DECISION MAKER'S PERCEPTION OF PUBLIC HEALTH POLICIES

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Abstract: *Qualitative, descriptive study, based on the analysis of health system decision makers' opinion expressed during semi-structured interviews, performed in order to refine the questionnaire for assessing people's perceptions concerning public health policies. The results reveal the most important policies and barriers to be considered in further quantitative studies.*

INTRODUCTION

Public policies aim at interventions that impact upon the entire community. The implementation of these policies has an influence on the relationships between interest groups, public persons, and even between governmental institutions. Reaching consensus between all these entities requires art.

The implementation of a public policy is a process that entails the simultaneous approach to at least two aspects: the change of intention from those who elaborate the policy throughout the process, and the position of the interest groups or of the clients of that policy.(1)

The elaboration of public policies bears a direct impact on the community, and numerous persons of different backgrounds are involved in this process at various levels. These persons, or groups, who are interested – whether directly, or indirectly – in the result of the political decision, are part of the process, and may be experts within the technical coordination organisations, political councillors, representatives of various NGO's, or members of the public.

At the centre of the process, there is the governmental agency, or agencies, designated to solve the given problem.(2) Public policies are promoted by a group of decision makers, named policy makers. These purposefully determine the course of an intervention, aiming at certain specific objectives.

PURPOSE

Analysis of the decision makers' perception on national and international public policies and their implementation at national level, in order to define intervention directives designed to improve, reaching the desired objectives:

- Assessment of the decision makers' perception regarding the main public health policies.
- Identification of support mechanisms for public participation in the elaboration and implementation processes for public health policies.
- Assessment of the decision makers' involvement in the elaboration and implementation processes for public health policies.

MATERIALS AND METHODS

Qualitative, descriptive study, in transversal approach, based on the results of individual interviews performed with decision makers at different levels of the health system. Data were collected based on a semi-structured interview guide that was designed to assess the perception of the main health policies at different levels of the health system, and the mechanisms leading to the expected results of these policies.

The hypotheses which the design of the interview guide was based on were:

- The use of health services is influenced by the knowledge and degree of involvement in the elaboration and implementation processes of public health policies.
- There are different perceptions regarding public policies; awareness, understanding, and perception of the public policies, are different, both at an individual level, and at population level, between the three categories: beneficiaries, professionals, and decision makers.

Based on these hypotheses, we designed an interview guide using 4 primary questions, with or without subsequent questions, pending the answers to the primary questions.

Six persons responded to interview. All were professionals in the health system, with specific study background, and in leading positions within various institutions; they were representatives of a group of "special respondents" of elites, our target group.

RESULTS

During the first part of the interview, we introduced each other, we explained the purpose and objectives of the interview, we asked for the respondents' consent, and asked questions to define the socio-demographic characteristics of the respondents.

During the second part of the interview, the decision makers answered 4 introductory questions, 3 of which also had subsequent questions. Details were elicited regarding the decision makers' perception of the importance, motivation, and usefulness of the public health policies, and the identification of the institutional obstacles during the process.

1. The interview resulted in identification of the most important policies and programmes of the Ministry of Health as follows:

- the national health strategy;
- the national health programmes (screening for cervical cancer, immunization, mother and child, transplant, cancer

treatment, tuberculosis);
- the national strategy for climate change;
- the national programme for rural development;
- the legal framework for providing health services;
- the stop smoking programme;
- the national strategy for Roma people social insertion;
- the national environmental health programme;
- the HIV-AIDS strategy;
- the national drug strategy;
- the reproductive and sexual health strategy;
- the strategy and national plan for waste management;
- the health system reform law;
- the "vice tax".

It is noteworthy that the interviewed decision makers (most of whom had a Public Health background) thought that the most important policies and programmes are those emphasising prevention (both individual, and population prevention), and health promotion.

Two distinct directions were highlighted:
- in the field of individual health protection, the most important policies and programmes were: the legal framework for providing health services, and the national health programmes (including immunization, cervical cancer screening, stop smoking, tuberculosis, and mother and child programmes)
- in the field of public health protection, the most important were: the national health programmes, the national environmental health program

Subsequent questions: What has your participation/contribution included?

Most of the respondents had actively participated, with expertise and technical propositions, in the elaboration process of these strategies and were currently involved in the implementation and coordination processes of these public policies.

2. What triggers the initiation by the Ministry of Health of the steps to the approval of public policies?

The answers to this question did not reach consensus.
- compliance with the requirements of the European Union regulations (following the international commitments), and meeting the requirements of the European Community Acquis;
- compliance with the requirements of the governmental strategy, and the government programme (Setting the bills agenda involves the process through which the problems are brought to the attention of the politicians, i.e. the government programme. If a problem is not acknowledged, accepted, and deemed important by the politicians, then, most likely, no public intervention to solve that problem will be planned);
- professionals' initiative (professionals within government institutions, and without government institutions, mainly in universities and professional organizations);
- mass media highlights (the role of the media in public policies is controversial, with opinions ranging from media having a central role, to a marginal one. It is, however, certain that the media is the foremost connection between state and society, a situation that allows it to influence the administrative agenda, and the public opinion. The role of the media in public policies consists of highlighting the problems, thus combining the role of the journalist (passive, conveys and describes a problem) with the role of an analyst (active, analyses and proposes solutions for a problem);
- good practice examples (from other countries);

- notifications from the regional Public Health Directorates (implementation structures) that require interventions. (A number of studies show that often, a public policy failed neither because it had not used the adequate means, nor because it had not chosen the best direction, but because it was not correctly implemented. More often than not, the implementation process is considered unimportant by the officials and institutions; however, during this stage, many problems arise, mostly due to the lack of experience from those involved in transposing from theory to practice.).(4)

Subsequent questions:
- *Please, assess the involvement and participation of the other parties (professionals, beneficiaries, NGO's, local authorities) in this process?*

Most respondents thought that the professionals' involvement and participation were good. Other active partners were considered to be the lobby-ists for tobacco, alcohol, cosmetic products, medicinal drugs. The interest groups may provide expertise, information, as well as significant financial resources. The collaboration between interest groups and government works through occasional commitments (the officials call for interest groups to express their opinions), or, through – almost - formal commitments (interest groups are included in certain government committees or boards).(5,6)

The beneficiaries' participation and involvement in the elaboration and implementation of public health policies was assessed as weak (in Romania, the awareness in this domain is low; lately, however, the participation of the civil society in public audits and debates seems to have increased).

The NGO's are regarded as an actual help in implementing public health policies.
- *In your opinion, what are the support mechanisms for implementing regulations?*
- *Integration of health with other policies* (It is often possible for a problem to be approached from several points of view; for example, the reduction in VAT for foodstuffs may be viewed as a social, or economic problem, while other experts consider it as a health issue. It is important to define the domain to which a problem belongs, mainly from the point of view of resource assignment).
- A coordinated and well planned approach to the existing problems, integration, and step by step solutions, through strategy, or program type documents (eg. the national health strategy, bi-annual national health programmes).
- Consistency of long term policies, in order to allow for their acknowledgement and use, both by those who implement them, and by the other parties, by means of decision transparency, by recommendations and observations, and by increasing participation in public audits and debates (to encourage partners' support for achieving the changes).

3. The main institutional hindrances in implementing health policies:
- limited human resources (at administrative and professional levels);
- lack of visibility of promotion activity for the available health services;
- administrative overload for the general practitioners, hindering their education and training for prevention;
- difficult communication between various organizations with responsibilities in implementing public policies;
- frequent changes at top institutional levels, leading to a lack of consistency;
- lack of time, pressing for the approval of the intervention, lack of political support, or insufficient funding for an

extended ex-ante evaluation of the impact of the proposed intervention.

The respondents also suggested *possible solutions to these problems:*

- continuity at institutional level, and specialised personnel;
- available health services promotion;
- assigning a part of the administrative tasks to the nurses (e.g.: the evaluation for the risk behaviour programmes);
- increased coverage of the community services;
- predictability and timely allotting of funding;
- simplifying the acquisition procedures.

(Thus, an efficient implementation can only take place if a system exists for monitoring and evaluation of the intervention, for communication, and resource assignment. Such a system is necessary because many times, the intentions behind the elaboration of the policy do not coincide with the actual situation.)

4. In what domains should the Ministry of Health adopt future priority programmes?

The answers point to two priority directions:

- for the public health domain, the answers highlighted as priorities: increased initiative in public health, and improved response to public health emergencies;
- for the individual health domain, the priorities should be: continuation of the prevention programmes (screening for cervical cancer, monitoring health status, the information system for population health status, immunizations, smoking, alcohol, drugs), and constant improvement of the health services provided to the public.

CONCLUSIONS

In the political process, the Government is the most visible institution. Within it, there are the persons the most capable of making statements regarding the public policies. The work of the executives seems to be dominated by decision making, and the elaboration of the procedures for implementation. On the other hand, it is hard to believe that a politician leading a ministry is the only person directing public policies. He/she may be in that position for a short period of time, maybe two or three years, while public policies may sometimes require longer to be implemented. The subordinated officials, who often have better knowledge and longer experience, are actually working for the success of a policy.(3)

There is a strong trend in the literature, to view government as the source of public policies, but this view should be adjusted: many times, public policies may be issued by technical organisations established by the government, but not subordinated to the government.

Public policies do not only entail decisions made by authorities. They aim at solving problems, through specialists' expertise. One success factor for the implementation of policies is the involvement of the groups of professionals; their research usually provides practical solutions to many of the public problems, or evidence to support certain opinions. In any democratic society, all interested parties would do everything to support their favourite options for public policies, through various methods that they believe to be efficient.(7)

At the decision making level, the overall perception is that all public health policies should aim at prevention, and at the improvement of the health system and of the response to public health problems.

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