

PAA 2013

Linking Policies to Reproductive Health Programs and Outcomes: The Importance of the Policy Implementation Space

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September 21, 2012

Abstract

Policy is integral to the success of any health program, including sexual and reproductive health programs. Yet, most policy literature focuses on policy development. Literature on program implementation rarely focuses on the role of policy. Based on a review of academic and programmatic/applied literature, we have developed a conceptual framework linking health policies to health systems and outcomes. The strength of this conceptual framework is the articulation of the importance of the space between the development of a policy and the implementation of a program. Using examples from the field, we identify the challenges in policy implementation that affect programs and health outcomes. Our analysis also identifies gaps in the literature pertaining to the areas of sexual and reproductive health policy implementation, and monitoring and evaluation. We also recommend the initiation of evaluation studies examining the complete policy process linking health policies to health systems and to health outcomes.

Extended Abstract

Introduction

According to the World Health Organization (WHO), health policy is a “formal statement or procedure within institutions (notably government) which defines priorities and the parameters for action in response to health needs, available resources and other political pressures.” It can also be a complex process, including several actors, where tensions arise due to differing demands and priorities (Walt et al., 2008). For our purposes, policy is a chosen course of action to address a problem, with public policies addressing societal problems. The process of policymaking involves dialogue among stakeholders. With the aid of advocacy, a policy document or related directives is developed. These policies provide a foundation on which to build strong health systems, programs and services (USAID, HPP, TO1, 2010). Some health policies have components that are implemented outside the health system.

The role of policy in sexual and reproductive health is a significant one, as both the formulation and implementation of sexual and reproductive health policies can determine the success of its programs. According to Bongaarts *et al*, family planning-related policy, as part of the larger context of sexual and reproductive health policy, exemplifies the existence of multiple policy-related categories including leadership, governance and accountability (Bongaarts, Cleland, Townsend, Bertrand, & Das Gupta, 2012). Each of these categories has important consequences for achieving positive health outcomes. As stated by Mazmanian and Sabatier, “implementation is the carrying out of a basic policy decision, usually incorporated in a statute but which can also take the form of important executive orders or court decisions. Ideally, that decision identifies the problem(s) to be addressed, stipulates the objective(s) to be pursued, and in a variety of ways, ‘structures’ the implementation process” (Mazmanian & Sabatier, 1983).

While health policy has a pervasive and integral role in dealing with any health issue, we have chosen to focus on health policy as it specifically relates to sexual and reproductive health. The purpose of this paper is to review the evidence on the effect of sexual and reproductive health policies on health outcomes and draw lessons for improving such policies. We also outline a framework for linking development of policy to improving health systems and outcomes. This framework is meant to guide governments, organizations and communities on understanding the links between health policies, programs and outcomes and better implement health policies and monitoring and evaluating outcomes. This conceptual framework can also be used to frame research questions and design new studies.

Methods

This literature review describes an overview of the health policy process among reproductive health programs. It specifically describes some of the successes and challenges faced in developing and implementing sexual and reproductive health policies. This paper is the product of a larger literature review examining the existing evidence on the links between health policies and health systems and outcomes.

We researched the link between sexual and reproductive health policy and health outcomes using multiple search engines, such as SCOPUS, Medline and Popline. Furthermore, unpublished reports from selected websites/organizations were included to supplement the peer-reviewed journals as the gray literature provides a wealth of information on policy development and implementation, a topic not sufficiently covered in published articles. Snowball sampling was further used to expand the search on literature that describes the sexual and reproductive health policy process. This activity is ongoing and will be completed by PAA 2013.

The types of literature referenced range from descriptive studies on the policy process published in peer-reviewed journals, books, and the gray literature. The content includes theories expounding on the process of policy implementation and examples of policy case studies. Based on the extensive literature review conducted, we developed a conceptual framework that outlines the link between health policy and health outcomes.

One challenge in conducting this literature review is that while there is extensive literature on the theories of policy development and implementation, a few examples of which relate to sexual and reproductive health policies, there are very few studies describing the successes and challenges faced while implementing policy in real-life situations. Another challenge we faced was that the field of policy is described across various fields, including political science, anthropology and public health, making it difficult to understand the language of policy and summarize it.

Results

In order to outline the links between health policy and health systems and outcomes, we use a conceptual framework to place the process in the context of an enabling environment comprising governance and the socio-cultural and economic environment. For ease of display and parsimony, the conceptual framework is presented linearly in Figure 1. In reality, however, there are many feedback loops in the process of moving from policy development to policy and program implementation to health outcomes.

Each component of the conceptual framework is described below.

Enabling environment

The enabling environment describes the factors affecting the overall relationship of health policies to health outcomes. It is comprised of the overall governance and social, cultural and economic factors. Governance includes the activities carried out by elected and appointed governmental bodies such as parliaments, ministries, and regulatory agencies. Governance 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 affecting health policy implementation, be they favorably or unfavorably, include the social, cultural and gender context, for instance, 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 enabling factors.

Kenya is an excellent example of how the enabling environment affects sexual and reproductive health policies (Crichton, 2008). Kenya made exceptional progress in the 1980s in the areas of population and reproductive health policies. This changed in the 1990s, however, primarily due to a shrinking policy space; in other words, due to poor governance, reduced political will and external financial support to support reproductive health programs. This decline in the policy environment had a particularly detrimental impact on family planning services in the country that resulted in the undermining of contraceptive service access and a stalling of the country's fertility rates. In the 2000s however, policy trends began to reverse, and the situation has since begun to improve again. Analysis of these processes has demonstrated the importance of understanding and dealing with changing policy environments and country leadership for sustaining effective programs. It also underlines the positive effect that a handful of sufficiently motivated and persuasive individuals can have.

Policy Development

Policy development includes three components: problem identification, policy development and 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 like recurrent disease outbreaks, high maternal mortality, or malnutrition. These problems can be identified through studies, assessments, surveys or even newspaper articles. 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 upon detailed measurement and data analysis that suggest practical and cost-effective policies.

- **Policy Development and Products**

If the problem identified requires a policy response, policy development ensues, through the components of policy development, including multi-sectoral collaboration, advocacy, policy dialog, and policy analysis. Stakeholders discuss the problem at hand and propose and advocate for different ideas and principles. Policymakers then analyze these ideas, 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 could be a law or regulation, a macro-level sectoral policy or financing mechanism, or an operational policy, which consist of the rules, regulations, and 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 dialog 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 the general public.

The 2000 Uttar Pradesh Population Policy is an example of a policy developed by national and state policymakers with wide-ranging effects on family planning programs and initiatives (Feranil & Borda, 2008). This policy and its associated programs were recently analyzed by USAID's Health Policy Initiative and the results discussed in multiple meetings. Their research concluded that the policy was successful due to improved communication between policymakers and other stakeholders, multisectoral collaboration involving community participation, and increased availability of maternal, reproductive and child health services.

- **Country leadership**

Policy development is shaped by country leadership, namely the political will that exists (or does not) to address the identified problem through a law or policy. Political will shapes the policy response, including the likelihood of implementation of the policy (e.g., resources allocated for implementation).

Policymakers must have the political will and drive to develop, draft and put a policy up for voting.

Clearly, political will can be strongly positive among some policymakers with strong opposition among other policymakers. This can particularly be the case for policies on sensitive issues, or if there is significantly different framing of the problem and potential solutions. 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 the stakeholders, target groups, citizens, and the larger global community to respect and be able to participate in the policy development process.

An excellent example of how policymakers and the socio-political environment they find themselves in can significantly impact reproductive health-related policies is Indonesia (Surjadjaja & Mayhew, 2011). For a period of time, policymakers found it difficult to promote reproductive health policies because the country's powerful Muslim clergy were so strongly opposed to it. It was only after President Mugawati, a powerful and persuasive woman, was elected and managed to create a sufficiently strong coalition to take on the issue of abortion converting it from a criminal issue to a health-related one. Through the study of this case, much understanding has been gained into the roles of public officials in policymaking and the ideological battles that can sometimes arise.

Policy and program implementation

- **Policy implementation**

Once a policy is developed, the next step is to implement the policy. This can involve several steps depending on the policy in question. These can include the rearrangement and restructuring of institutions at the national and subnational levels to implement the policy. At this time, the power structure and inter-institutional dynamics involved in implementing the policy should be clearly determined. Some policies may involve the subnational levels being more autonomous in operationalizing policies, thus resulting in a more decentralized system. Depending on their technical proficiencies, the implementing institutions then efficiently access, allocate and utilize finances and other resources such as manpower and infrastructure. Institutional capacities are developed to ensure appropriate uptake and integration of policies into existing activities. Furthermore, mechanisms for reporting the steps and actors involved in policy implementation are clearly outlined, thus eliminating redundant effort, increasing accountability and identifying potential barriers. Government institutions can ensure accountability by sharing the policy process and achievements reached with others. In addition, by holding institutions accountable and monitoring the policy process, civil society groups should play a major role in strengthening accountability.

Several components of policy implementation are outlined in a study describing the change in FP environment that Turkey underwent almost a decade ago (Sine, Clyde, & Baser, 2004). In 1994, the

Turkish government took over the full responsibility of providing family planning to its population. Without the support of foreign aid, the Ministry of Health overcame several challenges to put the program in place. The MCH-FP Directorate was able to obtain annual budget allocations for contraceptives and provide free services to the poor by mainly focusing on five program components: pushing for reform, improving the process of contraceptive distribution, strengthening institutions, taking into account contextual factors and addressing the concerns of various stakeholders such as policymakers. Pilot studies that tested new operational policies and were successful in their outcomes helped win the confidence of the various policymakers and other stakeholders. In this way, public policymakers became champions of the new reform and system. This example further highlights the fact that the policy process is not linear. With the introduction of new policymakers, in a fast-changing social and political environment, the strategies for implementing the family planning policies and programs had to be modified and adjusted. Hence, in order for a policy to be successfully implemented, the commitment of stakeholders is imperative. Turkey's experience exemplifies components of the policy implementation process such as the financing mechanisms, resource allocation, uptake of policy by institutions and systems, and the importance of capacity development for policy uptake and integration.

Another example that describes the policy implementation process is a study that examined the implementation of reproductive health policies across four countries (Lee, Lush, Walt, & Cleland, 1998). In this study, three specific factors played large roles: coalitions of policy elites, the spreading of policy risk, and overall institutional and financial stability. Those countries that had more collegial policymakers willing to share the political risks for major policy shifts and more financially stable institutions and systems were much more likely to have sustainable and successful reproductive health programs. This also demonstrates the importance, besides the stated policy itself, of the policymakers themselves and the ways that they make policies.

- 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 different areas are affected by the implementation of policies. These six areas are known as the WHO's health systems building blocks and are: service delivery, health workforce, information, financing, medical products/vaccines/technologies, and leadership/governance. These building blocks are integrally connected and strengthening one ultimately results in the strengthening of others. For instance, strong, effective leadership results 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. However, one of the largest challenges to program design can be the lack of clear instruction on moving forward towards implementation. This challenge is highlighted in a POLICY Project study that assessed the feasibility of integrating reproductive health services in the island country of Jamaica (POLICY Project, 2005). Family Planning/Maternal and Child Health services and Sexually Transmitted Infections/HIV services were previously completely separate. In order to integrate the two, the POLICY Project mapped existing facilities, identified potential integration interventions, identified policy barriers and conducted feasibility and cost studies. In the course of this work, they encountered many problems that they proceeded to document. As these problems are in no ways specific to Jamaica, it is valuable to consider them here. They were primarily related to the problem of an excessively decentralized healthcare system, in which authorities at the local, regional and national levels were unsure who had the relevant jurisdiction to make decisions about integration. When decisions were made regarding integrating the two services, it was unclear who was responsible for doing it, and how it should be done. The resulting confusion further led to different institutions vacillating between the different options. It is therefore clear from this example that, despite

the known benefits of decentralization in terms of healthcare responsibility ownership, there needs to be a clearly defined hierarchy in order to make major improvements to the health of society.

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. Policies can also result in the development of programs to prevent, treat specific diseases and conditions, or eliminate health inequities through the acknowledgement 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 being provided. Community mobilization can also be promoted or hindered through policy. In this way, policies directly affect the design and implementation of programs. Finally, other sectors such as education and agriculture play important roles in the health of society. Hence, some policies can result in the design and implementation of programs that integrate healthcare with other sectors.

Policy, Program and Health Outcomes

Health policies and health programs are put in place to affect health services, including access and quality and healthy behaviors and, ultimately, health outcomes.

Policy and Program Monitoring and Evaluation

The conceptual framework links policy and program monitoring and evaluation because they are integrally related. 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**

Monitoring the development and implementation of policies is an integral component of the policy process. The first step in policy monitoring is to identify indicators measuring key activities relating 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 better implement existing policies. In summary, policy monitoring describes the development and implementation of policies, identifies potential gaps in the process, outlines areas for improvement, and makes the key implementing institutions accountable for their activities. Policy monitoring should include identification of operational policy barriers that can be addressed through policy and program reform.

- **Program Monitoring**

Once a program has been designed and implemented, it must be monitored through appropriate data collection and analysis to determine if 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 to collect, analyze and share the relevant data. This data can then be used to inform better program implementation and guide program modifications. Similarly, policymakers must be regularly kept abreast of the program's monitoring outputs, so that the relevant policy can be altered if necessary. Program monitoring should identify operational barriers, including those with policy roots, that need to be addressed to improve program performance.

- **Policy and Program Evaluation**

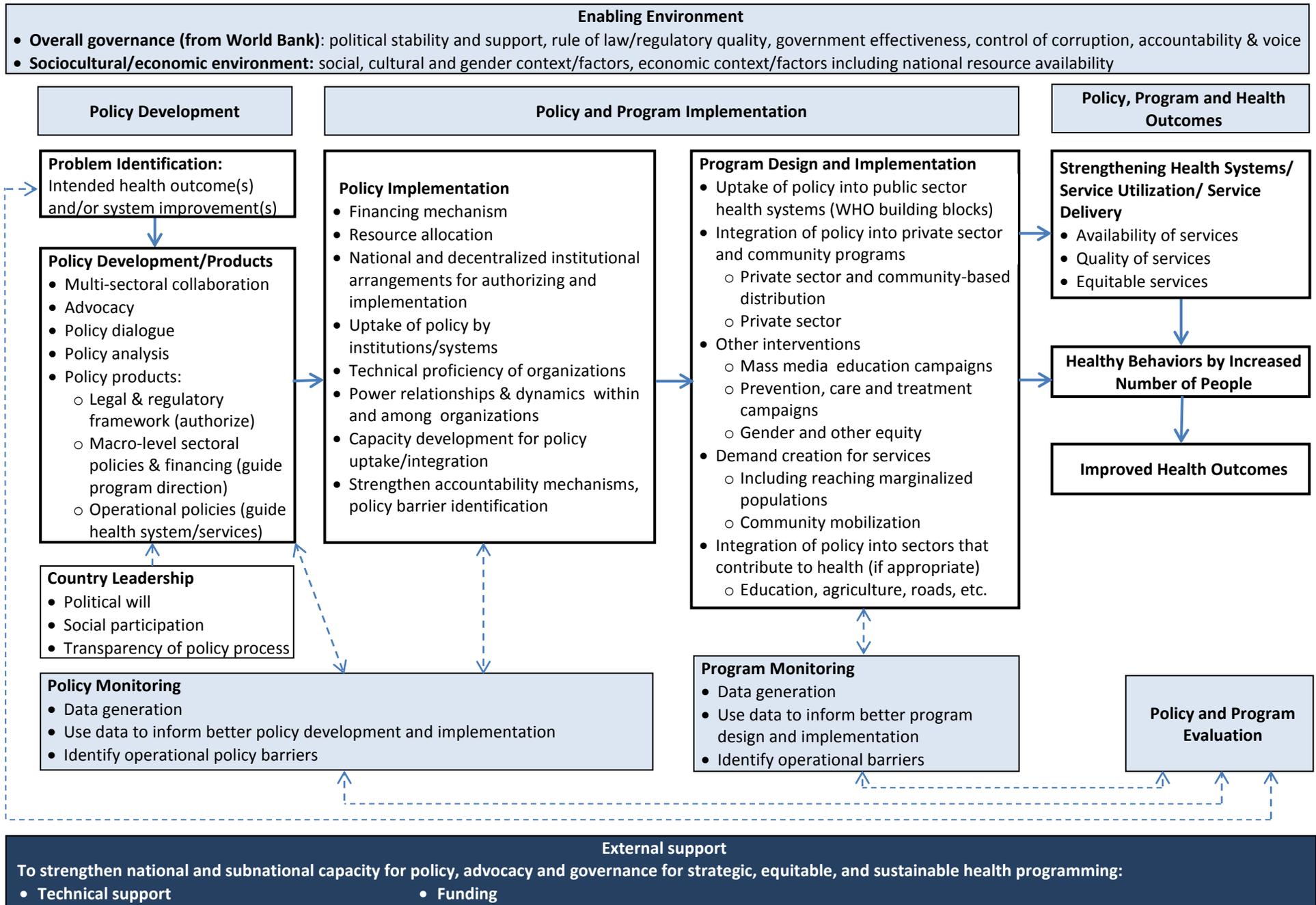
Once the program has been implemented, its impact on the health systems needs to be determined. This can be achieved through an outcome evaluation of health systems, service utilization, and service delivery. The outcome evaluation would determine the availability, quality and equitability of services provided by the program. Furthermore, one of the most important outcomes is 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 on whether the policies/programs resulted in the resolution of the problem they were intended to address. The lessons learned can then help inform changes to policies and programs and guide scaling up or replication in other areas or fields.

Discussion

This study highlights a unique way of linking sexual and reproductive health policies to health systems and outcomes. We have applied the extensive literature review to our conceptual framework and identified gaps in the description and implementation of the policy process. We specifically note a lack of clear examples describing the policy implementation process. This may be due to the fact that there is a lack of data on policy monitoring. Hence, there is a need to standardize policy monitoring indicators. Most studies have focused on how policies are developed. Furthermore, we recognize a need for future studies on evaluation of policies as this component is not well defined within the literature. As a result, more studies need to be conducted to better describe the link between health policies and outcomes, specifically focusing on the operationalization of policies into programs.

Figure 1: Conceptual Framework: Linking Health Policy to Health Systems and Health Outcomes



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