ADVANCES ON HEALTH POLICY ANALYSIS



Workshop Report March 5–6, 2013 Amman, Jordan

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Advances on Health Policy Analysis: Workshop Report

MARCH 5-6, 2013

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ABBREVIATIONS

COP chief of party

DCOP deputy chief of party FP family planning

FP2020 Family Planning 2020 initiative HPC Higher Population Council HPP Health Policy Project

HSS II Health Systems Strengthening II project

ICDP +20 International Conference on Population and Development Beyond 2014

JAFPP Jordan Association for Family Planning Protection

JFDA Jordan Food and Drug Administration MDG Millennium Development Goal

MOAwqaf Ministry of Awqaf Islamic Affairs and Holy Places

MOE Ministry of Education MOH Ministry of Health

MOSD Ministry of Social Development NGO mongovernmental organization

RMS Royal Medical Services SG Secretary General

SHOPS Strengthening Health Outcomes through the Private Sector project

UNFPA United Nations Population Fund

UNRWA United Nations Relief and Works Agency

USAID United States Agency for International Development

WCHD Women and Child Health Directorate

PURPOSE

As part of its ongoing work with the Higher Population Council (HPC) and other stakeholders working on family planning (FP) in Jordan, the Health Policy Project (HPP) conducted a workshop on "Advances in Health Policy Analysis." The purpose of the one-and-a-half day workshop was to

- Present global initiatives that affect family planning and discuss how they relate to Jordan
- Present new advances in health policy analysis—linking health policy, health systems, and health outcomes
- Discuss policy analysis, from problem identification to impact assessment
- Build capacity for policy
- Discuss FP policy issues in Jordan, including barriers to FP

See Annex 1 for the workshop agenda.

PARTICIPANTS

The 50 workshop participants represented a range of public and private sector organizations, nongovernmental organizations (NGOs), donors, and cooperating agency projects. A list of participants is provided in Annex 2.



Fifty participants attended the workshop

PRESENTATIONS AND DISCUSSION

The workshop started with a welcome from Rania Al Abbadi of the Higher Population Council, who discussed the importance of policy. Dr. Nagham Abu Shaqra welcomed participants on behalf of the Health Policy Project and asked about their expectations of the workshop, which are listed below.

Expectations

- 1. Policy analysis and solutions
- 2. Design policy
- 3. Implementation and evaluation
- 4. Experience of other countries
- 5. Lessons learned/best practices
- 6. Steps on who should make policy
- 7. Translation of policy to action
- 8. Link between policies and programs



Dr. Nagham Abu Shaqra, HPP



Rania Al Abbadi, HPC

- 9. Practical measures of impact
- 10. Difference between policies and strategy and alternatives
- 11. Maternal mortality—need to focus policy attention on this
- 12. Success stories from previous policy implementation
- 13. Private sector contribution to policy
- 14. How to create a policy environment
- 15. Prioritization

Global Initiatives Related to Family Planning

The morning session of the first day focused on global initiatives related to family planning, including the FP2020 initiative from the London Summit on Family Planning, the International Conference on Population and Development Beyond 2014 (ICPD +20), and the Millennium Development Goals (MDGs) Beyond 2015. Although Jordan is not among the 69 least-developed countries included in the analysis for FP2020 programming, the country can commit to the summit and become a part of FP2020.

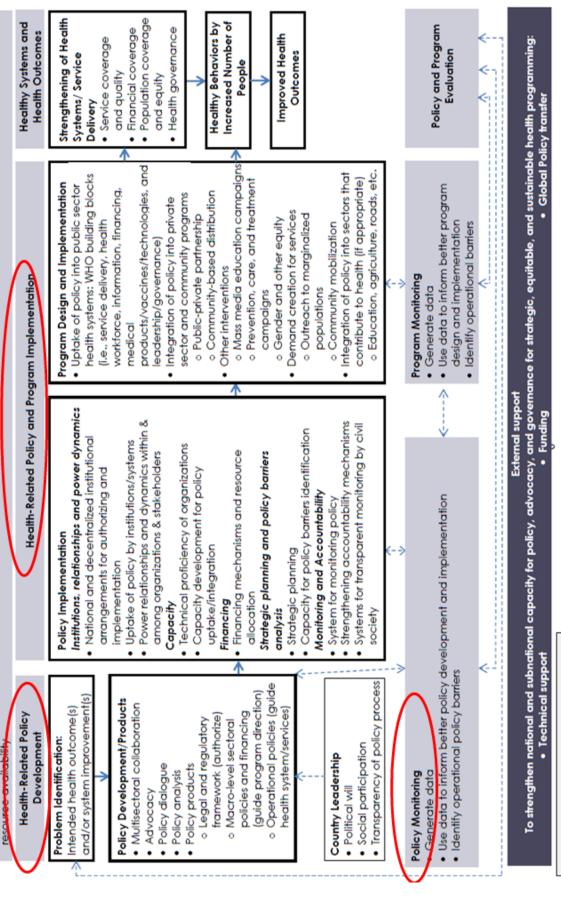
From Health Policy to Health Systems and Health Outcomes

The first afternoon of the workshop included an introduction to the HPP conceptual framework that links health policy, health systems, and health outcomes (a short paper, including the framework, is also translated into Arabic). The framework, shown below, links the stages of policy (problem identification, policy development, policy implementation, and policy monitoring) with program implementation and outcomes.

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

Overall governance (from World Bank): political stability and support, rule of law/regulatory quality, government effectiveness, control of corruption, accountability and voice

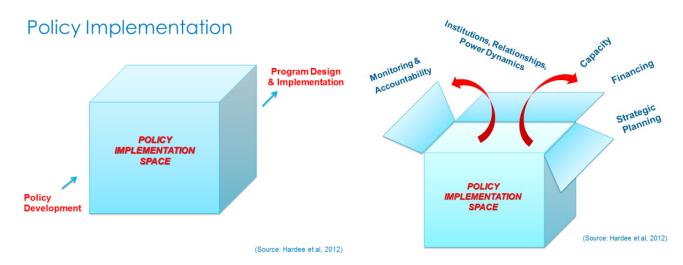
• Political/sociocultural/economic environment: polítical context; social, cultural and gender context/factors; economic context/factors, including national



Direct Links
----> Indirect Links and Feedback Loops

(Source: Hardee et al, 2012)

The presentations covered all components of the framework, with a focus on the policy implementation: clearly defining the institutions that are expected to implement policy at the national and decentralized levels and paying attention to the institutional relationships and power dynamics among the organizations; ensuring that organizations have the capacity to implement the policy; confirming that financing is sufficient and resource allocation mechanisms are in place to fund the policy; ensuring that the policy is accompanied by strategic planning and policy barriers analysis; and establishing strong monitoring and accountability systems. PowerPoint presentations given at the workshop are available on request.



Presentations discussed the various aspects of policy implementation

Examples of policies and programs in Jordan were also presented with supplemental information from programs in other countries. Participants discussed the experiences of other countries in relation to policy development, implementation, and monitoring in Jordan.



Dr. Karen Hardee discussed policy development

WORKING GROUPS

Working groups discussed policy issues that had been identified in Jordan and publicized in policy briefs published in 2010 and 2011. The groups focused on either supply-side or demand-side issues (see below for details). Each group was asked to

- Appoint a facilitator to guide the discussion, a rapporteur to take notes, and a person to report back for the group
- Read the policy issue and options
- Discuss the questions and answer them
- Present a summary of the discussion to the larger group.



On Day 1 participants formed working groups and provided feedback on their discussion

Working Groups 1 and 3—Supply-side Approach Exercise

Adapted from the Policy Brief: Impact of Changing Contraceptive Method Mix on Jordan's Fertility Rate

Issue: Jordan's total fertility rate has leveled off since 2002. At the current level, a woman would give birth to an average of 3.8 children during her lifetime. If fertility remains unchanged, Jordan's population would double in size in about 30 years. According to the 2009 Jordan Population and Family Health Survey, 42 percent of married women of reproductive age use modern methods and 17 percent use traditional methods.

The policy brief discusses the impact of how changes to the current contraceptive method mix will affect Jordan's ability to achieve its future fertility goals and reduce population growth. It also discusses the specific policy recommendations that would bring about these changes.

Analysis of two scenarios—keeping age at marriage, postpartum infecundability, and the total contraceptive prevalence rate constant, but assuming in the second scenario that half of all traditional method use shifts to modern method use—shows that changing the method mix has the effect of reducing the total fertility rate from 3.8 to 3.45.

Policy Options: Specifically, the HPC requests that the H.E. the Minister of Health do the following:

- Strengthen FP counseling to address the fear of side effects.
- Train existing healthcare providers to eliminate bias toward certain FP methods.
- Increase availability of female providers by training additional female providers, contracting with
 private-sector female providers, increasing the use of midwives (e.g., signing a decree that allows
 midwives to insert intrauterine devices), and providing incentives to public-sector female physicians
 to work in remote or difficult areas.
- Expand the number of long-acting permanent methods (e.g., Implanon) and expand services in remote and poor areas with high need by providing mobile clinics.
- Provide adequate funding to procure needed contraceptives by either increasing available resources to purchase contraceptives locally or reducing per-unit costs by procuring contraceptives internationally at lower prices.
- Allocate private space in the Ministry of Health's (MOH) health centers for family planning counseling.

Source: Jordan Higher Population Council and USAID | Health Policy Initiative. 2010. "Impact of Changing Contraceptive Method Mix on Jordan's Total Fertility Rate." Amman: Futures Group, USAID | Health Policy Initiative, Task Order 1.

Questions for Working Groups 1 and 3

- 1. Has the issue identified been adequately framed?
- 2. What types of policies or action steps have been, or need to be developed, to address the issue? In what sectors are the relevant policies? Which of the three levels of policy does this issue include (legal/regulatory, national/sectoral, operational)?
- 3. What action steps is/should the MOH take to address this issue?
- 4. Are there ministries other than the MOH that should be involved in addressing this issue and the policy recommendations? If so, is there already a coordinated effort to address this issue in Jordan? Among which ministries and organizations?
- 5. Is the effort facing any barriers? If so, what are they and which of them are policy barriers?
- 6. Do the MOH and any other ministries and organizations involved have adequate individual and organizational capacity to undertake policy implementation? What additional capacity is needed (from the list in the presentation) among organizations and individuals? How can that capacity be built?
- 7. Is there adequate financing to undertake these initiatives? If not, what additional resources would be needed and how could they be obtained?
- 8. Are there any policy barriers to addressing this policy issue? How were the policy barriers identified and how should they be identified in the future?
- 9. How should implementation of this policy issue be monitored? Is there currently a system in place to monitor the issue? If not, how can it be developed? Do any barriers exist to monitoring implementation of the policy?
- 10. How would your group suggest evaluating the implementation of this policy?

Working Groups 2 and 4—Demand-side Approach Exercise

Adapted from the Policy Brief:

Reducing Discontinuation of Contraceptive Use and Unmet Need for Family Planning: Policy Options

Issue: Family size

Jordan's population is highly urbanized, women are well educated, and the age at marriage has increased significantly. Yet, fertility has remained high, keeping the country at an early stage of the demographic transition. There is limited opportunity to reduce the high demand for children in the short-term, and it is unlikely that the pressure for a first birth soon after marriage, for at least two children, and for at least one boy, can be reduced. Nevertheless, family-size preference must change if Jordan is to meet its population goals.

Recommendations (modified from the policy brief)

- Incorporate FP and family size in all major political speeches whenever possible.
- Gain political support for the development of policies that support changes in family-size norms.
- Incorporate the concept of family size in school curricula.
- Strengthen information, education, and communication programs.

Source: Higher Population Council and USAID | Health Policy Initiative. 2011. Reducing Discontinuation of Contraceptive Use and Unmet Need for Family Planning: Policy Options. Amman: Futures Group, USAID | Health Policy Initiative, Task Order 1.

Questions for Working Groups 2 and 4

- 1. Has the issue identified been framed appropriately? If not, how should it be framed?
- 2. What types of policies or action steps have been, or need to be developed, to address the issue? In what sectors are the relevant policies? Which of the three levels of policy does this issue include (legal/regulatory, national/sectoral, operational)?
- 3. Which ministries and organizations are/will be involved in addressing this issue and the recommendations?
- 4. Which ministries, etc., have the authority to address the identified policy options?
- 5. Is there currently a coordinated effort to act on the recommendations? Among which ministries and organizations? Please describe this effort.
- 6. Do the ministries and organizations involved have adequate individual and organizational capacity to undertake policy implementation? What additional capacity is needed (from the list in the presentation) among organizations and individuals? How can that capacity be built?
- 7. Is there adequate financing to undertake these initiatives? If not, what additional resources would be needed and how could they be obtained?
- 8. Does the effort to address this policy issue face any barriers?
- 9. How should implementation of this policy issue be monitored? Is there currently a system in place to monitor the issue? If not, how can it be developed? Do any barriers exist to monitoring the implementation of the policy?
- 10. How would your group suggest evaluating implementation of this policy?

The working groups appreciated the opportunity to discuss these issues but indicated that it would be better to discuss actual policies and have policy-related materials available. On the second day, the group decided to discuss the workshop material in plenary rather than split into working groups. Dr. Nagham Abu Shaqra, HPP Country Director, facilitated that discussion.



Dr. Nagham Abu Shaqra facilitates the discussion on Day 2

EVALUATION

The participants' assessments of the workshop were favorable, with 22 of 23 participants giving an overall

rating of "good" or "excellent." Most said that the workshop met or exceeded their expectations. Participants appreciated the topics covered and the interactive style of the workshop. They encouraged additional workshops on policy, particularly if future workshops focus on the implementation of existing or new policies. Annex 3 includes more details from the evaluation.



NEXT STEPS

There was general agreement among participants, and in follow-up discussions with the Higher Population Council, that another workshop focusing on the National Family Planning Strategy (2013–2017), which is currently being finalized, will be useful to put the concepts learned in this workshop into practice. The issues of collaboration among organizations that are implementing policies (e.g., the new National Family Planning Strategy) and instituting a strong and collaborative monitoring system emerged as a topic for further work following the workshop.

ANNEX 1. AGENDA

| Day 1, March 5, 2013 | | | | |
|----------------------|---|--|--|--|
| 8:30-9:00 | Welcome coffee and registration | | | |
| 9:00–9:30 | Welcome and introductions | Dr. Raeda AlQutob, HPC Secretary General | | |
| | Global Initiatives and Family Planning | | | |
| 9:30–11:00 | "London Family Planning Summit to FP2020" | Dr. Karen Hardee, HPP Deputy Director for | | |
| 7.30-11.00 | "ICPD+20 and MDG after 2015" | Population and | | |
| | Discussion—what the global initiatives mean for Jordan | Reproductive Health | | |
| 11:00–11:30 | Coffee break | | | |
| 11:30–1:00 | "Linking Health Policy, Health Systems, and Health Outcomes," including discussion • What is policy? • A new way of linking policy with programs and outcomes • Policy implementation | Dr. Karen Hardee, HPP | | |
| 1:00-3:00 | Working groups to address policy issues identified for Jordan | HPP team | | |
| 3:00 | Lunch, end of Day 1 | | | |
| | | | | |
| 8:30 | Coffee | | | |
| 9:00–9:30 | Recap of Day 1 | Dr. Karen Hardee, HPP | | |
| 9:30–11:30 | "Linking Health Policy, Health Systems and Health Outcomes," including discussion (continued) • Policy capacity • Policy monitoring • Methodologies for policy evaluation | Dr. Karen Hardee, HPP | | |
| 11:30–12:00 | Coffee break | | | |
| 12:00–2:00 | Working groups, continued | HPP team | | |
| 2:00-2:30 | Groups report back | Dr. Nagham Abu Shaqra, HPP Country Director | | |
| 2:30–3:00 | Next steps | HPC/HPP | | |
| 3:00 | Closing and lunch | | | |

ANNEX 2. PARTICIPANT LIST

| Name | Organization |
|--------------------------|--|
| Ms. Rania Al Abadi | SG Assistant/HPC |
| Ms. Hana Al Suob | SG Assistant/HPC |
| Ms. Manal Al Ghazawi | HPC |
| Ms. Itaf Al Hadid | HPC |
| Mr. Khalid Al Rashdan | HPC |
| Ms. Khitam Wrikat | HPC |
| Dr. Yousef Nuaimat | SG/Higher Health Council |
| Dr. Raghad Al Hadidi | Higher Health Council |
| Dr. Ghada Kayali | Higher Health Council |
| Dr. Issa Jaber | Al Basheer Hospital (MOH) |
| Dr. Nidal Azab | Director of the WCHD/MOH |
| Dr. Malek Habashneh | МОН |
| Mr. Moʻyad Barmawi | МОН |
| Dr. Aber Mowaswas | МОН |
| Dr. Abed Al Rahman Ibdah | SG Asisstant/MOAwqaf |
| Mr. Zidan Hamdan | MOAwqaf |
| Mr. Yousef Shibli | MOAwqaf |
| Ms. Wafa Abdalat | MOE (Education) |
| Mr. Waleed Al Muhaisen | MOSD |
| Ms. Manal Abu Awad | MOSD |
| Ms. Nawal Al Huwaidi | MOSD |
| Dr. Mohammad Hyassat | Royal Medical Services (RMS) |
| Ms. Nouf Al Badawi | RMS |
| Ms. Adla Hamlan | RMS |
| Dr. Mohamad Bani Khalid | RMS |
| Dr. Sawsan Majali | President of Zein AlSharaf Institution for Development (ZEIND) |
| Dr. Mazen Zebdeh | President of OBGyn Society/Jordan Medical Association |
| Ms. Najwa Huwaidi | JFDA |

| Ms. Niveen Kana'an | High Youth Council |
|----------------------|--|
| Mr. Bassam Danial | Executive Director JAFPP |
| Wafaa Nafea | JAFPP |
| Mr. Faten Zo'ubi | JPD-Joint Procurement Department |
| Dr. Manal Tahtamoni | Nour Al Hussein Foundation |
| Dr. Nuha Al Majali | President of Aman Society |
| Ms. Sameera Smirat | Aman Society |
| Dr. Anwar Al Thaher | UNRWA |
| Dr. Ishtiwi Abu Zaid | UNRWA |
| Mr. Suzan Kasht | UNFPA |
| USAID and CAs | |
| Ms. Sarah Blanding | Director of Population and Family Health Office/ Health Office/USAID |
| Mr. Ziad Muasher | Project Management Specialist/Health Office/USAID |
| Dr. Sabri Hamza | COP/HSS II |
| Mr. Suzan Wright | DCOP/HSS II |
| Dr. Nisreen Bitar | HSS II |
| Mr. Reed Ramlow | COP/SHOPS |
| Dr. Maha Shadid | DCOP/SHOPS |
| Dr. Maha Al Saheb | SHOPS |
| Ms. Houda Khayam | SHOPS |
| Ms. Luma Batarseh | SHOPS |
| | |

ANNEX 3. EVALUATION

| Overall Rating of the Workshop | | | | | |
|---------------------------------|----|----|---|--|--|
| Rating Excellent Good Fair Poor | | | | | |
| | 10 | 12 | 1 | | |

| | Exceeded expectations | Met expectations | Needs improvement | N/A | | |
|---------------------------------------|-----------------------|------------------|-------------------|-----|--|--|
| Workshop Content | | | | | | |
| The material is well-organized | 2 | 20 | 1 | | | |
| Presented at the right level | 4 | 17 | 2 | | | |
| Practicality of material to my job | 2 | 18 | 1 | 2 | | |
| Handout material useful to my job | 2 | 20 | 1 | | | |
| Effective working group exercises | 1 | 14 | 6 | 2 | | |
| Presentation | | | | | | |
| Effective presentation style | 4 | 16 | 3 | | | |
| Trainer's knowledge of the subject | 7 | 16 | | | | |
| The trainer covered the topic clearly | 5 | 15 | 3 | | | |
| Trainer responded well to questions | 5 | 13 | 5 | | | |

Participants were asked for feedback on the content and format of the workshop. Their responses are below.

Liked most about the workshop

- The trainer was an expert and professional (2 responses)
- Presentations with interaction between the trainer and audience; responsiveness of the trainer (6 responses)
- The way the presentation was given was interesting and the staff were really cooperative, so the information would be communicated effectively through translation
- The timing of the presentations

- The organization of the workshop and responsiveness of the organizers (3 responses)
- Moving policy from an abstract concept to a concrete, useful topic and methodology; now I see clearly how it works
- Acquiring new skills about what policy is and how we can analyze it and monitor its implementation, which I can use in my work as FP coordinator
- The presented examples from other countries and the lessons learned
- The rich information about policies
- Topics
- The presentation about the London FP Summit
- Comprehensive
- Informative and essential
- Working groups, subject, coverage, etc.

Liked least about the workshop

- The length of the presentations
- The slides had too much information and were difficult to read
- Handouts only in English so difficult to follow and limited use
- What has been presented in the workshop does not relate to the workshop objectives and I think that the goals of the workshop have not been achieved
- Unclear workshop objectives
- Uneven distribution of focal points and representatives
- The workshop could be improved with more case studies and practical exercises
- Sometimes difficult to follow with people speaking English and Arabic—sometimes at the same time; difficult to translate

Suggestions for improvement

- Sending the training material for the participants in advance
- Providing the participants with the presentations through email
- Improve the way the slides are presented and reduce their number
- Giving more examples, including of real life policies (3 responses)
- The workshop needs more time to cover this subject in more detail
- Divide the working groups according to each institution to discover what is needed from each institution for the success of the policy and what their notes about it
- Better coordination with the partners who attend the workshop

- Concentrate more on the practical side of the policy implementation and how it can be implemented on the ground rather than concentrating on the theoretical side
- Further specific workshops on specific recommendations
- Will be good if the workshop could be Thursday and Friday so we would not lose as much work time
- Increasing number of trainers
- More workshops in the future and follow up the updating of policies to reach goals and targets
- We discovered that there is a lot of information that should be presented before starting with the workshop, like the already available policies and plans, and then built on in the workshop

For more information, contact:

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