



HEPVIC project

Tools to research policy-making in the area of institutional and management arrangements

Deliverable 6

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HEPVIC	<p>HEPVIC is a three-year research project (2005-08) being implemented under the European Community Sixth Framework Programme (FP6). The project aims to enhance the health policy making processes in developing countries through a comparative study of three Asian countries – Vietnam, India and China. It will do this through a case-study approach to policy-making in the field of maternal health.</p> <p>The overall goal of this research project is to enhance and promote the use of evidence and integrated approaches to health policy-making and implementation in low- income countries, using maternal health as a case study of wider policy processes.</p> <p>HEPVIC involves the following partners:</p> <ul style="list-style-type: none"> • Nuffield Centre for International Health and Development, Leeds Institute for Health Sciences, University of Leeds, UK • School of Public Health of the Fudan University, People's Republic of China • Dipartimento di Medicina e Sanità Pubblica of the University of Bologna, Italy • Centre for Management of Health Services, Indian Institute of Management, Ahmedabad, India • KIT Development, Policy and Practice of the Royal Tropical Institute, Netherlands • Public Health Department, Public Health Research and Training Unit of the Prince Leopold Institute of Tropical Medicine, Belgium • Department of Epidemiology, Hanoi School of Public Health, Viet Nam • International Health Research Group of the Liverpool School of Tropical Medicine, UK
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1. Introduction

The HEPVIC project focuses on the complex inter-relations between four determinants of health policy-making (civil society, human resources, service delivery and health systems-related issues) and strategies and their conditions for success.

A key step in the development of tools to research health policy making was the identification of the information requirements and methodological consideration for each of the four determinants in parallel. For this purpose a matrix was produced (Annex 1 shows the section of the matrix relating to health systems). This deliverable presents this stage of the tool development process in relation to institutional and management arrangements issues in health policy making.

Health systems is a cross-cutting issue, with many links with the other determinants of health policy-making. There is therefore some degree of crossover with these determinants. The health systems section is divided into five subsections: financing of the health system, decentralisation, the public-private mix, the roles of donors in the policy process and the health system support systems (See Annex).

2. Health Systems issues State of the Art

The role of health systems-related issues in policy making processes was described in the HEPVIC description of work:

Over the last decade *organizational and management changes in health systems (health reforms)* have been implemented in a number of low-income countries based on a “prescriptive” agenda set by the World Bank [World Bank 1993] and since advocated by development agencies. Whilst reforms were introduced to improve the functioning of the health system, there is increasing recognition that health reforms need to be introduced more carefully and with greater attention to their effects on particular services including maternal health [Lubben 2002, Standing 2002]. Inappropriate reforms may worsen the situation regarding specific areas such as maternal health [Berer 2002]. For example, prioritisation processes focusing on cost-effectiveness and resulting in ‘minimum packages’ may lead to inadequate resource allocation to maternal health; the introduction of user charges may lead to lower utilisation of maternal health services, particularly for the poor and where household expenditure is determined by a male; the form of decentralisation (e.g. devolution or deconcentration) may affect maternal health care in terms of the way it is provided, its integration into the wider health field and relationships with civil society; and the means of regulation of the private sector can affect the quality of health services provided.

Research into health systems-related issues will be conducted in support of objectives 1-4 of the HEPVIC project:

1. To identify and document the extent of evidence-based integrated policy-making in the health system;
2. To identify and explain the role in policy-making processes of different aspects of, and interrelationships between context and health systems;
3. To identify constraints on, and opportunities for enhancing, the use of evidence in policy-making processes;

4. To identify and assess ways of deploying integrated approaches to policy-making and enhancing the role of evidence in health policies.

3. Tool development process

The research tools for health system-related issues are being developed incrementally. The first stage was agreement on the scope of the study, from which the boundaries of maternal health were defined (annex 1).

Secondly, identification of the information requirements for each of the four determinants and methodological consideration occurred in parallel. For this purpose a matrix was produced (annex 2). The rows contain descriptions of each of the information requirements identified. The columns contain descriptions of the potential data collection methods and the stakeholder groups.

For each information requirement, a number of more detailed sub-questions have been identified, and the most appropriate methods of data collection and the stakeholder groups who may be able to provide the information required have been marked in the matrix. Several data collection methods and stakeholder groups have been identified for many of the information requirements, for the purposes of triangulation of methods and sources.

The matrix is being used to guide development of the tools for semi-structured interviews and focus groups during the second stage of data collection.

4. The information requirements (section 2 of the matrix)

The health systems section of the matrix is based on 5 composite elements, numbered 2.1-2.5. These are to illustrate possible issues in health systems, e.g. HMIS and other support systems, donors and other actors, and cross-cut with the other sections of the matrix. The headings and questions identified for each theme will be used to guide the development of the data collection tools.

4.1 Questions on financing of the health system and maternal health (section 2.1)

4.1.1 Approach to health financing

In order to provide background information on the health system financing, information should be sought on how health care (including maternal health) is financed, what the resource allocation mechanism to the health sector is, which budgets and programmes are prioritised, and where maternal health lies in this list of priorities.

4.1.2 Processes of health financing

The processes of health financing will be investigated, including how financing priorities are set, and by whom, how budgets are set for maternal health, and by whom and the priority areas within maternal health. The role of equity in financing and whether there are user fees for maternal health care, and their effects (for example user fees may lead to lower utilisation of maternal health care), will also be assessed.

4.2 Questions on decentralisation of the health system (section 2.2)

4.2.1 Type and degree of decentralisation

Considering the degree of decentralisation of decision making in the public sector in general, and differences between sectors in each country will provide background information.

Decentralisation within the health sector will be investigated in further detail, including the formal decentralisation type within the health sector. In this context, the relative roles of the national and local level in policy making and implementation will be investigated, and whether there are differences between individual programmes.

4.2.2 Decision-making practices

An important area to gain further information on is decision-making within the health sector. How are policy decisions made? What functions/decisions are decentralised and to which level? Considering the whole policy process (development, formulation, implementation), information will be gathered on who makes decisions at different stages of the process, and which other actors may influence policy decisions.

4.3 The public-private relationships/mix (section 2.3)

4.3.1 Degree of public-private mix in the country

Firstly general information on the public-private mix in each country in general will be gathered, and differences between social sectors and trends will be assessed. More specifically, the role of the private sector in health be considered. The relationship between the public and private sectors will be assessed by considering the attitudes of each sector towards the other.

Government policy on the private sector will be analysed to assess whether key issues such as quality of care provided and equity are controlled.

4.3.2 Role of the private sector in MH policies

The role of the private sector in the policy process will be assessed, including which private agencies/individuals are involved, which stages of the policy process they are involved in and how they are involved.

4.4 Questions on the roles of donors in policy processes (section 2.4)

4.4.1 Role of foreign aid in the country

In this section background information will be gathered, including the degree of dependence of each country's health sector on foreign aid, recent trends and projections into the future.

4.4.2 External partners' influences on decision-making processes

More specific information on the influence of donors on the policy process will be gathered. The degree of influence from international agencies on government policy processes in general and the health sector and other social sectors will be compared. The main donors in maternal health and the ways they are involved in the different stages of the policy process will be assessed.

4.5 Questions on the health system support systems (HMIS) (section 2.5)

4.5.1 Availability and reliability of maternal health-related data within the system

The types of data collected, and how often they are collected, the processes of data transmission, processing and analysis and the appropriateness of these systems will be assessed. It will also be important to consider the reliability of data.

4.5.2 Information dissemination and utilisation

This section will assess the use of data. Answers will be sought for questions including: at what level is the data/information used for decision-making, what decisions are normally made based on this information and what other sources of information do policy-makers find important to use? Feedback mechanisms between levels of the health system will also be assessed.

5. Data collection methods

The potential data collection methods identified were:

- documentary analysis
- key informant interviews
- focus group discussions
- participatory rapid appraisal
- discrete choice experiment.

Data collection methods for each information requirement were identified through consideration of the sources of data (for example whether there may be documents with useful information) and the most appropriate means of gathering the data. The main methods of data collection proposed were document analysis and interviews with key informants. Focus groups are suggested when respondents may have differing/conflicting views, to encourage discussion of the issue. Some specific methodological considerations will need to be taken into account when assessing institutional and management issues. Data collection and sampling may involve a degree of stakeholder analysis, as the main stakeholder groups are assessed. Interviews will be carried out with key actors, who are likely to be senior, for example senior ministry of health officials. This will require consideration of how it will be possible to pilot these interviews, and how we will ensure anonymity.

6. Identification of respondents

The stakeholders for data collection for each information requirement were identified based on:

- The knowledge and experience of the stakeholder groups regarding each question information requirement.
- The feasibility of collecting data related to each information requirement from the identified stakeholder groups.

Lists of potential respondents were developed in Vietnam, India and China. These were compiled to produce a collated list of stakeholder groups, in order to ensure consistency of approach and comparability of data sources. The stakeholder groups identified were:

- Politicians, eg. National Parliament / Assembly
- Govt Committee / Commission on Health/Population/MCH
- MOH Dept-s
- HR
- Service delivery/Maternal health
- Policy/legislation/planning
- Other Govt Ministries (Planning, Finance, Foreign Affairs, etc)
- International agencies + donors (WHO, WB, UNFPA, UNDP, etc)

- Civil Society organisations (women unions, human rights NGOs, etc)
- Patients
- Service providers (public and private)
- Academia and researchers

7. References

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Standing, H (2002) An overview of changing agendas in health sector reforms *Reproductive Health Matters* 10 (20): 19-28

Berer, M (2002) Health sector reforms: implications for sexual and reproductive health services *Reproductive Health Matters* 10 (20): 6 - 15

Annex 1: Health systems section of the information requirements matrix

LEVELS: Key determinant / composite element / information requirement / sample questions	Data collection methods					Availability from mapping	Respondent groups												
	D A	K I	F G D	P R A	D C E		Politicians, eg. National Parliament / Assembly	Govt Committee / Commission on Health/Population/MCH	MOH Depts			Other Govt Ministries (Planning, Finance, Foreign Affairs, etc)	Internat. agencies + donors (WHO, WB, UNFPA, UNDP, etc)	Civil Society orgs. (women unions, human rights NGOs, etc)	Patients	Service providers (public and private)		Academia / Research	
									HR dept	Service delivery/ Maternal Health dept	Policy / legislation / Planning					prog r. Mngrs	individual companies		
2. Health system																			
2.1. Health Financing																			
<i>Approach to health financing</i>																			
How is health care, and MH, financed (user charges, insurance etc)?	X					X													
What is the resource allocation mechanism to the health sector?	X					X													
What are priority programmes / earmarked budgets within health system?	X	X				X	X												
What is the position of Maternal Health in the list of priorities?		X	X			X													
<i>Processes of health financing</i>																			
How and by whom are priorities set for health financing within the health sector?		X				X													
How and by whom are the budgets [for maternal health] set at both local and national levels?	X	X																	
What is the role of equity in the health financing? Is equity a guiding principle?	X					X													

LEVELS: Key determinant / composite element / information requirement / sample questions			Data collection methods					Availability from mapping	Respondent groups											
			D A	K I	F G D	P R A	D C E		Politicians, eg. National Parliament / Assembly	Govt Committee / Commission on Health/Population/MCH	MOH Depts			Other Govt Ministries (Planning, Finance, Foreign Affairs, etc)	Internat. agencies + donors (WHO, WB, UNFPA, UNDP, etc)	Civil Society orgs. (women unions, human rights NGOs, etc)	Patients	Service providers (public and private)		Academia / Research
											HR dept	Service delivery/ Maternal Health dept	Policy / legislation / Plannin g					prog r. Mngr s	indivi dual com pani es	
		What are priority areas within maternal health?	x	x																
		Are there any user fees for maternal health care and what is their effects/problems?	x			x	x													
2.2. Decentralisation																				
<i>Type and degree of decentralisation</i>																				
		What is the degree of decentralisation of decision-making within wider public sector?	x	x			x	x												
		Are there any differences between social sectors?	x	x				x												
		What is the formal decentralisation type within the health sector?	x	x																
		What are the relative roles of the national and local level in policy making and implementation?	x	x																
		Are there any differences between individual programmes / initiatives?	x	x																
<i>Decision-making practices</i>																				
		How are policy decisions made?	x	x																
		What functions/decisions are decentralised and to which level?	x	x																

LEVELS: Key determinant / composite element / information requirement / sample questions			Data collection methods					Availability from mapping	Respondent groups											
			D A	K I	F G D	P R A	D C E		Politicians, eg. National Parliament / Assembly	Govt Committee / Commission on Health/Population/MCH	MOH Depts			Other Govt Ministries (Planning, Finance, Foreign Affairs, etc)	Internat. agencies + donors (WHO, WB, UNFPA, UNDP, etc)	Civil Society orgs. (women unions, human rights NGOs, etc)	Patients	Service providers (public and private)		Academia / Research
											HR dept	Service delivery/ Maternal Health dept	Policy / legislation / Planning					prog r. Mngrs	individual companies	
		By whom are decisions made at different stages of health policy process (development, formulation, implementation)?	x	x																
		Who are the other actors involved / influencing policy decisions?		x				x												
2.3 Public-private relationships/mix																				
<i>Degree of public-private mix in the country</i>																				
		What is the degree of public-private mix in the country in general and are there any differences between social sectors? What are the trends?	x	x		x	x	x												
		What role does the private sector (including NGOs, both for-profit and not-for-profit) play in the health sector (e.g. education, service provision, management, advocacy, etc)?	x	x	x			X												
		What are the attitudes of public sector towards the private sector (service providers, programme managers, etc) of MH services in the country? Similarly, what are the attitudes of private sector towards public sector practices in the country?		x	x			x												
		Does policy capture the private sector taking over public services in terms of control over quantity, quality and equity issues?	x	x																
<i>Role of the private sector in MH policies</i>																				
		What private agencies/individuals are	x	x				X												

LEVELS: Key determinant / composite element / information requirement / sample questions				Data collection methods					Availability from mapping	Respondent groups											
										Politicians, eg. National Parliament / Assembly	Govt Committee / Commission on Health/Population/MCH	MOH Depts			Other Govt Ministries (Planning, Finance, Foreign Affairs, etc)	Internat. agencies + donors (WHO, WB, UNFPA, UNDP, etc)	Civil Society orgs. (women unions, human rights NGOs, etc)	Patients	Service providers (public and private)		Academia / Research
				HR dept	Service delivery/ Maternal Health dept	Policy / legislation / Plannin g	prog r. Mngrs	indivi dual com panies													
D	K	F	P	D	C	E															