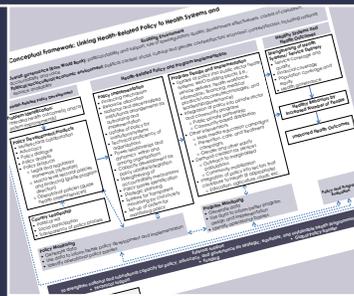


Policy

November 2012

LINKING HEALTH POLICY WITH HEALTH SYSTEMS AND HEALTH OUTCOMES

A Conceptual Framework



This publication was prepared by Karen Hardee, Laili Irani, Ron MacInnis, and Matthew Hamilton of the Health Policy Project.

Suggested citation: Hardee, K., Laili Irani, Ron MacInnis, and Matthew Hamilton. 2012. *Linking Health Policy with Health Systems and Health Outcomes: A Conceptual Framework*. Washington, DC: Futures Group, Health Policy Project.

ISBN: 978-1-59560-008-0

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. It is implemented by Futures Group, in collaboration with Plan International USA, Futures Institute, Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

Linking Health Policy with Health Systems and Health Outcomes: A Conceptual Framework

NOVEMBER 2012

This publication was prepared by Karen Hardee,¹ Laili Irani,² Ron MacInnis,¹ and Matthew Hamilton¹ of the Health Policy Project.

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ACKNOWLEDGMENTS

The authors thank Mai Hijazi, Linda Cahaelen, Patty Alleman, Michelle Wu, and Samantha Corey of the United States Agency for International Development (USAID); and Sarah Clark, Nancy McGirr, Anne Jorgensen, Anupa Deshpande, Beth Robinson, Rachel Kiesel, Elizabeth Leahy Madsen, Mona Steffen, Abdelylah Lakssir, Amy Sunseri, Susan Settergren, Nicole Judice, Mariela Rodriguez, and Tisha Wheeler of the Health Policy Project for their technical review and significant contributions to the development of the conceptual framework. We believe that these contributions, informed by extensive experience and expertise, have strengthened the framework's relevance to health policy development and implementation, as well as its usefulness for improving health outcomes and monitoring and evaluating policies and programs. We also appreciated the opportunity to present the conceptual framework at the Second Symposium on Health Systems Research, Beijing, China, October 31–November 3, 2012, and to receive feedback from symposium participants.

BACKGROUND

This conceptual framework, prepared by the USAID-funded Health Policy Project, is designed to show the links among health-related policy, health systems, and health outcomes. It has been developed based on an extensive review of health policy and health systems literature¹ and decades of experience in the policy areas related to family planning, reproductive health, HIV/AIDS, and maternal health.

Health-related policy and its implementation is complex. The conceptual framework is therefore not intended to identify causal pathways; instead it shows the flow from health-related policy development to health-related policy and program implementation and to health systems and health outcomes.

The framework includes the four stages of policy identified by Lasswell. These stages, which are not linear in practice, still offer a useful heuristic model of policy that starts with a problem and moves to policy development, policy implementation, and policy monitoring and evaluation.

The conceptual framework situates the process within the context of an enabling environment, comprising broader governance and political, sociocultural, and economic factors. For ease of display and parsimony, it is presented as linear. In reality, there are many feedback loops in the process, moving from policy development to policy and program implementation to improved health systems and health outcomes.

The framework is meant to guide governments, organizations, and communities in understanding the links among health-related policies, programs, systems, outcomes and better implementation and monitoring and evaluation of health-related policies. It can also be used to frame research questions and design studies.

COMPONENTS OF THE CONCEPTUAL FRAMEWORK

Each component of the framework is described below.

Enabling Environment

The enabling environment describes the governance and political, social, cultural, and economic factors that affect the overall relationship of health policies and health outcomes. Governance includes the activities carried out by elected and appointed governmental bodies, such as parliaments, ministries, and regulatory agencies. Governance also goes beyond these to include private firms, civil society advocacy organizations, community groups, and private individuals.

The World Bank has identified six dimensions of overall governance: accountability and voice, political stability and support, rule of law/regulatory quality, government effectiveness, power relationships and dynamics, and control of corruption. Good governance is defined by high rankings in these dimensions.

Other enabling factors that favorably or unfavorably affect health policy implementation include social, cultural, and gender contexts and the views of government representatives and civil society about the proposed policy. In addition, the availability of financing and essential resources such as fuel, infrastructure, and a stable currency are other factors.

¹ See the bibliography for a list of selected resources used to develop the conceptual framework.

Health-related Policy Development

Policy development involves identifying a problem that requires a policy response and developing policy through a process shaped by country leadership.

Problem Identification

The first step is to identify a relevant and timely problem that can be addressed by developing a new policy or changing an existing one. Such problems could include system malfunctions, healthcare delivery problems, health inequities, and concerns such as recurrent disease outbreaks, high maternal mortality, or malnutrition. These problems can be identified through studies, assessments, surveys, or even through media attention. Problems can be highlighted by many types of stakeholders, such as healthcare providers, public health researchers, policymakers, civil society groups, or journalists. Problem identification is ideally based on analysis that suggests practical and cost-effective policy options.

Policy Development and Products

If the problem identified requires a policy response, policy development ensues through the components of policy development, including multisectoral collaboration, advocacy, policy dialogue, and policy analysis. Stakeholders discuss the problem at hand and propose and advocate for different ideas and principles. Policymakers decide among these ideas, hopefully paying particular attention to goals and strategic directions, institutional arrangements, access to resources, and measures of success. Depending on the problem and proposed solution, the policy output or product could be a law or regulation, a macro-level sectoral policy or financing mechanism, or an operational policy that includes the rules, regulations, guidelines, etc., that guide health systems and services. The legal and regulatory framework authorizes further action, and macro-level sectoral policies guide programs. Advocacy and policy dialogue are undertaken by stakeholders to shape the law or policy. The policy then is officially voted on by the relevant governmental bodies and shared with the relevant stakeholders and general public.

Country Leadership

Policy development is shaped by country leadership, which comprises the political will that exists (or does not) to address the identified problem through a law or policy, the level of social participation, and the transparency of the policy process. Country leadership is influenced by the factors of the enabling environment. Political will shapes the policy response, including the likelihood of policy implementation (e.g., resources allocated for implementation). Policymakers must have the political will and drive to put an issue on the policy agenda and to develop, draft, and put a policy up for voting. Political will can be strong among some policymakers, yet weak among other policymakers. This can be the case particularly for policies on sensitive or contentious issues or if influential groups are framing the problem and potential solutions differently, such as the development of a national policy or guidelines on voluntary male circumcision that takes into account cultural opposition, implications for use of human resources in the health system, and funding needs. The level of transparency of the policy process will shape the ability of a range of stakeholders, including civil society, to participate. Adequate transparency is imperative for stakeholders, target groups, citizens, and the larger global community to respect and be able to participate in the policy development process. The components of country leadership also affect policy implementation, as well as program design and commitment to monitoring and evaluation.

Policy Implementation

Once a policy is developed and before programs are implemented through the health or another system, it is important to plan for policy implementation. Policy implementation includes both technical and relational aspects—not only specifying the institutions responsible for implementation but also ensuring that the institutions have the capacity for implementation and that the relations among institutions are conducive for collaboration.

Power structures and inter-institutional dynamics involved in implementing the policy should not be underestimated. The more complex the policy, the higher likelihood that multiple institutions, including at national and decentralized levels, will be involved in its implementation. Generally, the less contentious a policy is to develop, the smoother its chances for implementation. Putting in place financing and resource allocation mechanisms is crucial. In some cases, policy implementation will require rearrangement and restructuring of institutions at the national and subnational levels to implement the policy. Some policies may involve the subnational levels being more autonomous in operationalizing policies, thus resulting in a more decentralized system and program. Depending on their technical proficiencies, the implementing institutions may make strategic plans to efficiently access, allocate, and utilize finances and other resources, such as human resources and infrastructure. Institutional capacities may need to be strengthened to ensure appropriate uptake and integration of policies into existing activities. The policy implementation strategy should include a system for monitoring the implementation, including identifying and addressing operational policy barriers. Often, program monitoring and evaluation systems are designed to monitor program implementation, with no analogous system put in place to monitor policy implementation. Government institutions can ensure accountability by sharing with others the policy process and related achievements as measured by monitoring tools and indicators. In addition, by holding institutions accountable in the policy process, civil society groups are able to play a major role in strengthening accountability.

Program Design and Implementation

The next step in policy implementation is the design of a new program or modification of an existing one. Programs are designed or altered by program managers based on the new policy. In the public healthcare system, six areas are affected by the implementation of policies. These areas are known as the World Health Organization's health systems building blocks: service delivery, health workforce, information, financing, medical products/vaccines/technologies, and leadership/governance. These building blocks are integrally connected, and strengthening one building block is likely to result in strengthening others. For instance, strong, effective leadership can result in improved efficiency of service delivery, a more organized and motivated workforce, better information and financial management, and enhanced product/vaccine/technology use and development.

New and revised policies can also have an impact on programs run by the private sector. For example, policies can encourage and support the increased mobilization and distribution of services, such as modern contraceptives by community health workers. In addition, policies can be implemented to address the integration of private sector and community programs into the public health sector in the form of public-private partnerships and community-based distribution programs. Policies can also result in the development of programs to prevent, care for, and treat specific diseases and conditions or eliminate health inequities through the acknowledgment of the specific needs of women and marginalized populations. New policies can further significantly impact program success through the support and encouragement of media campaigns and improved public education. These information campaigns can also be used to create demand for services. Community mobilization can also be promoted or hindered through policy. In this way, policies directly affect program design and implementation. In addition, since non-health sectors, such as education, agriculture, and infrastructure, play important roles in societal health, some policies can result in the design and implementation of programs that integrate healthcare in those sectors. Finally, continuous program monitoring has an important role in improving program design and implementation.

HEALTH SYSTEMS AND HEALTH OUTCOMES

Health policies and health programs are put in place to affect various aspects of health services, including service coverage and quality, financial coverage, and population coverage and equity—typically to achieve improved health outcomes. Improved health outcomes (e.g., better maternal health, HIV/AIDS, or reproductive health outcomes) can arise from a greater prevalence of healthy behaviors by a population as a result of specific programs. Health policies and programs can also more broadly impact other aspects of the health system, including governance (e.g., inter-ministerial collaboration, systems for transparent monitoring by civil society) and financing systems (e.g., universal health coverage).

POLICY AND PROGRAM MONITORING AND EVALUATION

The conceptual framework links policy with program monitoring and evaluation because they are integrally related: in fact, it is sometimes difficult to determine where “policy” ends and a “program” begins. Thus, the framework treats policy and program monitoring and evaluation as a continuum. While some monitoring is specific to either policies or programs, it is important when monitoring programs to link the program to the policy under which it operates.

Policy Monitoring

Policy monitoring describes the development and implementation of policies, identifies potential gaps in the process, outlines areas for improvement, and makes key implementing institutions accountable for their activities. Monitoring policy development and implementation is an integral component of the policy process. The first step in policy monitoring is to identify indicators measuring key activities related to the development and implementation of specific policies of interest. The next step is to collect, analyze, and disseminate data on those key indicators. This data can guide the development of new, timely, and relevant policies and help health system managers to better implement existing policies. Policy monitoring should also include the identification of key operational policy barriers that can be addressed through policy and program reform.

Program Monitoring

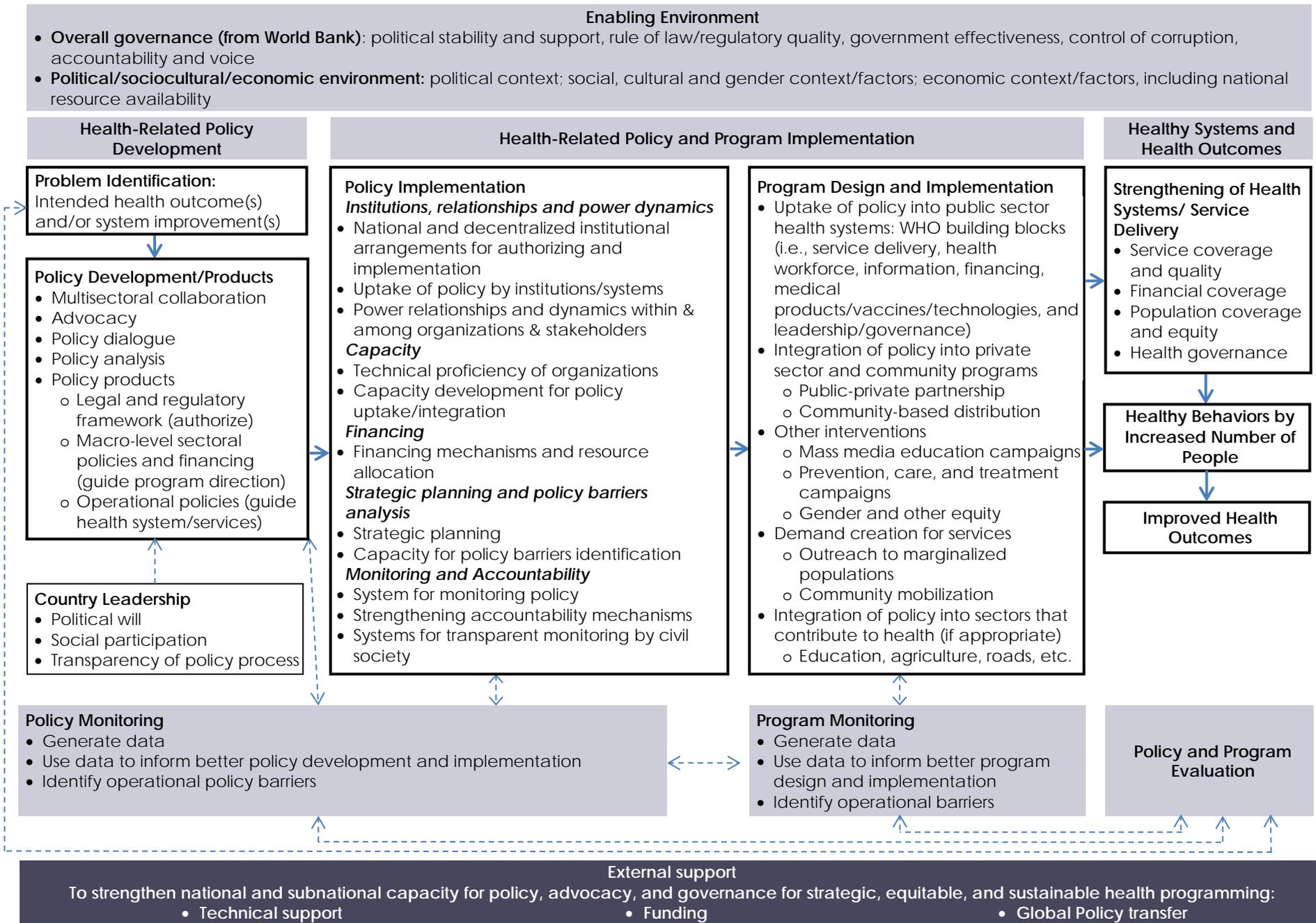
Once a program has been designed and implemented through the relevant building blocks of the health system, it must be monitored through appropriate data collection and analysis to determine whether the proposed program activities are being carried out and the intended outputs are being produced. Therefore, it is important that all relevant stakeholders have the skills and resources necessary to collect, analyze, and share the relevant data. This data can then be used to better inform program implementation and guide program modifications. Similarly, the policymakers must be regularly kept abreast of the program’s monitoring outputs, so that the relevant policy can be altered if necessary. Program monitoring, like policy monitoring, should identify operational barriers—including those with policy roots—that need to be addressed to improve program performance.

Policy and Program Evaluation

Once the policy and program have been implemented, their impact can be determined. This can be achieved through an outcome evaluation of service utilization, which could also measure improvements to the health system. The outcome evaluation would determine the availability, quality, and equity of services stipulated in the policy and provided by the program. The evaluation could also measure the adoption of healthy behaviors by the intended population, ultimately leading to long-term improved health outcomes. This can be determined by an impact evaluation of a change in policy or program design. The results of the evaluation should then be shared with all the stakeholders and policymakers to

inform them of whether the policies and programs in question resulted in the resolution of the problem they were intended to address. Furthermore, evaluations of policies should include a component to assess the technical and relational aspects of policy implementation. The lessons learned can then help guide the development and implementation of policies and programs, as well as the scale-up or replication of programs, if shown to have positive outcomes.

Conceptual Framework: Linking Health-Related Policy to Health Systems and Health Outcomes



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