



**College of Medicine and Health Sciences**  
**School of Public Health**

---

# **HEALTH POLICY AND COOPERATION**

**MPH, Msc Epidemiology,  
2020 Cohort**

---

**Stella Matutina UMUHOZA, MPH , Msc (Health econ)**  
**Regis HITIMANA, MSc , PhD**

---



a. Preparing policy briefs

b. Globalization and Health Policy



# Preparing policy briefs

- The Policy Brief is a “short, neutral summary of what is known about a particular issue or problem.
- Policy briefs are a form of report designed to facilitate policy-making”.
- Policy-makers need to make practical decisions under time-constraints, so the brief should provide evidence and actionable recommendations
- the purpose of the policy brief is to convince the target audience of the urgency of the current problem and the need to adopt the preferred alternative or course of action outlined and therefore, serve as an impetus for action”

# Preparing policy briefs

## Components of a Policy Brief:

- **Executive summary:** aims to convince the reader further that the brief is worth in-depth reading. It is especially important for an audience that is short of time to clearly see the relevance and importance of the brief in reading the summary.
- It should include:
  - A description of the problem addressed
  - A statement on why the current approach/policy option needs to be changed
  - Your recommendations for action

# Preparing policy briefs

## *b. Context and importance of the problem*

- The purpose is to convince the target audience that a current and urgent problem exists which requires them to take action.
- It includes:
  - A clear statement of the problem or issue in focus.
  - A short overview of the root causes of the problem
  - A clear statement of the policy implications of the problem that clearly establishes
  - the current importance and policy relevance of the issue.

# Preparing policy briefs

## **c. Critique of policy option(s)**

- The aim is to detail shortcomings of the current approach or options being implemented and therefore, illustrate both the need for change and focus of where change needs to occur
- This parts includes:
  - A short overview of the policy option(s) in focus
  - An argument illustrating why and how the current or proposed approach is not responding to the problem. It is important for the sake of credibility to recognize all opinions in the debate of the issue

# Preparing policy briefs

## **d. Policy recommendations**

- The aim of the policy recommendations element is to provide a detailed and convincing proposal of how the failings of the current policy approach need to change.
- It includes:
  - A breakdown of the specific practical steps or measures that need to be implemented
  - Sometimes also includes a closing paragraph re-emphasizing the importance of action.

## **e. Appendices** (when necessary, other supporting docs)

# Preparing policy briefs

## Features of good policy briefs:

- **Focused:** on achieving the intended goal of convincing the target audience
- Professional not academic
- Evidence- based
- Limited to a particular problem or area of a problem
- Brief and clear: **4-6 pages max**
- **Understandable:** well explained and easy to follow argument
- **Accessible:** facilitate the ease of use of the document
- **Practical and feasible recommendations**



# Individual assignment

---

- Visit the library website and search a Master thesis/dissertations submitted by colleagues who graduated from SPH
- Read their main findings and recommendations
- Choose the thesis with good findings and recommendations which are relevant to the health policy in Rwanda
- Propose a policy brief targeting the MoH senior management



# Globalization and Health Policy



# Globalization and Health Policy

---

- So far we have treated policy making in the national context.
- Earlier we have seen that one group of the contextual factors were those that were described as ‘international’ or ‘global’
- International factors were treated as ‘exogenous’ to domestic policy making.
- With the intensification of global integration, these global factors are playing an increasingly prominent role in national policy making.

# Globalization and Health Policy

---

- For health policy analysts a key question relates to how globalization affects policy making.
- This can be understood by responding to 3 questions :
  - How do global interactions facilitate the transfer of policies among countries and organizations?
  - Who influences the transfer of policies?
  - How has globalization shaped the content of health policy?

# Globalization and Health Policy

## **Globalization:**

- Globalization is associated with the increasing volume, intensity and extensiveness of cross-border movement of goods, people, ideas, finances, or infectious pathogens (internationalization).
- some associate globalization with the trend towards a homogenization of cultures (universalization) or of a convergence around Western, modern values and policies.
- these trends are are taking place on a greater scale and with greater intensity than ever before

# V. Globalization and Health Policy

## Globalization and health

- The impact of globalization on health is most evident in the area of infectious diseases.
- Microbes can now find their way to multiple destinations across the world in less than 24 hours
- The SARS outbreak in 2003 spread rapidly from China to neighboring countries and on to places such as Canada
- ***The current COVID-19 pandemic***
- Ebola in 3 West African countries 2015
- These outbreaks demonstrate that if an epidemic is not detected or contained by a national health system, it can rapidly become a health threat in other parts of the world because of globalization

# V. Globalization and Health Policy

- The global production, distribution and marketing of foods, for example, carry with them health risks linked to unhealthy diets
- Behaviours may also be prone to globalization in relation to road traffic accidents, sedentarism, smoking, use of alcohol, the sex trade, and so on.
- Globalization can also affect the ability of the health care system to respond to health threats.
- Example: challenges associated with Human Resource for Health
  - High income countries which cannot meet the demand for health workers domestically tend to recruit workers from poorer countries;
  - South Africa and Nigeria, have been losing health workers by because as they are unable to retain staff due to poor working conditions.
  - Italy requested support from China and Cuba to treat COVID-19 due to shortage of qualified doctors.

# V. Globalization and Health Policy

## 1. Bilateral Cooperation

- Bilateral relationships (that is, government to government) including cooperation and assistance, are as old as the notion of nation–states.
- Bilateral organizations including the USAID, DfID, SIDA, play roles at the international, regional and national levels.
- They are often major financiers of health programmes in low income countries and of health programmes of UN organizations



# Self-study activity

---

1. List at least 3 examples of bilateral organizations and 5 examples of multilateral organizations that operate in Rwanda.
2. Indicate their areas of intervention in the health sector
3. Provide 2 concrete examples indicating how do external donors influence national health policy processes?

# Suggested reading



Health Policy and Planning

Oxford University Press

**How do external donors influence national health policy processes? Experiences of domestic policy actors in Cambodia and Pakistan**

Mishal S Khan, Ankita Meghani, [...], and Justin Parkhurst

# V. Globalization and Health Policy

---

## 1. Bilateral Cooperation in Rwanda

- Rwanda has bilateral cooperation agreements with countries like Belgium, China, Switzerland, USA
- There are a lot of harmonization efforts in relation to health within EAC partner states
- South-south cooperation agreements: Rwanda, Nigeria, Cuba, South Africa (for human resources for health)

# V. Globalization and Health Policy

## 2. United Nations

- The United Nations (UN) system was established at the end of the Second World War to maintain peace and security and to save further generations from the scourge of war.
- Within the UN system, governments, particularly governments of high income countries, were able to influence international health policy
- UN organizations are also, to varying degrees, able to influence national health policy.
- WHO was founded in 1948 as the UN's specialized health agency with a mandate to lead and coordinate international health activities

# V. Globalization and Health Policy

- Most nation–states (192) belong to WHO and non-voting ‘associate membership’ allows 193 NGOs in ‘official relations’ to participate in the governance of WHO.
- WHO is governed through the World Health Assembly (WHA) composed of representatives of member states, typically Ministers of Health, meeting annually
- Other organizations within the UN system also have some responsibility for health:
  - World Bank, United Nations Children’s Fund (UNICEF), UN Programme on HIV/AIDS (UNAIDS), UN Population Fund, UN Development Programme, Food and Agricultural Organisation (FAO), World Food Programme, UN Fund for Drug Abuse and Control

# V. Globalization and Health Policy

- UN organizations began not only to serve their members' needs but to pursue their own organizational interests in policy debates at both the national and international levels.
- Example: In 1980s conflict between WHO and UNICEF over the interpretation of primary health care policy.
- Another UN organization with significant influence in health policy is the World Bank.
- Unlike other UN organizations which make decisions on the basis of one country—one vote, voting rights in the World Bank are linked to capital subscriptions of its members.
- Consequently the Bank has often been perceived as a tool of high income countries.

# V. Globalization and Health Policy

## **Global civil society**

- There has been a proliferation of global civil society groups; from 1,117 international associations registered with the Union of International Associations in 1956 to over 16,500 in 1998.
- The Bill and Melinda Gates Foundation established in 2000 and is now a central actor in international health.
- They have considerable influence over health policy and priority setting in international health as a result of the magnitude of resources at the disposal of the Foundation.
- Foundations mainly support non-governmental organizations, and public–private partnerships with grants.
- Like their national counterparts, civil society organizations play a range of roles in the policy process influencing debates at the national level

# V. Globalization and Health Policy

## Global Public-private partnerships

- One of the most visible forms of collaborative efforts in the health sector is the multitude of public–private partnerships (PPPs).
- While the PPP is applied to wide range of cooperative endeavours, most bring together disparate actors from public, commercial and civil society organizations who agree on shared goals and objectives and commit their organizations to working together to achieve them.
- **Examples:** International AIDS Vaccine Alliance, Roll Back Malaria and the Global Alliance for Vaccines and Immunizations.
- Their power is also a function of their ability to unite important policy actors behind a particular position; actors who may have pursued competing policy alternatives or not been mobilized at all on a particular policy issue



# V. Globalization and Health Policy

## **Globalizing the policy process**

- While domestic bureaucrats, elected officials and interest groups remain influential, they have been joined on the one hand by formal international organizations (e.g. the World Bank) and less formal, often networked entities (e.g. public–private partnerships) and transnational civil society and market activities.
- Ministries of health in low income countries face an increasing number of actors in the policy process in addition to managing numerous bilateral relationships with diverse donor organizations.
- In 2012/13 division of labor in Rwanda bilateral partnership

# V. Globalization and Health Policy

- In the early 1990s it became clear that the demands placed on many ministries by donors who pursued different priorities through parallel project were overwhelming and even undermining limited capacity and making it a challenge to formulate coherent and consistent policy in the sector.
- **Solution:**
  - **Sector wide approaches (SWAP)** through 2005 Paris declaration (5 principles: Ownership, Alignment, Harmonization, Managing for results, Mutual accountability).  
<http://www.oecd.org/dac/effectiveness/34428351.pdf>
- Due to the politics of development cooperation, success with SWAPs was mixed; many donors continued to fund off-plan; externally designed projects poorly harmonized; burdensome and complex reporting and accounting practices

# V. Globalization and Health Policy

## SWAP in Rwanda

- There is a SWAP secretariat in the Ministry of Health
- There is one Health Sector Strategic plan, one national M&E system
- Joint coordination structures: Health Sector working group chaired by Permanent Secretary and co-chaired by a DP, Technical working groups chaired by DGs, Directors, Heads of Divisions in MoH and RBC and co-chaired by DPs.
- Single Project Implementation Unit
- However not all DPs are fully aligned to the national budget

# References

- Buse K, Mays N, Walt G. *Making Health Policy. Understanding Public Health* Series Open University Press, 2005
- Thomas A. Birkland, *An Introduction to the Policy Process: Theories, Concepts, and Models of Public Policy Making*, third edition, 2011
- Republic of Rwanda, Cabinet manual, 3<sup>rd</sup> edition 2013 accessed on <http://www.primature.gov.rw/index.php?id=8&tx-filelist-pi1-36%5Bpath%5D=Important%20Documents&cHash=8bf873999de85453c1390aa4b3d91f21>.
- CDC, Overview of the CDC policy process, 2012.  
<http://www.cdc.gov/policy>
- Ministry of Health, Rwanda: National Guide for the health sector policy and strategic plan development, April 2014.  
[http://www.moh.gov.rw/fileadmin/templates/Docs/National\\_guide\\_for\\_HSP\\_\\_\\_Strategic\\_Plan\\_dvlpmt\\_.pdf](http://www.moh.gov.rw/fileadmin/templates/Docs/National_guide_for_HSP___Strategic_Plan_dvlpmt_.pdf)

# References

- OECD, *The Paris Declaration on Aid Effectiveness (2005) and Accra Agenda for Action (2008)*.  
<http://www.oecd.org/dac/effectiveness/34428351.pdf>
- Tsai, *Guidelines for Writing a Policy Brief*. [http://www.pep-net.org/sites/pep-net.org/files/typo3doc/pdf/CBMS\\_country\\_proj\\_profiles/Philippines/CBMS\\_forms/Guidelines\\_for\\_Writing\\_a\\_Policy\\_Brief.pdf](http://www.pep-net.org/sites/pep-net.org/files/typo3doc/pdf/CBMS_country_proj_profiles/Philippines/CBMS_forms/Guidelines_for_Writing_a_Policy_Brief.pdf)
- Systems thinking for Health Systems Strengthening, World Health Organization, 2009.
- Ross C. Brownson, Jamie F. Chriqui, Katherine A. Stamatakis, *Understanding Evidence-Based Public Health Policy*, American Journal of Public Health, September 2009, Vol 99, No.9



Thank you

