CASE STUDY
Capital to Clinic:
Empowering advocates for successful policy implementation

Robust policy is critical to achieving improved health outcomes—but too often, action stops once a policy is developed and adopted. Policies are only as effective as the extent to which they are implemented, and poor policy implementation impedes equitable access to health services.

While there is a documented understanding of the barriers to successful health policy implementation—including lack of evidence-based planning, inadequate political commitment and resources, weak capacity of public institutions, and failure to include frontline workers and other key stakeholders in decision-making processes—strategies to help overcome these barriers through advocacy, especially in settings in low- and middle-income countries, are less documented.

With the aim of galvanizing efforts to improve advocacy for policy implementation, PATH launched a project in late 2019 to examine bottlenecks that prevent policies developed at the national level from being implemented at the point of service delivery. PATH’s Capital to Clinic initiative, supported by the Bill & Melinda Gates Foundation, aims to establish a tool for advocates—building upon defined strategic frameworks and practitioner know-how—to move the policy process from development to implementation and evaluation.

The challenge and opportunity

Approaches to policy implementation have traditionally been categorized according to two dominant paradigms: top-down versus bottom-up. Top-down approaches focus primarily on the design of the policy itself, assuming that if the design is right, implementation will flow smoothly. By contrast, bottom-up approaches emphasize the role of implementers—civil servants who work directly with the public—in determining the success of policy implementation.

Many tools exist to help decision-makers identify barriers and enablers for policy implementation, but most tools adopt a fundamentally top-down perspective that does not adequately consider the context-specific adaptation required for successful implementation. This is especially pertinent in the context of the

Civil society organizations like PATH play a key role in policy implementation by organizing dissemination of information to the subnational level, such as at this 2020 session in Uganda to support county health officials in the implementation of COVID-19 policies. Photo: PATH/Deogratias Agaba.
COVID-19 pandemic, as policies are being rapidly designed, enacted, and adapted in real time using feedback from the community level. While *Capital to Clinic* was launched prior to the start of COVID-19, the pandemic period has created a unique opportunity for learning, developing best practices, and establishing tools and methodologies for effective and efficient policy implementation through the pandemic and beyond.

**Implementing the strategy**

To provide practical and evidence-based guidance for advocates, the *Capital to Clinic* project was designed to be a consultative process from the start. We convened a technical advisory group in London in late 2019 to shape our main points of focus for the work and decide on parameters for an outcome tool. We conducted a literature review of policy implementation frameworks and existing tools on the drivers of policy implementation—including the USAID Policy Implementation Assessment Tool and Brinkerhoff and Crosby’s Policy Characteristics Checklist. In early 2020, we held a participatory workshop at the Prince Mahidol Awards Conference, in partnership with the Bill & Melinda Gates Foundation, during which we engaged participants in discussion around methods for evaluating implementation of primary health care and universal health coverage policies.

With the onset of the COVID-19 pandemic, we needed to pivot our approach. Late in 2020, PATH held two virtual sharing and consultative forums on policy implementation, bringing together civil society, advocates, academia, and policymakers operating at national and sub-national levels across African countries. The first forum focused on understanding bottlenecks to policy implementation and ways that advocates and policy implementers overcome them. Panelists highlighted practical barriers to effective policy implementation including policies not being designed to be fit for context, lack of political will, inadequate policy dissemination, inadequate allocation and poor utilization of resources, and limited flexibility and adaptation in the policy design process.

The second forum examined policy dissemination practices and their implications for policy implementation. It was evident that gaps exist between national and sub-national levels in terms of understanding policies and related information. Policies not designed with dissemination in mind—including those that fail to allocate adequate resources for dissemination—and technology gaps were among the most common barriers to policy dissemination.

**Achieving the goal**

As a culmination of these learnings from policy researchers and the literature, PATH developed a practical *Capital to Clinic* tool that serves as a resource for advocates in catalyzing action to promote successful policy implementation. This tool looks across the policy cycle—from agenda setting and policy development to dissemination and evaluation—to outline actions that advocates can take to support policy implementation, hold decision-makers accountable, and coordinate feedback from civil society.

“Often policies are fit for purpose at the time they are developed—but as communities change, we need to be able to adapt and evolve to deliver the intervention and ensure a vibrant health system for all.” –Coceka Nogoduka (South African National AIDS Council), speaking at the first Capital to Clinic virtual forum
health providers, subnational stakeholders, and communities. Included in the tool is a one-page summary infographic—ready to be posted on cubicle walls, bulletin boards, and social media—that can serve as a quick reference guide for advocates working to bring policies through implementation.

To accompany the tool for advocates, we also developed a white paper that explores successful policy implementation through the lens of existing policy implementation frameworks and two case studies: the Community-based Health Planning and Services (CHPS) policy in Ghana and the Community Health Extension Program (HEP) in Ethiopia.

**Key learnings about successful policy implementation:**

- **Ensure that implementation is considered in policy development and design.** To make implementation possible, a policy must be fit for purpose and context. In other words, it must address the root causes of a health challenge with an adequate level of resources, while being tailored to a specific national or sub-national context. This is critical for gaining the support of both end-users and decision-makers—and will determine if the policy can be implemented, funded, and utilized by citizens.

- **Advocates can act as a liaison between civil society, health providers, and subnational stakeholders.** During policy development and implementation, it is critical that input and feedback is incorporated from those responsible for implementing a policy—and from those the policy intends to benefit. Though this role can often be played by policymakers, advocates are often well placed to facilitate information exchanges. Stakeholders from lower governance levels must be brought to the table from step one to ensure policies are designed in a way that is appropriate for the context and will serve their intended purpose. In addition, early involvement of the frontline workers responsible for implementation increases buy-in and fast-tracks dissemination.

- **Create feedback loops.** The dissemination process is an opportunity to gather feedback from frontline practitioners and communities for real-time adaptations to policies. Dissemination plans should be developed as early as possible and should include bidirectional feedback mechanisms.

- **Develop effective and innovative tools to support different actors along the policy design and implementation process.** Innovative dissemination, including inclusive digital tools, should be complemented by advocacy for scale-up of effective policies.