

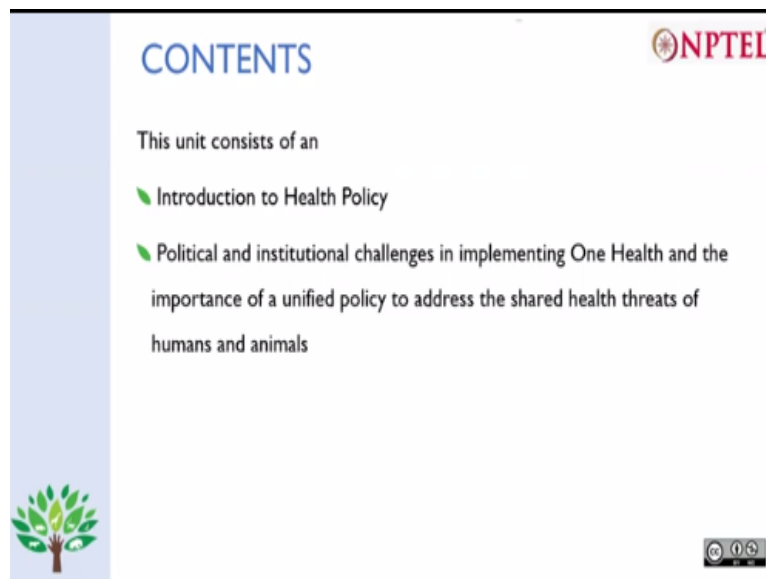
One Health
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Lecture - 20
Introduction to Health Policy

Hello everyone. I am Dr. Soumyadeep Bhaumik, and I am a medical doctor and International public health specialist. And I work in the Meta- research and Evidence Synthesis Unit of the George Institute for Global Health, in India. And today I will be talking about the last module, the last unit, which is One health and Health policy.

So we are, this is kind of like a summary of the entire domain of learning which you have done but more looking at practical aspects of what happens when we are implementing one health approach in our system, and what are the consequences of health policy. And we will talk a bit on why there is a need for a unified health policy for One health approach being implemented in the nation on a more wider scale.


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Two main things which we will be covering in this module. One is the Introduction to Health Policy. And the other is the understanding political and institutional challenges in implementing One Health and the importance of a unified policy to address the shared health threats of humans

and animals. That is, understanding what are the challenges in terms of policies to use One Health.



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Learning Objectives


At the end of the session, you will be able to:

- ✓ understand basics of health policy
- ✓ describe health policy triangle, and define its components
- ✓ understand challenges and facilitators of multi-sectoral work in One Health Approach & the need for a unified policy




So, we have three learning objectives. Number one, understand the basics of health policy. Number two, describing health policy triangle and defining its component. And number three is understanding the challenges and facilitators of multi-sectoral work in One Health approach and the need for unified policy to implement One Health.

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Introduction to Health policy



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So, we will start with the first one, which is an introduction to health policy.

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What is policy ?

- ✔ "the sum total of government action from signals of intent to the final outcomes". ~ **Paul Cairney**
- ✔ "public policy is whatever governments choose to do or not to do" ~ **Thomas R Dye**
- ✔ "principles that govern action directed towards given ends"
~ **Richard Titmuss**
- ✔ "an institutionalized proposal to solve a central problem, guided by a conception" ~ **Antonio Lassance**




So before we talk about an introduction to Health policy, we need to first know what is policy. So, policy has been defined in various ways and initial definitions were really focused around governments. So it has been defined as the sum total of government actions from signals of intent to final outcome. So when the government signals intent to do something, to take some action to ultimately when the final outcomes are achieved, all of them are considered as a part of policy.

But however, there has been other definitions, which are more broad, which says not only what the government used to do, but also what the government choose not to do, is policy. However, again, there are even broader definitions, which are principles that govern action directed towards given end. And another definition is an institutionalized proposal to solve a central problem guided by a conception.

And one of the things you will note in the last definition by Antonia, is that we are talking about a more larger definition, which is not restricted to government alone. This is talking about any institution which is aiming to solve a central problem. And a very important part of it is that it has to be guided by a conception. So these are the various definitions of policies.


And a key message to take from this slide actually is that the understanding of policy initially was around government action. Then it also expanded to understand what governments choose not to do. And now it is a more broader definition and it is applicable to any organization or institution working on a certain problem.

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What is health policy analysis ?

- ✓ Analysis is an application of knowledge represents the primary contributions of health policy analysis to governmental decision making (Aday et al, 1993).
- ✓ Health policy analysis aims for 'separating a problem into its constituent parts so as to better understand its whole'. (Buse et al., 2005, p.175)
- ✓ "Health policy analysis is a multi-disciplinary approach to public policy that aims to explain the interaction between institutions, interests and ideas in the policy process" (Gilson et al, 2008).



So coming to health policy and essentially anything around health in the policy domain is health policy. But what we really aim to understand is health policy analysis. And again, there are various definitions of it. But I think we will go with the latest one, which is by Gilson et al in 2008, which talks about how it is a multidisciplinary approach to policy that aims to explain the interaction between institutions, interests, and ideas in the policy process.


So I will just pause a bit to highlight three main things. One is, it is multidisciplinary in nature. So it means that it has taken concepts from various disciplines of science, political science, social science, management, a lot of them. Then we talk about interaction between institutions. So these institutions can be anything in nature.

This might be government, it might be for profit institutions, it might be private businesses, it might be nonprofit businesses, it might be universities, anything that is an institution. It might even be, say trade unions or other types of organization which appear in a democracy. The

second thing is, these institutions are interacting with interests. So everybody has their own interest and their motivations behind.


So that is the interaction we are studying with. And the third thing is ideas, which is, every group, every institution, would have ideas. So and all of these three things, influence policies. And then we try to understand this in a multidisciplinary manner. That is what health policy analysis does.

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Types of health policy analysis

- ✓ **Analysis OF the policy process:** how problems are defined, agendas set, policy formulated, decisions made and policy evaluated and implemented; (retrospective)
- ✓ **Analysis IN and FOR the policy process:** this encompasses the use of analytical techniques, research and advocacy in problem definition, decision-making, evaluation and implementation (prospective and more engaging)



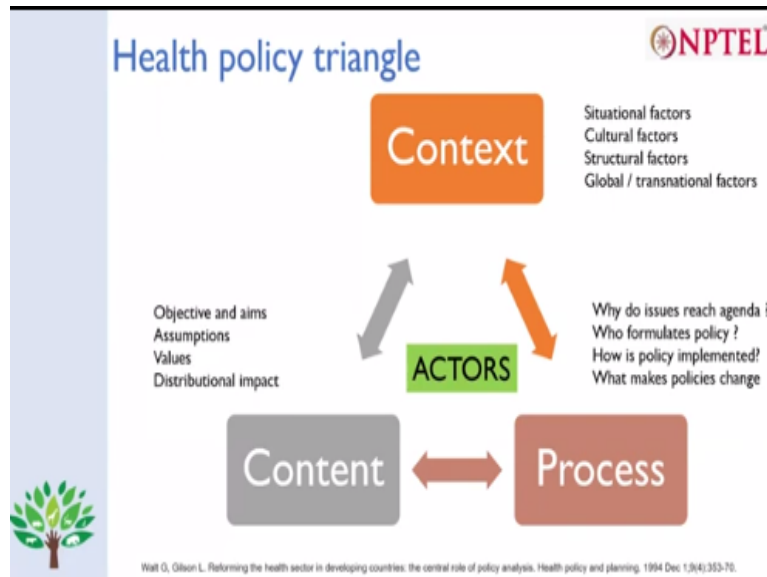
Gilson L, Orgill M, Shroff ZC, editors. A health policy analysis reader: the politics of policy change in low- and middle-income countries. Geneva: World Health Organization; 2018.

And there are two types of health policy analysis. One is analysis of the policy process. This is kind of more retrospective in nature when the policy has already been done and we are trying to understand how problems are defined, agendas are set, formulated. And then finally, how they are evaluated and implemented. And the other is analysis in and for the policy process.

This is more prospective and more engaging in nature, where the analysis embedded into programs and advocacy which is happening there. And it is more of the use of very analytical techniques, research and advocacy in trying to define the problems, decision making, evaluating and implementing policies. But all of this happening in and during the policy process.

So this is very happening on the grounds while the policy is being implemented and developed.

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So coming to the next concept, which I would like to introduce all of you is a health policy triangle. Again, this is from Walt and Gilson and it essentially says that there are three things which are interacting with each other, which forms a part of the health policy triangle. One is context. The second is process, the third is content. And all of these have actors or which are working towards it.

So what is content? Content is what the policy contains. So it means what are the objective and aims of the policy. What are the underlying assumptions made, and this might be of various types in terms of resource availability what people want, what they not want, these assumptions are often made as a part of the policy. The third is values, which is what those who are making the policy believe in.

And what is the distributional impact of the policies that is expected and that might happen. So all of these are very core content of what a policy is. And these are essentially usually in the form of documents, which sometimes explicitly mention all of these four points, but sometimes they might not do. And then again, these content of the policy happens in a context and like, they do not happen out of nowhere and in a vacuum.

So there are various situational factors, cultural factors, structural factors, and there might even be global or transnational factors, which is actually leading to the development of the policy. The

third thing is the process, which is how the policy is developed, which so which essentially means, why do some issues are reaching the agenda, who is formulating the policy and why?

How is the policy implemented and what makes the policies change, like there was something happening, why did the policies change. So the interaction of these contexts, content and process. And of course, the actors is what makes health policy tangle. So this is a very important concept and it helps us think through how policies are being done and why policies are being done and designed in a certain manner.

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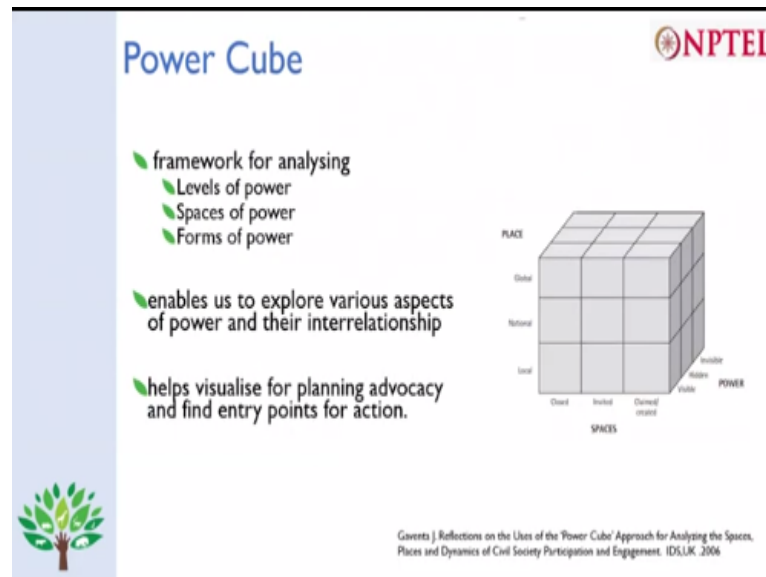


The next important thing to understand also is that power and policy are inseparable. And which means we need to know what power is. So power is the ability to make decisions. It is the ability to influence others. It is also the ability to make certain issues of the agenda, which is not having them in the agenda at all. And the fourth way of exerting power is to influence and control resources.

So there are different types of actors, which we talked about, and they all of them would have certain types of powers. And some of them might have all of these forms of power. And they might have various levels and they operate in the particular context of that scenario, which may and also lead to various types of power changing over time as the policy is being developed and implemented.

So when we do policy analysis, power is an integral part of it. So this is something very important to remember and understand and this is the key message, which you get from the slide.

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The next thing I want to talk about is a bit more of details on power. And this is given by Gaventa John's power cube. And this is essentially a framework, if you look at it, this is like a very nice cube, and it has three things. One is the levels of power, which is marked as place. So there might be global power, as for example WHO or United Nations or any of the United Nation bodies.

There might be national powers, as for example, national governments or national agencies within any country. And third is local or which is more like some national power, which is power that exist in state governments, power that exist in municipalities, in panchayats. So there are these three broad levels of power. And there are spaces of power, which means that these types of power work in different types of spaces.

So some types of power work in a closed space, which is like nobody has access to like, it is a very close knit space in which people from outside cannot enter at all. There are some forms of power, which is more invited, where there is a group of people who decides, who can be invited and who cannot be invited.

And the third is claimed or created power, which is when a particular actor who might be an individual or an organization is claiming power or creating power, which might be local, national and global. And this might, claiming or creation of power might happen in various ways. In democracy, engaging with the media, going and talking in public spaces, and protests, these are all forms of claimed or created power, which operate.

And the third time or think is the forms of power and the forms of power are also important. They might be invisible like if you look around, you might not realize that person has power; that is invisible. And they might also be hidden like these powers exist, but they are hidden, or it might be very visible kind of power, which you can actually see and understand.

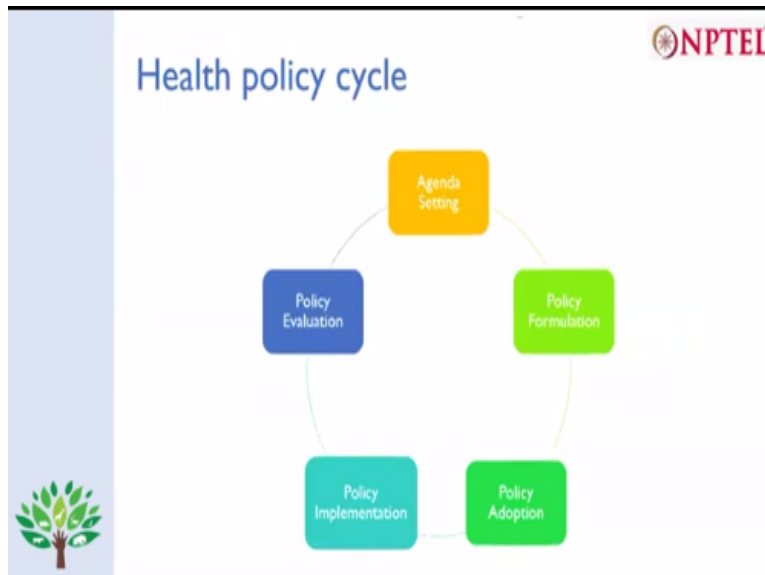
As for example, a leader of the of any state or a government or a public agency or a business would have visible power, as there might be various kinds of hidden powers which people have, which other actors have by which they can block implementation of policies or things like that.

So the interesting thing, and the very valuable part, which the power cube brings is that when we see the places of power, or levels of power, and the space of power, and the forms of power, all of these interact with each other, and it help us to explore their inter-relationship. We can think what kind of powers a particular organization has, and see also whether in terms of what level what space what form and also see how they are interacting with other forms of power by different other actors.

So it is very valuable tool for visualizing advocacy plans and finding entry points for action. And the reason I bring this concept to you is also to make you realize that when we are doing policy analysis, we are always having some objective, which is to plan or inform advocacy efforts or find entry points for action.

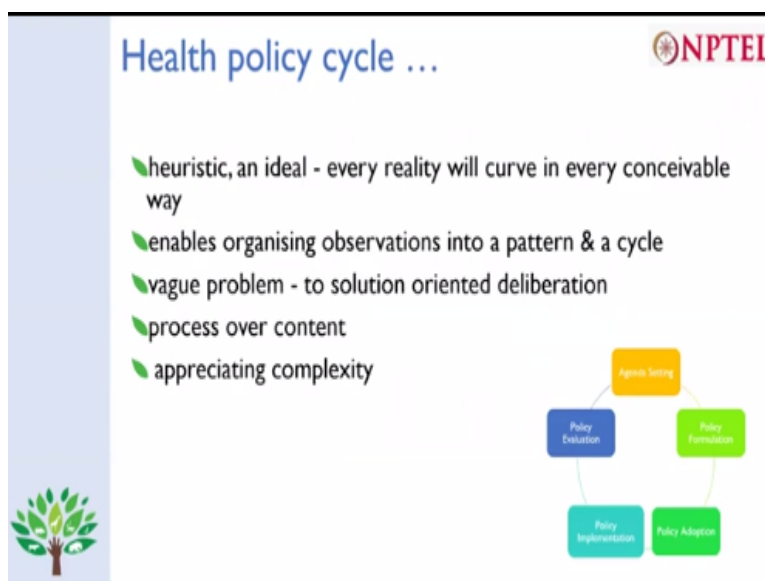
So this is where the power cube helps in analyzing the thing and helps us visualize the state of power and policy analysis.

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The next concept we talk about is health policy cycle. So essentially this says that there is first agenda setting. Then there is policy formulation. Then there is policy adoption. Then there is policy implemented and finally this is evaluated and the cycle keeps on going on and on.

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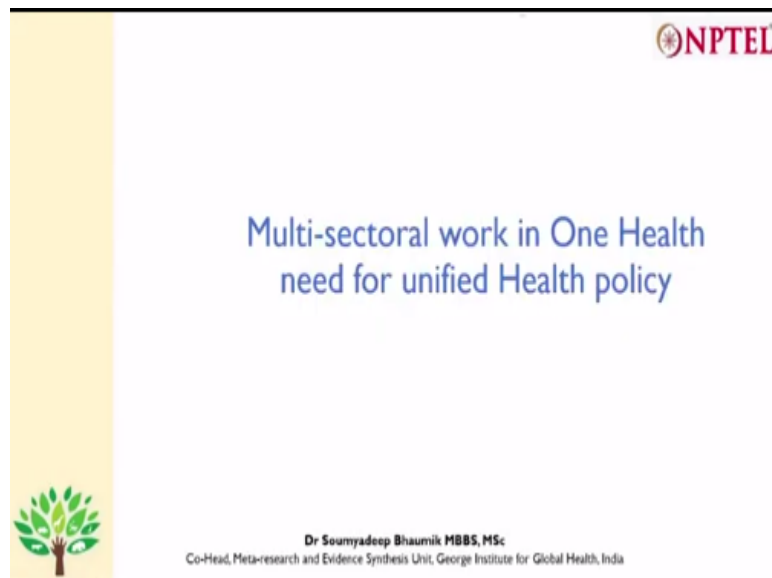


So this is a very heuristic and an ideal way of looking at how One Health policies are developed. In reality, there are no clear cut boundaries between them. And you might find yourself in any of these stages. And every reality will be very different in a different panel, like it is very difficult to make this distinction. But what it helps us understand is it enables organizing our observations and thoughts into a pattern and a cycle.

And it has helped us think about solutions and make our deliberation from a vague problem of policy to most, enables us to think about it most in terms of the solution, which is like, which we are wanting to do. So this also helps us to understand that we are not focused exactly on the policy content, like what are the objectives, what does the policy say. But also thinks about how the policy was developed?

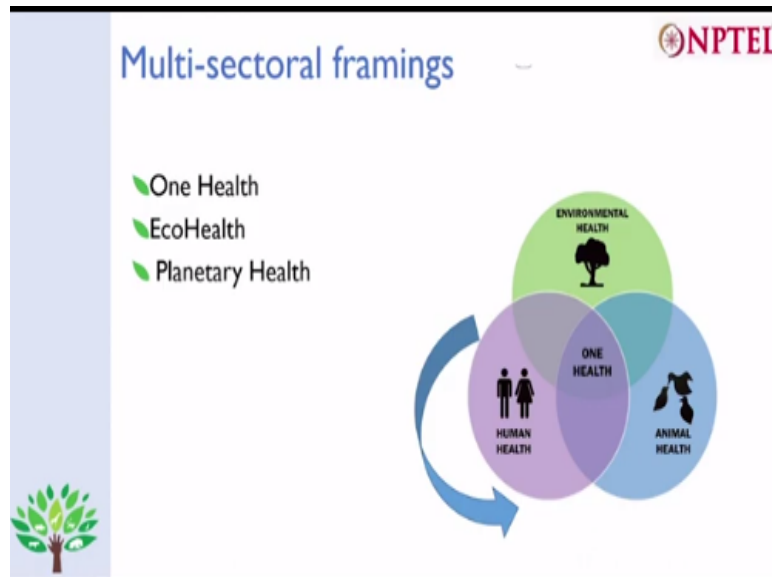
What was the process for it? So it help us change to that. So that is why we need this concept of health policy cycle. And as I said, because when we start using the policy cycle and because this is a cycle, we understand it, this is not static, this will change over time. And this entire thing of health policy analysis is quite complex. So health policy cycle allows us to appreciate the complexity of developing health policy, as well as analyzing it.

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Multi-sectoral work in One Health and the need for unified health policy. So this is a discussion kind of section of the One Health.

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And by this time of course you have seen this figures and this variation in many ways of what One Health is, okay. But what I want to bring a bit into the discussion here is that there are two other framings, which are very similar to One Health and often discuss and I think it is important to discuss about them in terms of the challenges of One Health also because they are kind of related to it.

These three framings are very similar, and I am sure you might have heard, okay? One is One Health. The second is Eco Health, okay? So Eco Health is very similar to One Health, but it is more looking at the environment, human, inter health interface, rather than looking at the intersection of all three. And the third thing is something that is called Planetary Health.

So planetary health include encompassing environmental health, and also health of other people. But the focus is very human centric, it kind of wants to say that okay we need to protect the Earth and optimize for our actions so that humans keep on benefiting in a sustainable manner, okay? So these are the three framings of it. Both of them often looks very confusing, but they are very similar but philosophically not the same.

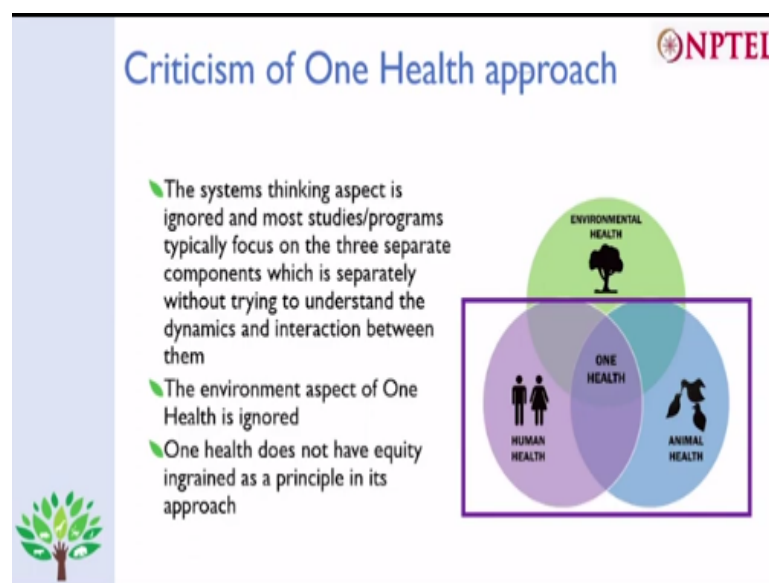
While One Health talks about human health, environment health and animal health together, okay? When we talk about Eco health, the focus is more philosophically on human and environment health. Whereas when we are talking of Planetary health our primary focus is

human health and human economic needs and optimizing others for the purpose of optimizing human health and environment health.

It is a very fine philosophical difference, when we talk about planetary health. So planetary health means that we want the planet to survive so that humans can benefit whereas One Health and Eco Health are philosophically saying that all of them have intrinsic value, we want them to survive together, okay. It is not for the purposes of humans that we have wanted to save environment and animals.

So these are the different framing. The reason I brought this up when we talk about policy is that people come to discussions and the policy with various ideologies and various value systems of their own. None of them are right or wrong. But understanding that these aspects and its closely related terms and the differences between them and just appreciate what the other person is saying.

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So these three multi-sectoral framings are there, okay? But there are some strong criticisms of One Health of course that has happened and one of this is while we talk about environmental health, One Health, animal health and their integration, often what happens is, there are three separate kind of programs that are running in parallel without trying to understand the dynamics and interaction between them.

Again, there are some programs and research work also, which does this dynamics and interaction part really well. But many student programs or research studies actually are not able to do that. And the system's thinking part is dynamicity between the components and the interactions between them, as well as the what we call that the dynamicity due to time like this interactions change over time.

I think these are very complex, of course difficult to do. But One Health as a concept is supposed to look at them together not just to work them or just not look at it statically. So understanding the dynamics and interaction between them is very important part of any One Health project. But I think, more than this is another criticism, which I think is actually something we really need to be cognizant as a One Health community is the environmental aspect of One Health is ignored.

Often, many of the One Health studies to environment health just like as humans and animals are existing, and the focus is more on human and animal health. And I would mainly like to think about why this happened. And this, why this happened is we will look at the policy triangle framework and who were the actors.

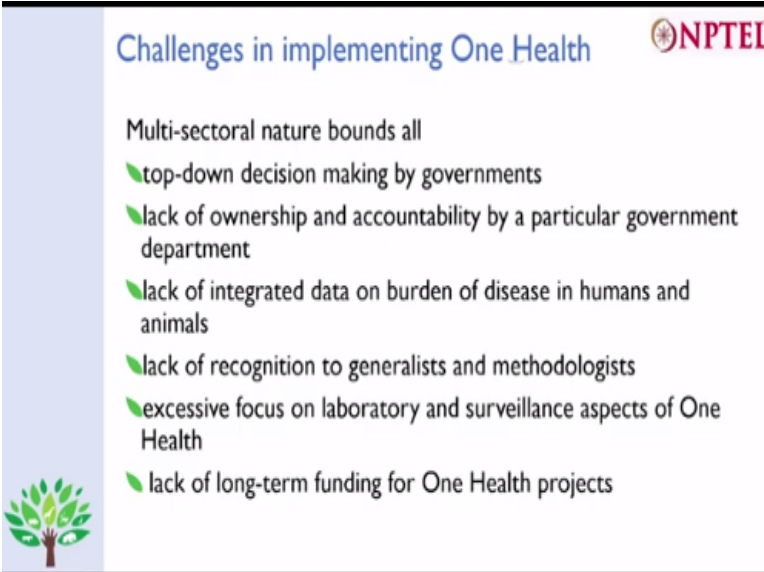
Most of the actors of One Health people who developed the concept and propagated it and implemented it are either veterinarians who are veterinary doctors who work on animal health or clinical medicine and public health doctors who work on human health. So because where they come from what they hold and value then while they talk about it as a bigger concept, the environment aspect of One Health is often ignored.

So this is something we need to think about. One Health should have all the three components integrating together. Otherwise, it really becomes a challenge in terms of the long term outcomes you want to achieve. The other thing that has often been said, and is not necessarily I agree with it, but criticism of One Health is that it does not have equity.

That is people who are most in need, or animals who are most in need are addressed first as a priority. But again, this is not stated in principle, it is a process some critics who have done it. But again, this is a very challenging area of work, which needs to be addressed on.

But very importantly for nations which are though middle income in nature, as per the World Bank classification, equity is a very basic principle of any program we do in any sector, because this is the nature of the problems of our country. And we need to think about equity by developing and implementing One Health programs too.

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The slide is titled "Challenges in implementing One Health" and features the NPTEL logo in the top right corner. A vertical light blue bar on the left side contains a stylized tree icon at the bottom. The main content area lists seven challenges, each preceded by a green leaf icon. The challenges are:

- Multi-sectoral nature bounds all
- top-down decision making by governments
- lack of ownership and accountability by a particular government department
- lack of integrated data on burden of disease in humans and animals
- lack of recognition to generalists and methodologists
- excessive focus on laboratory and surveillance aspects of One Health
- lack of long-term funding for One Health projects

So there are various challenges of it, but broadly I would like to read them out. But what finds this long list of challenges implementing One Health some of which, if you will realize is related to the previous slide, where I was showing you about what are the criticisms of it. But the formal focus of this is multi-sectoral nature of it.

Because One Health has human health, One Health has environment health, One Health has animal health, it needs sectors, and different government departments, different government ministers, different actors to work together. And again, thinking back if you think about health policy triangle, the number of actors are huge. If you think about power, all these different actors who are government, animal, environmental.

They have their own sources of power, they have their own values, they want different types of content, and they have different kinds of systems. So there is a lot of deliberation needed to things. And a way to address this often is a higher body like a government making a top foundation making okay, but it really becomes a challenge when the program gets implemented, because I was showing you in the cycle when the program gets to the implementation phase before that comes the adoption.

So all the actors, they have to adopt it and agree with it at least to certain degrees. So when we talk about addressing these challenges, having lot of discussions of it is very important. The other problem is when you involve a lot of people, lot of government departments, lot of ministries, lot of institution is, nobody thinks this is mine, nobody thinks that I am accountable for it.

If this does not happen, when something goes wrong, we do not know whom to ask. So this is a particularly challenging area. And but at the same time, that is why it is important to have some global bodies. But this global bodies should be acceptable to all the actors and stakeholders in the system. But one big challenge, why this is not done also is that there is lack of integrated data of burden of disease in humans and animals.

A lot of this work is being done in India, but they have scope to do more. So this is something that we may need to work on. So and there is also a need to develop either of generalists and methodologists who are working on this. And One Health is a long-term game.

It needs people who are working across different domains and are able to transfer the skills from human health to animal health to environmental health and as like leading the process rather than specialist in each leading the process because others do not agree with them. So these are the signs of challenges, not easy to solve, okay.

And again, this is one of the focus on laboratory and surveillance aspect, which is a lot more than that. But having talked about this, and understanding this is the nature of the multi-sectoral nature of One Health, which actually is leading to all these challenges implementing One Health.

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Facilitators for implementation of One Health

- Offer training in interpersonal skills (leadership, human resources management, health diplomacy, communication)
- restructure how researchers are evaluated and rewarded within academic institution to promote work with research non-profits and across disciplines
- decentralised and unified funding across government departments to improve the health of animals, humans, and the environment in local communities
- multi-sectoral initiatives involving government departments , academic institutes and local communities
- Making one government department nodal for multi-sectoral action
- Increased Political will : Embed policy analysis in initiative ; Engage communities in co-designing of initiative ; Engage policy makers in co-designing of initiative



And of course, one of the things we will want to do is to facilitate, we need a unified policy. And the reason for this also is like what does this unified policy look like. Because if there is no unified policy, all the different components of One Health will go to their own directions or it will become lopsided.

But there is a strong need for training and interpersonal skills, which is leadership, human resource management, diplomacy and communication for One Health to develop. Of course we need specialists and technical knowledge of human health, animal health, environment health. But without this interpersonal skills being integrated within policies we cannot make them work together.

So offering training in these and seeing how newer leadership styles which are more calibrated, which are more democratic in nature, how we can impeach and get people to agree on the broad principles we are working on. And it is very important and it of course means more decentralized and insight funding across government departments. Not like every department getting a budget and resulting in a lack of coordination between them.

A more unified funding for One Health programs where everything is more decentralized and it is from a bottoms up approach with local communities and district level initiatives happening in

state government departments, academic institutes and the people. That is most important. But of course, there should be a one government department whose is removable for this action.

Again, just repeating a point I made in the last slide that this person will be accountable for it and this is from all the processes and how could it happen. But again, this should probably be in a more decentralized manner at the state or district level, rather than at the national level when things become a bit more complex.

And at the national level there will be nodal for the coordination between the states or district level, but there also needs to be more decentralized nature, and that is how our health system is also. So it kind of fits into the structure of our existing health system. Of course, not need to be seen policy, we are talking about policy so the most important thing is increased policy will, political will sorry.

And when we talk about political will, often when these programs are I have seen people say that oh we want to engage policymakers to come and at the end of it, I will organize a dissemination workshop and see present it to them and hope they adopt it and help that scale up but a more better way of doing it. And in fact, that is not the way of like engaging decision makers after I have done everything is not really a way of doing it and should not be done.

What should be done is we need to embed policy analysis in the initiatives right from scratch. We need to engage communities and policymakers right from the beginning and helping us co-design the initiative together. If we do that there is more multi-sectoral approach, there is more deliberation, there is more democratic processes involved because of which there is more policy adoption, more easier policy implementation.

And we rapidly get feedback and our program is more comprehensive and they have got a very strong policy part which is figured out. And any problems that can happen if we embed a policy analysis we can make course corrections in the process accordingly. So that is all what I wanted to say and thank you very much.