Macro-policies tend to have a robust political character, even when they are advocated for their supposed technical merits.
- Fiscal or civil-service policies fall in this category. .

- Policies evolve over time, under multiple pressures. In unstable situations, this evolution may accelerate.

Definitions of key concepts in health policy processes

- **The term " health policies "** are (or better: should be) recognizable even in the absence (or despite the content) of written statements.
- Health policies reflect the ways services are delivered, allocative decisions are made, information is produced and used, actors interact, old practices are followed and new ones are introduced: all these elements sum up into the "policies" governing a health sector during a given period of time.
- Health policies can be influenced by policies in many different sectors. For example, transportation policies can encourage physical activity (pedestrian- and bicycle-friendly community design); policies in schools can improve nutritional content of school meal

How public policy are made?

- Development of policy is often viewed as a straightforward, technical process - even by policy-makers.

In reality, however, policy-making is complex and at times, messy.

- Very often it is based upon experimentation, learning from previous mistakes and changing course as a result.
- Creation of policy requires us to acknowledge the realities of how government works and the constraints under which it operates, as well as how global debates can play out in local contexts.
- Understanding how policies are made and what can be done to change them, is also a complicated task.

How public policy are made?

Conventionally, policy making is understood to be a linear process which passes through the following stages:

- Identifying a particular issue, or problem to be solved
- Explore the possible options that could be chosen to resolve the problem/address the issue
- Undertake a cost-benefit or risk analysis of each option
- Weigh up and make a decision about the ‘best’ option
- Implement the new or revised policy
- Undertake an evaluation to measure success at addressing the problem.

How public policy are made?

NOT LINEAR PROCESS

- Experience of policy making and planning shows that, in reality, the ways in which problems are identified for policy attention and in which policies are formulated, negotiated and implemented do not entail a simple linear process in which there is a clear and almost automatic decision to move from one stage to the next.
- Instead, the processes of policy making and implementation take place over many years, sometimes moving forward across the stages above, sometimes moving in stops and starts, and sometimes moving forwards, and backwards and sideways.

How public policy are made?

- According to this rational approach, all of the evidence must be considered before a decision is reached and the policy is implemented.
- However, in reality, **politics plays just as much of a role in the process as 'scientific' or 'expert' evidence.**
- As with politics in general, there are always competing agendas at play.
- Stakeholders may not agree about what the policy problem actually is and individuals involved may bring their own value judgments to bear during the process.
- Policy processes will inevitably include some perspectives at the expense of others and it is often the poor and marginalized whose voices are excluded.

How does the process work?

- Understanding how the policy process works is complicated because much of the discussion takes place behind closed doors and the decision-making process is very rarely transparent.

- Policy makers may not hear all the evidence or may make decisions on the basis of their own personal opinions or beliefs. When trying to understand how the process works, therefore, it is important to ask the right kinds of questions.

Understanding policy making in the real world

- Policy-making is complex and messy process. Very often it is based upon experimentation, learning from previous mistakes and changing contextual factors as well as actors' interest and power.
- In most countries the law making process begins with a section /division/department of government setting out a problem or issue to be addressed, then developing policy and finally expressing that policy as law. This is often a long and slow process during which proposals are debated and negotiated with various stakeholders, including opposition parties, the public and civil society. Usually research and background documents are produced (sometimes called 'white' and 'green' papers depending on the stage of the process). At this stage, stakeholders can input in a variety of ways, such as critiquing the documents; lobbying politicians; attending parliamentary committee hearings; setting up meetings with department heads or the minister; using the media to put pressure and, if these routes are not accessible or successful, by protesting and organizing resistance.
- Given the political nature of policy-making, the review of the health policies formally **guiding disrupted health sectors** may identify several – not mutually exclusive – patterns.
  - Next slides provide some relevant evidence in real world.

Understanding policy making in the real world

- Policies may be old, their formulation dating to before the crisis. Their enforcement may have ceased a long time ago. In very protracted crises, punctuated by periods of respite and deterioration, policy documents may cyclically appear and disappear, as well. They are shelved during an outbreak of hostilities, to be retrieved, sometimes with minor changes, years later, with the opening of another window of hope. Old policies in new clothes, but already irrelevant to the country's changed conditions, may be vigorously advocated and even be formally adopted.
- Official policies may be patchworks of sub-sector components, often formulated by vertical programmes, poorly integrated into a consistent framework and neglecting important areas. In these cases, most actions are dubbed as "priorities". No clear system direction is recognizable and crucial flaws affecting the sector are neither recognized nor addressed.
- Policies may have been sketched under pressure, because of the sudden opening of unforeseen opportunities and with the aim of reducing the damage done by the chaotic activities of international actors, as in Kosovo (Shuey et al., 2003) and Timor-Leste (Tulloch et al., 2003). In both cases, aid agencies played a dominant role in policy formulation.

Understanding policy making in the real world (some examples from fragile States)

- A new health policy may be formulated by new rulers eager to affirm themselves, therefore as a political gesture and a break with the past. The new health policies are not necessarily more realistic, nor more adapted to country conditions, than the old ones. Frequently, the new policies are formulated in line with international expectations, in order to project abroad a positive image of the health sector, and to gain external support.
- Policies alternative to the national ones may have been formulated by groups aspiring to self-rule or to nationhood, such as in Southern Sudan in 2002. In these cases, their political significance usually outweighs their technical contents. Due to this feature, holding a frank and lucid debate about their merits is usually hard.
- In some instances, policies have been blueprinted from international models by outside experts brought in by aid agencies. Their lack of contextualization is usually patent at first sight. Alternatively, uncontroversial policies are formulated in vague terms, in such a way that they become useless as guides for action. In contested settings, technical issues, less prone to spur controversy, tend to prevail over sensitive ones, despite the higher relevance the latter may have for sector development.

Understanding policy making in the real world (some examples from fragile States)

- Policies may have been imposed on the recipient state by the aid community, sometimes as part of a broader package of external assistance. Some agencies, such as the World Bank, are often willing to take the initiative of spearheading the introduction of new policies, usually following the prevailing free-market orthodoxy.

  Some policies are the result of a mix of external advocacy and funding pressures and of emerging domestic interest groups, such as the introduction of legislation on abortion and the supply of antiretroviral drugs for HIV/AIDS. Power is the fulcrum around which policies are conceived and introduced or, conversely, withheld.

- Some policies are mere instruments of *realpolitik*. For example, the devolution of responsibilities for resources and decision-making (including the collection of revenues for financing public services) to local authorities may be a way of shielding the central government from political pressures and criticism and relieving its budget of some burden.

Understanding policy making in the real world (some examples from fragile States)

- In some cases, no clear policies are recognizable, as in Uganda in the 1970s and 1980s. *" ...for years policy was established by decree, no one knew what health policy really was, over the years it had become an ad hoc collection of declarations, rather than an integrated, legal framework for government action.... Policy in this period might be described as being in a state of free fall"* (Macrae, Zwi and Birungi 1994).

In many situations, several of these patterns (sometimes backed by competing donors) coexist. The more the government is insecure and hesitant about the direction to take, the more likely there will be a proliferation of policy proposals. Many of them may even be endorsed, without being enforced. Unstable, "mosaic" policy-making is often the prevailing feature, with alliances of actors converging on specific policy issues possessing special appeal at a given point in time, to dissolve quickly as their attention is captured by other concerns. The quick turnover of actors and the fast-evolving environment make this process of clustering and dispersion of efforts erratic and turbulent. In the long run, cyclical patterns may become recognizable, with crucial issues gaining centre stage for a while, then losing favour (perhaps because of their intractability), to resurface again years later. Ignoring the work already done, newcomers regard these debates as exciting novelty. Weak memory encourages new rounds of trial and error. Forgotten lessons learnt are rediscovered afresh. Old mistakes are made in new ways.

Sometimes, the competition among alternative policy proposals looks futile. Given the dysfunctional environment, the policy eventually chosen stands little chance of getting implemented, anyway. Participants would gain by concentrating on the structural flaws that cripple the sector, rather than arguing in favour or against policies destined to remain on paper. *" ... bad policies are only symptoms of longer-term institutional factors, and correcting the policies without correcting the institutions will bring little long-term benefits"* (Easterly and Levine, 2002).

Understanding policy making in the real world (some examples from fragile States)

Countries in transition undergo changes in institutions, leadership and public expectations. Windows of political opportunity may open and policies previously discarded as undesirable or unfeasible may become again worthy of consideration.

In their study of policy making processes in relation to the drafting of the White Paper on Families in South Africa, NGO Sonke found that while there was a desire to be consultative, there were a number of factors which inhibited **the 'public' nature of the process.** They found that the Government department responsible relied primarily on 'invited spaces', where access was only granted to those individuals, organizations or government bodies who were seen to be 'appropriate'. They also relied on existing networks and connections which meant that the some views were invisible in the shaping of the paper. Other factors included economic pressure on the government to deliver a workable policy and pressure to deliver the paper within a particular timeframe.

As a result, they found that the White Paper contains a narrow definition of

Understanding policy making in the real world (some examples from fragile States)

A policy issue may be identified at a particular political moment and suddenly receives priority attention, moving from formulation to implementation quite fast. Election promises, for example, such as the abolition of user fees, may receive priority attention when a new government comes to power. They may be implemented by a new government quite quickly. Or they may fall down the list of priorities after elections. Or they may be opposed by those who have to implement the policy, because implementation is a great cost to them. Alternatively, implementation experiences may generate new problems to be addressed. To stay with the example of user fees: a new government may quite quickly and easily announce the abolition of user fees. But the implementing health authority may then face reductions in income which may lead to service delivery bottlenecks. Or frontline service

Health policy implementation:

SUCCESSFUL AND FAILED POLICIES in the real world

Research article | Open Access | Published: 15 August 2005

Implementation of a health care policy: An analysis of barriers and facilitators to practice change

Susan Watt, Wendy Sword & Paul Krueger

BMC Health Services Research **5**, Article number: 53 (2005) | Cite this article

Self-study task : Successful and failed policies in the real world

1) Identify a policy you thought was successful. Provide a brief description of the policy of your choice and Why do you think it 'succeeded'? Analyze the process of formulation and implementation of the chosen policy

2) Now identify a policy you thought failed. Explain Why do you think it 'failed'?

   a) Provide a brief description of the policy of your choice and Why do you think it 'failed'?

   b) Did it fail because the original intention was not worthwhile or for other reasons? What were some of the reasons? (For example, was it due to lack of resources or a problem with the process which alienated a key group of people?)

Note:

- Remember to use some important tools such as the policy analysis triangle and the four stage model to back up your analysis of success and failure of policies have chosen.
- Use indicators and other evidence to explain clearly whether the policies were successful or failed.

Readings

1) Fischer, F. (2003) Reframing public policy. Oxford: Oxford University Press, Chapter 1
2) Hogwood, B.W. and Gunn, L.A. (1984) Policy Analysis for the Real World. Oxford: Oxford University Press Chapter 2

Questions ???