



# BRIEFING NOTES

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## POLICY TRANSFER IN INFECTIOUS DISEASES

DFID TB KNOWLEDGE PROGRAMME

### BACKGROUND

Policy Transfer in Infectious Diseases is a project funded by the UK Economic and Social Research Council under their Future Governance Programme. Gill Walt, Louisiana Lush and Jessica Ogden of Health Policy Unit, LSHTM, are engaged in this work, in collaboration with the Helen Schneider of the Centre for Health Policy (University of Witwatersrand, South Africa), Julie Cliff of the University of Eduardo Mondlane and Isabel Nhatave, MoH, Maputo, Mozambique. The project is currently in its second of three years of funding.

The study explores the transfer of global policies on infectious diseases to developing countries, comparing directly observed therapy short course (DOTS) for the treatment of tuberculosis and syndromic management for sexually transmitted infections at the primary health care level. The objective of the study is to draw lessons from the tensions of implementing infectious disease policy, by identifying the factors facilitating and constraining the transfer of global policies to national contexts. Particular emphasis is placed on the role of intermediaries in the policy process, how international consensus on policies is reached, how strategies or interventions are developed, and are then transferred to, and implemented in, countries.

The sorts of questions we seek to answer are

- How far has policy transfer actually occurred?
- Under what conditions will policy transfer occur?
- What aspects of the policy are transferred?
- What is the role or function of knowledge in policy transfer?
- Does policy transfer achieve successful results?

The first phase of the study was carried out at international level. Officials and policy makers at institutions which were centrally involved in the development and transfer of these policies were interviewed. The second phase took place in two neighbouring countries, Mozambique and South Africa. These countries were selected because they suffer from high levels of morbidity and mortality due to these diseases, they have adopted the globally advocated policies of DOTS and syndromic management, and because the policy environments of both countries differ significantly. Until recently South Africa has been relatively isolated from international influence, while Mozambique is highly dependent on external support.

We anticipate the findings to identify the following

- The conditions which lead to policy transfer and policy adaptation
- Ways of improving the ability of governments to engage in active, relevant policy transfer
- Mechanisms for improving information about policy transfer to inform effective implementation
- How knowledge and information can be better used to inform policymakers

## SUMMARY OF MAJOR FINDINGS

It has emerged that there are important differences between DOTS and Syndromic management both in the ways in which these policies were generated at international level, and in the forms and nature of transfer.

Our findings suggest that policy transfer is a long adaptive process, made up of several iterative loops, as research and clinical practices developed in one or more countries, are adopted, adapted and then taken up by international organisations which then mobilize support for particular policies, market and promote them. General assumptions that new ideas about policies flow 'rationally' into existing decision processes are challenged by the processes we have identified. Policy transfer, according to these infectious diseases policies, is iterative, and goes through separate, 'bottom-up', research-oriented and 'top-down', marketing oriented, loops. In the process, policies are invented and re-invented, shift from being context specific to being 'one-size fits all' blueprints, which has major implications for the effectiveness of implementation.

Syndromic management emerged in the late 1970s from researchers and public health physicians working in sub-Saharan Africa where they had to treat large numbers of STIs in difficult circumstances. The tool was initially carefully designed to be appropriate to local epidemiological and resource situations. By the late 1980s, however, the World Health Organisation had adopted it in a simplified, gold standard form. In the context of the rapid spread of HIV/AIDS and syndromic management's proven effectiveness in preventing it, they promoted it heavily among international donors. These in turn pressured national programmes to adopt the new approach. Nevertheless, on implementation, the policy turned out to have significant problems which led to a backlash among programme implementers from which the policy has never really recovered.

Although tuberculosis (TB) has been a problem of public health importance for centuries, prior to the last decade it was not prominent on the international health agenda. In the late 1980s and early 1990s the WHO and IUATLD developed a new joint global strategy. This strategy was branded 'DOTS', where DOTS stands for Directly Observed Treatment, Short-course chemotherapy. Once developed and named, the DOTS strategy was aggressively promoted by key actors in the WHO and the World Bank as the solution to TB control. The strategy was subsequently transferred from the international arena to national and local governments the world over. The Global TB Programme was enormously successful in developing and marketing their TB control brand. Nevertheless, some lessons emerge. First, it is possible to raise the profile of a policy dramatically but this depends on external events as well as the internal media campaign. Second, the process of political campaigning requires massive simplification of policy, which carries inherent risks. Simplified policies marketed to international donors also make it to national policy agendas and can be harmful to otherwise carefully designed, locally appropriate programmes.

## COLLABORATING PARTNERS

Gill Walt, Louisiana Lush and Jessica Ogden, Health Policy Unit, LSHTM; Helen Schneider, Centre for Health Policy (University of Witwatersrand, South Africa); Julie Cliff, University of Eduardo Mondlane and Isabel Nhatave, MoH, Maputo, Mozambique.

## KEY PUBLICATIONS

A number of papers are currently being prepared for submission. The following three papers will be submitted by the end of 2001:

- 1) Walt G, Lush L and Ogden J. Policy transfer: iterative loops, adoption, adaptation and marketing in infectious disease
- 2) Ogden J, Walt G, Lush L. Agenda Setting for DOTS;
- 3) Lush L, Walt G, Ogden J. From the simplified approach to syndromic management of STIs: clinical expediency or international policy?

Papers from the country-level work will be submitted in 2002.

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Tel: +44 (0)207 927 2194, Fax: +44 (0)207 612 7860, E-mail: alexandra.coldham@lshtm.ac.uk**