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POLICY BRIEF

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Summary

Maternal and Child Health policy guides the decisions on the type of MCH technologies and medical equipment needed to be developed and used, including how to plan and finance health services. There are three types of policy terms including the short-term, medium-term and long-term. In the UAE, the health policy-making and development is a 5 stage process cycle including policy preparation; policy formation; policy adoption and legitimization; policy implementation; and policy assessment and evaluation. Leadership and policy involvement in MCH assures the preparation of others with the skills, the knowledge, the will, the traits, the conviction, and a sense of purpose with the hope of improving the safety, health and well-being of mothers and children.

UAE Health Policy Impact in Maternal & Child Health Care

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Maternal and Child Health Policy-Making Process

In the Eastern Mediterranean Region (EMR), policy-making and development are understood as a decision-making framework or proposing some course of action to achieve the desired effect or change on outcomes. In the context of the public health sector in the EMR, policies support health purposes by government or administrative directions by organizations in response to the changing world around them. Policy-making is the process by which the political visions of governments are translated into programs and actions in order to deliver the outcomes (Cox, 2011, p. 75). A health policy document is not a law, but it is often identify new health laws which serve as tools needed to achieve the health policy goals. Health policy-making is the process of creating health laws, or standards set by healthcare businesses or governments (Imani-Nasab et al., 2014). Maternal and Child Health (MCH) policy guides the decisions on the type of MCH technologies and medical equipment needed to be developed and used, including how to plan and finance health services. This process includes the establishment and understanding the problem, changing of ideas in some course of action or solutions and testing the success of implementation and monitoring the changes (Imani-Nasab et al., 2014). Health policies have two distinct elements. The first is healthcare policy that focuses on addressing the needs of financial issues and providing the healthcare services. The second component is a policy for health that focuses on improving the overall health of a particular population (Hunter, 2003). The MCH policies relate to a mixture of the health system elements, healthcare policy and policy for health (Hunter, 2003).



The Types of Policy Terms

There are three types of policy terms including the short-term, medium-term and long-term. These types or policy terms are commonly known as or policy strategies (Cox, 2011, p. 75). The countries of the EMR have adopted a number of strategies for improving MCH, as reported in conjunction with the MDG 4 and 5 Countdown Initiative (WHO, 2013).

The short term policy type is urgent and requires immediate, necessary decisions or changes for implementation less than one year. Some examples of short-term policy types include the natural disasters and labor law. With reference to the MDGs 4 and 5, there were ten MCH policy and strategy mandated by the WHO and UN. One of the policies required is the maternal protection in alignment with the International Labor Organization (ILO) Convention 183 and another policy required is the notification of maternal deaths (Bhutta et al., 2010; Requejo et al., 2010). These two policies classify as short-term policy types. Within the EMR, as compared with the ten priority countries, only Morocco was able to develop and adopt a policy on maternal protection in alignment with the International Labor Organization (ILO) Convention 183 (WHO-EMR, 2013). While, only five of the priority countries were able to adopt a policy on notification of maternal deaths (WHO-EMR, 2013).

The second type of policy is the medium-term policy which requires modernizing or evolving existing plans and policies in alignment with best practices. The time frame for the medium-term policies requires the change to occur with one to three years. With reference to the MDGs 4 and 5, there were 10 MCH policy and strategy mandated by the WHO and UN, policies such as International code of marketing of Breast-milk Substitutes 2011, promotion of low osmolality ORS and zinc for management of diarrhea, Rotavirus vaccine policy, and pneumococcal vaccine policy (WHO-EMR, 2013) are examples of medium-term policy types.

The third type of policy is the long-term policy which requires the necessary decisions and changes to be planned ahead to ensure that the future populations have access to education, health, and housing. Examples of long-term would include hospitals, roads, building the economy, and environmental infrastructures. With reference to the MDGs 4 and 5, there were 10 MCH policies and strategies mandated by the WHO and UN, policies such as community-based health workers authorized to identify and manage pneumonia and cost implementation plan(s) for maternal, newborn and child health (WHO-EMR, 2013) are examples of long-term type policies.

Adoption of Policies and Strategies

In the last 15 years, within the EMR, there have been mechanisms implemented towards meeting the Millennium Development Goals (MDGs) 4 and 5 respectively. Even though these mechanisms were implemented, the progress of attaining the target (4.4%) for reducing child mortality (MDG 4) and the targets (5.5%) for reducing maternal mortality (MDG 5) are rather slow, since the current rate of decline is at 1.5% and 1.9% respectively (Bhutta, 2013). There were the Countdown Initiatives that were mandated for implementation across the EMR with policies and strategies in favour of improving the MCH. A list of the 10 Countdown Initiative policies and strategies are illustrated as follows:

1. Maternity protection in accordance with International Labour Organization (ILO) Convention 183.
2. Notification of maternal deaths.
3. Midwifery personnel authorized to deliver basic emergency obstetric and new-born care.
4. International code of marketing of Breast-milk Substitutes 2011.
5. Post-natal home-visits in the first week of life.
6. Community-based health workers authorized to identify and manage pneumonia.
7. Promotion of low osmolality ORS and zinc for management of diarrhoea.
8. Rota virus vaccine policy.
9. Pneumococcal vaccine policy.
10. Cost implementation plan(s) for maternal, new-born and child health developed.

Therefore, the lowering of the MCH mortality rates across the EMR is an important priority. Table 1 provides a list of the twenty-three countries within the EMR and the percentage of MCH policies and strategies adopted that were mandated by WHO. Some of these mechanisms and strategies were developed and adopted across 13 of the EMR countries as of 2012. The remaining ten countries have not developed nor adopted these Countdown Initiative policy and strategy and; hence, are referred to as the 'priority countries'. Table 1 provides an illustration of the percentage of adoption of the WHO mandated MCH policies and strategies across the EMR. Within the EMR, 13 countries adopted the policies and strategies, while the other ten countries are struggling to develop or adopt such MCH policies for the reduction of mortality rate initiatives. These ten MDG 4 and MDG 5 priority countries within the

EMR include Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Somalia, South Sudan, Sudan and Yemen (WHO-EMR, 2013; WHO, 2012). The priority countries in Table1, namely Afghanistan, Morocco, Pakistan, and Yemen, have a 50% of adoption of the MCH mandated policies and strategies; Sudan has a 40% adoption, while both Djibouti and Egypt has a 30% adoption rate (WHO-EMR, 2013). Iraq has a 20% adoption rate while, Somalia and South Sudan has not developed nor adopted any of the MCH policies and strategies (Fathalla, 2014; WHO-EMR, 2013). There is the lack of evidence-based policy development guidelines across the EMR which includes weak or inadequate vital statistics reporting.

Table 1

Percentage of Adopted Policies and Strategies Across the EMR, as of 2012, and Classification

	Eastern Mediterranean Region (EMR) Countries	Percentage of Policies and Strategies Adopted	WHO-EMR Group Classification
1	Bahrain	100%	1
2	Iran, Islamic Republic of	100%	2
3	Jordan	100%	2
4	Kuwait	100%	1
5	Lebanon	100%	2
6	Libya	100%	2
7	Occupied Palestinian territory	100%	2
8	Oman	100%	1
9	Qatar	100%	1
10	Kingdom of Saudi Arabia	100%	1
11	Syrian Arab Republic	100%	2
12	Tunisia	100%	2
13	United Arab Emirates	100%	1
14	Afghanistan	50%	3
15	Morocco	50%	2
16	Pakistan	50%	3
17	Yemen	50%	3
18	Sudan	40%	3
19	Djibouti	30%	3
20	Egypt	30%	2
21	Iraq	20%	2
22	Somalia	0%	3
23	South Sudan	0%	3

Note. There are three groups of classification within the EMR. Classified from “Saving the Lives of Mothers & Children: Rising to the Challenge in the Eastern Mediterranean Region,” by World Health Organization- Eastern Mediterranean Region, 2013. Retrieved from <http://www.emro.who.int/about-who/mothers-and-children/background-documents.html> Copyright 2013 by the World Health Organization- Eastern Mediterranean Region.

Public Policy-Making Process

Public policy-making is sometimes understood to be similar to any other decision-making process; however, policy-making is perhaps more a complex process. Lasswell (1956) and Ferguson (2001) highlighted that the policy-making process is more like a policy cyclic process. The public policy-making has three basic modules: the problem, the policy, and the process (Smith, 2010). Some researchers found that the policy-making cycle comprised of eight stages including, issue identification, defining policy objectives, policy design, policy testing, policy finalization, policy implementation, policy monitoring and evaluation, and policy readjustment and innovation (Tsoukiàs, Montibeller, Lucertini, & Belton, 2013). In 1994, Walt & Gilson established a framework for interpreting health policy as a policy analysis triangle. This framework is focused on the content, context, process and actors in health policy dynamics of systematically thinking about the various factors that could potentially affect policy (Antrobus & Kitson, 1999; Walt et al., 2008; Walt & Gilson, 1994).

Hewison (2008) established a policy involvement continuum, where healthcare nurses can move along the continuum of policy literacy, through policy acumen and policy competence to influence on policy. Researchers have found that policy involvement may have very close meaning to the concept of influence on policy (Aarabi, Rafii, Cheraghi & Ghiyasvandian, 2014). The research studies were limited mainly to nurses' involvement and influence in health policy-making processes. Policy involvement or sometimes known as influence on policy tend to have three associated levels for nurses (Boswell, Cannon & Miller, 2005); including the policy maker as a voter; as a reviewer; and as an implementer of the health policy. Nurses were found to have played a significant role in healthcare policy development (Ferguson, 2001). At the same time, there was a need for nurses to understand how to navigate public health policy-making processes (Ferguson, 2001). There tends to be the existence of informal health policy educational development programs in community organizations and nursing.

Policy-Making Process within the UAE

In the UAE, the health policy-making and development is a 5 stage process cycle in accordance with the WHO standards of health policy-making framework. As illustrated in Figure 1, the five stages include the following:

1. Policy preparation
2. Policy formation
3. Policy adoption and legitimization
4. Policy implementation
5. Policy assessment and evaluation

Policy Preparation

The first stage of the policy-making and development process is the identification of the health policy issue. These issues are sometimes in the form of publicized demands for government action that can lead to the identification of policy problems. The issues are identified based on public and stakeholder attention that prompts the need for government action. The identified health issues analyzed, and then the assessment of the strategic trends occurs, and evidence is gathered.

Tsoukiàs et al. (2013) found that policy issue identification requires perspectives from the various stakeholders. The policy preparation stage requires the policy-making and development team to be responsive, confidential, and immediate, and understand the key stakeholders. Within this stage in UAE, the stakeholders include the cabinet, ministers, interdepartmental projects, the legislative process or other government entities, the public, businesses, NGO sector, international agencies such as WHO and UN, and media.

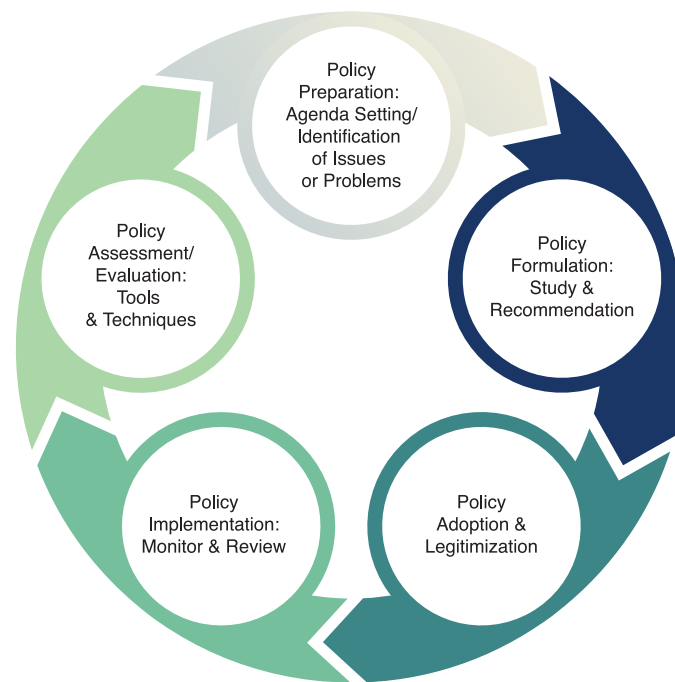


Figure 1. The flowchart of the UAE policy-making and development process.

Data source adapted from the UAE, the health policy-making and development is a 5 stage process. The five stages were classified from “Policy Manual”, by United Arab Emirates Ministry of Cabinet Affairs Prime Minister Office, 2011.

The policy identification approach within this stage follows the what, why, who, when, where, and how questions to gather the full story of a particular policy issue(s). The following is an example of a series of questions relating to efforts to lower MCH mortality rates in UAE:

1. What is the policy issue? What does the UAE government want to achieve in lowering the MCH mortality rates?
2. Why is a government intervention needed?
3. Who are the people affected by the increasing MCH mortality rates?
4. When is the MCH policy required to develop and implement?
5. Where is the issue targeted?
6. How can the government assist in resolving the issue?

There are limited research studies on the use of PESTLE framework analysis in relation to health policy-making. Audet et al. (2005) found that one-third of US physicians reported to be involved in redesign efforts in the past two years to improve the performance of the health system of care. Hewison (2008) established a policy involvement continuum, where healthcare nurses can move along the continuum of policy literacy, through policy acumen and policy competence to influence on policy. In this phase of policy preparation is consistent with that of the policy literacy within the continuum of policy involvement (Aarabi et al., 2014; Ferguson, 2001; Hewison, 2008).

Kolios and Read (2013) found that the utilization of the PESTLE analysis framework helps in sharing knowledge and setting policy requirements to address the policy issues. Cox (2011) also found that using both the PESTLE and SWOT analysis provided opportunities for the improvement of existing general policies and systems. The other factors considered in this first stage of policy-making in the UAE include the political, economic, sociocultural, technological, legal and environmental analysis, or the PESTLE analysis.

In a recent study (Moonesar, 2015), at least 96% of Emiratis stated that they have been involved in the policy identification stage of the policy making process, while at least 91% of non-Emiratis stated that they have been involved in the policy identification stage of the policy making process.

Policy Formulation

The second stage of the policy-making and development process of policies within the UAE is the policy formulation. Policy proposals formulated through the UAE political channels by policy-planning organizations, government bureaucracies, interest groups, state (emirate) legislatures, and the president and cabinet. The development of possible solutions and alternatives to addressing the policy issues devised with consideration of several alternatives including three phases: the start-up, assessment and appraisal and recommendations.

1. The start-up phase includes securing the policy project resources, identifying the stakeholders, validating the interests and developing a policy project plan. Tsoukiàs et al. (2013) found that defining the policy objectives in relation to the value-driven, cultural-driven, and stakeholder-driven is critical in policy-making cycle. For instance, a new MCH health policy can affect the hospitals, municipalities, and education, justice, and trade entities.

2. The assessment and appraisal phase includes the review of the prior or existing policies and an analysis of the cost and benefits the potential solutions and alternatives for addressing the policy issues. Tsoukiàs et al. (2013) found that designing innovative and value-driven alternative policies and assessing potential impacts are critical in policy-making cycle. During this phase, there is the consideration of the direct costs such as human resources, operating, and capital requirements.

3. The recommendation phase is used to formulate the complete policy for the concerned minister and presents the policy proposal. This phase is similar to the policy finalization of the policy cycle (Tsoukiàs et al., 2013). The input parameters such as issues, multiple values, and results are considered in the drafting of a policy.

In a recent study (Moonesar, 2015), at least 93% of Emiratis stated that they have been involved in the policy formulation stage of the policy making process, while at least 83% of non-Emiratis stated that they have been involved in the policy formulation stage of the policy making process.

Policy Adoption and Legitimization

The third stage of the policy-making and development process of policies within the UAE is the policy adoption. This stage is also similar to the policy finalization of the policy cycle (Tsoukiàs et al., 2013) where the formulated complete policy report has been presented to the key legislator. The policy proposal entails elements such as the title, relation to the UAE strategy, options, recommendation, implementation scheme, consultation, legal implications, financial implications, and wider impact.

Following the policy proposal presentation to the UAE Cabinet from Stage 2, the members of the cabinet ratify, reject, or provide recommendations for revision to the policy. Afterward, the policy legitimizes as a result of the public statements or actions of government officials including the president, cabinet, state (emirate) legislators, agency officials, and the courts. This stage includes executive orders, budgets, laws and appropriations, rules and regulations, and administrative and court decisions that set policy directions.

In a recent study (Moonesar, 2015), at least 90% of Emiratis stated that they have been involved in the policy adoption stage of the policy making process, while at least 82% of non-Emiratis stated that they have been involved in the policy adoption stage of the policy making process.

Policy Implementation

The fourth stage of the policy-making and development process of policies within the UAE is the policy implementation in relation to two phases: policy monitor and policy review. The purpose of the policy monitoring is to obtain feedback on the implementation of the policy based on the actual performance versus the planned performance. This stage pertains to the collection and reporting of data in relation to the inputs, initiatives and outcomes of the new health policy. Witter et al. (2013) found that policy implementation assessments included data collection mechanisms such as exit interviews, key informant interviews, facility survey, and financial analysis.

Policy implementation includes all of the activities that result from the official adoption of a policy. Policy implementation is what happens after a law passes. We should not assume that the passage of a law is the end of the policy-making process. Ross and Begala (2005) found that policy development was ranked well among the 55 developing countries. Ross and Begala (2005) stated that this was probably the easiest to achieve policy development for maternal health because governments viewed MCH

policies as noncontroversial. There were concerns for the implementation of action plans as a result of the MCH policies developed (Ross & Begala, 2005). The policy review depends on the type of policy term or policy strategy selected. The periodic review occurs for long-term policy on an annual review; medium-term policies are considered on biannually, while short-term policies reviewed quarterly. The analysis review is conducted to help determine the effectiveness of the policy and to report any changes or recommendations required.

In a recent study (Moonesar, 2015), at least 93% of Emiratis stated that they have been involved in the policy implementation stage of the policy making process, while at least 79% of non-Emiratis stated that they have been involved in the policy implementation stage of the policy making process.

Policy Assessment and Evaluation

The fifth stage of the policy-making and development process of policies within the UAE is the policy assessment and evaluation. The goal of this stage is to understand data and gather data, tools for using data and structured thinking tools. Tsoukiàs et al. (2013) found that policy evaluation, and readjustment and innovation tools are considered success criterion during the in policy-making cycle. Such evaluative analysis helps with being proactive and value-driven through the identification of and mapping a resistance to and adverse effects of the policy (Tsoukiàs et al., 2013). Some examples of the ways in which the understanding of policy-making can be acquired by the policy-makers include surveys, interviews, focus groups, forecasting, benchmarking, brainstorming, and SWOT and PESTLE Analysis.

In a recent study (Moonesar, 2015), at least 89% of Emiratis stated that they have been involved in the policy implementation stage of the policy making process, while at least 78% of non-Emiratis stated that they have been involved in the policy implementation stage of the policy making process.

Policy Recommendations for UAE MCH Leadership

UAE MCH leadership such as the country's Federal and State Ministry/ Departments of Health are to influence the policy development of reducing mortality rates and continuing to improve the lives of mothers and children. Alexander (2003) noted that it took leadership in MCH to assure the preparation of others with the skills, the knowledge, the will, the traits, the conviction, and a sense of purpose with the hope of improving the safety, health and well-being

of mothers and children. The factors that influence policy-making in the UAE is crucial for future policy development processes at the federal level. Public health leaders, ministers, undersecretaries and government entities and agencies may use the results of this policy belief and other studies to be aware of the importance of lowering the mortality rates of maternal and children within the country and also priority countries within the EMR.

In order for healthcare professionals and practitioners to have a positive impact on the development of policies it may be critical to understand and implement enabling factors such as organizational support, employing highly-skilled and competent healthcare professionals, and ensuring that professionals come from a variety of countries. The MCH leadership may transfer this knowledge across those priority countries within the EMR as best practice. Furthermore, the MCH leadership may review the current health policy systems in the UAE to include enabling factors for increased involvement and influence. Additionally, MCH leadership could create an awareness of the importance of practitioners' involvement in policy-making processes.

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