10 Doing policy analysis

Overview

In this chapter you will be introduced to a political approach to policy analysis and a range of tools for gathering, organizing and analysing health policy data. The chapter aims to assist you to develop better political strategies to bring about health reform in your professional life.

Learning objectives

After working through this chapter you will be better able to:

- **undertake retrospective and prospective policy analysis**
- **identify policy actors, assess their political resources, and current positions on a given policy**
- **develop successful political strategies to manage policy change**
- **gather and present data for policy analysis**

Key terms

Analysis Separating a problem into its constituent parts so as to better understand its whole.

Stakeholder An individual or group with a substantive interest in an issue, including those with some role in making a decision or its execution. Used synonymously with actor and interest group.

Introduction

By now you will appreciate that policy change is political, dynamic and highly complex. Policy change in the health sector is particularly challenging because health systems are technically complex; changing one part of the system invariably affects other parts and many different actors. Experience with health sector reform suggests that the costs of reform often fall on powerful and well-organized groups (e.g. doctors and drug companies) while the benefits are often intended for widely dispersed and disadvantaged groups with little political clout. Achieving successful policy reform is, therefore, often difficult.

After reiterating the way that policy analysis can be used, this chapter introduces you to tools that are employed in policy analysis, primarily to improve the

prospects of successful policy change. Tools permit you to gather, use and apply knowledge in more systematic ways. You will be introduced first to stakeholder analysis. Identifying actors is at the centre of the policy triangle and therefore considerable emphasis is placed on this method. The chapter then presents an approach to developing political strategies, guidance for gathering evidence for analysis, as well as some suggestions for using the policy triangle to present the results of the analysis. The chapter concludes with some thoughts on the ethics of policy analysis. The chapter does not deal with rational-comprehensive approaches to policy analysis, such as applied economic techniques, because of their technical as opposed to political orientation (Weimer and Vining 1999).

Retrospective and prospective policy analysis

In Chapter 1 you learned that there are two types of policy analysis; these were characterized as analysis *of* policy and analysis *for* policy. Analysis of policy tends to be retrospective and descriptive. Analysis of policy looks back at why or how a policy made its way onto the agenda, its content, and whether or not and why it has achieved its goals (e.g. a summative evaluation). For example, disappointing results with health sector reform in some countries have prompted the World Bank to undertake analysis of past reform processes to diagnose the political dimensions of the problem. Analysis *of* policy comprises the bulk of this book.

Analysis *for* policy tends to be prospective. It is usually carried out to inform the formulation of a policy (e.g. a formative evaluation) or anticipate how a policy might fare if introduced (e.g. how other actors might respond to the proposed changes). Typically, analysis for policy will be undertaken, or sponsored, by interested parties to assess the prospects and manage the politics of policy change in a way that meets their goals. At times such analysis will result in the decision to abandon a particular course of action due to its poor political feasibility.

It is likely that you will want to use what you have learned from this book to undertake analysis for policy – to increase the chances that your plans are brought to fruition. Having read the preceding chapters you will appreciate that an astute policy reformer will engage in prospective analysis at all stages of the policy cycle – from problem identification, through formulation, implementation and evaluation – as each of these stages are subject to the flow of political events. Hence, successful policy change depends on continuous and systematic political analysis (Roberts et al. 2004).

Analysis in the early stages of policy making, particularly in problem definition and agenda setting, are particularly important. It was argued in Chapter 4 that epidemiological or economic facts do not simply speak for themselves in setting priorities but will be used or not depending on political processes. The role of the media in agenda setting was highlighted as critical to raising and framing problems in public debates and in policy circles. Similarly, policy entrepreneurs actively promote particular problems and solutions and wait for windows of opportunity to get issues onto the agenda and ensure a policy response (Kingdon 1995).

If you want to successfully influence policy outcomes, you will need to:

• engage in framing problems

- understand how agendas are set
- learn to recognize political opportunities
- understand how to manipulate political processes to encourage wider acceptance of your definition and proposed solution
- understand the positions, interests and power of other interested parties (including the media) based on the distribution of costs and benefits of the proposed policy
- adapt your solutions to make them more politically feasible

Undertaking these tasks constitutes analysis *for* policy, and will provide the basis for developing political strategies to manage policy change. While such analysis may enhance your success in influencing policy outcomes, they cannot guarantee such outcomes – for that depends on many factors beyond your control.

Stakeholder analysis

Irrespective of whether or not analysis is retrospective or prospective, it will be based on an analysis of stakeholders. Stakeholders include those individuals and groups with an interest in an issue or policy, those who might be affected by a policy, and those who may play a role in relation to making or implementing the policy – in other words, actors in the policy process. Although a variety of approaches to stakeholder analysis have been described (Varvasovszky and Brugha 2000), three distinct activities can be identified (Roberts et al. 2004). These are: (1) identifying the policy actors; (2) assessing their political resources; and (3) understanding their position and interests with respect to the issue.

Identifying stakeholders

A number of chapters in this book have focused on the range of stakeholders in health policy – from those inside government to the spectrum of interest groups in civil society and the private sector. Stakeholders will be specific to the particular policy and the context within which it is being discussed. Identifying stakeholders who are, or might become, involved in a particular policy process, requires the judgement of the analyst. For example, recognizing groups within organizations which may hold different interests (e.g. does one treat the Ministry of Health as one actor or are there different groups within it with differing interests?). The idea is to discover independent actors who wield considerable influence while keeping the number sufficiently small to make the analysis manageable.

To compile a list of stakeholders, you will need to think about the implications of the content of the proposed policy. Relevant actors will include those who are likely to be affected by the policy either positively or negatively and those who might take action or could be mobilized to do so. Particular importance needs to be devoted to individuals or organizations which can either block policy adoption (often leaders of political parties, heads of agencies, etc.) or implementation (often bureaucrats but other groups as well).

Activity 10.1

Choose a health policy with which you are familiar. Using the above guidelines identify 15–20 individuals or groups who have an interest in the issue or a role to play in adopting or implementing the policy.

Feedback

Health sector reform often involves the following types of groups, some of which you may have identified as having a stake in the issue you are analysing (Reich 1996): consumer organizations (e.g. patient groups); producer groups (nurses, doctors, pharmaceutical companies); economic groups (workers who may be affected, industries, companies with health insurance schemes); and ideological groups (single issue campaign organizations, political parties).

Assessing power

The second step in a stakeholder analysis consists of assessing the power of each actor. You learned in Chapters 2 and 6 that political resources take many forms but can be divided into tangible (e.g. votes, finance, infrastructure, members) and intangible resources (expertise and legitimacy in the policy issue, access to media and political decision makers). Access to these resources increases stakeholders' influence in the policy process. For example, groups with a developed organization and infrastructure will often have more power than groups which have yet to organize themselves. Similarly, doctors have relevant expertise and are, therefore, often viewed as legitimate, are often organized into long-standing professional organizations, and, because they usually have high status, frequently have access to financial resources and decision makers. As a result of these political resources, doctors are usually characterized as a group with considerable political power on health policy issues. Pharmaceutical companies have great expertise, considerable finance, but often limited legitimacy in civil society. The type of strategy any group will employ in wielding their power will depend on the nature of the political resources at their disposal. The context will often condition the value that any particular resources in terms of its influence. To take an extreme example, where corruption is rife, finance becomes a very useful political resource to buy policy decisions.

Activity 10.2

Select ten of the stakeholders you identified in Activity 10.1. For each, make an inventory of the major resources at their disposal. Differentiate between tangible and intangible resources. Given these political assets, characterize each of your stakeholders as having high, medium or low power.

⟳ **Feedback**

Clearly your inventory will depend on the stakeholders you select. An example serves to illustrate, e.g. patient groups (medium power):

- tangible resources, e.g. large number of members; electoral votes
- intangible resources, e.g. access to media; public sympathy and support

Assessing interests, position and commitment

Each actor's interests, position and commitment to a particular policy issue will determine how actors will deploy their political resources. Assessing these attributes constitutes the third and final stage in a stakeholder analysis.

You learned about interest groups in Chapter 6 – here we are concerned not just with so-called cause and sectional interest groups, but the 'interests' of any relevant actor in a particular policy issue. Interests are those which benefit an individual or group (as distinct from wants or preferences). Often it is the expected economic effect of a policy on an actor's interests which plays an over-riding role in determining their position on a policy. Determining what these interests are can be complex. At times, actors may conceal their real interests for tactical purposes, at times because they are illegal (e.g. illicit payment for referrals). At other times, interests may be difficult to discern because the policy content may be fuzzy or there may be a number of variants of the policy under discussion. For example, a Minister of Health may be committed to a policy of contracting out publicly funded service delivery to non-state organizations. Doctors employed in the public sector who practise privately may not be sure whether or not to support such a policy unless they have assurances that they will be eligible to compete for contracts with NGOs or private practitioners and or have assurances that their employment in the public sector will not be compromised by the new policy – details that the minister may not wish to elaborate upon until s/he undertakes a stakeholder analysis.

✎ **Activity 10.3**

Select any five of the stakeholders you have identified in Activity 10.2 and list their interests in relation to the above policy. Seek to reveal what they would stand to gain or lose from policy change.

⟳ **Feedback**

Often the financial or economic impacts of policy change constitute central interests. In the example of a policy to contract out publicly financed services, public sector doctors might perceive their interests at risk if they think that the policy's aim is to reduce their number (i.e. they could lose their job) or if they fear that one outcome of such a policy would be to increase competition that they face in their private practices (i.e. limiting

the amount they can earn by practising illegally). Yet other interests might also be perceived to be under threat. For example, the potential loss of a public sector position may not be compensated for by improved employment prospects in the private sector due to the credibility, prestige and symbolic value of a public sector post in many countries.

The impact of an issue on stakeholders' interests will determine their position with respect to the proposed policy – whether they are supportive, neutral or opposed. As with identifying interests, positions may not be easily determined as they may be concealed or because publicly aired positions may be different than privately held ones (the latter often determining what a group may actually do). For example, a minister may publicly support a policy so as to win favour with voters or specific interest groups but may be actively working against the policy from within government. At times, actors may not be certain of their position as they are not sure how a policy might affect their interests. This may happen if the policy content is vague or if there are a number of policy options being discussed, each with different repercussions on the actor.

✎ Activity 10.4

Identify the public and private positions of the five stakeholders you analysed in Activity 10.3.

↻ Feedback

An example will illustrate the difference in public and private positions a stakeholder might hold. Doctors in a publicly-funded system might complain publicly about a lack of resources and patients having to wait for treatment. However, in private they might resist any attempt by policy makers to appoint extra doctors as this would jeopardize the size of their private practice and income.

In addition to assessing interests and positions, it is necessary to assess the importance of the issue to each stakeholder in terms of other priorities they hold. What you want to find out is the intensity of actors' commitments to the policy and how much of their political resources they are likely to devote to pursuing their interests through the policy. While a powerful actor may be opposed to a particular policy, the issue may be of marginal importance and the stakeholder may do little to block policy adoption or implementation. One can gauge the level of commitment of an actor by asking them, or from assessing how critical the issue is to the organization's mandate, or from the time that senior organizational figures devote to it, and so on.

It is important to attempt to determine each stakeholder's real interests, position and level of commitment for a proposed policy. This knowledge will play an important part in designing political strategies to affect change.

Activity 10.5

For each of the stakeholders analysed in Activity 10.4, list the interests they hold (what they gain or lose from policy change), their position (opposed, support, neutral), and their level of commitment to the policy issue (high, medium, low). Construct a table with the data including position and power (from Activity 10.1) for each of the actors – this is commonly referred to as a position map. As for the Activity 10.4, you may need to undertake some research.

Feedback

Each position map will look different depending on the policy content, actors and context. A position map of players in relation to health sector reform in the Dominican Republic is presented in Table 10.1. This provides a good starting point for thinking about who might form a coalition in favour of reform and which groups might undermine a reform.

High Opposition	Medium Opposition	Low Opposition	Neutral	Low Support	Medium Support	High Support
Dominican Medical Association	Private clinicians	Dominican Institute of Social Security	Church	President		Office of Technical Cooperation
	Employees in the organized sector	NGOs	Press	Partido de Liberación Domincana		International Development Banks
			National Health Commission	Dominican Institute of Social Security Director		
			Universities	Minister of Health		
			Beneficiaries	Ministry of Health bureaucracy		

High power   Medium power   Low power

Table 10.1 Position map for health sector reform in Dominican Republic in 1995
Source: Glassman et al. (1999)

The next step in a more sophisticated stakeholder analysis would aim to model how each actor's commitment and position would shift with a modification to the content of the policy. This issue will be returned to in the section on designing strategies for political reform. Before doing so it is useful to think about some of the limitations inherent in stakeholder analysis. On the one hand, it is perhaps too obvious to point out that any analysis is only as good as the analyst's attention, creativity, tenacity, and access to the information on the interests, positions,

influence and commitment in relation to a particular policy. On the other hand, stakeholder analysis provides data only on actors and reveals little about the context and process of policy making which, you will appreciate, play equally important roles in policy change.

Developing political strategies for policy change

In Chapter 2 you learned that rational approaches are often used to identify the optimal policy for a particular actor and you can now appreciate how stakeholder analysis can be used to understand better the interests and positions of other actors in the policy arena. This is a good starting point but, to paraphrase Karl Marx, while philosophers have analysed the world in various ways, 'the point is to change it'. While your aims may be less radical than those of Marx, you will likely only be reading this if you are interested in policy change.

Roberts et al. (2004) suggest that the political feasibility of policy change is determined by position, power, players and perception. The viability of policy change can be improved by developing strategies to manage the position of relevant actors, the power or political resources at the disposal of key stakeholders, the number of players actively involved in the policy arena, and the perceptions held by stakeholders of the problem and solution. Based on their experience with health sector reform in numerous countries, Roberts and his colleagues provide useful guidance in terms of managing these variables.

✏ Activity 10.6

While reading through the following summary of Roberts et al.'s work, make notes on which strategies you have used in your past efforts to effect change and others which you think might be useful within the policy context where you operate.

📖 Position, power, players and perception

Position strategies

Roberts et al. begin by presenting four types of bargains that can be used to shift the position of actors with respect to a particular policy. Deals can be made with actors who are opposed or neutral so as to make them more supportive or less opposed by altering a particular component of the policy. For example, provider managers may drop their opposition to a proposal to introduce user fees if they are allowed to retain a percentage of the revenue to improve quality or provide perks for their staff. Second, deals can be struck through which support is sought for one issue in return for concessions on another. For example, a medical association may drop its opposition to a MOH proposal to train paramedical staff to assume additional medical functions, if the MOH agrees to drop its proposal to curb spending on teaching institutions. Third, promises can be made. If the medical association drops its opposition to the paramedic upgrading programme, the MOH can promise to consider the need to increase the number of specialists in particular areas. In contrast, threats can also be used to change the positions of actors. In Bangladesh, development agencies threatened to suspend aid if the MOH didn't proceed with agreed

reforms while MOH staff threatened to strike if the reforms went ahead. A variety of deals can be struck and compromise made to change the position of actors without altering the balance of power in a given arena.

Power strategies

A range of strategies can be used to affect the distribution of political assets of the players involved to strengthen supportive groups and undermine opposition groups. These involve providing supportive actors with:

*   funds, personnel and facilities
*   information to increase expertise
*   access to decision makers and the media; or
*   public relations which highlights supportive actors' expertise, legitimacy, victim status or heroic nature

Roberts et al. suggest that actions can also be taken to limit the resources of opponents, for example by:

*   challenging their legitimacy, expertise or motives
*   characterizing them as self-interested and self-serving
*   refusing to cooperate or share information with them
*   reducing their access to decision makers

Player strategies

These strategies attempt to impact on the number of actors involved in an issue, in particular to mobilize those that are neutral and to demobilize those groups who are opposed. Recruiting un-mobilized actors can be achieved at times by simply informing a group that an item is on the agenda and what their stake in the issue is likely to be. For example, an association of private providers may not be aware that a particular policy is being discussed which may have consequences for its members. Player strategies can, however, be more difficult if new organizations need to be formed or if they involve demobilizing a group which has already taken a position. It may be possible to persuade the group that its stake or impact is different than it had previously calculated – but then efforts at face saving will also have to be made. Alternatively, it may be possible to undermine opponents by dividing them. For example, it may be possible to identify a sub-group within the larger group which might benefit from your proposal and whom you might win over to your side. Roberts et al. suggest that another player strategy involves changing the venue of decision making. This was a tactic employed by the donors in Bangladesh when confronted with opposition to reform in the Ministry of Health – they sought allies in the Ministry of Finance and the parliament who might support their cause. Player strategies aim to alter the balance of mobilized players by introducing sympathetic ones and sidelining opposing ones.

Perception strategies

Throughout this book the power of ideas and the role that the perceptions of a problem and solution have on the position and power of important stakeholders have been highlighted. A variety of techniques are used to alter perceptions. Data and arguments can, for example, be questioned as can the relative importance of a problem or the practicality of a policy solution. The appropriateness of public or private action can be attacked using economic theory or philosophy to shift perceptions on an issue. Associations can also be altered to give an issue a greater chance of political and social acceptability. Those seeking

to eliminate congenital syphilis attempt to disassociate it from syphilis, which is often stigmatized and connotes licentious adults, and associate it with a condition inflicted upon innocent and needy infants. Invoking symbols can also change perceptions of issues. Thus, reforms can be linked to nationalist sentiments, imperatives or celebrities. Employing celebrities to endorse new reforms and initiatives is becoming common as is the branding of public health interventions. The latter places great emphasis on simple messages and the do-ability of a particular course of action so as to appeal to policy makers and the public.

↻ Feedback

You have now reviewed the range of tools which Roberts et al. have identified as useful in influencing the position, power, players and perceptions associated with policy change. Some strategies are open to most players, for example, sharing or refusing to share information, changing the perception of an issue, or mobilizing groups. Some strategies may, however, only be available to certain groups. For example, the tactics to increase the political resources of supportive actors require that you have access to resources to distribute to them. Similarly many strategies which aim to change the position of actors require access to decision making over other issues that can be traded. Moreover, power is often necessary to deliver credible threats.

Data for policy analysis

It will come as no surprise to you that the quality of your policy analysis will depend on the accuracy, comprehensiveness and relevance of the information that you are able to collect. These, in turn, depend on the time and resources available to you, your official mandate, as well as your contacts in the relevant policy domain. Evidence for policy analysis usually emanates from documents and people.

Policy documents

Policy relevant documents might include academic books and journals (such as the *Journal of Health Politics, Policy and Law, Social Science and Medicine, Health Affairs, Health Policy, Journal of Health Services Research and Policy*, or *Health Policy and Planning*), reports and evaluations produced by interest groups, think tanks and consultants, government and inter-governmental (e.g. WHO) reports and documents, and the media. A literature search would likely start with a topic search on your health problem or policy using an indexing service such as the *Social Science Citation Index* or the US National Library of Medicine's MEDLINE (www.nlm.nih.gov). In the age of the Internet, there is likely to be a wealth of information about most policies and many policy contexts which may be searched with web-based search engines. Yet in contrast to journals, the information on the Internet is not necessarily subject to peer review nor is it always obvious which group or individual has published the material (which may have bearing on its credibility). Unpublished reports, email messages, minutes of meetings, memoranda and other 'internal' documents can be particularly useful in revealing the true interests of actors – but are generally difficult to access. Internal tobacco industry documents, made public

as a result of litigation against companies in the USA in 1998, provided a rare and rich account of industry aims, interests and activities related to a number of health policies and organizations (e.g. undermining the Framework Convention of Tobacco Control and exerting influence over WHO). Figure 10.1 is a copy of one such internal document which reveals the manner in which Philip Morris sought to influence policy decisions in the USA.
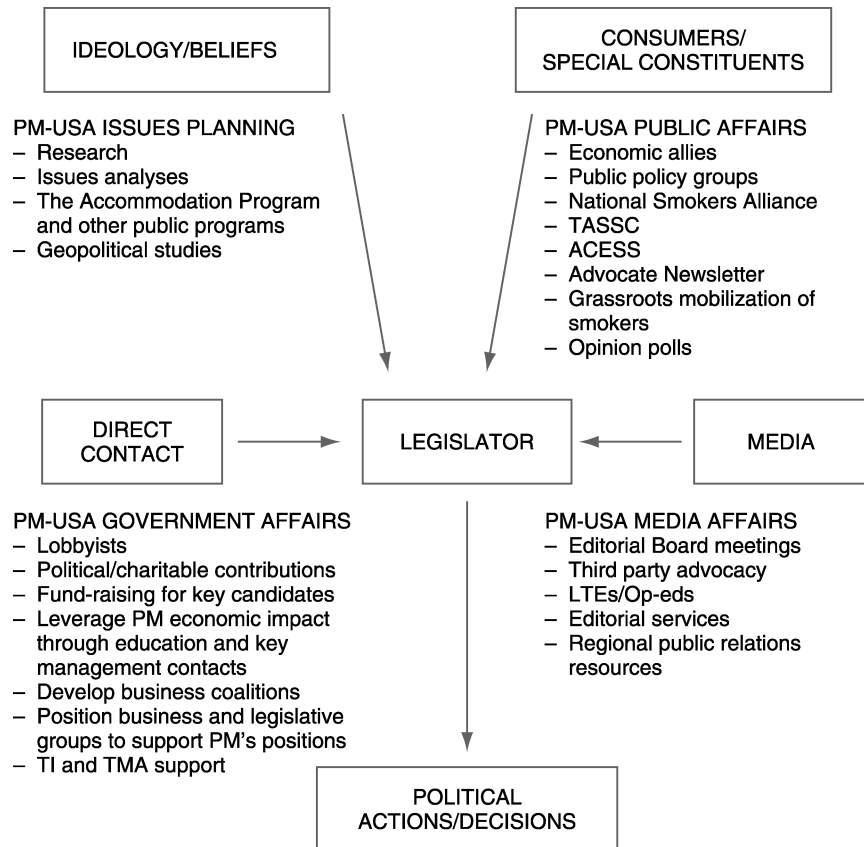
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   ┌─────────────────────┐                    ┌─────────────────────┐
   │   IDEOLOGY/BELIEFS   │                    │      CONSUMERS/     │
   │                     │                    │  SPECIAL CONSTITUENTS │
   └─────────────────────┘                    └─────────────────────┘

PM-USA ISSUES PLANNING                          PM-USA PUBLIC AFFAIRS
 – Research                                      – Economic allies
 – Issues analyses                               – Public policy groups
 – The Accommodation Program                     – National Smokers Alliance
   and other public programs                     – TASSC
 – Geopolitical studies                          – ACESS
                                                 – Advocate Newsletter
                                                 – Grassroots mobilization of
                                                   smokers
                                                 – Opinion polls

   ┌─────────────┐        ┌─────────────┐                    ┌─────────────┐
   │   DIRECT    │ ─────▶ │  LEGISLATOR  │ ◀───────────────── │    MEDIA    │
   │   CONTACT   │        │             │                    │             │
   └─────────────┘        └─────────────┘                    └─────────────┘

PM-USA GOVERNMENT AFFAIRS                        PM-USA MEDIA AFFAIRS
 – Lobbyists                                      – Editorial Board meetings
 – Political/charitable contributions            – Third party advocacy
 – Fund-raising for key candidates               – LTEs/Op-eds
 – Leverage PM economic impact                   – Editorial services
   through education and key                      – Regional public relations
   management contacts                             resources
 – Develop business coalitions
 – Position business and legislative
   groups to support PM's positions
 – TI and TMA support

                            ┌─────────────────────┐
                            │      POLITICAL      │
                            │  ACTIONS/DECISIONS   │
                            └─────────────────────┘
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Figure 10.1 Tools to affect legislative decisions

Source: Philip Morris (PM) (no date)

Depending on the issue, you may also wish to consult statistical data sources, for example, to verify the magnitude of a problem so as to assist you in framing a problem or undermining an opponent's argument. International organizations, such as WHO and the World Bank, provide policy relevant data as do most governments and sub-national agencies of government (much of which is available on their websites).

The purpose of documentary analysis is to provide evidence that explains or predicts policy change. Therefore you are looking for evidence on relevant contextual

variables (situational, structural, cultural and exogenous), actors (their power, interests, positions and commitment), content (policy aims), and process. Although there are a number of approaches to extracting data from documentary sources, most policy analysts will rely on content analysis, of which there are two types. First, quantitative content analysis is a systematic approach that seeks to quantify the content within documents according to pre-determined categories. A policy analyst might, for example, search through a sample of national newspapers to record the number of column inches devoted to different health policy issues, such as AIDS, over a particular time span so as to gauge media and public interest in a policy issue. Here the pre-determined category is AIDS. Alternatively, an analyst may go through a broader range of document types to reveal specific stakeholders' positions with respect to a particular policy over a period of time – in which case the actors and positions would be the pre-determined categories.

In contrast, qualitative content analysis aims to uncover underlying themes in documentary material. The policy analyst searching through newspapers for coverage of AIDS, for example, may examine the editorials to understand whether there is support for the government's policy on AIDS or to determine whether the press is spreading scientifically inaccurate messages in relation to the disease. Alternatively, an analyst might search documents for evidence of the philosophical argument used to support or frame a particular policy stance. The themes extracted using qualitative content analysis are often depicted using illustrative quotations from the document.

The utility of document analysis rests upon the quality of the documents upon which it is based. Bryman (2004) suggests that a number of questions should be posed to assess critically documentary sources, including:

• Who wrote and published the document?
• Why was the document produced?
• Was the author in a position to be authoritative about the subject?
• Is the material authentic?
• What interest did the author have?
• Is the document representative or atypical – and, if so, in what way?
• Is the meaning of the material clear?
• Can the contents be corroborated through other sources?
• Are competing interpretations of the document possible?

Gathering data from people

Talking to actors and undertaking surveys of key stakeholders can provide rich information for policy analysis. These methods may be the only way to gather valid information on the political interests and resources of relevant actors or to gather historical and contextual information. Surveys represent a quantitative method for collection of information predominantly by questionnaire or structured interview. Surveys, which can be administered in person or through the mail or email for self-completion, are occasionally used by policy analysts to generate basic information in relation to stakeholders' perceptions of a problem or their position in relation to a policy if this information cannot be obtained from documentary sources.

Semi-structured interviews are generally more useful than surveys in eliciting

information of a more sensitive nature. The goal of the interview is to obtain useful and valid data on stakeholders' perceptions of a given policy issue. Typically, what is called a topic or interview guide will be used to prompt the analyst to cover a given set of issues with each respondent – as opposed to using a pre-determined set of questions. The idea is to allow flexibility and fluidity in the interview so that it resembles a conversation in which the respondent feels sufficiently comfortable to provide a detailed account and to tell their story. Hence, questions should be open (i.e. those which do not invite a 'yes' or 'no' response) and should be sequenced in such a way as to deal with more factual and less contentious issues before tackling more difficult areas and at deeper levels of understanding.

Health policy interviews tend to be undertaken with senior decision makers and representatives of powerful interest groups and are, therefore, of a special nature. These are sometime called elite interviews. Elite interviews pose special challenges. First, it is often difficult to recruit respondents into the study as they may be wary of how the results might be used, particularly if they are concerned that the analysis may undermine their own policy aims. Second, elites may not have sufficient time for an interview. Third, policy elites may simply provide official positions which may be more efficiently obtained through policy documents. Often it is more productive to interview such officials outside the office (or office hours) which may encourage them to provide 'off the record' comments which are more informative.

Relevant individuals to interview can be initially identified through the literature and document review which should reveal organizations and actors with an interest in the policy issue. These individuals will likely be able to identify further informants who may in turn identify others (called the 'snowball' technique). Interviewing retired staff from interested organizations can yield more forthright and analytical perspectives as these individuals will have had time to reflect and may not fear reprisals – and may also have more time available to allow them to participate in an interview. It has been suggested that it is best to approach first those individuals with rich sources of information, power, and who are supportive of the proposed policy, while those who may be hostile or may block access to other interviewees should be interviewed later in the process.

Interviews need not be conducted in person but can be undertaken over the telephone or through email correspondence. Thought needs to be given to introducing the purpose of the interview in such a way that is upfront and ethical and yet yields good data. Similarly, it will be necessary to inform the respondent how you will use the information and whether s/he wishes to keep his/her responses anonymous and out of the public domain. The pros and cons of using a tape recorder need to be weighed up but whatever decision is taken, the importance of transcribing the results immediately after the interview cannot be overemphasized.

The central limitation of interview data is that they concern what people say and how they say it, as opposed to what people actually do or think. This problem can be overcome by 'triangulating' the responses with responses from other informants, or with data gathered through other means, including observations of meetings or documentary sources.

In summary, both documents and people are equally important sources of evidence for policy analysis and both quantitative and qualitative approaches will be required to gather it. Multiple sources and methods increase understanding and

the validity of the results. Once you engage in a real policy analysis, you will likely have additional questions on gathering data and would be well advised to consult a social research methods guide, such as that by Bryman (2004).

Data analysis: applying the policy triangle

Although the policy analysis triangle provides an extremely useful guide to make your exploration of health policy issues more systematic, it is more difficult to apply when you come to writing up your data because the different concepts, such as actors and processes, are so integrally intertwined. A few scholars have presented their policy analysis by talking separately about content, actors, processes and context.

Trostle et al. (1999) analysed policies on AIDS, cholera, family planning and immunization in Mexico to understand the extent to which researchers influence decision makers. They found a number of common factors enabling or impeding interactions between these two sets of actors and analysed their data by looking at the:

- content of each policy and the factors that promoted (e.g. good quality research) or constrained (e.g. academic vocabulary, unrealistic recommendations) the relationship
- actors involved in each policy and the factors that enabled (e.g. networks that agreed on priority issues) or impeded (e.g. lack of technical background among decision makers) the relationship
- processes, which included communication channels and events that intervened to promote or impede the use of research
- contextual factors that enabled (e.g. the stability of the state) or constrained research influencing policy (e.g. centralization of power and information)

This is just one way to organize your material. But on the whole it is usually easier to approach your analysis like a narrative: a story with a beginning, middle and end. For example, if you arrange your data and analysis chronologically, around the stages heuristic, you will start with agenda setting, go on to policy formulation and implementation, and end with an evaluation of what happened in this particular policy 'story'. This last part could be an overall discussion of how to understand what happened in this particular issue.

In gathering your data, you may well have produced a time-line: writing down the dates over a period of time of a series of events, meetings or conferences, results from research studies, media stories, or a change in government, which will have informed your analysis of how the issue got on to the policy agenda. You may start your narrative by describing the background to the issue you are looking at, referring to some or all of Leichter's four contextual factors of situational, structural, cultural or external you learned about in Chapter 1. Having done that, you will move on to the agenda-setting phase, saying how the issue got on to the agenda, whether there was a single focusing event or several, what role particular actors played in getting attention for the issue, whether the media were involved, and so on.

Having established how and why the issue reached the policy agenda, you can go

on to describe who was involved in formulating the policy: was it largely prepared within a government department, how far did it involve others, such as the finance or social welfare ministries? You may refer to the extent to which non-government organizations or the private sector were consulted, or not; or how far they tried to influence the formulation of the policy and go on to describe its content (e.g. who was covered by it, or the cost implications).

The third stage is that of implementation, and you might here refer to what happened once the policy was formulated – how was it executed? Was there good communication between policy makers and those putting it into practice? Or was this a top-down instruction, which implementers were expected to carry out? Pitayarangsarit (2004) presents the results of her policy analysis of the introduction of the universal health insurance policy in Thailand in such a fashion.

Pitayarangsarit's early chapters provide the background to Thailand's radical policy reform. Chapter 3 is on the agenda-setting process – describing how universal coverage, having been discussed for years, was taken up by a newly formed political party, the Thai-Rak-Thai Party, which, when it gained power in 2001, put universal health care at the top of its political agenda. The next chapter focused on the policy formulation process after the election, and showed which actors (policy elites) and networks (tight policy communities) negotiated the design and shape of the policy, and who were excluded (consumers). The next chapters were about implementation of the policy, at the national, provincial and local level, and again, demonstrated the complexity of putting the policy into practice, and what strategies were used in implementation (e.g. allowing some flexibility at the local level).

In taking such an approach to your narrative, you will be looking very closely at both processes and actors – and having analysed your data from interviews and documents – you will be making a judgement about who exercised their power or influence at each stage of the process. Remember you need to demonstrate that you are presenting your analysis based on your data and not just making a judgement according to your own beliefs. You need to support your analysis by giving the source of your analysis: 'Fourteen (out of sixteen) interviewees suggested that the Prime Minister and her commitment to this policy was the single most important factor in getting it on to the policy agenda'.

Politics and ethics of policy analysis

In this book you have learned that policy change is political and in this chapter that analysis for policy typically serves political ends. Making policy alternatives and their consequences more explicit and improving the political feasibility of policy are neither value-neutral nor immune to politics. Policy analysis, therefore, will not invariably lead to better policy (e.g. policy which improves efficiency, equity or addresses problems of public health importance), or to better policy processes (e.g. fair decision making processes in which all stakeholders are provided opportunities to air their views and influence decisions). The substance and process of policy analysis are influenced by who finances, executes and interprets the analysis.

As you will appreciate from this chapter, ongoing, systematic analysis of a policy can be a resource intensive endeavour. Not all policy actors are equally endowed

with resources. Everything else being equal, policy analysis may serve to reinforce the prevailing distribution of power and economic resources: those with political resources are more likely to be those who can finance analysis and influence who will use the analysis and how it will be used. Those groups with more political resources are in a better position to develop political strategies to manage the positions, players, power and perceptions surrounding a policy issue. In this way, policy analysis may reinforce the status quo.

Policy analysis is influenced not just by interests and power but also by interpretation. These issues raise questions about the role of the analyst, or of the organization for which the analyst works, in the analysis. If the analysis is for policy, it is almost inevitable that the analyst will have a preferred policy outcome. The policy goal may be at odds with 'good policy' as discussed above (e.g. many well-intentioned health professionals champion causes with poor cost-effectiveness). As no-one is value neutral, it is difficult to produce policy analysis which is unbiased. While there are ways to minimize bias, for example, by triangulating methods and sources of information and testing results with peers, it is probably necessary to accept the fact that the results of policy analysis will be biased.

Policy analysis raises other kinds of ethical issues. For example, is it ethical to allow any group to participate in the policy process so as to develop a more powerful coalition? Is it ethical to undermine the legitimacy of opponents or to withhold information from public discourse for tactical purposes? How far should one compromise on policy preferences so as to accommodate and win over a policy opponent? Your values will dictate how you answer these questions. In thinking about your response it may be useful to assume that other actors use these and other techniques to manipulate the substance and process of policy to their advantage. This may lead you to decide to join in the process of strategically managing the policy process to achieve your aims. Alternatively, you may feel uncomfortable with some of the strategies and decide that the ends do not justify the means. While these means may relate to values and ethics, they may also relate to the time, resources and emotional costs of pursuing, and at times failing to achieve, a particular policy change. There is nothing inherently wrong with abandoning or adopting a political strategy – particularly as it will now be based on a solid grasp of the fact that successful policy change requires a political approach.

Summary

In this chapter you have reviewed the retrospective and prospective uses of policy analysis. A stakeholder approach to policy analysis was presented. You used this approach to identify policy actors, assess their power, interests and position with respect to a policy issue of your choice and developed a position map on the basis of this analysis. A range of strategies to manage the position, power, players and perceptions associated with policy change were reviewed as were sources of information for policy analysis. With these tools in hand, you are now better equipped to pursue policy change. While the tools call for both evidence and creativity, they demand judgement and will be infused with values and ethical questions. While analysis may more often serve to reinforce the status quo, without the use of policy analysis tools groups without power will remain at a perpetual disadvantage.

References

Bryman A (2004). *Social Research Methods*. Oxford: Oxford University Press

Glassman A, Reich MR, Laserson K and Rojas F (1999). Political analysis of health reform in the Dominican Republic. *Health Policy and Planning* 14: 115–26

Kingdon JW (1995). *Agendas, Alternatives, and Public Policies*. 2nd edn. New York: HarperCollins

Philip Morris (no date) PM tools to affect legislative decisions. October 2003. Bates No. 204770711. http://legacy.library.ucsf.edu/tid/

Pitayarangsarit S (2004). The introduction of the universal coverage of health care policy in Thailand: policy responses. Unpublished doctoral thesis. London School of Hygiene & Tropical Medicine

Reich MR (1996). Applied political analysis for health policy reform. *Current Issues in Public Health* 2: 186–91

Reich MR and Cooper DM (1996). *Policy Maker: Computer-Assisted Political Analysis*. Software and Manual. Brookline, MA: PoliMap

Roberts MJ, Hsiao W, Berman P and Reich MR (2004). *Getting Health Reform Right. A Guide to Improving Performance and Equity*. Oxford: Oxford University Press

Trostle J, Bronfman M and Langer A (1999). How do researchers influence decision makers? Case studies of Mexican policies. *Health Policy and Planning* 14: 103–14

Varvasovszky Z and Brugha R (2000). How to do a stakeholder analysis. *Health Policy and Planning* 15(3): 338–45

Weimer DL and Vining AR (1999). *Policy Analysis: Concepts and Practices*. 3rd edn. Englewood Cliffs, NJ: Prentice Hall