

THE POLICY CIRCLE:

*A Framework for Analyzing
the Components of Family
Planning, Reproductive Health,
Maternal Health, and
HIV/AIDS Policies*

by

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Abstract

The role of policy in improving program outcomes in the family planning/reproductive health (FP/RH), safe motherhood, and HIV/AIDS fields has been increasingly recognized. Despite this increased recognition, “policy” is often seen as a black box. Existing frameworks or models focus on some aspects of policy—the stages of policy development, decision makers and stakeholder institutions, the intent and content of a policy, or its implementation—yet none captures all policy components. This paper provides a practical framework to analyze components of family planning, reproductive health, maternal health, and HIV/AIDS policies. The Policy Circle framework is presented and the six “Ps” of policy are described: Problem, People/Places, Process, Price Tag, Paper, and Programs/Performance. Each component of the Policy Circle can be analyzed using a variety of tools. The Policy Circle is not intended to be linear or even circular, but places the problem or issue to be solved at the center. The six policy “Ps” of the Policy Circle operate under the broader contextual forces of politics, society, and economics.

The Policy Circle has wide applicability. The proposed framework can be used to analyze different policy levels, including national and local policies and sectoral and operational policies. In the case of FP/RH, the Policy Circle can be viewed through different lenses specific to three overarching concerns: youth, gender, and human rights. Each of the six “Ps” points to important aspects of policy that need to be considered to ensure comprehensive policy analysis of the issue or area of concern to which the Policy Circle is applied.

Abbreviations

AGMM	Guatemalan Association of Medical Women
AGOG	Guatemalan Association of Gynecology and Obstetrics
AIDS	Acquired immune deficiency syndrome
AIM	AIDS Impact Model
ANE	Asia/Near East Region
API	AIDS Program Effort Index
ARH	Adolescent reproductive health
ARV	Antiretroviral
CALDH	Center of Legal Action for Human Rights
CONASIDA	Mexico's National AIDS Council
DemProj	Demographic Projections Model
DHS	Demographic and Health Survey
EPP	Epidemic Projection Package
FMOH	Federal Ministry of Health, Nigeria
FP	Family planning
GIPA	Greater involvement of people living with HIV/AIDS
HIV	Human immunodeficiency virus
IHE	Child Health Institute (Institut Haïtien de l'Enfance), Haiti
ICPD	International Conference on Population and Development
MAQ	Maximizing Access and Quality
MNPI	Maternal and Neonatal Program Index
MOH	Ministry of Health
NPC	National Population Commission, Jordan
NGO	Nongovernmental organization
PES	Policy Environment Score
PLHA	Person living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PNLS	National AIDS Control Program (Programme National de Lutte contre le SIDA), Mali
POA	Program of Action
QIQ	Quick Investigation of Quality
RAPID	Resources for the Awareness of Population Impacts on Development
RH	Reproductive health
RNM	Resource Needs Model
SPARHCS	Strategic Pathway to Reproductive Health Commodity Security
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	UN General Assembly Special Assembly
USAID	United States Agency for International Development
WPB	Workplace Policy Builder

Introduction

Background

What is public policy and how are they developed? Do only government officials make public policies or are groups outside of government also involved? What is the role of evidence in policymaking? Are there tools that can be used in policy development and analysis? In what ways is policy important? These questions reflect the fact that policy is a process made up of steps that are only vaguely understood. To many, public policy is a “black box” from which laws, regulations, and operational policy come. Opening the black box provides a better understanding of how policies are formed and how the public can be more actively engaged in the process.

In the reproductive health field, creating a positive policy environment has been instrumental in expanding access to FP/RH services. The United Nations Population Division recently concluded that “Governments’ views and policies with regard to the use of contraceptives have changed considerably during the last half of the 20th century. At the same time, many developing countries have experienced a transition from high to low fertility with a speed and magnitude that far exceeds earlier fertility transition in European countries. Government policies on access to contraceptives have played an important role in the shift in reproductive behavior” (UN, 2003:1).

Policy change in safe motherhood has also had an impact on availability of services and maternal health outcomes. During the mid-1990s, maternal health policy change in Indonesia deployed 50,000 village midwives and led to better coverage of maternal health services, by increasing the presence of skilled attendants at delivery from 39 percent in 1993 to 55 percent in 1996 (Starrs, 1998). Following its hosting of the 1994 International Conference on Population and Development “the Government of Egypt endorsed a comprehensive approach to women’s health, with a focus on reducing maternal mortality. Reducing maternal mortality was also a key goal of the National Five-Year Plan (1998–2002) of the Ministry of Health and Population” (Ministry of Health and Population, Egypt, 2001:14, cited in Gay et al., 2003). As a result of this shift in the policy environment, Egypt reduced its maternal mortality by over 50 percent, from 174 in 1992 to 84 per 100,000 live births in 2000.

In the area of HIV/AIDS, Stover and Johnston (1999:1) concluded in their review of AIDS policymaking in Africa that a “supportive policy environment is crucial to the implementation of successful programs that prevent the spread of HIV, deliver care to those infected, and mitigate the impacts of the epidemic.” Ainsworth et al. (2002:26) also writing about HIV, have said that there is “substantial evidence of the substantial impact of the collection of policies and programs... [on the slowing of the] AIDS epidemic fueled by commercial sex [in Thailand].”

The country examples described above illustrate how governments can take actions to remedy problems through proposing solutions, formulating desired goals and objectives, and devising a plan for implementing specific activities. In some cases, policy change takes the form of laws and written policies promulgated by governments, as was the case with the development of population policies over the past few decades. Policy formulation generally takes the shape of developing new policies (as was the case in Thailand) or reforming existing policies, such as promoting attended deliveries in Indonesia. Whether a policy is new or a reform, its effectiveness in achieving the desired goal relies on the process of implementation. The existence of a policy related to HIV will have little effect unless a realistic implementation plan is developed and executed. The role of public policy in bringing about change is the

subject of a plethora of literature on policy,¹ as are case studies that document experiences of bringing about changes in family planning, HIV/AIDS, and safe motherhood. Yet the process of formulation and change is often seen as a black box.

Purpose

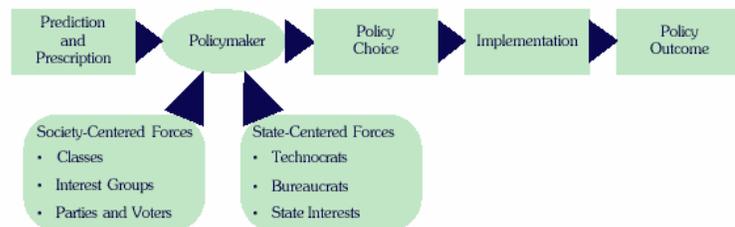
The purpose of this paper is to describe a new framework—the Policy Circle—through which the dynamic components of policy development and implementation can be better understood and analyzed. The paper situates the Policy Circle in the wider policy literature, describes why each component of the Policy Circle is important, provides examples of components, and lists tools that can be used with each component. The Policy Circle can be used in any sector; here it is illustrated for use with problems identified in the health sector, specifically in family planning, reproductive health, safe motherhood, and HIV/AIDS. The Policy Circle can also be used to address or analyze problems that require different levels of policy, including national and local policies, and sectoral and operational policies.²

This paper can be found on a CD that includes policy analysis tools and other resources related to family planning, reproductive health, safe motherhood, and HIV/AIDS policy. Some of the policy analysis tools also relate to gender, human rights, and youth/adolescent reproductive health. Some tools are specific to an individual component of the Policy Circle, while other tools address multiple components of the circle.

Policy Models

A number of models have been developed to describe policy. Some are linear, while others capture the more complex and circuitous route of policy development. The linear model of policy was developed by Lasswell (1951) and modified by Meier (1991) to include four steps taken in policymaking (Figure 1). Policy practitioners make predictions/prescriptions about

Figure 1. Linear Model of Policymaking



Source: Meier, 1991.

issues that need to be addressed through policy, policymakers make a policy choice, the policy is then implemented and has an outcome. This simple framework has no feedback loop or opportunities for the process to move backward as well as forward.

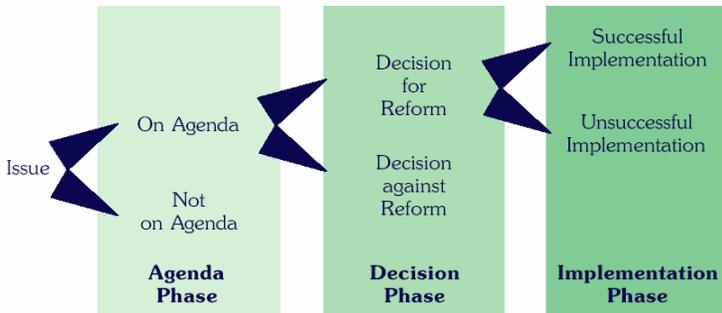
To capture the dynamic nature of policymaking, Grindle and Thomas (1991) suggest a more complex framework to describe policy development that includes an agenda phase, a decision phase, and an implementation phase (Figure 2). At each stage, the framework suggests that a decision can be made for or against the policy. For example, an issue can either be put on the policy agenda or not put on the agenda. At the decision phase, the decision can be for or against policy reform. At any of the three stages, a policy either continues to move toward successful implementation, or else it is derailed.

¹ See for example, Altman and Petkus, 1994; Anderson, 1997; Brinkerhoff and Crosby, 2002; Bryson and Crosby, 1992; Dye, 1992; Horowitz, 1989; Lasswell, 1951; Walt and Gilson, 1994; Sutton, 1999; Mooij and de Vos, 2003.

² Operational policies refer to the rules, regulations, guidelines, and circulars that translate national policy into service delivery (Cross et al., 2002).

A third type of policy model is described in terms of policy streams. Kingdon (1984) suggests that policy change comes about when three streams—problems, politics, and policies—connect. Kingdon’s model shows that while the three streams may be operating independently of one another, all three need to come together in order for a policy to emerge. Each of the streams described by Kingdon has its own forces acting upon it and ultimately influencing it. The policy streams model focuses on the importance of the timing and flow of policy actions. The streams do not just meet up by chance but rather from consistent and sustained action by advocates.

Figure 2. Stages Model of Policymaking



Source: Grindle and Thomas, 1991.

Each of these models has common components—that policies emerge from perceived problems and acknowledgment of the role of policymakers and other stakeholders in proposing policies and acting on policy options. Two of the models build in the dynamic and complex nature of policymaking and the recognition that the process can get derailed or reversed at any time. However, none captures all of the components of policy that need to be considered in policymaking.

Components of the Policy Circle

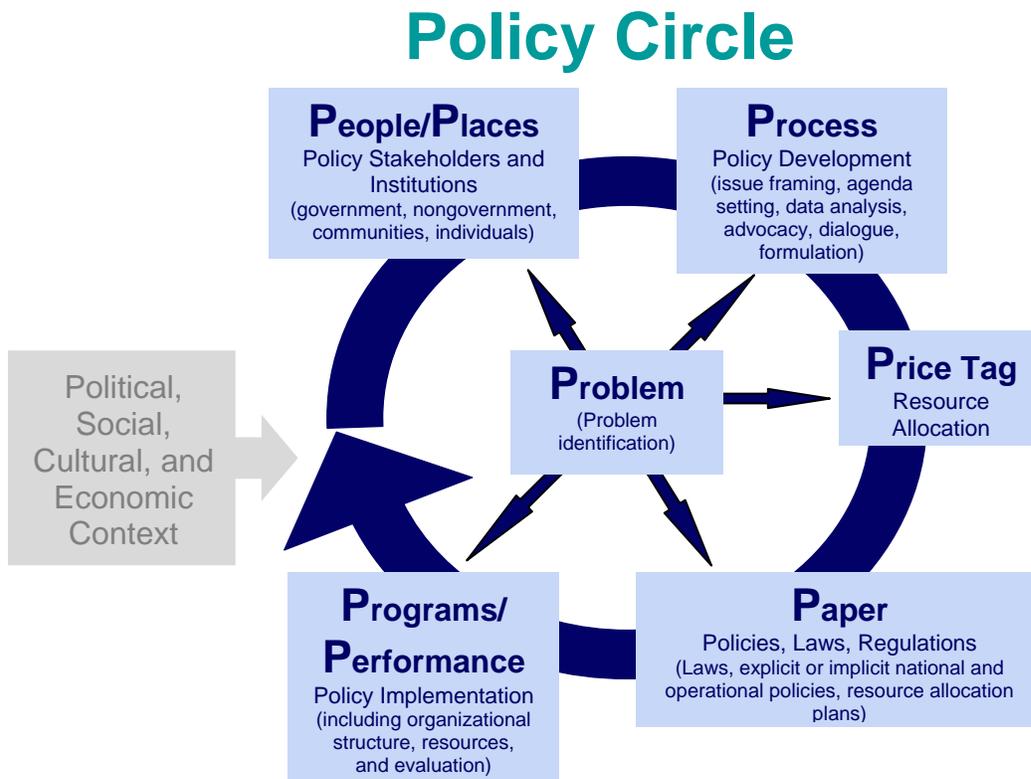
The Policy Circle uses “P” designations to help users remember the six main components of policy. Figure 3 depicts the six components of the Policy Circle:

- the **Problems** that arise requiring policy attention
- the **People** who participate in policy and the **Places** they represent
- the **Process** of policymaking
- the **Price Tag** of the policy (the cost of policy options and how resources are allocated)
- the **Paper** produced (actual laws and policies)
- the **Programs** that result from implementing policies and their **Performance** in achieving policy goals and objectives

Policymaking occurs in varying **political, social, cultural, and economic settings** that affect how policies are developed and implemented.

The arrows in the Policy Circle join each of the six components with the other components to depict the complex and nonlinear nature of policy.

Figure 3



The Political, Social, Cultural, and Economic Context

Policymaking takes place within greatly varying settings. Countries have different political systems and forms of government (see Box 1), in addition to various social, cultural, and economic systems and levels of development. For example, Judice notes that “since Ukraine was part of the Soviet Union, it is a new democracy characterized by fledgling nongovernmental and private sectors. These characteristics affect how a policy problem is identified and prioritized, the process of its resolution, and the actual policies and programs that result. As NGOs and the private sector become more distinct and truly independent of the government, the dynamics of policy development and implementation will also change” (Judice, 2004).

Gender dynamics vary considerably around the world; for example, policy prescriptions related to girls’ education or access to reproductive health services will vary according to women’s participation in the social domain (Boender et al., 2004; Schuler, 1999). Policymaking differs whether the political situation is stable and the government is working according to business as usual or whether a crisis is precipitating rapid policy change (Thomas and Grindle, 1994). In his model of policy streams, Kingdon defines politics as swings in national mood, vagaries of public opinion, election results, changes in administrations, shifts in partisan or ideological distributions, and interest group pressure (Kingdon, 1984). The international political context is also important in the national policy process, as noted in various sections of this paper.

Box 1. Government Types and Their General Characteristics

There are many different types of governments around the world, each with unique characteristics. The two democratic types found most commonly are the parliamentarian and presidential systems.

The parliamentarian system is a common system of government in which the executive branch (i.e., the cabinet) is dependent on the Parliament’s approval. This system results in a less clear cut division between the Parliament (or legislature) and the executive branch. In this system, the head of government is the prime minister; the head of state tends to be a premier or president. The judiciary tends to be independent from the executive and Parliament, but in some circumstances the judiciary can be influenced by the Parliament or other leaders.

A presidential system, in which the president is both the head of state and head of government, tends to have a more distinct division between the legislature and the executive branches, as the president is not entirely dependent on the legislature. In the presidential system, the judiciary is usually independent of the other two branches. However, the executive and legislative branches of government do tend to exert some influence over the judiciary in the ways members of the judiciary branch are appointed and approved.

Authoritarian systems, which are not discussed in this paper, tend to concentrate the power over all types of policy in the hands of one person or a small group. The ways in which an individual or group can influence policy in this situation are restricted. This paper attempts to cover different country government situations, but not to represent any particular type of government.

Social settings and cultural practices can vary not only between countries but also within countries, affecting all components of the Policy Circle, as shown in a recent assessment of the status, issues, policies, and programs related to adolescent and youth reproductive healthcare in 13 countries in Asia and the Near East (ANE) that included countries as diverse of Yemen in the Near East and Cambodia in Southeast Asia. The assessment concluded that “adolescent and youth RH in the ANE region is influenced in great part by the traditional cultural and religious norms and values that pervade and dictate both family communication and national policymaking” (Hardee et al., 2004: 41).

The Problem

- ❖ **The problem is at the center of policymaking. Problems requiring policy attention abound and can be identified from many sources.**

The Policy Circle begins with the problem that needs to be addressed through policy. Although policies are not always evidence-based, analysis of information is a key aspect of all of the “Ps” of the policy circle, beginning with problem identification. Problems can be identified through various means, but usually involve data to show that some issue is a problem, for example, that maternal mortality is too high, the contraceptive prevalence rate has stalled, teen pregnancy is rising, current laws hamper the importation of antiretroviral (ARV) drugs, or people living with HIV/AIDS are facing stigma and discrimination in the workplace.

Effective presentation of technical evidence should provide the underpinning of any effort to change policy—to measure the extent of the problem and to suggest feasible and cost-effective policy responses. Donor organizations, particularly USAID, have long supported collection of population, health, and, more recently, HIV/AIDS data that has been crucial for bringing family planning, maternal health, and HIV/AIDS issues to the attention of policymakers.

Policy projects begun in the 1970s, such as RAPID (Resources for the Awareness of Population Impacts on Development), have proved highly successful in convincing policymakers of the importance of addressing population growth in their countries. For example, since 2001, the president of Uganda, Yoweri Museveni, has relied in large part on information on reproductive health and development that is derived from the RAPID Model for his public statements, such as to the UN General Assembly Special Session on Children in May 2002, when he used projections generated by the RAPID Model to state the need for attention to “ensuring child health and nutrition; lowering the infant mortality rate; ensuring universal schooling for children of primary school age; safe motherhood; and child spacing and family planning” (POLICY Project results database, 2003).

Data on incidence and prevalence of HIV/AIDS and the enormous impact of HIV on individuals and countries played an important role in convincing policymakers worldwide that the problem must be tackled through various policy responses. For example, results of the AIDS Impact Model (AIM) application in Mozambique were incorporated into the Ministry of Education HIV/AIDS Impact Assessment, published in 2000 (POLICY Project results database, 2003).

Often, multiple policies will need to be created or reformed to solve a given problem. Identifying these types of needs also occurs during problem definition. Sometimes, additional data will be needed to clarify a perceived problem before it can be addressed through policy. In Ukraine, a policy development group identified a number of issues that impeded implementation of the 2001–2005 National Reproductive Health Program. Some issues were sufficiently clear to develop policies, while others, including a number of questions about the efficiency of the health system, needed further study (Mostipan et al., 2004). A complex problem, which requires multiple policies to address it, will also need multiple data sources to support it.

Analysis Tools for Problem Identification

A number of tools are available to assist in problem identification. National surveys, particularly those conducted periodically, offer policy- and program-relevant information. National surveys are conducted on a range of topics related to family planning, reproductive health, safe motherhood, and HIV/AIDS, in

addition to the social and economic conditions in a country. Such surveys include, among others, the Demographic and Health Surveys, Reproductive Health Surveys, HIV/AIDS Indicator Surveys, Behavioral Surveillance Surveys, Multiple Indicator Cluster Surveys, and Living Standards Surveys. Smaller studies and qualitative assessments of the human rights, gender equity, or contraceptive security situation, for example, also provide policy-relevant information. These data can be used in computer projection/simulation models to identify problems. Box 2 shows an illustrative list of policy analysis tools to identify “problems.”

Box 2. Illustrative List of Tools to Identify the Problem	
SPECTRUM	The SPECTRUM models project the need for RH services and the consequences of not addressing those needs. <i>Software available at www.policyproject.com.</i>
Epidemic Projection Package (EPP)	EPP is used to estimate and project adult HIV prevalence from surveillance data. <i>Software available at www.unaids.org.</i>
Policy Environment Score (PES)	PES measures the degree to which a country’s policy environment contributes to improvements in the RH status of the population. <i>Publication available at www.policyproject.com.</i>
Expanded Adolescent Reproductive Health (ARH) PES module	<i>Publication is available on the Policy Circle CD.</i>
AIDS Program Effort Index (API)	API measures program effort in the response to the HIV/AIDS pandemic. <i>Publication available at www.policyproject.com.</i>
Maternal & Neonatal Program Effort Index (MNPI)	MNPI provides country-specific data on maternal and neonatal health programs. <i>Publication available at www.policyproject.com.</i>
Human Rights Approach	The Human Rights Approach outlines the POLICY Project’s steps for assessing human rights in a given country. <i>Publication is available on the Policy Circle CD.</i>
Demographic Health Survey (DHS)	<i>Available at www.measuredhs.com.</i>
Gender Analysis	“Exploring Concepts of Gender and Health.” This tool has been developed by Health Canada (see section 6). <i>Available at www.hc-sc.gc.ca/english/women/exploringconcepts.htm.</i>
Advocacy Training Manual	Networking for Policy Change: An Advocacy Training Manual (see sections 2.2 and 2.3). <i>Publication available at www.policyproject.com.</i>
Making Reproductive Health Services Youth Friendly	Assessing and Planning for Youth-Friendly Reproductive Health Services by the Focus on Young Adults Project, Pathfinder International. <i>Information available at www.pathfind.org.</i>
Strategic Pathway to Reproductive Health Commodity Security (SPARHCS)	This tool, with a focus on meeting national RH objectives, assesses supply conditions, future needs, and assists in the development of strategies and action plans. <i>Information is available on the Policy Circle CD.</i>
Checklist for Determining Priority Operational Barriers to be Addressed	Found in: Reforming Operational Policies: A Pathway to Improving Reproductive Health Programs, POLICY Occasional Paper No. 7. <i>Publication available at www.policyproject.com.</i>
What Works series of modules	<i>Safe motherhood publication available at www.policyproject.com; PAC module available mid-2004; STI/HIV/AIDS and FP modules available in 2005.</i>
A Framework to Identify Gender Indicators for Reproductive Health and Nutrition Programming	<i>Publication available at www.dec.org/pdf_docs/PNACR626.pdf.</i>
<p>Note: For a more detailed description of the tools, see Appendix or see the Policy Circle CD. All tools available on the CD can be found on the Policy Circle page at www.policyproject.com.</p>	

The People Who Participate in Policy and the Places (Institutions) They Represent

- ❖ **Once a problem has been identified, it is vital to understand the people (or stakeholders) who participate in the process of policymaking, the places inside and outside the government that they represent in policymaking, their views on the “problem,” and the various roles they play in policymaking.**

People: Individual Stakeholders

Individual stakeholders (the people involved in policymaking) and the institutions (the places) they represent are central to policymaking. Individual stakeholders involved come from within and outside government. A stakeholder is an individual or group that makes a difference or that can affect or be affected by the achievement of the organization’s objectives (POLICY Project, 1999; Brinkerhoff and Crosby, 2002).

Public sector individual stakeholders can include politicians (heads of state and legislators), government bureaucrats and technocrats from various sectors (e.g., health, education, finance, local government) and public sector staff who implement programs. Stakeholders from the nongovernmental sector can include representatives from civil society organizations, support groups (e.g., from groups of people living with HIV/AIDS, women’s health advocacy groups, or networks of these groups), or from faith-based organizations. They can be researchers and others such as media personalities. Individual beneficiaries of policy can also be involved in calling for policy change.

Places: Stakeholder Institutions

The institutions involved in policymaking are closely linked with the individual policy stakeholders. It is important to know the roles and responsibilities of the various institutions (e.g., How is a policy submitted for approval? Which institutions can draft policies? What institutions can promulgate policies or pass laws?).

Various parts of the government clearly play key roles in formal policymaking, including the executive branch (the head of state and the ministerial or departmental agencies of government), the legislative branch (the Parliament, congress or equivalent), and the judiciary branch. Local governments have their own policymaking structures, if they have decentralized authority to do so. In addition, the parts of government in which policies are carried out also play important roles in policymaking—for example, the need for a policy may emanate from the Ministry of Health or from another ministry. The strength of institutions involved in policymaking can have a direct impact on the success of the policies and programs.

Institutions outside the government play a role in policymaking by acting as advocates for policy change (civil society groups, grassroots organizations, NGOs, and advocacy groups), by providing data for decision making (academic and research organizations), and by providing funding (donor organizations) for policy research, policy dialogue and formulation, and implementation. Finally, international organizations also play a role in supporting—and influencing—policymaking.

An analysis of the structure of government as it relates to policymaking conducted in Ukraine in preparation for developing a national reproductive health strategy addressed decision making in the

Parliament, in the administration of the President, in the Cabinet of Ministers, and in the Ministry of Health. The assessment also included research organizations and women's organizations with influence on reproductive health policy (Kohut and Lakiza-Sachuk, 1999). Limiting the stakeholder analysis only to government and official policymakers ignores the role that other groups have in policy development and formulation. A similar assessment in Jamaica outlined the steps to passing a law and policy in that country—steps that few stakeholders actually understand (Hardee and Subaran, 2001).

The Expanded Role of Nongovernmental Stakeholders in Policy

In the past, policymaking was concentrated in the hands of policymakers and a few influential people/organizations outside government. Over the past decade, policymaking has increasingly included the participation of a wider range of stakeholders outside of government. Nongovernmental stakeholders participate as through advocacy, representation in government bodies, consultation and policy dialogue with policymakers, and participation on coordination mechanisms (UNFPA, 1999). Family planning, reproductive health, safe motherhood, and HIV/AIDS policymaking includes a broad range of government (including from the central and decentralized levels) and civil society stakeholders who play different roles in the process. Omitting groups of people living with HIV/AIDS (PLHAs) from policy formulation concerning ARVs runs the risk of developing an unrealistic, unfeasible policy.

Strong evidence of the role of NGOs and civil society came during the preparations for the 1994 International Conference on Population and Development (ICPD) when women's health advocates and other civil society organizations were instrumental in reshaping the family planning agenda to include reproductive health and rights more broadly. Their participation ensured that the Program of Action (POA) was fundamentally different than POAs at previous international conferences on population and development in which policy deliberations were more the purview of official government delegations (UNFPA, 1999; Ashford and Noble, 1996).

Including civil society groups and ensuring multisectoral participation in reproductive health policymaking in Latin America have resulted in agendas that are more oriented to the needs of stakeholders (POLICY Project, 2000). Youth participation has been heralded as a key to developing and implementing policies for youth (UNFPA, 2003). Examples from Nigeria and Jamaica show that youth participation can improve policies and programs (POLICY, 2004a and 2004b). In both countries, multisectoral groups were involved in developing youth policies and strategic plans.

In the AIDS policy arena, the GIPA Principle has highlighted the need for greater involvement of people living with HIV/AIDS in policymaking and program implementation (UNAIDS, 1999; UN, 2002). UNAIDS has developed a continuum of participation, which culminates with the involvement of PLHAs in decision making and policymaking (UNAIDS, 1999). PLHA advocates and activists have also played an enormous role over the past few years in making AIDS treatment available in developing countries at an affordable price (AFSC, 2003; TAC, 2003).

Zimbabwe encouraged participation during the development of its HIV/AIDS policy. Progress toward a national HIV/AIDS policy did not formally begin until the creation of a Steering Committee in 1994. The Steering Committee, charged with planning the process and providing leadership, was composed of representatives from a variety of sectors, including universities, the Attorney General's Office, PLHAs, NGOs, and the National AIDS Control Program. The committee solicited a great deal of input from the public and made significant attempts to widely circulate draft documents, even printing drafts in newspapers to ensure widespread readership. In forums held in seven provincial workshops, more than 4,500 people participated in a discussion of the policy (Stover and Johnston, 1999).

In some cases, NGOs actually draft policies for governments and ministries. For example, in Haiti, the Child Health Institute (IHE) drafted the National Strategic HIV/AIDS Plan in December 2001 and submitted it to Haiti's Ministry of Health for approval (POLICY Project results database, 2003). Allowing NGOs to participate in the drafting of national policies contributes to developing technically sound policies and stakeholder agreement on the problem definitions and solutions.

International organizations and bilateral donors that fund family planning, reproductive health, and HIV/AIDS programs are also important stakeholders in policy development and implementation. Donor funds often drive policy agendas. The U.S. government's 2003 announcement of a presidential initiative to provide US\$15 billion in funds for 14–15 countries hit hard by the HIV/AIDS epidemic will likely have an enormous effect on how HIV/AIDS policies are shaped in coming years in those—and other—countries (President's Emergency Plan, 2004).

Box 3 describes the role participation played in policymaking related to HIV/AIDS at the state level in Mexico.

Box 3. People and Places: Participation in Decentralized HIV/AIDS Policymaking in Mexico

As part of the Ministry of Health's decentralization plan, Mexico's National AIDS Council, CONASIDA, transferred many of its functions from the central to the state level. Adapting UNAIDS materials, the POLICY Project helped form groups composed of a broad range of stakeholders already working on HIV/AIDS issues and cooperatively developed an integrated strategic plan for HIV/AIDS. Prior to beginning any activities in a given state, steps would be taken to ensure broad support for the process, understanding of the policy environment, and the involvement of those working in related fields.

Steps included engaging in policy dialogue with the State Secretary of Health to gain support for opening the process to civil society, conducting a comprehensive stakeholder analysis, evaluating the AIDS policy environment, and holding a press conference to involve the media in the process. Workshops were held in which participants were trained in strategic planning methods and were given presentations on a variety of issues, such as gender, human rights, and homosexual/bisexual men, as well as the current responses to HIV/AIDS in their state. The workshop participants then agreed to form planning groups and continue activities together. As a result, groups with opposing views, such as the Catholic Church and gay rights organizations, have been brought together at planning workshops and have continued to work cooperatively on HIV/AIDS issues. Moreover, budget line items for HIV/AIDS have increased in some areas in addition to outreach and program activities (POLICY Project, 2000).

The Importance of High-level Support and Policy Champions

High-level support within government is crucial for policy change to occur (see Box 4). As noted in an eight-country study, "Countries with an earlier and greater commitment to population policies and family planning programs were characterized by the formation of coalitions of senior policymakers who were able to identify coherent rationales, share political risk, and, therefore, become important contributors to the sustainability of population policies. This process was influenced by a number of different factors: strong leadership by key individuals, a low level of organized opposition, and continuous institutional and financial support" (Lush et al., 2000: 21).

Box 4. Evidence-based Advocacy on HIV/AIDS by Policy Champions in Mali

The President of Mali made extensive use of the AIDS Impact Model (AIM), which projects the impact of HIV/AIDS on population, in leading public discussions on HIV/AIDS and promoting policy dialogue at national and subnational levels. The president's use of AIM grew out of the first meeting of an HIV/AIDS presidential advisory group in which the Ministry of Health presented the AIM-based information. The president called a second meeting and invited members of the private commercial sector to share the information from AIM to make them aware of the potential impact on their future. During an Armed Forces Day celebration, the president drew on a presentation made by the National AIDS Control Program (PNLS) that was based on AIM.

At the president's request, the PNLS and the Minister of Health prepared a video based on the AIM presentation, and the president's office organized an HIV/AIDS Advocacy Day in the town of Banamba on May 27, 2002. The president presided over the event, which was attended by an estimated 3,000 people, 10 ministers of state, mayors, ambassadors (including the U.S. ambassador), about 600 village leaders from the surrounding area, and representatives of nongovernmental organizations and international agencies, including USAID. The video served as a basis for discussion on trends and projections of HIV prevalence. The president stated that despite Mali's relatively low prevalence (1.7%), the country would suffer serious consequences if it did not increase efforts to combat AIDS, and he pointed to the experience of other countries where low prevalence of HIV had gone unchecked and then grew to epidemic proportions. Afterward, two well-known religious leaders spoke for the first time on live television and radio about the HIV/AIDS epidemic and, drawing on the information in the video, discussed the need for the religious community to play an active role in reducing the epidemic.

The President of Mali and the Minister of Health also used the information produced by AIM in addressing the more than 200 religious leaders who attended an event in 2002. Following the workshop, imams and preachers asked the HIV/AIDS figures to speak out on the impact of HIV/AIDS on development in Mali in their places of worship. Religious leaders used the information on television, including an August 25, 2002, Malian TV show, "Actualité Hebdomadaire," on which they appeared as the principal guests. Population Services International used the AIM results in Segou (August 6–7, 2002) with religious leaders and in Sikasso (August 27–28, 2002) for an advocacy workshop (POLICY results database, 2003).

Policy champions who are committed to promoting a policy issue are important advocates for policy development and reform. Policy champions can come from any stakeholder group; what is important is that they have access to key decision makers. Generally, the higher level the policy champion, the more likely the impact on policy related to an issue. For example, Uganda's President Museveni is widely credited for playing a key leadership role in reducing HIV prevalence in that country during the 1990s, in part by continually mentioning the epidemic in public speeches and signaling to the country that his government was (and still is) serious about reversing the spread of HIV/AIDS (Hogel et al., 2002).

Analysis Tools for People/Places

A number of tools are available to analyze the people involved and the places they represent (see Box 5). As problems are being identified, conducting a *stakeholder analysis* or using *political mapping* can be useful to determine which groups will benefit and which may not benefit from different policy decisions. This information is useful to ensure that policies will be embraced and implemented. Understanding the process of passing a law or policy helps to clarify which institutions must be involved.

Box 5. Illustrative List of Tools for Analyzing People and Places

POLICY Stakeholder Analysis Matrix	<i>Publication is available on the Policy Circle CD.</i>
Guidelines for Conducting a Stakeholder Analysis	Tool developed by the PHR _{plus} Project, available at www.phrplus.org/Pubs/hts3.pdf .
Political Mapping	<i>Tools available at www.polimap.com.</i>
HIV/AIDS Toolkit	The toolkit contains five modules to assist activists interested in increasing political commitment for effective HIV/AIDS policies and programs. <i>Toolkit available at www.policyproject.com.</i>
Advocacy Training Manual	Networking for Policy Change: An Advocacy Training Manual (see sections Section 2). <i>Publication available at www.policyproject.com.</i>
Understanding the Steps to Passing a Law or Policy	Identifies the process through which laws and policies are passed in a country. <i>Publication is available on the Policy Circle CD.</i>
Policy Environment Score (PES)	PES measures the degree to which a country's policy environment contributes to improvements in the RH status of the population. <i>Publication available at www.policyproject.com.</i>
Expanded Adolescent Reproductive Health (ARH) PES module	<i>Publication is available on the Policy Circle CD.</i>
AIDS Program Effort Index (API)	API measures program effort in the response to the HIV/AIDS pandemic. <i>Publication available at www.policyproject.com.</i>
Maternal & Neonatal Program Effort Index (MNPI)	MNPI provides country-specific data on maternal and neonatal health programs. <i>Publication available at www.policyproject.com.</i>
Advocacy Tools and Guidelines: Promoting Policy Change Manual	This manual is a training guide to familiarize program managers with key advocacy concepts and techniques. The ten-chapter manual suggests a framework for identifying policy goals, creating a plan of action, and effectively building a case for change. <i>Available at www.careusa.org/getinvolved/advocacy/policyresources.asp.</i>
<p>Note: For a more detailed description of the tools, see Appendix or see the Policy Circle CD. All tools available on the CD can be found on the Policy Circle page at www.policyproject.com.</p>	

The Process: Policy Development

- ❖ **The process of policymaking includes**
 - **Framing the “problem” (*issue framing*)**
 - **Getting the issue on the policy agenda (*agenda setting*)**
 - **Formulating the policy (*policy formulation*)**
- ❖ **Activities associated with the process include**
 - ***Advocacy* for the issue to be addressed through policy and how**
 - ***Policy dialogue* on what the policy will include**
 - ***Data analysis* to aid each step of the process**

Process Steps—Issues Framing, Agenda Setting, and Policy Formulation

Once a problem requiring a policy solution has been identified, the process of policy development includes how the problem is framed by various stakeholders (issues framing), which problems make it onto the policymaking agenda, and how the policy (or law) is formulated. Together, these steps, often not conducted in a linear fashion, determine whether a problem or policy proposal is acted on. Activities in policy development include advocacy and policy dialogue by stakeholders and data analysis to support each step of the process.

Issue framing. The way a problem is stated or an issue is framed influences the types of solutions that are proposed. Often, policy stakeholders take different sides of an issue, such as adolescent reproductive health or how to address the problem of teen pregnancy. Some policy stakeholders perceive that teen pregnancy should be addressed through abstinence-only education for young people, while others see the need for comprehensive sex and reproductive health education and access to means of protection against pregnancy and disease. Some might argue that teen pregnancy is not a problem or is a logical response to a given set of health and cultural conditions. Similarly, stakeholders have also taken various views on issues related to reducing maternal mortality. Debates have centered, for example, around the role traditional birth attendants can or cannot play in reducing maternal mortality and whether or not safe motherhood programs should focus primarily on providing emergency obstetric care or on wider components, such as antenatal care and nutrition (Gay et al., 2003).

The HIV/AIDS epidemic has sparked considerable policy debate, with various stakeholders holding different views on the appropriate policy responses. For example, when ARV treatment was becoming more affordable, even in developing countries, some stakeholders contended that prevention should remain the primary programmatic response and that introducing ARVs on a wide scale would not be feasible. Now, as the ARV drugs become more available in developing countries, the role of prevention programs is under debate. Some stakeholders take the view that prevention should focus on reaching those who are already infected, while others consider that working with people not yet infected is still important. Likewise, the policy debate on reducing HIV among intravenous drug users continues. Some stakeholders promote harm reduction strategies, including needle exchange programs, while others favor cracking down on drug users to stop the illegal activity.

Sometimes stakeholders take the same position on an issue, but for very different reasons. The views on China’s population policy are a case in point. Both conservatives and women’s health advocacy groups

oppose China's one-child policy—conservatives contend that the policy promotes abortion and women's health advocacy groups contend that the policy infringes on women's rights and choice (Kaufman, 2003).

Issue framing influences stakeholders' ability of getting the issue on the policymakers' agenda so that a problem is recognized and policy response is debated. Issue framing often sets the terms for policy debate. "The eventual fate of a policy proposal is also a function of how it is formulated in the first place—how it defines the problems to be attacked and what it offers in the way of policy solutions" (Porter, 1995: 15). Reich cites an example of how the framing of an issue can affect its chances of becoming policy.

[E]fforts to reform the health system in 1996 in the Dominican Republic were designed to transform the state's role from direct service provider to financer and regulator. Similar approaches were adopted at the time in many Latin American countries, with financial support from the multilateral development banks. In the Dominican Republic, however, the press interpreted these efforts as "privatization" of health services, and the supporters of health reform were unable to create an alternative to public perception of the plan. This perception of the proposed policy created a strong reluctance among both politicians and bureaucrats to support the reform—especially when opposition arose from the powerful medical association and from NGOs active in the health field (Reich, 2002).

Agenda setting. Agenda setting refers to actually getting the "problem" on the formal policy agenda of issues to be addressed by presidents, cabinet members, Parliament, Congress, or ministers of health, finance, education, or other relevant ministries.

Stakeholders outside of government can suggest issues to be addressed by policymakers, but government policymakers must become engaged in the process for a problem to be formally addressed through policy. Government policymaking bodies "can only do so much in its available time period, such as the calendar day, the term of office, or the legislative session. The items which make it to the agenda pass through a competitive selection process, and not all problems will be addressed. Inevitably, some will be neglected, which means that some constituency will be denied. Among the potential agenda items are holdovers from the last time period or a reexamination of policies already implemented which may be failing" (Hayes, 2001).

At any given time, policymakers are paying serious attention to relatively few of all possible issues or problems facing them as national or subnational policymakers. In decentralized systems, sometimes issues are placed on the agenda of various levels of government simultaneously to coordinate policymaking. For example, "reproductive health is on the concurrent legislative list in Nigeria, and, therefore, the three tiers of government, including the states and local governments, are expected to formulate independent policies to guide their programs and service delivery" (POLICY, 2004a).

Altman and Petkus (1994: 42) note that "as problems become salient issues, and as individuals or groups begin to take action, legislators place the problems on the policy agenda." Starting in the 1950s, it took many years for population issues to reach the policy agenda in many countries; likewise, safe motherhood and HIV have taken time to be accorded space on the policy agenda around the world (UN, 2003; Stover and Johnston, 1999; Starrs, 1998). But with clear issue framing and strong evidence to substantiate the problem, stakeholders have been able to set the critical issue on the policy agenda.

Policy formulation. Policy formulation is the part of the process by which proposed actions are articulated, debated, and drafted into language for a law or policy. Written policies and laws go through many drafts before they are final. Wording that is not acceptable to policymakers key to passing laws or policies is revised. For example, a policy in Jamaica to support providers to serve minors (under the age

of consent) went through numerous drafts over a period of two years before it was passed in 2003. The final version of the policy contained more references to promoting abstinence than did the first version. International conference declarations and programs of action also go through iterations during formulation. Leading up to the 1994 ICPD in Cairo, the draft Program of Action contained “bracketed” text that required negotiation and policy dialogue among stakeholders from around the world in order for the final document to be ratified.

Policy formulation includes setting goals and outcomes of the policy or policies (Isaacs and Irvin, 1991; Health Canada, 2003). The goals and objectives may be general or narrow but should articulate the relevant activities and indicators by which they will be achieved and measured. The goals of a policy could include, for example, the creation of greater employment opportunities, improved health status, or increased access to reproductive health services. Policy outcomes could include ensuring access to ARV treatment for HIV in the workplace or access to emergency obstetric care for pregnant women. Goals and outcomes can be assessed through a number of lenses, including gender and equity considerations.

Activities Related to the Process—Advocacy, Policy Dialogue, and Data Analysis

While issues framing, agenda setting, and policy formulation are stages that policies go through, each of these stages can include a number of activities, namely advocacy, policy dialogue, and analysis of evidence related to the problem and policy responses.

Advocacy and policy dialogue. Preferably drawing on the participation by a range of stakeholders, advocacy and policy dialogue are used to convince policymakers to address a problem, debate various solutions, and decide on specific policy actions. Advocacy is more likely to succeed if networks of organizations and individuals join forces to address issues that require policy action and organize advocacy campaigns. *Networking for Policy Change* (POLICY, 1999), an advocacy training manual, provides details about the role of networks and advocacy in bringing about change. Stories from people and organizations involved in advocacy for HIV (e.g., women’s groups, PLHAs, and faith-based organizations) highlight some key advocacy successes in HIV/AIDS in Africa, Latin America, and Asia (POLICY Project, 2003).

The media can also play an influential role in advocacy and policy dialogue by highlighting issues that need to be addressed or bringing public discourse to issues already on the agenda (Altman and Petkus, 1994). The media often provides symbolic understandings of policy issues and also serve as gatekeepers, deciding which issues will receive public attention and which will not (Porter, 1995).

Both advocacy and policy dialogue are important for policy. In advocacy, stakeholders promote issues and their positions on the issues. Policy dialogue involves discussions among stakeholders to raise issues, share perspectives, find common ground, and to reach agreement or consensus, if possible, on policy solutions. Policy dialogue takes place among policymakers, advocates, other nongovernmental stakeholders, other politicians, and beneficiaries (see VSI, 2002, for a code of good practice on policy dialogue between the government and civil society).

Box 6 provides an example of the role of advocacy in reproductive health policy reform in Guatemala.

Box 6. Advocacy: Reproductive Health Policy Reform in Guatemala

Historically, Guatemala has been one of the least supportive countries in the world of FP/RH rights and services. Seventeen NGOs and 14 opinion leaders in Guatemala, many of which were supporting reproductive health publicly for the first time, issued a press release in February 2001 in support of the National Reproductive Health Program. The press release followed an advocacy campaign conducted by the Guatemalan Association of Medical Women (AGMM), the Center of Legal Action for Human Rights, and the Network of Women for Building Peace. Following congressional approval of the law in September, the multisectoral group of organizations involved in formulating and lobbying for the law rapidly initiated a new phase of advocacy designed to avoid a potential presidential veto that was requested by the Catholic Church.

Later that year, a campaign entitled "Social Development Law: Civil Society Opinion" was organized by the Women's Network for Peace, the Guatemalan Association of Gynecology and Obstetrics, and AGMM to put pressure on the president for final passage of the law. In October 2001, President Portillo ratified the passage of the Law of Social Development, which, for the first time ever, set forth a legal framework for work in population and development in the country. The existence and acceptance of this new legal framework will greatly strengthen FP/RH programs in the country and help ensure their sustainability into the future (POLICY Project results database).

Data analysis. Data analysis in the process component of the Policy Circle is more complex than in problem identification because policymakers weigh their decisions on a number of criteria. Data analysis expands from the technical aspects of an issue and focuses on the political costs and benefits of policy reform. Thomas and Grindle (1994) posit that policymakers tend to make their decisions based on a number of criteria, including: 1) the technical merits of the issue; 2) the potential affects of the policy on political relationships within the bureaucracy and between groups in government and their beneficiaries; 3) the potential impact of the policy change on the regime's stability and support; 4) the perceived severity of the problem and whether or not the government is in crisis; and 5) pressure, support, or opposition from international aid agencies.

Analysis Tools for Process

A number of tools are available to analyze the process, as indicated in Box 7.

Box 7. Illustrative List of Tools for Analyzing Process	
Policy Characteristics Checklist	<i>Publication is available on the Policy Circle CD.</i>
SPECTRUM	The SPECTRUM models project the need for RH services and the consequences of not addressing those needs. <i>Software available at www.policyproject.com.</i>
GOALS	GOALS can be used to improve resource allocation decisions for HIV/AIDS programs at the national level by enhancing the understanding of decision makers. <i>Software available at www.policyproject.com.</i>
Planning and Finance Checklist	<i>Publication is available on the Policy Circle CD.</i>
Human Rights Approach	The Human Rights Approach outlines the POLICY Project's steps for assessing human rights in a given country. <i>Publication is available on the Policy Circle CD.</i>
Policy Environment Score (PES)	PES measures the degree to which a country's policy environment contributes to improvements in the RH status of the population. <i>Publication available at www.policyproject.com.</i>
Expanded Adolescent Reproductive Health (ARH) PES module	<i>Publication is available on the Policy Circle CD.</i>
Maternal & Neonatal Program Effort Index (MNPI)	MNPI provides country-specific data on maternal and neonatal health programs. <i>Publication available at www.policyproject.com.</i>
Gender Analysis	"Exploring Concepts of Gender and Health." This tool has been developed by Health Canada (see section 6). <i>Available at www.hc-sc.gc.ca/english/women/exploringconcepts.htm.</i>
Advocacy Training Manual	Networking for Policy Change: An Advocacy Training Manual (see sections 2.1 and 2.2) <i>Publications available at www.policyproject.com.</i>
Monitoring the Policy Reform Process	A USAID "Recent Practices In Monitoring and Evaluation" publication. <i>Available at www.dec.org/pdf_docs/pnaca949.pdf.</i>
AIDS Program Effort Index (API)	API measures program effort in the response to the HIV/AIDS pandemic. <i>Publications available at: www.policyproject.com.</i>
Political Mapping	<i>Tool available at www.polimap.com.</i>
Advocacy Tools and Guidelines: Promoting Policy Change Manual	<i>Available at www.careusa.org/getinvolved/advocacy/policyresources.asp.</i>
<p>Note: For a more detailed description of the tools, see Appendix or see the Policy Circle CD. All tools available on the CD can be found on the Policy Circle page at www.policyproject.com.</p>	

The Price Tag

❖ **Policies without resources allocated for implementation do little more than sit on a shelf.**

Price refers to the financial, physical, and human resources that are needed to implement policies, plans, and programs. Policies that are well written but that do not have adequate resources for implementation are all too common. In the United States, such policies are often called “unfunded mandates.” Many national reproductive health policies could be given the same label. For example, Ukraine’s National Reproductive Health Program 2001–2005 “received little funding from the national level, and local reproductive health budgets were insufficient to implement the NRHP in its entirety” (Judice, 2004: 1). It is crucial when developing or analyzing a policy to consider the level of resources necessary for proper implementation and whether those resources are already available (and allocated) or need to be added for more effective policy implementation.

Often, assuring adequate funding for programs becomes a problem to be addressed through policy. Turkey faced a crisis of funding for family planning commodities when the main donor organization announced a phaseout of support to the country starting in 1994. Advocacy, policy dialogue, and analysis of the shortfall in funding and implications for the family planning program resulted in a funded line item for contraceptives in the Ministry of Health’s budget (Sine et al., 2004). In Jordan, the structure of the “General Budget” for 2002 was modified to include a budget line item for reproductive health based on the work of a national five-member Reproductive Health Finance Committee established by the National Population Commission (NPC). The committee was composed of members from the NPC, the Ministry of Finance, the Ministry of Health, and major FP/RH NGOs. The purpose of the committee was to develop a strategy to improve reproductive health financing in Jordan. Following participation in an international conference on reproductive health financing, the committee became an active member of a task force charged with developing the National Reproductive Health Action Plan, which has financial sustainability as one of its six components (POLICY Project results database, 2003).

Resources can become a struggle if annual budgets are determined before the reform occurs or if there are obstacles in the government bureaucracy (Brinkerhoff and Crosby, 2002). For example, in Namibia, “once HIV/AIDS became part of the national policy agenda, programmatic action was initially delayed until budget cycles freed up resources within the health sector to be reallocated. Later, as HIV/AIDS was recognized as a policy problem with broader ramifications than just health, the health ministry resisted relinquishing control because it meant that others would receive a share of the funds it managed for HIV/AIDS policy implementation” (Brinkerhoff and Crosby, 2002: 21).

The Minister of Health and Population in Egypt used cost-benefit information in a speech given to the People’s Assembly and in replying to comments from the Health, Population, and Environment Committee of the Parliament in February 2001. The speech was prepared in response to queries about the impact and cost-benefits of the national population and family planning program. The Minister noted that putting money into family planning was a good investment as every Egyptian pound spent on family planning resulted in a savings of 30 pounds that would have to be spent on fulfilling the needs of a growing population. He concluded by requesting an increase in the budget allocations for the population and family planning program (Policy Project results database, 2003). Similar analyses for advocacy and policy dialogue have been undertaken in various countries using the FamPlan and BenCost models found in the SPECTRUM System of Policy Models.

More recent efforts have gained a better understanding of how many resources will be needed to achieve a desired HIV/AIDS-related goal, and how many resources a particular goal will require to be achieved. In South Africa, the application of the GOALS Model has contributed to an increase in the budget of the national government's expenditure on national HIV/AIDS programs from 783.2 million Rand in 2002–03, to 1,144.0 million Rand in 2003–04 to 1,589.4 million Rand for 2004–05. In September 2002, the national Department of Health released a report that outlined revisions to the funding requirements for the “Enhanced Response to HIV/AIDS and Tuberculosis in the Public Health Sector 2003/4–2005/6.” The report highlighted how the application of the GOALS Model contributed to developing the government's AIDS budget (Medium-term Expenditure Framework). GOALS served as a basis for increasing the budgets with regard to programs focusing on HIV transmission through sex work, condom provision, and projected care costs. GOALS also confirmed budgetary estimates with regard to prevention of mother-to-child transmission (PMTCT) as well as current spending on care and treatment (POLICY Project results database, 2003).

Often, increased resources are not available to address emerging problems. Instead, addressing new problems can require taking resources away from other pressing needs (as is the case with HIV and other reproductive health needs currently). Incorporating the budget process into the framing of a policy can ensure feasibility and implementation of a policy.

Analysis Tools for Price Tag

A number of tools are available to analyze the price tag, as indicated in Box 8.

Box 8. Illustrative List of Tools for Analyzing Price Tag	
GOALS	GOALS can be used to improve resource allocation decisions for HIV/AIDS programs at the national level by enhancing the understanding of decision makers. <i>Software available at www.policyproject.com.</i>
ALLOCATE	ALLOCATE can be used to improve resource allocation decisions for reproductive health programs at the national level by enhancing the understanding of decision makers. <i>Software available soon at www.policyproject.com.</i>
FamPlan (SPECTRUM)	SPECTRUM's FamPlan module projects family planning requirements to reach national or consumer goals of contraceptive practice or desired fertility. <i>Software available at www.policyproject.com.</i>
PMTCT (SPECTRUM)	The Prevention of Mother-to-Child Transmission (PMTCT) Model can be used to evaluate the costs and benefits of programs to reduce mother-to-child transmission of HIV. <i>Software available at www.policyproject.com.</i>
BenCost (SPECTRUM)	The BenCost Model compares the costs of implementing a family planning program with the benefits generated by those programs. <i>Software available at www.policyproject.com.</i>
Planning and Finance Checklist	<i>Publication is available on the Policy Circle CD.</i>
Budgeting for the Reproductive Health and Population Sector	This training module on budgeting was designed to assist governments and organizations working in the reproductive health and population sectors to understand the links between planning and budgeting and to learn how to identify the required resources in preparing a budget. <i>Training module is available on the Policy Circle CD.</i>
Willingness to Pay Surveys for Setting Prices for RH Products and Services	<i>Publication available at www.policyproject.com.</i>
Resource Needs Model	An Excel worksheet for calculating the funding required for an expanded response to HIV/AIDS at the national level. It includes 14 prevention programs, six care and treatment programs, and orphan support. <i>Software available at www.policyproject.com.</i>
Strategic Planning for the RH and Population Sectors: Training Module	<i>Training module is available on the Policy Circle CD.</i>
<p>Note: For a more detailed description of the tools, see Appendix or see the Policy Circle CD. All tools available on the CD can be found on the Policy Circle page at www.policyproject.com.</p>	

The Paper: Policies, Laws, and Regulations

- ❖ **Policy formulation culminates in promulgation of written policies or laws that provide a broad framework for programs.**

Policy documents include laws, national and local policies and plans, operational policies, and resource allocation plans (Cross et al., 2001). They also include policies and plans of private sector organizations that support family planning, reproductive health, and HIV/AIDS, such as companies' workplace policies for HIV/AIDS. International organizations such as UN agencies also produce policy documents that offer guidance to governments and NGOs on specific issues.

Some policies derive from statements of heads of state or ministers without being formally written down as formal government orders or regulations. In some countries, unwritten procedures and even traditional norms and practices are also considered policies.

The "paper" should state clearly what the policy aims to accomplish or facilitate, what the policy stipulates in terms of change or new behavior, which sectors of society benefit from policy change, how much the policy change will cost and who bears the cost, and who will coordinate and implement the policy.

Written policy documents should include the following:

- Rationale (including a statement of the problem and justification for the policy)
- Goals and objectives (what the policy will achieve, by when)
- Program measures (broad categories of activities)
- Implementation and institutional arrangements (including organizations and ministries involved)
- Funding and other resources (levels and sources, human resources)
- Indicators of success
- Monitoring and evaluation plan

Analysis of the "paper" includes assessing the content with respect to human rights, gender, and youth, as appropriate, to ensure that policy documents adhere to the relevant principles related to these topics. Policies can be assessed against international conventions and declarations, e.g., the 1994 ICPD POA, the 1995 Fourth World Conference on Women (Beijing), the 2002 U.N. General Assembly Special Assembly on HIV/AIDS (UNGASS), Millennium Development Goals, and the International Safe Motherhood Initiative agenda (see www.safemotherhood.org). Calves (2002) provides a framework for assessing adolescent reproductive health policies, as applied in three sub-Saharan African countries (Burkina Faso, Cameroon, and Togo). The paper presents major elements of ARH policy and program development and sets benchmarks against which future policy and program development can be measured.

Policies differ from strategic plans in that policies are generally broader statements of purpose with goals and expected outcomes. Strategic plans provide more specification of how the policy is to be implemented.

Analysis Tools for Paper (Policies, Laws, and Regulations)

A number of tools are available to analyze the paper, or policy documents, including policies, laws, and regulations. The tools are shown in Box 9. Legal and regulatory analysis can be used to assess the content of laws and policies to identify gaps that require reform.

Box 9. Illustrative List of Tools for Analyzing Paper: Policies, Laws, and Regulations	
Legal and Regulatory Checklist	Checklist from "OPTIONS Assessing Legal and Regulatory Reform in Family Planning: Manual on Legal and Regulatory Reform." <i>Checklist is available on the Policy Circle CD.</i>
Summary of Regulations and Policy Issues	"Assessing the Policy Environment: What Influences Population Policy?" This tool describes a framework for assessing the population policy environment. <i>Publication available at www.poptechproject.com.</i>
Policy Characteristics Checklist	<i>Publication is available on the Policy Circle CD.</i>
Policy Environment Score (PES)	PES measures the degree to which a country's policy environment contributes to improvements in the RH status of the population. <i>Publication available at www.policyproject.com.</i>
Expanded Adolescent Reproductive Health (ARH) PES module	<i>Publication is available on the Policy Circle CD.</i>
Monitoring the Policy Reform Process	A USAID "Recent Practices In Monitoring and Evaluation" publication. <i>Available at www.dec.org/pdf_docs/pnaca949.pdf.</i>
AIDS Program Effort Index (API)	API measures program effort in the response to the HIV/AIDS pandemic. <i>Publication available at www.policyproject.com.</i>
Planning and Finance Checklist	<i>Publication is available on the Policy Circle CD.</i>
SPECTRUM	The SPECTRUM models project the need for RH services and the consequences of not addressing those needs. <i>Software available at www.policyproject.com.</i>
HIV/AIDS Legislation Score	<i>Publication is available on the Policy Circle CD.</i>
Reproductive Health Legislative Index	<i>Publication is available on the Policy Circle CD.</i>
Human Rights Matrix	<i>Available at www.policyproject.com.</i>
Workplace Policy Builder (WPB)	WPB is a computer program used to assist companies/organizations in developing a corporate/organizational HIV/AIDS workplace policy. <i>Software available at www.policyproject.com.</i>
Country AIDS Policy Analysis Project	<i>Available at http://ari.ucsf.edu/ARI/policy/countries.htm.</i>
Note: For a more detailed description of the tools, see Appendix or see the Policy Circle CD. All tools available on the CD can be found on the Policy Circle page at www.policyproject.com .	

The Programs and Performance: Policy Implementation

- ❖ **“If policy practitioners and reformers want to promote a specific change in sectoral policy, they will need to focus their attention on policy elites within government, as well as on midlevel managers responsible for translating policy directives into programs” (Porter, 1995: 21).**

Policies are often broad statements of intention and, as such, require supplemental implementation documents, including strategic plans, implementation plans, and operational policies to ensure that the policies are carried out (Walt and Gilson, 1994; Cross et al., 2001; USAID, 2000 and 2003). Programs are put in place to implement policies. This component of the Policy Circle includes the organizational structure (including the lead implementing agency or body), resources that support program implementation, and activities required to implement the policy through programs. It also includes monitoring and evaluation of performance to assess if goals of the policies and implementation plans have been met.

Box 10 describes the development of a strategic plan to implement the National Reproductive Health Policy in Nigeria.

Box 10. Program Implementation: Developing a Strategic Plan in Nigeria

While Nigeria recently promulgated a National Reproductive Health Policy, it lacked the strategies and guidelines for implementing the policy. POLICY worked intensively with the Federal Ministry of Health (FMOH) for over one year. As a result, the ministry adopted the Strategic Framework and Plan for Reproductive Health in June 2002 at a national stakeholders meeting attended by technocrats from various federal ministries, states, NGOs, faith-based organizations, academia, and representatives of several international donor agencies. The strategic plan provides for intervention activities with resource requirements, goals, responsible organizations, and a monitoring and evaluation framework to address priority reproductive health areas, such as family planning, safe motherhood, adolescent reproductive health, and STI/HIV/AIDS. The Minister of State for Health launched the National Reproductive Health Policy and the National Strategic Framework and Plan in November 2002 (POLICY Project results database, 2003).

Policy implementation is political as well as technical. “Besides technical and institutional analysis, it calls for consensus-building, participation of key stakeholders, conflict resolution, compromise, contingency planning, and adaptation” (Brinkerhoff and Crosby, 2002: 6). Analysis can help reformers assess the capacity for implementation in a given policy context and also predict the actions of the various participants involved in the process (Walt and Gilson, 1994). Thus, policy implementation requires some of the same steps as policy development.

The process of policy implementation is often delegated to technocrats, who are charged with devising solutions, mobilizing and allocating resources, and ensuring maximum gains. Unlike the chief executive or policy elites, who must address the issues of constituents, technocrats are not bound by political obligations or tradeoffs. On one hand, this arrangement could lead to a more effective implementation process. However, if the individuals charged with implementation are new to the government (as is often the case in newly created democratic governments), and therefore not knowledgeable of, or limited by, established routines of the government, their lack of knowledge about government operations and bureaucracy could also hinder their efficiency (Brinkerhoff and Crosby, 2002).

Policy implementation is often multidimensional, fragmented, and unpredictable. The Implementing Policy Change Project has developed a framework that divides policy implementation into six tasks, some similar to the components of the Policy Circle (USAID, 2000).

- The first task is *legitimization*, or getting the policy accepted as important, desirable, and worth achieving. For example, family planning policies and programs in some countries where some groups oppose contraception require periodic efforts to generate the support of government leaders.
- The second task is *constituency building*, or gaining active support from groups that see the policy as desirable or beneficial.
- The third relates to *resources* and the need for ensuring that present and future budgets and human resource allocations are sufficient to support the requirements of policy implementation.
- The fourth focuses on the *organizational structure* as it involves adjusting the objectives, procedures, systems, and structures of agencies responsible for policy implementation. Developing or reforming operational policies, such as age limits and spousal authorization, can characterize this step (Cross et al., 2001).
- The fifth is *mobilizing action*, or marshalling committed constituencies to develop action strategies to translate intent into result.
- The sixth and final task is *monitoring impact* to assess the progress of implementation and to alert decision makers and program managers to implementation snags and intended and unintended consequences of the policy.

The tasks follow a roughly sequential order, and can therefore help to assess the position of the process at any given time, allowing for a view of what steps remain. Using the framework in conjunction with various tools, such as stakeholder analysis, can help to point out potential problems and obstacles to achieving policy reform (Brinkerhoff and Crosby, 2002).

Monitoring and evaluation systems and indicators should be built in to measure the achievement (or performance) of policies and associated programs.

Analysis Tools for Programs/Performance

A number of tools are available to analyze the programs that are developed to implement the policy and monitor the performance of the programs. The tools are shown in Box 11.

Box 11. Illustrative List of Tools for Analyzing Programs/Performance	
Checklist for Determining Priority Operational Barriers to be Addressed and Steps to Address Operational Barriers	Both are found in Reforming Operational Policies: A Pathway to Improving Reproductive Health Programs, POLICY Occasional Paper No. 7. <i>Publication available at www.policyproject.com.</i>
Planning and Finance Checklist	<i>Publication is available on the Policy Circle CD.</i>
Policy Environment Score (PES)	PES measures the degree to which a country's policy environment contributes to improvements in the RH status of the population. <i>Publication available at www.policyproject.com.</i>
Expanded Adolescent Reproductive Health (ARH) PES module	<i>Publication is available on the Policy Circle CD.</i>
Maternal & Neonatal Program Effort Index (MNPI)	MNPI provides country-specific data on maternal and neonatal health programs. <i>Publication available at www.policyproject.com.</i>
AIDS Program Effort Index (API)	API measures program effort in the response to the HIV/AIDS pandemic. <i>Publication available at www.policyproject.com.</i>
Monitoring the Policy Reform Process	A USAID "Recent Practices In Monitoring and Evaluation" publication. <i>Available at www.dec.org/pdf_docs/pnaca949.pdf.</i>
Quick Investigation of Quality (QIQ)	<i>Available at www.cpc.unc.edu/measure/publications/qiq.html.</i>
Situation Analysis	<i>Available at www.popcouncil.org/rhfp/sitanly.html.</i>
Performance Improvement	<i>Available at www.jhpiego.org/global/pi.htm.</i>
Maximizing Access and Quality (MAQ)	<i>Available at www.maqweb.org.</i>
Evaluation Indicators	<i>Available at www.cpc.unc.edu/measure/publications/pdf/ms-95-02.pdf and www.cpc.unc.edu/measure/publications/un aids-00.17e.</i>
A Framework to Identify Gender Indicators for Reproductive Health and Nutrition Programming	<i>Publication available at www.dec.org/pdf_docs/PNACR626.pdf.</i>
Implementing Policy Change	<i>Publication available at www.usaid.gov/democracy/ipcindex.html.</i>
SPECTRUM	The SPECTRUM models project the need for RH services and the consequences of not addressing those needs. <i>Software available at www.policyproject.com.</i>
<p>Note: For a more detailed description of the tools, see Appendix or see the Policy Circle CD. All tools available on the CD can be found on the Policy Circle page at www.policyproject.com.</p>	

Linking the Policy Circle with Attributes that Influence Policy Change

Sutton (1999), based on a review of the policy literature, offers a list of 21 indications of “what makes policies happen.” When the list is reorganized, it shows that the 21 indications can be sorted according to the components of the Policy Circle (Box 12). This list of issues shows links with the components of the Policy Circle (e.g., problem identification and issue framing, people/policy champions, and agenda setting).

Box 12. Linking “What Makes Policies Happen” to the Policy Circle

Problem identification

- ⇒ A new groundbreaking piece of research is completed which defines a problem and clarifies appropriate courses of action to remedy it (*linked with issue framing and policy formulation*).
- ⇒ A development problem is analyzed in a scientific, technical way, producing tangible data that offer something concrete to act on (*linked with issue framing and policy formulation*).
- ⇒ There is general consensus within an organization or wider network (which may include the general public) that change is needed, a new policy direction is required, and that old strategies are not working as well as they could (*links with issue framing*).
- ⇒ Timing is such that the publication of research work happens when a policymaking organization is particularly interested in the issue being researched (*links with issue framing and agenda setting*).

People/places

- ⇒ There are good connections between interested parties such as aid organizations, the research community, and government (making a network) through which ideas are exchanged and thoughts clarified about possible policy directions (*links with policy dialogue*).
- ⇒ There is a dominant epistemic community, a particularly influential group that has close links with policymakers and forces an issue onto the agenda and shapes policymaking (*links with issue framing and agenda setting*).
- ⇒ A person in authority has a particular interest in a certain issue and, as a result, those around him/her are influenced to work and develop policy in that area (*policy champion and high-level support; links with agenda setting*).
- ⇒ Events are timed in such a way that a person who is particularly interested in pushing forward an agenda is working at a time when a powerful political authority has reason to be interested in the same agenda (*policy champion and high-level support; links with agenda setting*).
- ⇒ An organization and the individuals within it are open-minded and consider it important to adapt to new ideas from the external world, rather than seeing these as a threat (*linked to political, social, cultural, and economic context*).
- ⇒ An organization fosters innovation. People are encouraged to develop new ways of doing things and are confident that their ideas will be considered with an open mind by others (*linked to political, social, cultural, and economic context*).
- ⇒ There are good links between and within agencies whereby lessons learned from practical experience can be shared and acted upon (*linked with issue framing*).

Box 12 (cont.). Linking “What Makes Policies Happen” to the Policy Circle

Process

Issue framing

- ⇒ A development problem is turned into a “story,” which simplifies it and sets out an agenda for action.
- ⇒ A dominant discourse or way of thinking becomes established, which makes clear certain priorities, thereby simplifying a situation and providing guidance to certain policy directions.
- ⇒ There is a code of conduct or best practice regarding a particular issue, creating guidelines as to how to act.

Advocacy/policy dialogue

- ⇒ There is an individual or a group of people who have an idea for a new policy direction. These “change agents” carry the idea forward, explaining it to others and building a consensus toward the new position (*linked with problem identification and people—policy champion*)
- ⇒ There is a network of people around the “change agents” who will respond to them and help them carry the process forward (*links with people—policy champion*)

Price tag

- ⇒ Resources within an organization exist, or can be gathered together, to respond to a new way of working.
- ⇒ There is the required motivation and energy to use and mobilize these resources to achieve the goals of a policy innovation.

Paper

- ⇒ No specific items in the list of issues related to what makes policies happen; that a policy statement emerges (or does not emerge) is assumed.

Program/performance

- ⇒ Policymaking and implementing bodies have sufficient authority to push a new policy through even if it is not widely supported.
- ⇒ An organization has a sufficiently flexible organizational structure to enable the development of new groups or units, which will be effective in seeing a policy change through.

Source: Adapted from Sutton, 1999.

Summary

The Policy Circle was devised to present the components of policy into a simple framework with easy-to-remember components, each beginning with the letter “P.” What is the Problem, what People/Places participate, what Process do they go through, do they consider the Price tag, what Paper is generated, what Programs are developed to implement the policy, and how does the Performance to achieve the goals of the policy rate? The simplicity of the Policy Circle is not intended to imply that formulating policy is simple—indeed, each component of the Policy Circle is complex and requires significant work to ensure that policies are well formulated and implemented to address the problems identified. Other policy frameworks and theories (e.g., Kingdon’s [1984] policy streams) are also useful in understanding how the “P” components of policy fit together.

Challenges can be found in each of the six “Ps.” Perhaps a problem was not well articulated through adequate policy analysis. Perhaps there is strong opposition or differences of opinion on how to address the problem. There may have been no efforts to consult those who will be affected by the policy change. Perhaps the policy document is vague and requires an implementation strategy. Resources for implementation may be inadequate. Using the Policy Circle and related tools can help identify what aspects of policy or the policy process need to be addressed to solve an identified problem.

The Policy Circle does not give an indication of the time each component will take, because it depends on the context and the issue to be addressed. Clearly, small or lower-level policy changes may take a shorter period of time than larger policy changes. Experience suggests that “in order to complete at least one cycle of formulation, implementation, and reformulation and to obtain a reasonably accurate portrait of program success and failure,” 10 years or more are ideal (Sabatier and Jenkins-Smith, 1993: 16).

Problems may need to be addressed by more than one policy. What is considered first as an adequate policy solution may not succeed, and the problem may need to be addressed through further policy reform—going back to the “Problem” and beginning the cycle again.

Appendix: Description of the Policy Circle Tools

(Tools are listed in alphabetical order. All of the tools described below are available on the Policy Circle CD.*)

Tool Name	Description
A Framework to Identify Gender Indicators for Reproductive Health and Nutrition Programming	The Framework to Identify Gender Indicators for Reproductive Health and Nutrition Programming provides an evaluation tool to ensure that gender themes become part of program design and, consequently, monitoring and evaluation. The framework contains an annex of sample objectives, gender-related obstacles to achieving the objectives, activities to address the obstacle, indicators to measure the activities, and sources of data.
Advocacy Tools and Guidelines: Promoting Policy Change Manual	This manual is a training guide to familiarize program managers with key advocacy concepts and techniques. The 10-chapter manual suggests a framework for identifying policy goals, creating a plan of action, and effectively building a case for change.
Advocacy Training Manual (Networking for Policy Change: An Advocacy Training Manual)	The Advocacy Training Manual is based on the principle that advocacy strategies and methods can be learned. The building blocks of advocacy are the formation of networks, the identification of political opportunities, and the organization of campaigns. The manual includes a section on each of these building blocks, with specific subjects presented in individual units. Units within each section contain background notes, learning objectives, and handouts. While the manual can be used in its entirety, it is designed to be used in sections depending on the particular needs of the network. The manual promises to be a useful and practical tool for NGOs and other organizations committed to improving the quality of FP/RH programs.
AIDS Program Effort Index (API)	The API measures program effort in the response to the HIV/AIDS epidemic. It is designed to describe national effort and the international contribution to that effort for 10 different components: political support, policy formulation, organizational structure, program resources, monitoring and evaluation, legal and regulatory environment, human rights, prevention programs, care programs, and service availability.
ALLOCATE	ALLOCATE is an interactive computer program that can be used to improve resource allocation decisions for reproductive health programs by enhancing the understanding of decision makers. Providing better information to decision makers about the consequences and trade-offs involved in resource allocation decisions will result in improved programming.
BenCost Model (SPECTRUM)	See <u>SPECTRUM</u> .
Budgeting for the Reproductive Health and Population Sectors	This budgeting training module was designed to assist governments and organizations working in the reproductive health and population sectors to understand the importance of linking planning and budgeting; identify the required resources in preparing a budget; estimate the cost of the resources; and learn tools and techniques for preparing a budget.
Checklist for Determining Priority Operational Barriers to be Addressed	See <u>Reforming Operational Policies: A Pathway to Improving Reproductive Health Programs</u> .

* **Note to Readers: Adding Tools to the Policy Circle.** Numerous tools exist to assess each “P” of the Policy Circle. Some were developed under the POLICY Project. Others were developed by other projects or organizations and were adapted for use in family planning, reproductive health, safe motherhood, and HIV/AIDS policy analysis and development. Many of the tools are available at www.policyproject.com and also on the Policy Circle CD, which is available from policyinfo@tfgi.com. Others are available through links to external websites. The Policy Circle Toolkit would benefit from the addition of appropriate tools designed by others. We would appreciate receiving notice of such tools to consider for inclusion in the toolkit, either directly or through links to other websites.

Tool Name	Description
Country AIDS Policy Analysis Project	The Country AIDS Policy Analysis Project is designed to inform planning and priority setting for HIV/AIDS prevention and treatment interventions through multidisciplinary research on HIV/AIDS. The project evolved from the acute need for analysis of the epidemiology of HIV/AIDS in tandem with analysis of countries' political economy and sociobehavioral contexts. The analysis aims to help inform national HIV/AIDS policies; strengthen the ability to plan, prioritize, and implement effective interventions; highlight the range of sectoral interventions that may affect or be affected by HIV/AIDS; facilitate multisectoral/interministerial coordination; facilitate intercountry information sharing; and increase national and subregional capacity for effective partnerships.
Demographic Health Surveys (DHS)	DHS are national surveys with sample sizes of 5,000–30,000 households, typically. The DHS provides data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition.
Epidemic Projection Package (EPP)	EPP prepares HIV-prevalence projections from surveillance data and can be used to project the course of the HIV/AIDS epidemic. EPP was developed by UNAIDS. POLICY was involved in designing the model through its collaboration with the UNAIDS Reference Group on Estimates, Models, and Projections.
Evaluation Indicators	The Evaluation Project has compiled indicators for evaluating family planning, reproductive health, maternal and infant care, and HIV/AIDS programs. <i>The Compendium of Indicators for Evaluating Reproductive Health Programs</i> contains indicators that crosscut programmatic areas (women's status and empowerment, the policy environment, management, training, commodities and logistics, behavior change communication, operations research, the service delivery environment, access, quality of care, integration of services, and gender equity/sensitivity) and indicators for specific programmatic areas (global reproductive health indicators, family planning and fertility, STI/HIV/AIDS, safe motherhood, newborn health, women's nutrition, breastfeeding, adolescent reproductive health programs, postabortion care, male involvement, violence against women, female genital cutting, and reproductive health in emergency situations).
Expanded Adolescent Reproductive Health (ARH) Policy Environment Score (PES) module	See Policy Environment Score (PES). The Expanded ARH PES's core questions have been modified to focus more in-depth on adolescent reproductive health.
FamPlan Model (SPECTRUM)	FamPlan projects family planning requirements needed to reach national goals for addressing unmet need or achieving desired fertility. It can be used to set realistic goals and to plan for the service expansion required to meet program objectives. The program uses assumptions about the proximate determinants of fertility and the characteristics of the family planning program (method mix, source mix, discontinuation rates) to calculate the cost and the number of users and acceptors of different methods by source. Various strategies can be simulated as a way to evaluate alternative methods of achieving program goals. See also <u>SPECTRUM</u> .
Gender Analysis	Gender-based analysis (GBA) can be used as a tool in the research-policy program development cycle to better illustrate how gender affects health throughout the lifecycle—and to identify opportunities to maintain and improve the health of women and men, girls, and boys. GBA supports the development of health research, policies, programs, and legislation that are fair and effective, and that promote gender equality.

Tool Name	Description
GOALS	GOALS is an interactive computer program that can be used to improve resource allocation decisions for HIV/AIDS programs by enhancing the understanding of decision makers. Providing better information to decision makers about the consequences and trade-offs involved in resource allocation decisions will result in improved programming.
Guidelines for Conducting a Stakeholder Analysis	Guidelines for Conducting a Stakeholder Analysis were developed by the PHRplus Project to provide users with a framework for assessing key actors and their interests, knowledge, positions, alliances, resources, power, and importance. It is important to conduct a stakeholder analysis prior to implementation of a policy so that areas of resistance can be identified and acknowledged and areas of support can be enhanced.
HIV/AIDS Legislation Score (HALS)	HALS is an indicator developed by POLICY for classifying discrimination provisions in national or subnational legislation that have an impact on HIV/AIDS. HALS classifies legislative intent as “enabling” (promoting reduction or elimination of discrimination) or “restrictive” (discriminating against those infected with HIV). Legislation is one type of policy, which constitutes a public endorsement of the goals and methods of programs for dealing with serious public health problems, including HIV/AIDS. HALS is composed of three parts: classification of legislative objective; a priority (top-ten) list of issues in HIV/AIDS and human rights; and an annex that gives examples of enabling and restrictive legislation.
HIV/AIDS Toolkit: Building Political Commitment for Effective HIV/AIDS Policies and Programs	The POLICY Project HIV/AIDS Toolkit contains five modules to assist activists interested in increasing political commitment for effective HIV/AIDS policies and programs.
Human Rights Approach	The Human Rights Approach outlines POLICY’s steps for assessing human rights in a given country. Steps include identifying a health problem, identifying the related national norm or policy, comparing this policy with the human rights standard, researching a human rights solution, proposing a new rights-based policy, and advocating for its adoption.
Human Rights Matrix	The Human Rights Matrix is a searchable database linking international human rights instruments, country parties, and specific human rights issues. The database lists the international human rights documents that are important to reproductive and maternal health, family planning, and HIV/AIDS. The matrix permits you to access information about a POLICY country’s human rights obligations.
Implementing Policy Change	This is a series of documents based on a project to improve policy implementation and democratic governance in developing countries. The series includes 10 technical notes, five research notes, 14 working papers, six case studies, and seven monographs on topics related to implementing policy change.
Legal and Regulatory Checklist	The Legal and Regulatory Checklist consists of two tables. Table 1 provides a list of regulations and laws that may be prohibitive to family planning service use. Table 2 summarizes various policy issues related to contraceptive prevalence and access to family planning services, the respective authority responsible for them, as well as problems and subsequent consequences that may arise.
Making Reproductive Health Services Youth Friendly	This document is based on the growing recognition that young people need to be provided with “youth-friendly” services. Such services are able to effectively attract young people, meet their needs comfortably and responsively, and retain these young clients for continuing care. Whether services are provided in a clinical setting, in a youth center, at a workplace, or through outreach to informal venues, certain youth-friendly characteristics are essential to effective programs. Basic components include specially trained providers, privacy, confidentiality, and accessibility.

Tool Name	Description
Maternal & Neonatal Program Effort Index (MNPI)	The MNPI provides country-specific data on maternal and neonatal health programs in about 30 developing countries. The MNPI is a tool that can be used to 1) assess current healthcare services; 2) identify program strengths and weaknesses; 3) plan strategies to address deficiencies; 4) encourage political and popular support for appropriate action; and 5) track progress over time.
Maximizing Access and Quality of Care (MAQ) Initiative	The MAQ Initiative brings together international and national partners to identify and implement practical, cost-effective, and evidence-based interventions aimed at improving both the access to and quality of FP/RH services.
Monitoring the Policy Reform Process	This paper outlines the importance of policy reform; monitoring systems and tools for achieving policy reform; characteristics of good monitoring systems; identifying 'milestone events' in the policy reform process; approaches to monitoring policy reform; and other issues related to monitoring policy reform.
Networking for Policy Change: An Advocacy Training Manual	See Advocacy Training Manual for a description of the tool.
Performance Improvement (PI)	PI is the process for achieving desired institutional and individual results. The goal of PI is the provision of high quality, sustained health services. PI helps to identify what factors contribute to desired performance and what can be done to strengthen them. Results are achieved through a process that considers the institutional context, describes desired performance, identifies root causes, selects interventions to close the gaps, and measures changes in performance.
Planning and Finance Checklist	The Planning and Finance Checklist specifies key elements of the planning process, such as finance, operational policies, and monitoring and evaluation, and asks multiple-choice questions to determine whether the plan has adequately addressed these issues.
PMTCT Model (SPECTRUM)	See SPECTRUM .
Policy Characteristics Checklist	The Policy Characteristics Checklist assesses the various aspects of policy. For example, where did the impetus for policy change come from, what is the nature of the costs and benefits and who bears them, and how complex are the changes?
Policy Environment Score (PES)	The PES measures the degree to which the policy environment in a particular country contributes to improvements in the reproductive health status of the population, with particular focus on access to high quality family planning and reproductive health services. It includes modules for family planning, STI/HIV/AIDS, postabortion care, safe pregnancy, and adolescents. The PES consists of a core set of questions that should be modified or adapted to fit the specific needs of various countries. The PES is designed to provide a quick assessment of the policy environment at low cost. It is not designed to provide a comprehensive assessment of the policy environment but to be part of a system for measuring the impact of policy activities.
Policy Stakeholder Analysis Matrix	The Policy Stakeholder Analysis Matrix is used to analyze the stakeholders related to a specific issue. It is used best when stakeholders from various sectors collaborate to conduct a comprehensive analysis. It assesses the group or organization and their potential vested interest in the policy reform, level of knowledge about the issue, available resources, capacity for resource mobilization, and position on the issue.

Tool Name	Description
Political Mapping	Political Mapping is carried out by the PolicyMaker software available at www.polimap.com . "PolicyMaker is a rapid assessment method for analyzing and managing the politics of public policy. Politics affects all aspects of public policy—what gets on the agenda, who supports an issue, who opposes an issue, whether an issue receives official approval, and whether the official policy is implemented. PolicyMaker is a logical and formal procedure to provide practical advice on how to manage the political aspects of public policy. The method helps decision makers improve the political feasibility of their policy." (text from www.polimap.com)
Quick Investigation of Quality (QIQ)	QIQ refers to the set of three related data collection instruments designed to monitor 25 indicators of quality of care in clinic-based family planning programs. The documentation includes an overview of QIQ, guidelines for sampling and training of field personnel, instruments and guidelines for data collection, and summary results from the list of indicators.
Reforming Operational Policies: A Pathway to Improving Reproductive Health Programs	POLICY Occasional Paper No. 7 discusses the nature of operational policies, stresses the important role they play in the continuum from national decrees to local services, and provides a framework for bringing about operational policy reform.
Reproductive Health Legislation Index	The Reproductive Health Legislation Index measures the integration of gender issues in a country's legal system and the subsequent rights and equity afforded to women.
Resource Needs Model (RNM)	RNM is an Excel worksheet for calculating the funding required for an expanded response to HIV/AIDS at the national level. It includes 14 prevention programs, six care and treatment programs, and orphan support.
Situation Analysis	Situation Analysis is a methodology to pinpoint problems in family planning service delivery. The methodology integrates different types of family planning program evaluation, including identifying crucial subsystem components of program operation; visiting a large sample of providers; using a client-oriented perspective; interviewing managers, providers, and clients; recording data on clinic facilities, equipment, and commodities; and observing client-provider interactions.
SPECTRUM	SPECTRUM is a suite of policy models compiled in a unified, user-friendly, Windows-based package. The models comprising SPECTRUM are used to determine the future consequences of today's population policies and programs. The models included in the SPECTRUM system are: DemProj, FamPlan, Ben-Cost, NewGen, AIM, PMTCT, and RAPID.
Stakeholder Analysis	The Stakeholder Analysis document outlines an "objective" and systematic process for collecting and analyzing data about key health reform stakeholders. The information resulting from the analysis can be used to provide input into other analyses (i.e., strategic planning, institutional assessment, broader political analyses); develop action plans to increase support for a reform policy; or guide a participatory, consensus-building process.
Steps to Address Operational Barriers	See Reforming Operational Policies: A Pathway to Improving Reproductive Health Programs
Strategic Pathway to Reproductive Health Commodity Security (SPARHCS)	SPARHCS assesses supply conditions, future needs, and develops strategies and action plans to achieve national reproductive health objectives. SPARHCS includes indicators to gauge progress toward contraceptive and reproductive health commodity security.

Tool Name	Description
Strategic Planning for the Reproductive Health and Population Sector Training Module	The strategic planning training module was designed to assist governments and organizations working in the reproductive health and population sectors develop an understanding of the fundamental principles, concepts, and analytic techniques of strategic planning, as well as to foster an understanding of the links between strategic planning and budgeting.
Summary of Regulations and Policy Issues	The Summary of Regulations and Policy Issues provides a framework for assessing the population policy environment, including the legal, political, economic, demographic, ecological, cultural, and technological elements of the policy environment. The framework helps users identify the influences of obstacles and facilitators in each environmental element. It also provides a matrix to assess various issues and their impact and to propose strategies for change.
Understanding Steps to Passing a Law or Policy	This document provides clear details of the steps included in passing a law or policy, using the processes followed in Jamaica and Ukraine as examples. The document outlines the institutions and steps involved in drafting and submitting legislation for approval.
What Works series of modules	<p>What Works: Safe Motherhood: This module summarizes research published in peer-reviewed publications with clear and transparent data on the effectiveness of various reproductive health interventions and program and policy initiatives that can be implemented to improve FP/RH and reduce STI/HIV/AIDS in developing countries. Biomedical information is included in so far as it is relevant to programmatic considerations.</p> <p>Furthermore, the modules in this guide categorize interventions by effectiveness and availability of supporting evidence. The series includes policy and program issues regarding the components of reproductive health and HIV/AIDS. Most evidence in the modules comes from developing countries; however, some evidence from developed countries is included.</p> <p>Other “What Works” modules include PAC (available mid-2004); STI/HIV/AIDS (available in 2005); and Family Planning (available in 2005).</p>
Willingness to Pay (WTP) Surveys for Setting Prices for Reproductive Health Products and Services	WTP surveys allow program managers to simulate price-related changes in demand without actually changing prices, giving them a way to make pricing decisions based on empirical information.
Workplace Policy Builder (WPB)	WPB is a computer program used to assist companies/organizations in developing a corporate/organizational HIV/AIDS workplace policy. WPB serves as a guide through the sometimes complex process of developing a policy. A number of resources are available in the program, including a database of corporate workplace policy from around the world, a literature database of the impact of HIV/AIDS, national HIV/AIDS policies/legislation, national HIV/AIDS workplace policies/legislation, international standards, the AIM-B Model, and a component for assessing the cost of any proposed program.

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