Framing in policy analysis

Understanding policy change

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Department of International Health
February 26, 2024

JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Outline

Theory/Methods

Kenyan UHC

COVID Iowa

Health Taxes

What do you want to study?

Research *for* policy

Research *on* policy

Research *for* policy

Modelling Studies

Evaluations

Experiments/Simulations

Exploratory - Qualitative

Vs

Research *on* policy

Media Content Analysis

Qualitative (KIIs, FGDs, etc.)

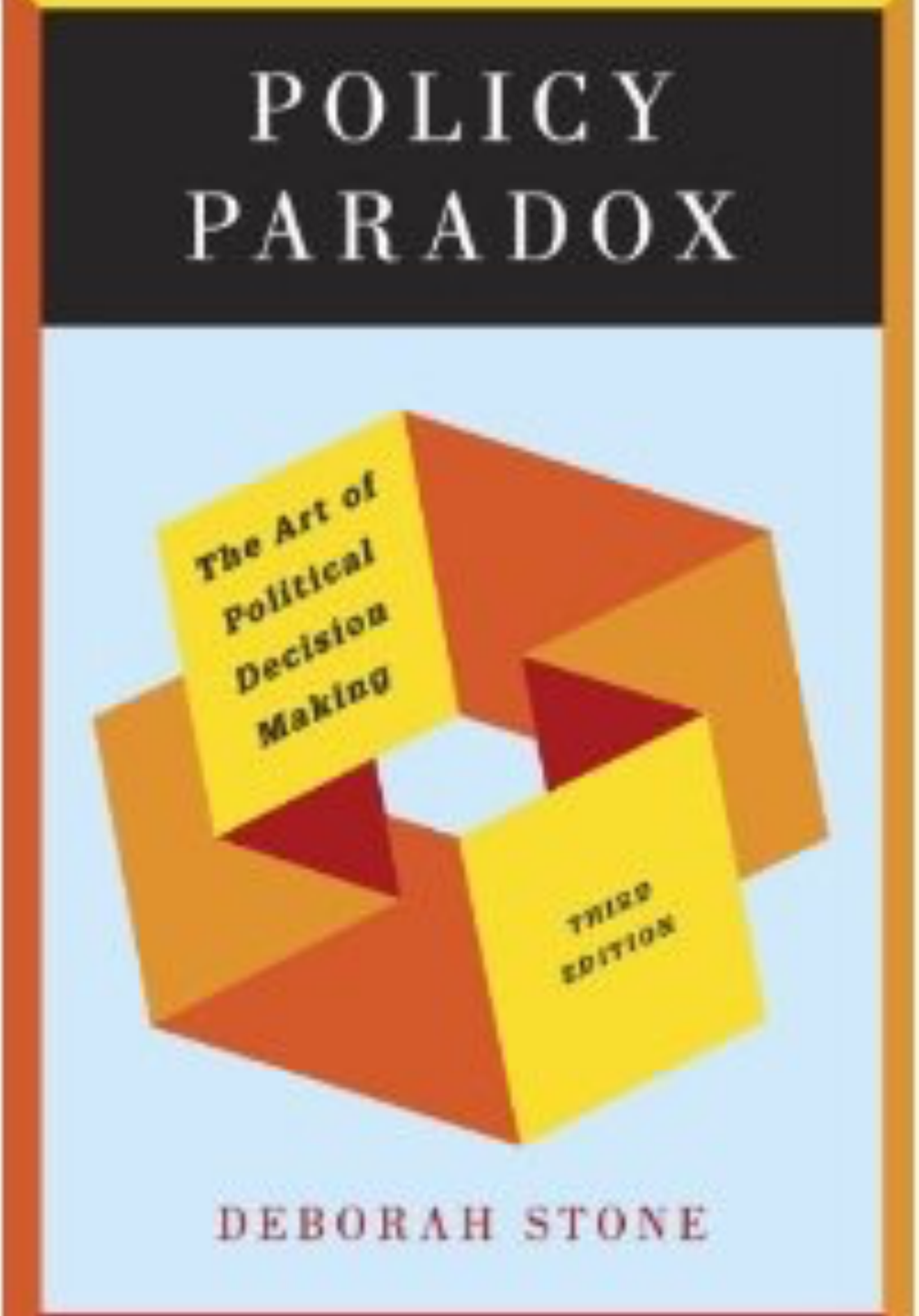
Ethnographic field work

Discourse Analysis

What do you want to study?

Policy Dynamics - Stasis and Change

Policy Variation - Across Sectors and countries



Policy is a contest

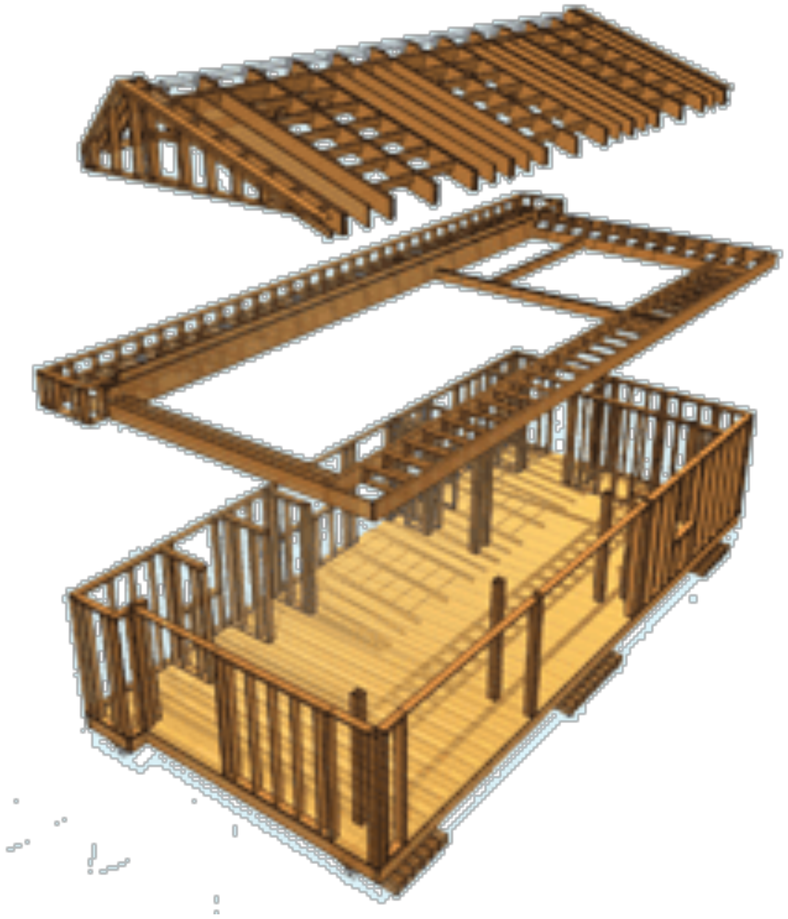
Goals

Problems

Solutions

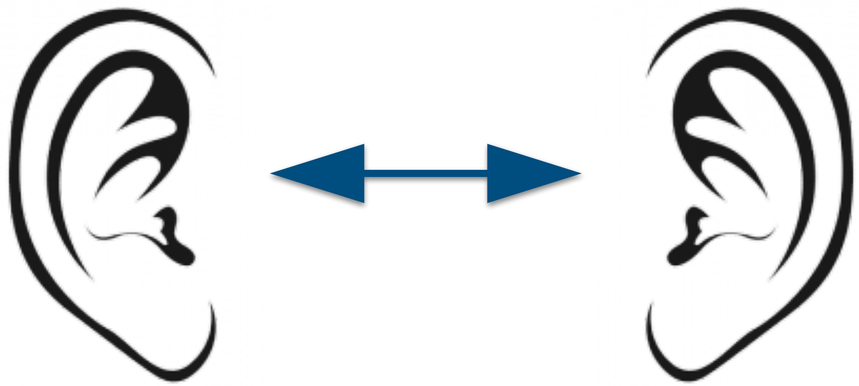
Framing is concerned with meaning

Framing does a kind of work

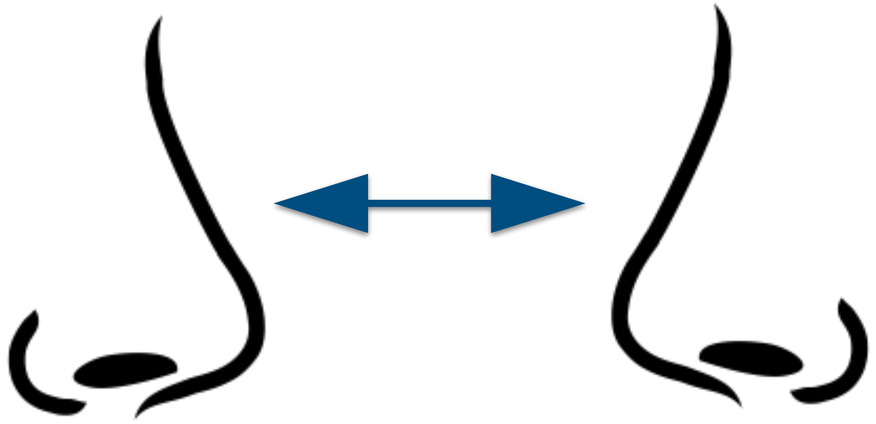


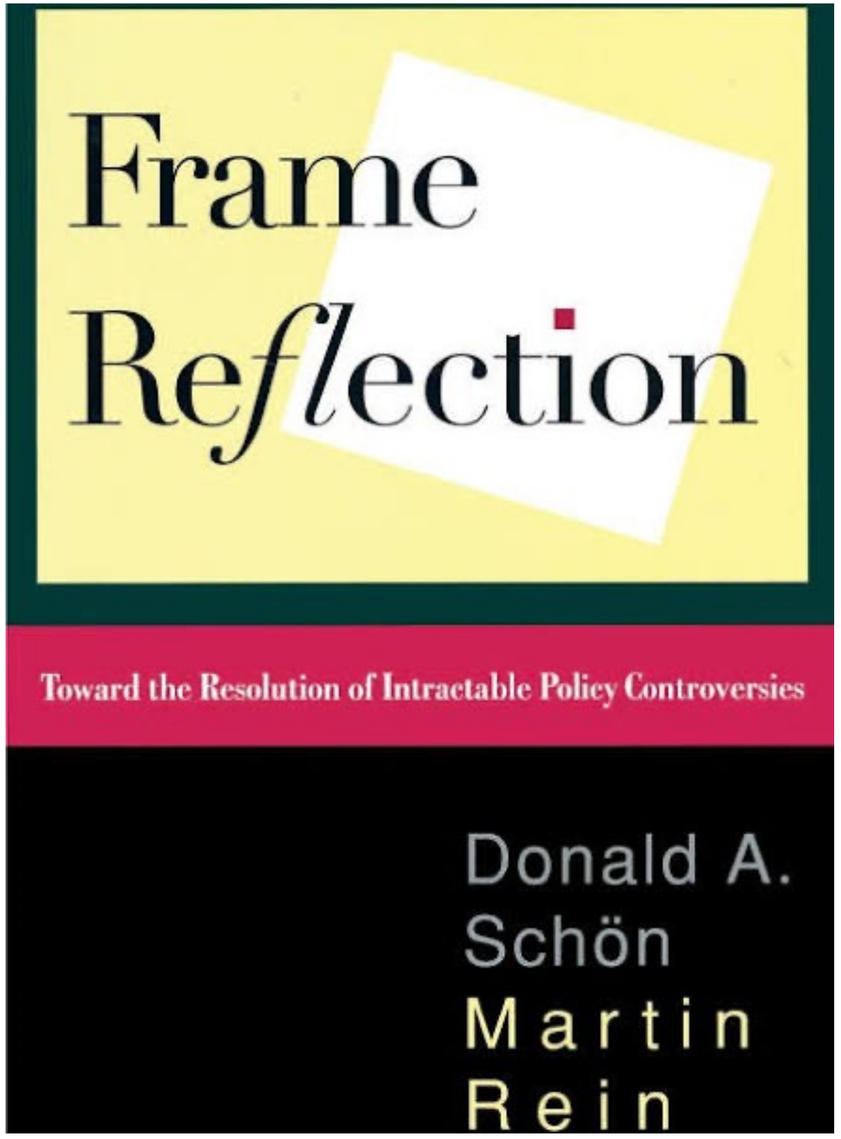
Framing is approached in different ways

“Between the ears”



“Between the noses”





Article

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DOI: 10.1177/0275074014533142
arp.sagepub.com
SAGE

From Policy "Frames" to "Framing": Theorizing a More Dynamic, Political Approach

Merlijn van Hulst[1] and Dvora Yanow[2,3]

Sensemaking

Naming
(selecting & categorizing)

Storytelling

Reframing

Normative Leap
(from *is* to *ought to be*)

Health Policy and Planning, 31, 2016, 801–816
doi: 10.1093/heapol/czv128
Advance Access Publication Date: 11 February 2016
Review

OXFORD

Review

Framing and the health policy process: a scoping review

Adam D Koon*, Benjamin Hawkins and Susannah H Mayhew

Department of Global Health and Development, London School of Hygiene and Tropical Medicine, London, UK

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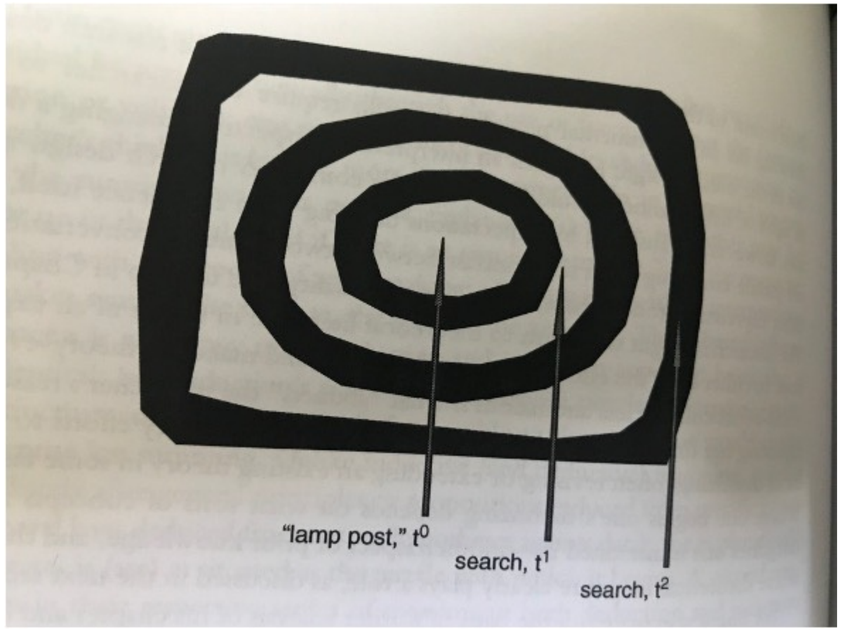
Accepted on 25 November 2015

How do we mobilize this interpretive research?



Elements of Qualitative Analysis

Reading & Memoing

All qualitative data analysis starts with reading your data and reflecting on what it contains.

Writing “memos” documents your thoughts and impressions of the data throughout the analysis process.

Classifying & Coding

A process of breaking down your data into analytical units (categories and themes).

Reduces data to a manageable from.

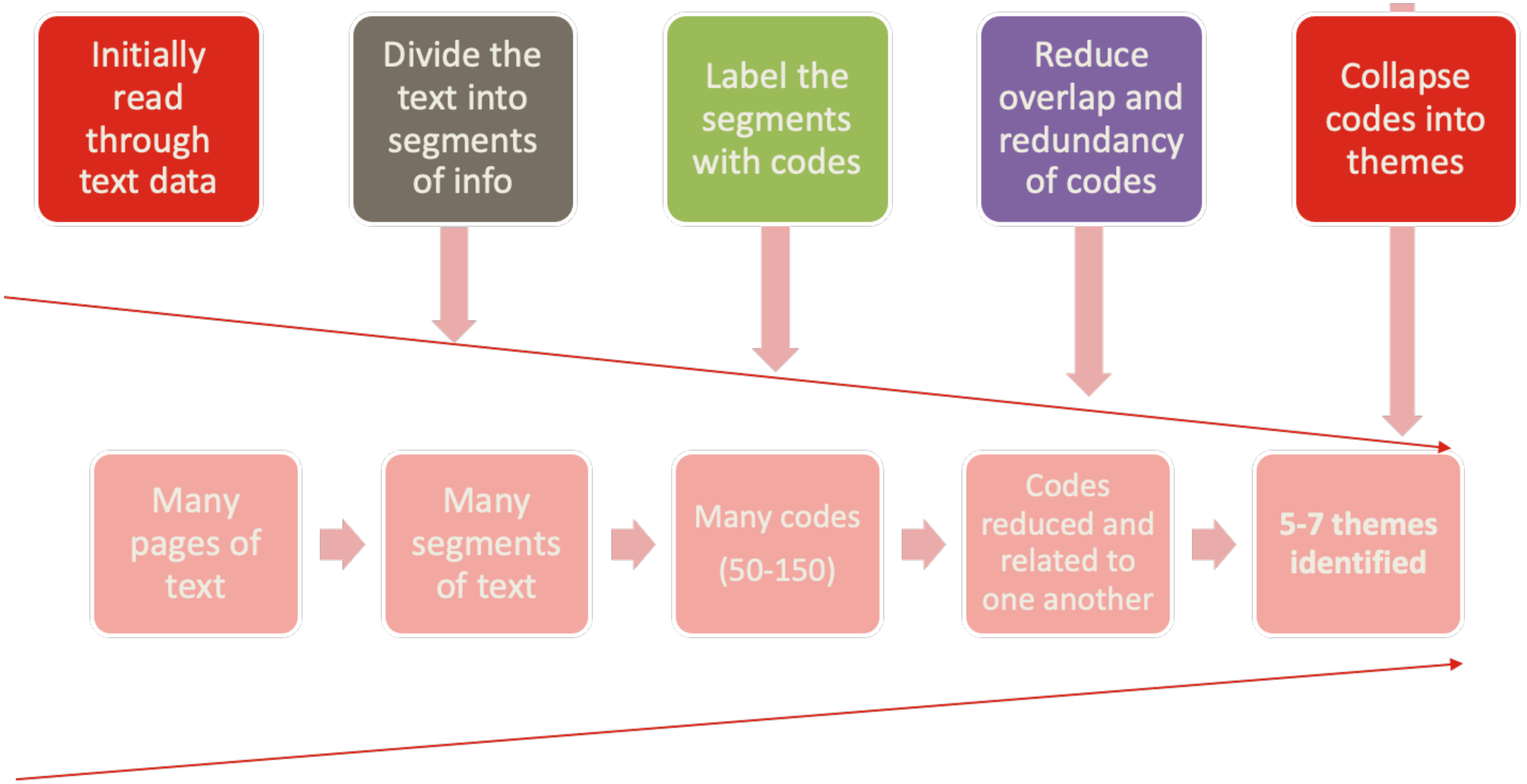
Describing & Inquiring

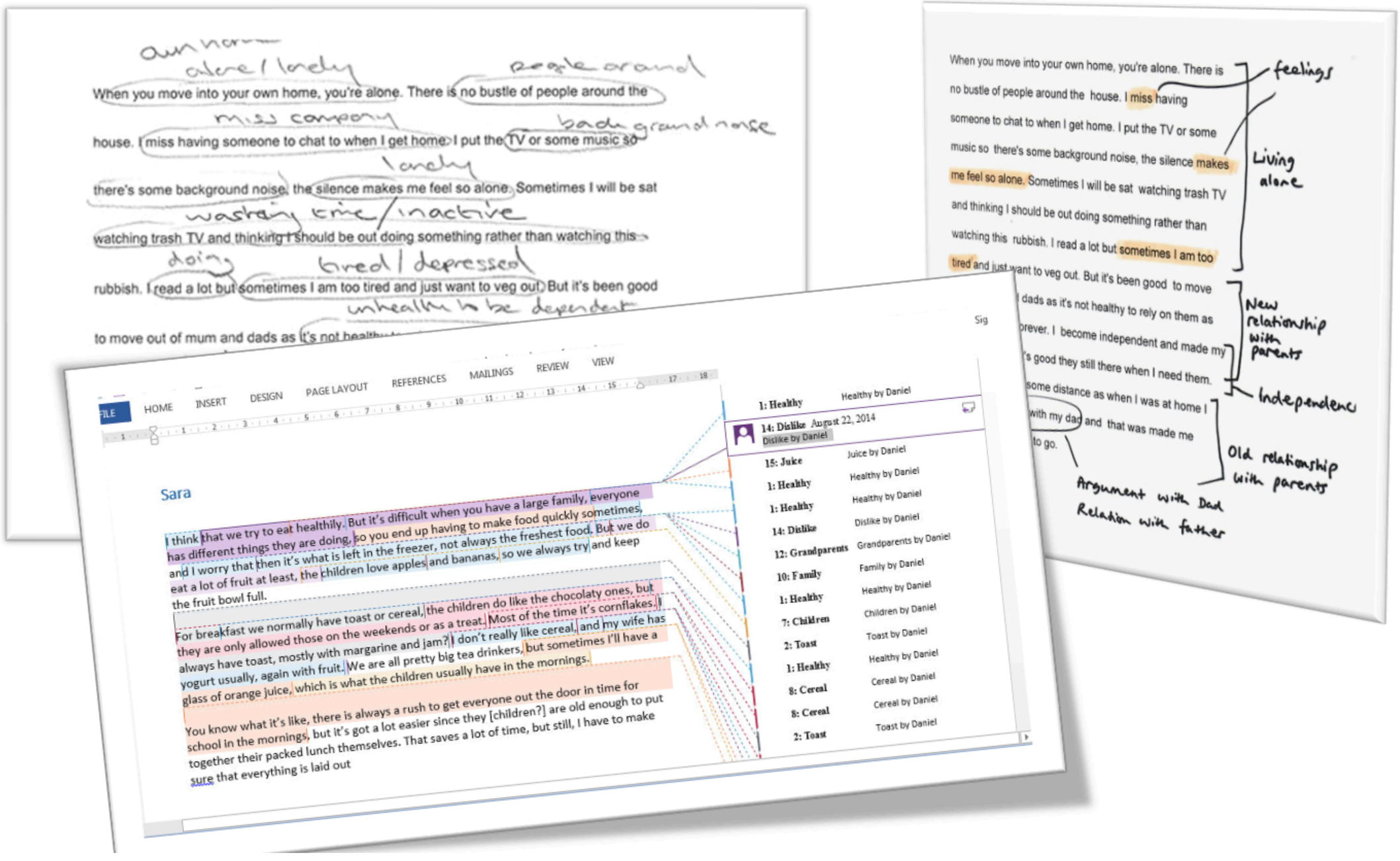
Extend your analysis by “asking questions” of it.

Connect findings to theory, context, or other data.

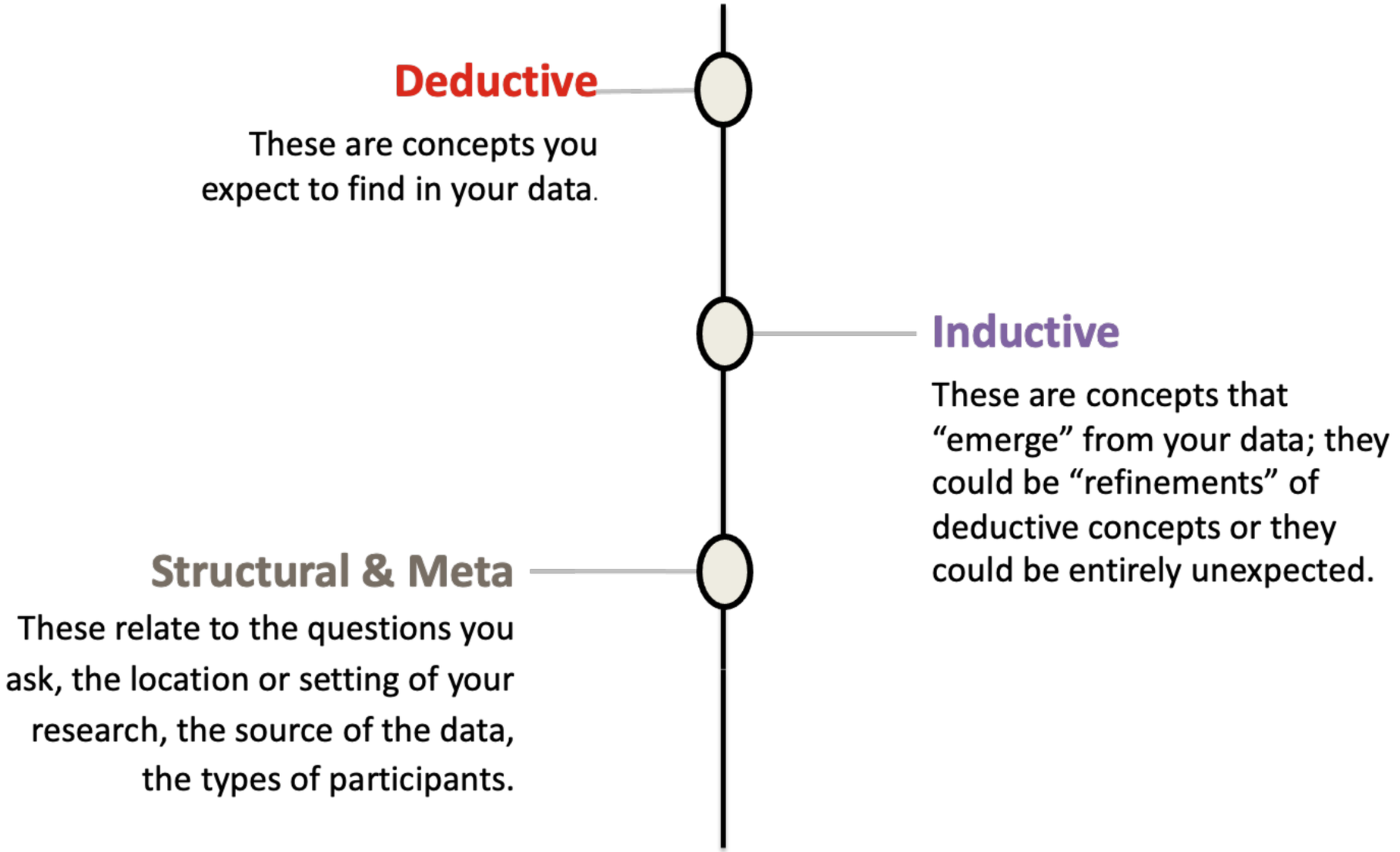
Develop comprehensive descriptions of setting, processes, or participants.

Coding Process




When you move into your own home, you're alone. There is no bustle of people around the house. I miss having someone to chat to when I get home. I put the TV or some music so there's some background noise, the silence makes me feel so alone. Sometimes I will be sat watching trash TV and thinking I should be out doing something rather than watching this rubbish. I read a lot but sometimes I am too tired and just want to veg out. But it's been good to move out of mum and dads as it's not healthy to be dependent
When you move into your own home, you're alone. There is no bustle of people around the house. I miss having someone to chat to when I get home. I put the TV or some music so there's some background noise, the silence makes me feel so alone. Sometimes I will be sat watching trash TV and thinking I should be out doing something rather than watching this rubbish. I read a lot but sometimes I am too tired and just want to veg out. But it's been good to move
dads as it's not healthy to rely on them as
prever. I become independent and made my
's good they still there when I need them.
some distance as when I was at home I
with my dad and that was made me
to go.
feelings
Living alone
New relationship with parents
Independence
Old relationship with parents
Argument with Dad
Relation with father
FILE HOME INSERT DESIGN PAGE LAYOUT REFERENCES MAILINGS REVIEW VIEW
Sara
I think that we try to eat healthily. But it's difficult when you have a large family, everyone has different things they are doing, so you end up having to make food quickly sometimes, and I worry that then it's what is left in the freezer, not always the freshest food. But we do eat a lot of fruit at least, the children love apples and bananas, so we always try and keep the fruit bowl full.
For breakfast we normally have toast or cereal, the children do like the chocolaty ones, but they are only allowed those on the weekends or as a treat. Most of the time it's cornflakes. I always have toast, mostly with margarine and jam? I don't really like cereal, and my wife has yogurt usually, again with fruit. We are all pretty big tea drinkers, but sometimes I'll have a glass of orange juice, which is what the children usually have in the mornings.
You know what it's like, there is always a rush to get everyone out the door in time for school in the mornings, but it's got a lot easier since they [children?] are old enough to put together their packed lunch themselves. That saves a lot of time, but still, I have to make sure that everything is laid out
1: Healthy Healthy by Daniel
14: Dislike August 22, 2014
Dislike by Daniel
15: Juice Juice by Daniel
1: Healthy Healthy by Daniel
1: Healthy Healthy by Daniel
14: Dislike Dislike by Daniel
12: Grandparents Grandparents by Daniel
10: Family Family by Daniel
1: Healthy Healthy by Daniel
7: Children Children by Daniel
2: Toast Toast by Daniel
1: Healthy Healthy by Daniel
8: Cereal Cereal by Daniel
8: Cereal Cereal by Daniel
2: Toast Toast by Daniel

Types of Codes



Management and analysis tool

Nvivo
Atlas.ti
Dedoose
MaxQDA

Functions

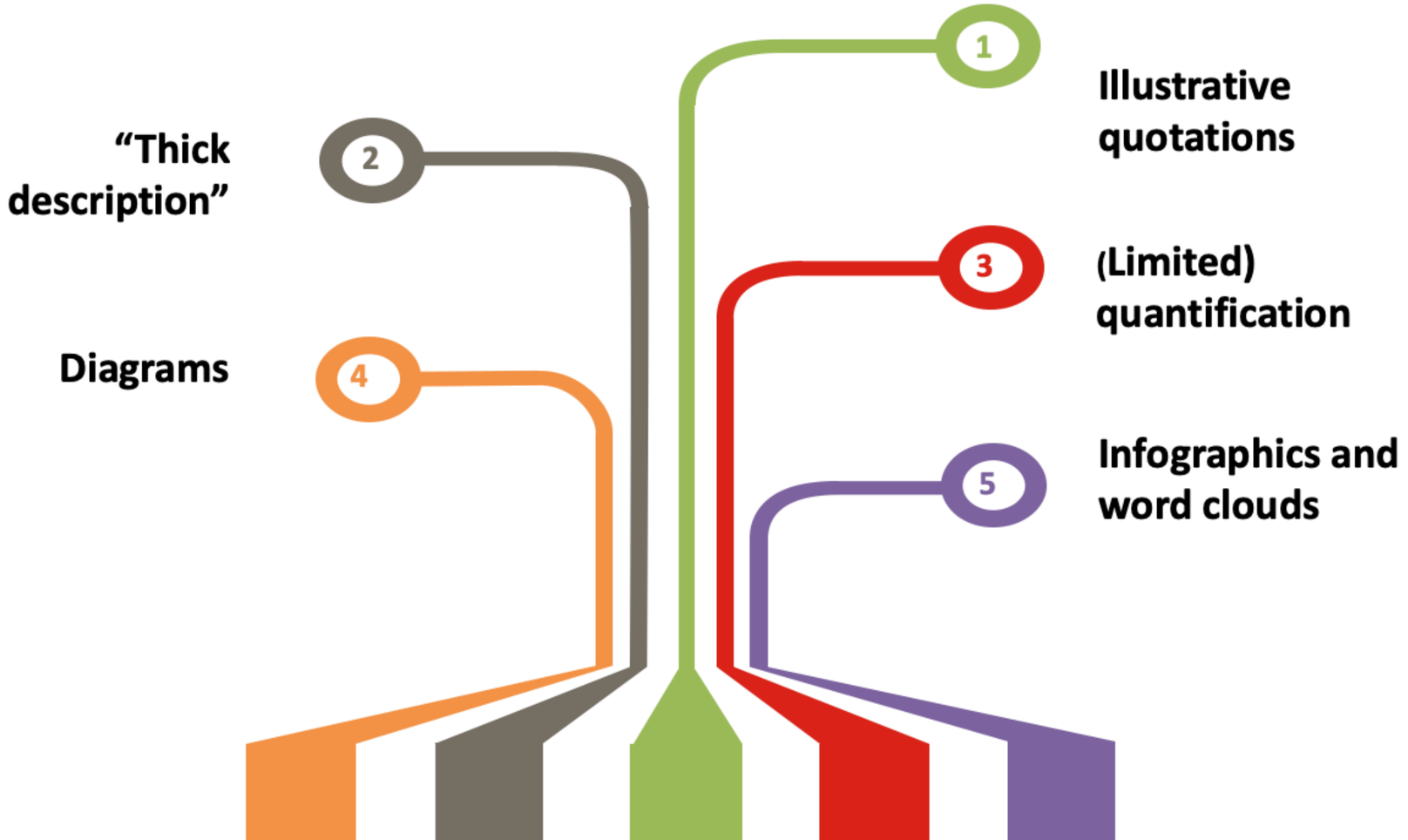
Organize data
Retrieve data
Reduce/code data
Find patterns and interpret data

Advantages

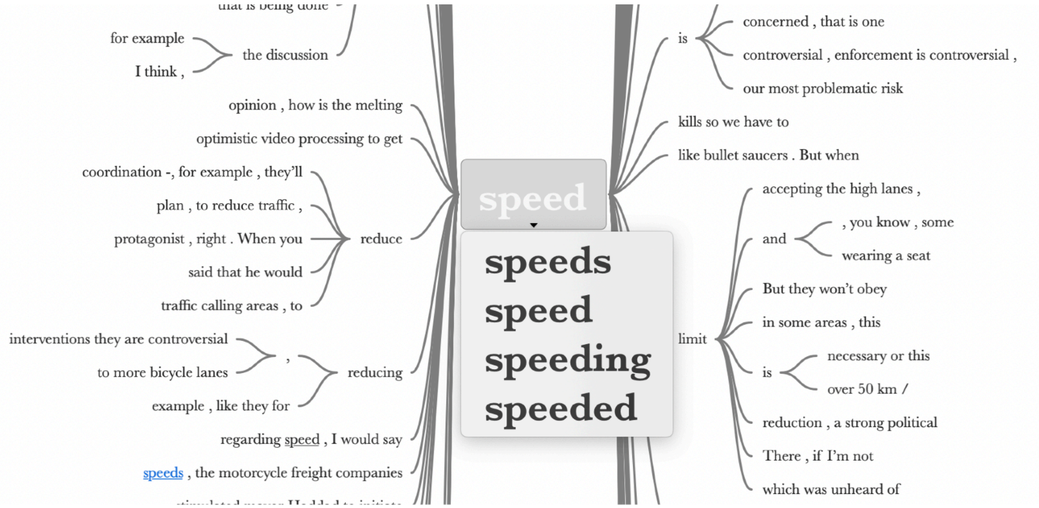
Chart/diagrams
Traceability
Reproducibility

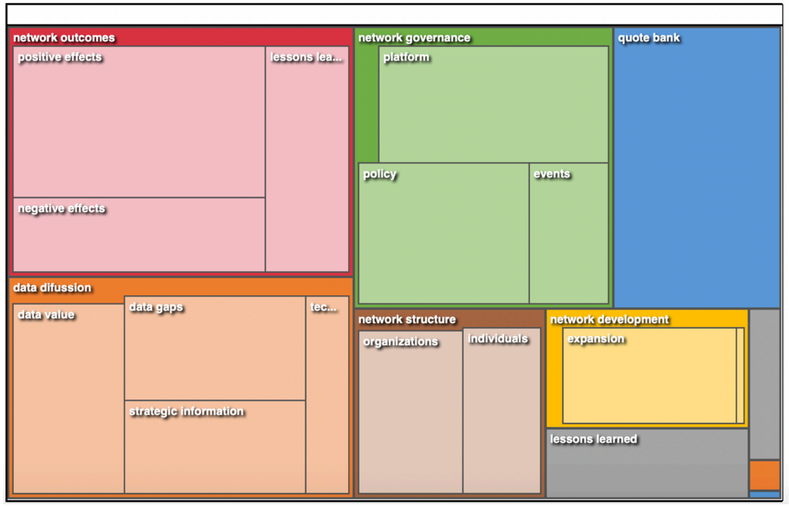
Qualitative software makes analysis more efficient by focusing and organizing the researcher's analytical thought process.

Presenting Output

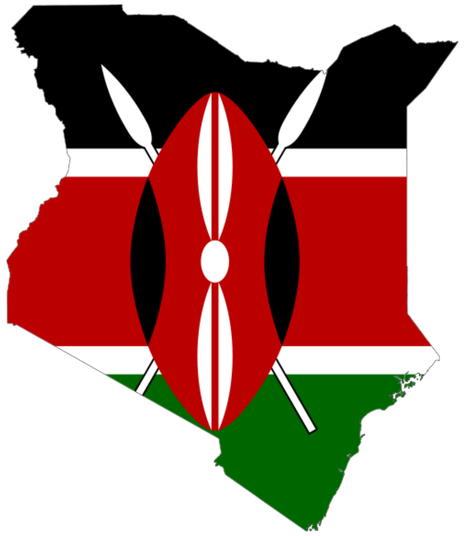


Nodes	city = fortaleza (n=80)	city = sao paulo (n=101)	Total (n=181)
GRSLC	0%	0.19%	**0.11%**
data difussion	0.11%	0.39%	**0.26%**
data gaps	4.94%	6.87%	**5.99%**
data value	6.2%	7.07%	**6.67%**
strategic information	5.17%	5.42%	**5.3%**
technical information	3.44%	2.13%	**2.73%**
lessons learned	3.33%	4.45%	**3.94%**
network development	0.11%	0.68%	**0.42%**
contraction	0.23%	0.29%	**0.26%**
expansion	6.43%	5.61%	**5.99%**
network governance	0.69%	0.77%	**0.74%**
events	3.44%	3.48%	**3.47%**
platform	7.23%	9.39%	**8.4%**
policy	7.12%	7.84%	**7.51%**
network outcomes	0%	0%	**0%**
lessons learned	3.79%	7.65%	**5.88%**
negative effects	5.05%	6.68%	**5.93%**
positive effects	15.61%	8.81%	**11.92%**
network structure	0.11%	0.1%	**0.11%**
individuals	6.66%	2.23%	**4.25%**
organizations	6.89%	4.55%	**5.62%**
quote bank	12.4%	13.36%	**12.92%**
speed	0%	0.48%	**0.26%**
sustainability	1.03%	1.55%	**1.31%**
Total	**100%**	**100%**	**100%**





Kenyan Health Finance



Kenyan National Hospital Insurance Fund

Established in 1966

Established as a Department within MOH

To provide medical insurance cover to its members and declared dependents

Moved to a “parastatal” organization under Act 9 of 1998

National
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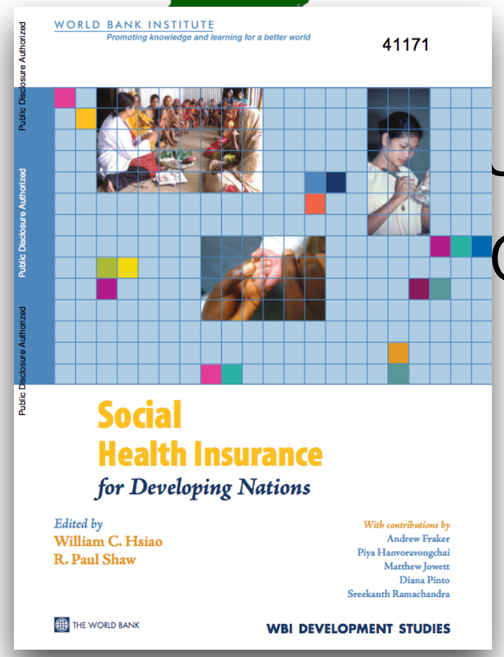
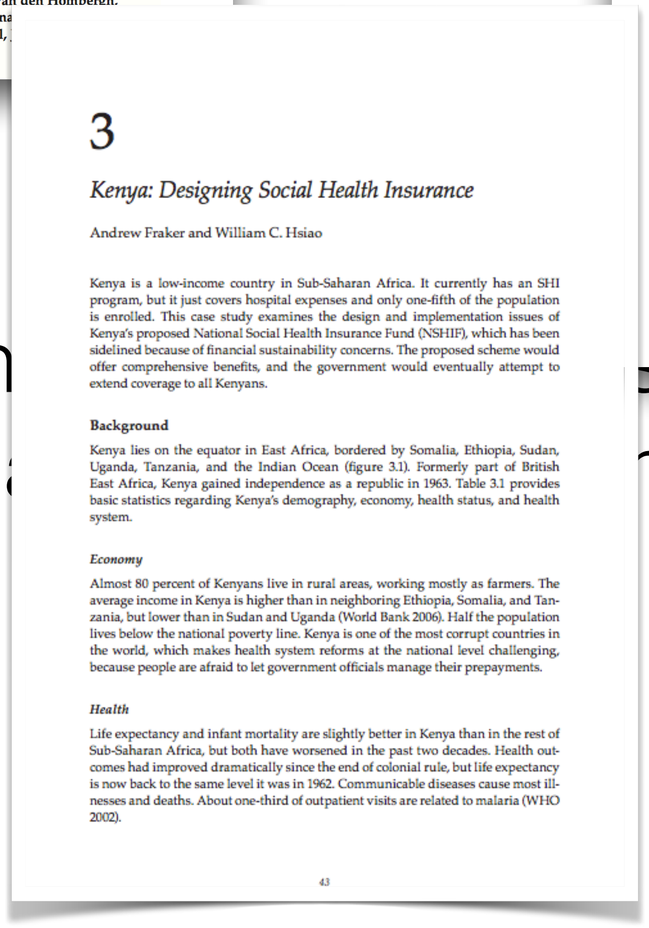
ORIGINAL ARTICLES

Health financing reform in Kenya – assessing the social health insurance proposal

Guy Carrin, Chris James, Michael Adelhardt, Ole Doetinchem, Peter Eriki, Mohammed Hassan, Henri van den Hombergh, Joses Kirigia, Burkard Koemm, Rolf Korte, Rüdiger Krech, Cristopher Lankers, Jan van Lente, Tom Maina, Inke Mathauer, Tom Mboya Okeyo, Stephen Muchiri, Zipora Mumani, Benjamin Nganda, James Nyikal, Rakuom, Bernd Schramm, Xenia Scheil-Adlung, Friedeger Stierle, Dan Whitaker, Manfred Zipperer




3

Kenya: Designing Social Health Insurance

Andrew Fraker and William C. Hsiao

Kenya is a low-income country in Sub-Saharan Africa. It currently has an SHI program, but it just covers hospital expenses and only one-fifth of the population is enrolled. This case study examines the design and implementation issues of Kenya's proposed National Social Health Insurance Fund (NSHIF), which has been sidelined because of financial sustainability concerns. The proposed scheme would offer comprehensive benefits, and the government would eventually attempt to extend coverage to all Kenyans.

Background

Kenya lies on the equator in East Africa, bordered by Somalia, Ethiopia, Sudan, Uganda, Tanzania, and the Indian Ocean (figure 3.1). Formerly part of British East Africa, Kenya gained independence as a republic in 1963. Table 3.1 provides basic statistics regarding Kenya's demography, economy, health status, and health system.

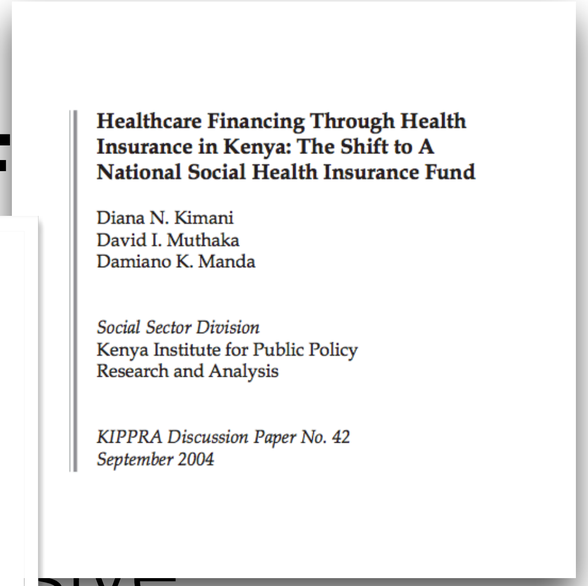
Economy

Almost 80 percent of Kenyans live in rural areas, working mostly as farmers. The average income in Kenya is higher than in neighboring Ethiopia, Somalia, and Tanzania, but lower than in Sudan and Uganda (World Bank 2006). Half the population lives below the national poverty line. Kenya is one of the most corrupt countries in the world, which makes health system reforms at the national level challenging, because people are afraid to let government officials manage their prepayments.

Health

Life expectancy and infant mortality are slightly better in Kenya than in the rest of Sub-Saharan Africa, but both have worsened in the past two decades. Health outcomes had improved dramatically since the end of colonial rule, but life expectancy is now back to the same level it was in 1962. Communicable diseases cause most illnesses and deaths. About one-third of outpatient visits are related to malaria (WHO 2002).

43


Healthcare Financing Through Health Insurance in Kenya: The Shift to A National Social Health Insurance Fund

Diana N. Kimani
David I. Muthaka
Damiano K. Manda

Social Sector Division
Kenya Institute for Public Policy Research and Analysis

KIPPRA Discussion Paper No. 42
September 2004

Sensemaking

Strategic Review
of the National Hospital
Insurance Fund - Kenya

Afya Yetu. Bima Yetu

HARAMBEE

MINISTRY OF HEALTH

THE WORLD BANK

giz

Kenya Healthcare Federation

Naming

Ngilu Bill

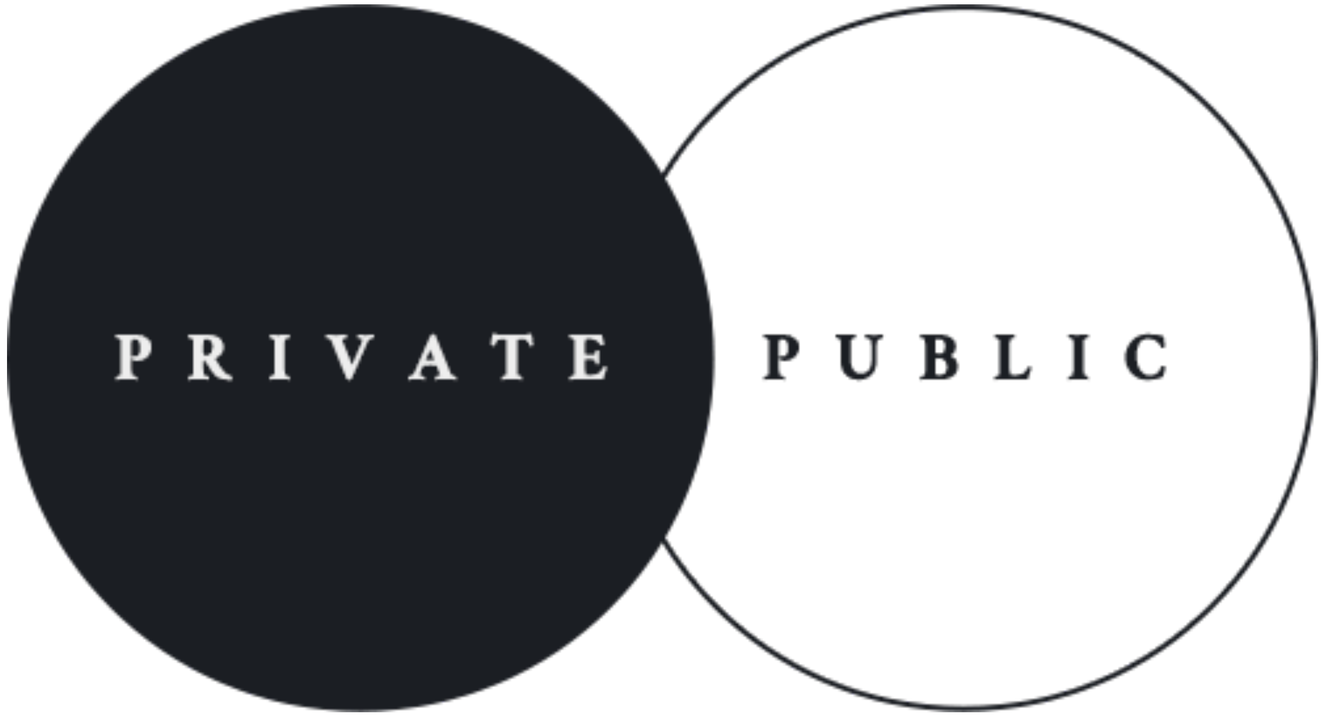
Legislated Monopoly

Unsustainable

Unaffordable

Free Healthcare

Storytelling



Stories of Resistance vs. Betrayal

Table 4 Storytelling elements

Symbolic storytelling devices	Exemplars for agency	Exemplars for emotion
Conflict	Fighting from the gutters	Happy
	Trenches	Exhausted
	Soldiers	Relief
	Battle	Expensive
	War chest	Tired
	Killing	Concern
	Last line of defense	Unified
Deception	Executive backchannelling	Dismay
	Leaking to news media	Angry
	Doubt	Nightmare
	Issue reframing—payroll harmonization	A blow
	Narrative control	Scar
	Feeding frenzy	Concern
	Inter-ministry value conflict	Fear

Koon, Adam D, Benjamin Hawkins, and Susannah H Mayhew. 2020. "Framing Universal Health Coverage in Kenya: An Interpretive Analysis of the 2004 Bill on National Social Health Insurance." *Health Policy and Planning* 35 (10): 1376–84. https://doi.org/10.1093/heapol/czaa133.

Table 3 Framing the Ngilu Bill

Framing dimensions		
Sensemaking	Bill's financing provisions: revenue collection, pooling, purchasing; Policy process: public deliberation over expansion of social services; Actor identities and relationships: Minister Charity Ngilu, President Mwai Kibaki, Treasury (Ministry of Finance), MOH, Private for-profit providers, Development partners (particularly the World Bank & GIZ)	
Naming	'*Ngilu* Bill', '(legislated) monopoly', 'unaffordable', 'unsustainable', 'free healthcare'	
Storytelling	Resistance—conflict (action), validation (emotion) normative leap exemplar (action) *We were there before [Ngilu's team] and we had a written memorandum with questions. [. . .] We had distilled the issues; because we realized unless we go issue based, on the basis of the popularity, we lose hands down, so the only way was to make an operational case and a financial case. To say, 'this is why this can't fly.' You can't register 40 million Kenyans in one year. So, because we are looking at it operationally—can NHIF manage to implement the Bill?- and then economically—can we as a country afford the things that we're being sold? [. . .] So we went to the president with a political case: the risk of failure. First, we showed it will fail. Then we pointed out what failure would mean politically. And, we indicated why we thought it would fail. It was quite a methodical approach. So that is the memorandum that now got sent to parliament as the reason the president rejected it* (private sector_06).	Betrayal—deception (action), frustration (emotion) normative leap exemplar (emotion) *[The Ngilu Bill] was hot. . .very, very difficult. And, since the real unfortunate thing for me, after that failure. . .even the current Cabinet Secretary, I believe when he looks back, he knows that, 'so do you want to go through that?' So universal health care is something that is scarred, something that for you to pick it up, you must really have guts, and you must be prepared to fight [for], [. . .] So is this the thing you really want to do? Or, should you just say, 'I'm Cabinet Secretary. I have five years. I want to achieve these five things,' and you do them. I mean, if I was him. . .I don't know. . .if I was him, I would have five things, but this would be number five, not number one* (private sector_05).

New laws bring major reform to Kenyan health care

Four new bills introduce new funding mechanisms with the aim of strengthening universal health coverage in Kenya. Munyaradzi Makoni reports.

Kenya's health-care system is set for an overhaul after President William Ruto signed four Universal Health Care Bills into law on Oct 19. The laws align with Kenya's efforts to ensure all Kenyans have access to quality health care without experiencing financial hardship.

"Today four crucial Bills for the implantation of Universal Health Care have become law", said Ruto. "These laws together with various policy strategies and regulations that will be subsequently implemented including the community health policy and primary health financial strategies will lay the foundation for the biggest change in the health care system ever witnessed."

The Social Health Insurance Act repeals the National Health Insurance fund, establishing a social health authority that introduces three new funds that will secure publicly funded primary health care, universal health insurance, and equitable access to quality health services.

A primary care fund to pay for primary health care services will be set up. The new Social Insurance Fund payment will enable low-income households to receive subsidised national health insurance to help pay for care, with an emphasis on primary care and prevention. A third fund will pay the costs of management of chronic illnesses after the depletion of Social Health Insurance and pay for emergency treatment.

To support the primary care fund, employed Kenyans will make a monthly contribution of 2·75% of their salary capped at a minimum of Ksh 300 and a maximum of Ksh 5000. Non-Kenyans resident in the country for more than 12 months are eligible to register. Details of financing for the other funds have not yet been established.

Access to health care will no longer be based on the ability to pay, said Ruto. "It will be based on the health needs of every Kenyan. We are implementing a per-household payment system, where a flat rate applies to everyone, regardless of their income", he said.

Currently, Kenyans are paying KSh500–1000 to National Health Insurance which will be replaced with the new scheme. "We want to reduce it to Ksh300; even those who cannot afford it will have the opportunity to have cover", Ruto said.

The Ministry of Health said the quality of health-care delivery and efforts towards universal health coverage have deteriorated over the years as funds which they collect and remit rarely find their way back to health facilities. Now, the Facility Improvement Financing Act empowers public health facilities with autonomy and administration capacity to improve financing.

The Primary Healthcare Act, which focuses on preventive and promotive health services, will see over 100 000 community health promoters being deployed to help improve health-care accessibility and affordability. The Ministry of Health says that the Digital Health Act will streamline technology adoption in health care, strengthening data sharing, and aims to improve health outcomes and accessibility to health-care services, particularly in remote areas.

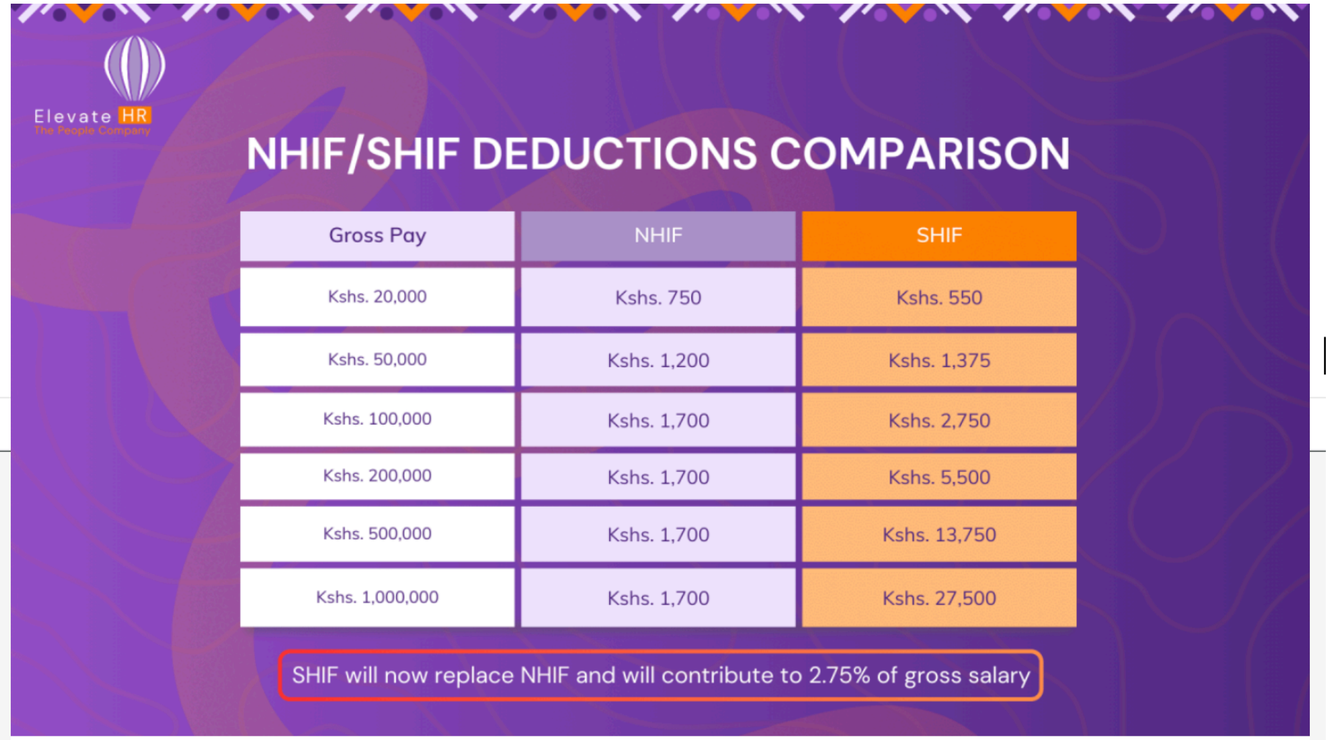
"Implementation of the laws will strengthen the platform for delivering universal health coverage, especially to those who have benefitted least with the health advancements [such as] new diagnostics, vaccine, or preventive medicine", Edward Omondi Ochieng, Project Officer, Global Fund TB project, Amref Health Africa in Kenya, told *The Lancet*. He said that he expected programmes such as the roll-out of antiretroviral therapy for HIV would probably see increased uptake as a result of the new legislation.

Matshidiso Moeti, Director of WHO's regional office for Africa, welcomed the reforms. "This is a major milestone to help increase access to affordable and quality services and drive progress towards our shared determination to attain universal health coverage", she said.

Health workers' unions have reacted strongly against placing community health promoters at the centre of primary health systems. Dennis Miskellah, a consultant obstetric and gynaecologist and Deputy Secretary General of Kenya Medical Practitioners, Pharmacists and Dentists Union said: "The community health promoters have no formal health-related training and neither do they fall under [a] regulatory body. Yet, they have been entrusted to not only offer health education but also treat 'minor' ailments."

Munyaradzi Makoni

President William Ruto described the reforms as the biggest change in the care system ever witnessed



The Social Health Insurance Fund (SHIF) is officially here to address gaps in health cover, especially for Kenyans in the informal sector.

Kenya health insurance fund: Boost for President William Ruto as court lifts ban

19 January 2024

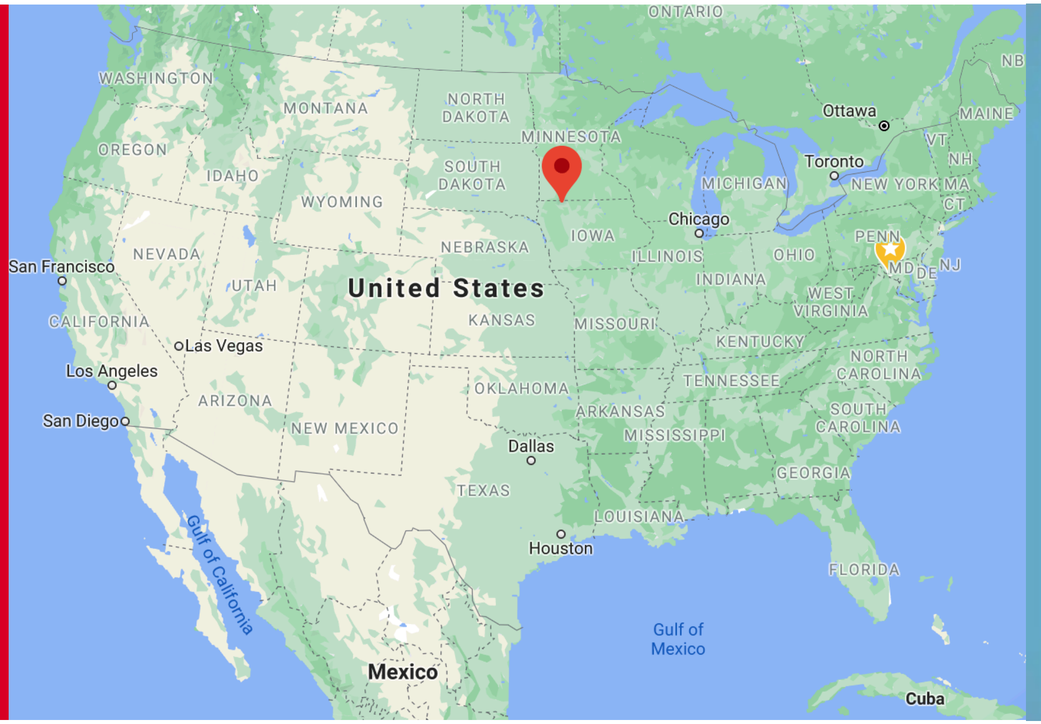
Share

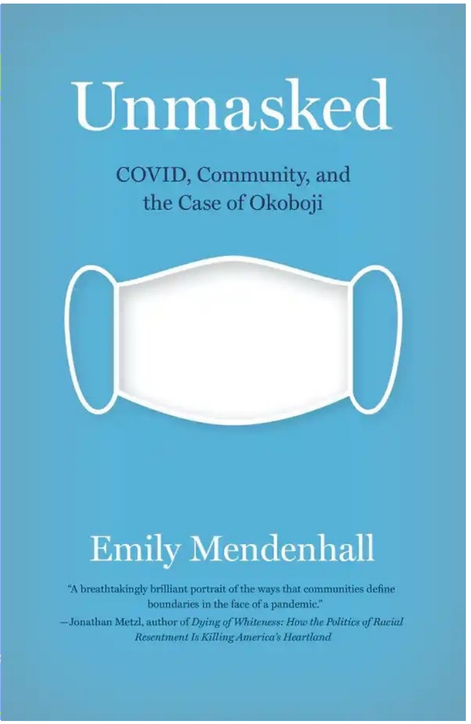
By Wycliffe Muia
BBC News, Nairobi

COVID19

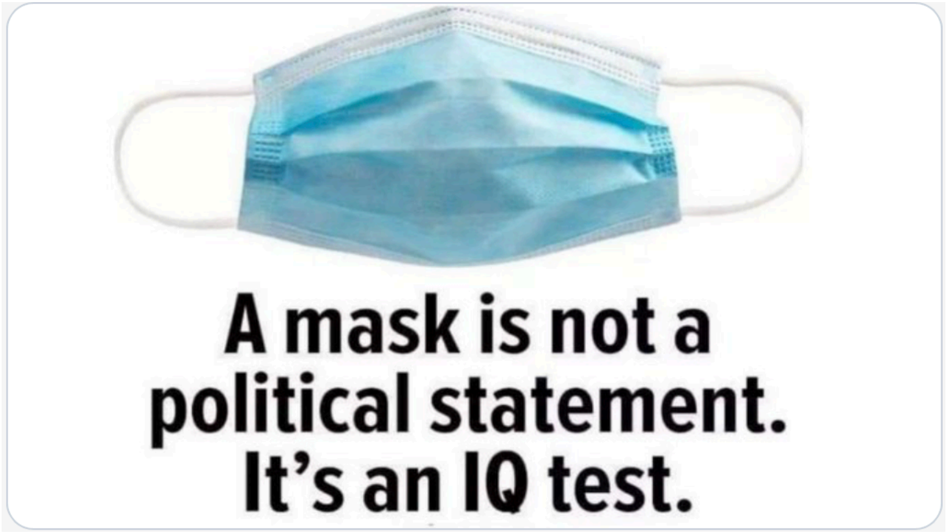
Background

IOWA





What's up with masks?



Kenworthy, Nora, Adam D Koon, and Emily Mendenhall. 2021. "On Symbols and Scripts: The Politics of the American COVID-19 Response." Global Public Health 16 (8–9): 1424–38. https://doi.org/10.1080/17441692.2021.1902549.

What's up with masks?

Politics of Resentment

Value conflicts

Shame

Group affinity

Social Control

Avoidance

Kenworthy, Nora, Adam D Koon, and Emily Mendenhall. 2021. "On Symbols and Scripts: The Politics of the American COVID-19 Response." Global Public Health 16 (8–9): 1424–38. https://doi.org/10.1080/17441692.2021.1902549.

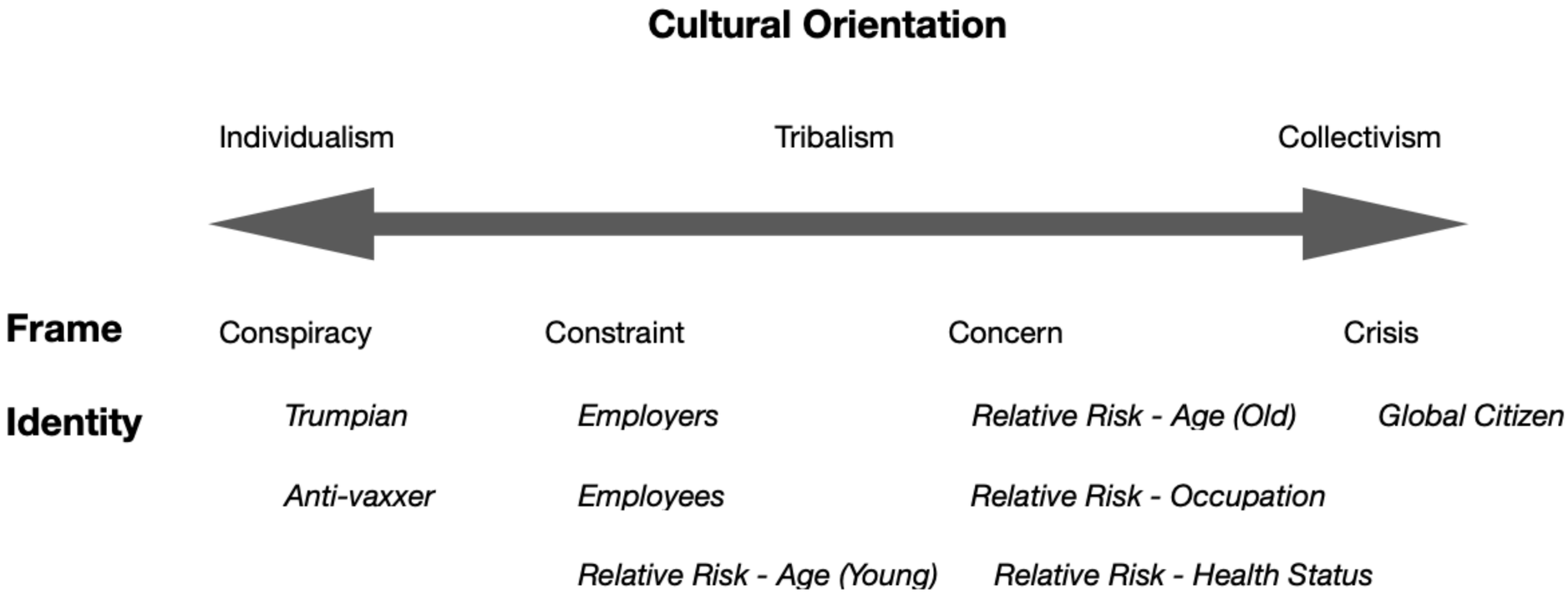
A logic of social action

COVID19 is a _____ because it_____; therefore,_____

Conspiracy	isn't real;	I will ignore it.
Constraint	threatens financial / personal stability;	I will resist control.
Concern	uniquely affects me or my family;	I will protect myself.
Crisis	has profoundly altered life worldwide;	I will do anything.

Koon, Adam D, Emily Mendenhall, Lori Eich, Abby Adams, and Zach A Borus. 2021. "A Spectrum of (Dis)Belief: Coronavirus Frames in a Rural Midwestern Town in the United States." Social Science & Medicine 272: 113743. https://doi.org/https://doi.org/10.1016/j.socscimed.2021.113743.

On a spectrum…



Koon, Adam D, Emily Mendenhall, Lori Eich, Abby Adams, and Zach A Borus. 2021. "A Spectrum of (Dis)Belief: Coronavirus Frames in a Rural Midwestern Town in the United States." Social Science & Medicine 272: 113743. https://doi.org/https://doi.org/10.1016/j.socscimed.2021.113743.

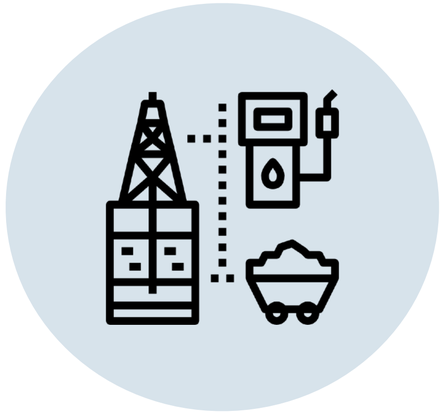
Health Taxes

Background

Health Finance & Governance
Expanding Access. Improving Health.

NANYANG TECHNOLOGICAL UNIVERSITY

What are they?



Pragmatism

Goal is understanding human experience as basis for decision-/sense-making

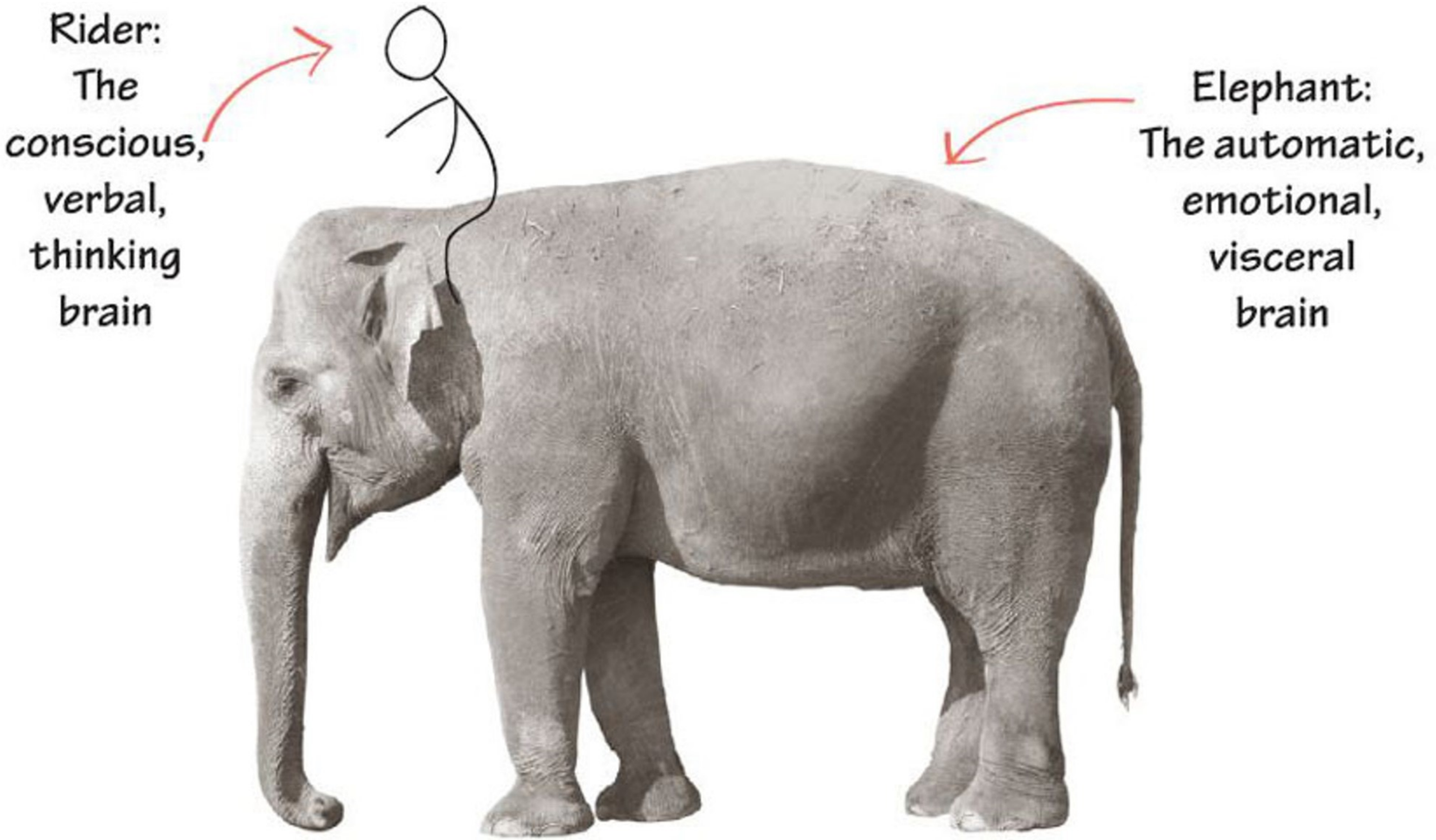
Anti-dualist, rejects “facts” vs. “values”, commonsense, and action-oriented

Truth in so far as it is useful for solving problems (in their contexts)

All phenomena are socially interdependent and uncertain

Pragmatism (experience) Neopragmatism (language)

Social Intuitionism

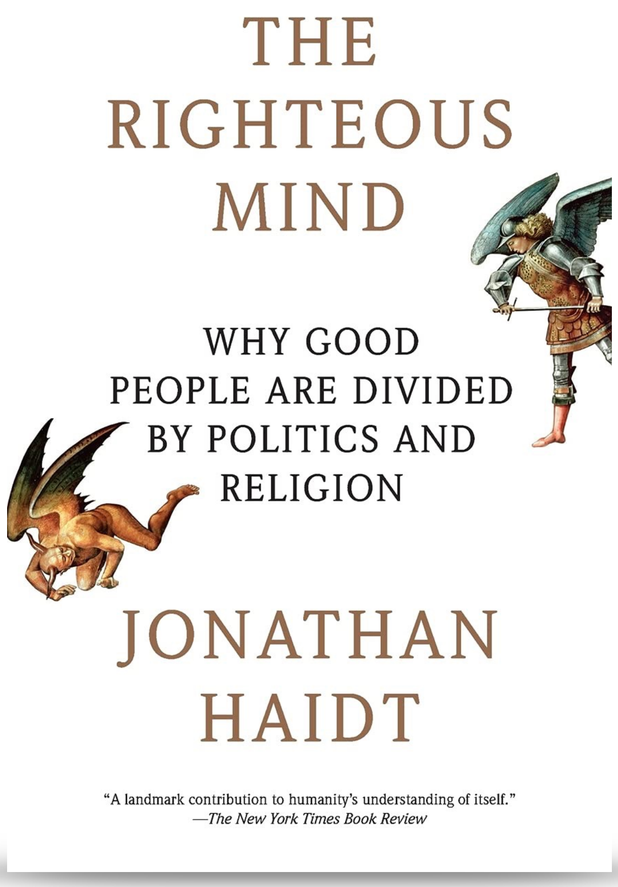


Haidt, J. (1995). The emotional dog and its rational tail: A social intuitionist approach to moral judgment. *Psychological Review*, 108, 814–834.

Social Intuitionism

Table 1: General Features of the Two Systems

The Intuitive System	*The Reasoning System*
Fast and effortless	Slow and effortful
Process is unintentional and runs automatically	Process is intentional and controllable
Process is inaccessible; only results enter awareness	Process is consciously accessible and viewable
Does not demand attentional resources	Demands attentional resources, which are limited
Parallel distributed processing	Serial processing
Pattern matching; thought is metaphorical, holistic	Symbol manipulation; thought is truth preserving, analytical
Common to all mammals	Unique to humans over age 2 and perhaps some language-trained apes
Context dependent	Context independent
Platform dependent (depends on the brain and body that houses it)	Platform independent (the process can be transported to any rule following organism or machine)



THE RIGHTEOUS MIND

WHY GOOD PEOPLE ARE DIVIDED BY POLITICS AND RELIGION

JONATHAN HAIDT

"A landmark contribution to humanity's understanding of itself."
—*The New York Times Book Review*

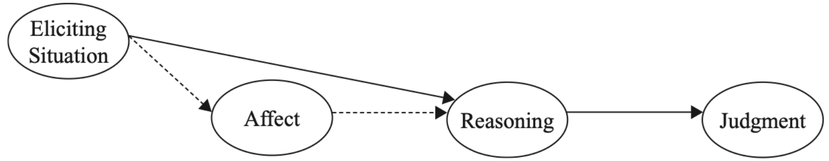


Figure 1. The rationalist model of moral judgment. Moral affects such as sympathy may sometimes be inputs to moral reasoning.

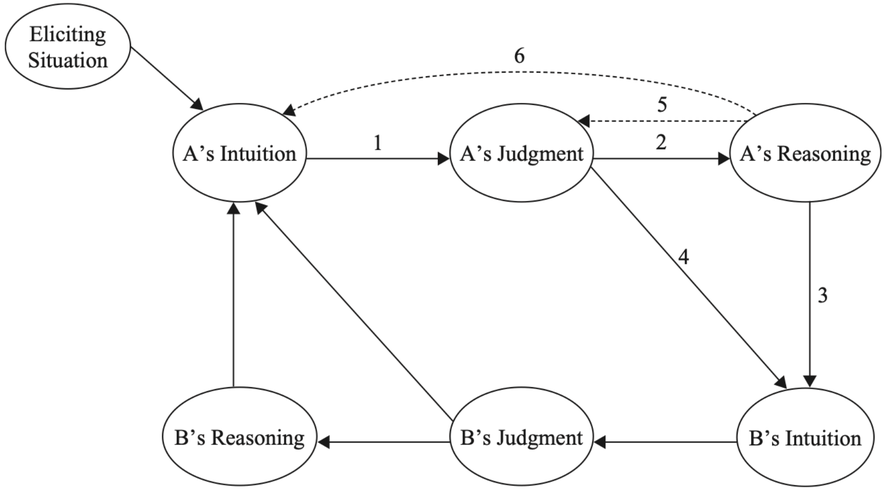
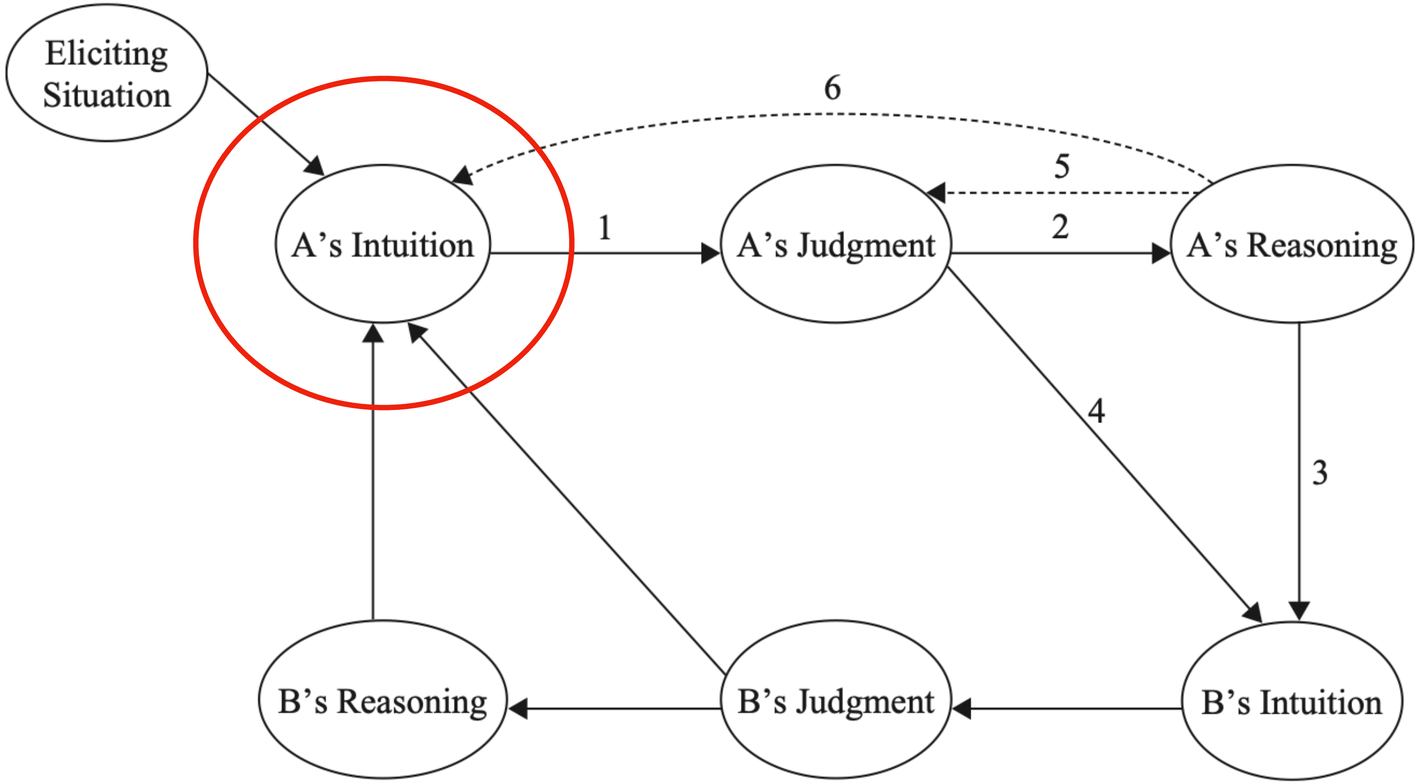


Figure 2. The social intuitionist model of moral judgment. The numbered links, drawn for Person A only, are (1) the intuitive judgment link, (2) the post hoc reasoning link, (3) the reasoned persuasion link, and (4) the social persuasion link. Two additional links are hypothesized to occur less frequently: (5) the reasoned judgment link and (6) the private reflection link.



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Moral Foundations

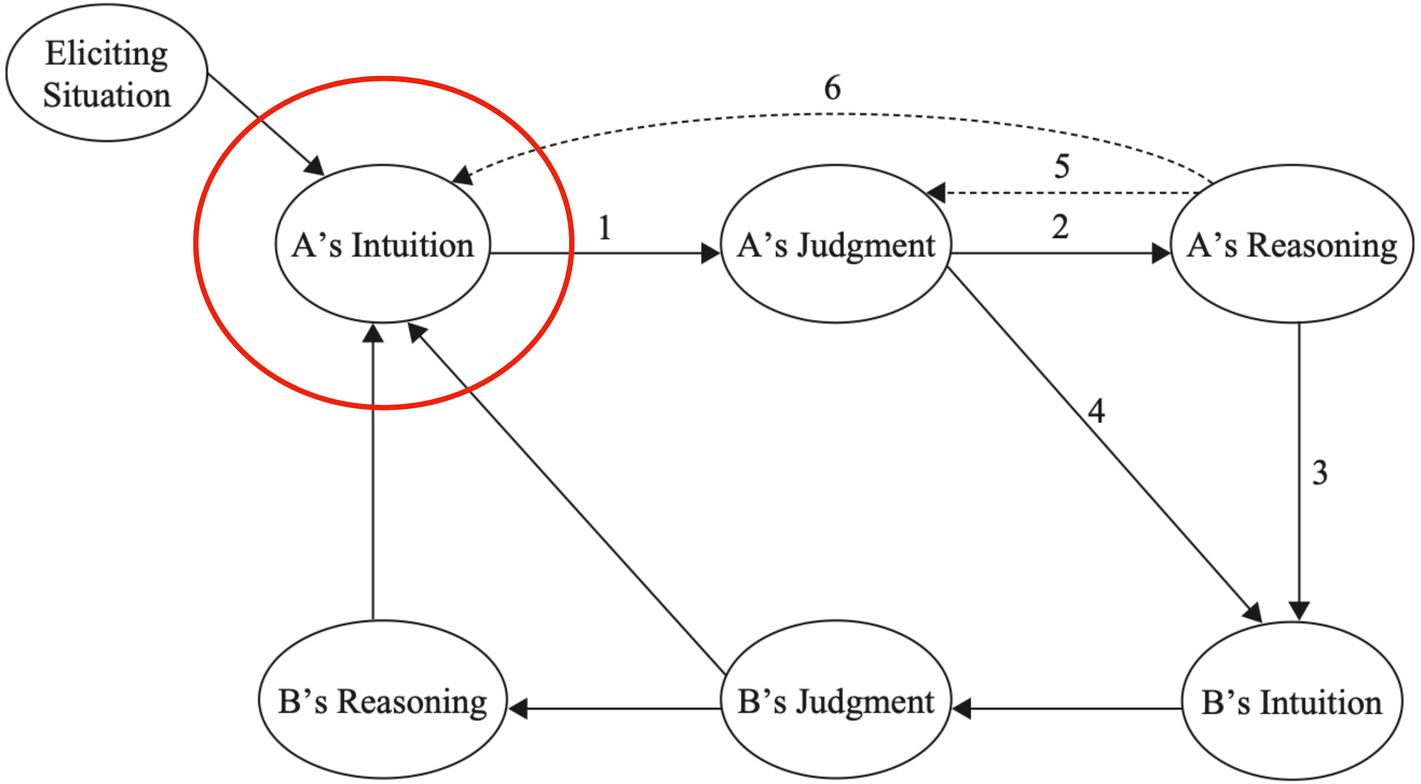
1. Care/harm
2. Fairness/cheating

} Individualizing

3. Loyalty/betrayal
4. Authority/subversion
5. Sanctity/degradation
6. Liberty/oppression

} Binding

https://moralfoundations.org



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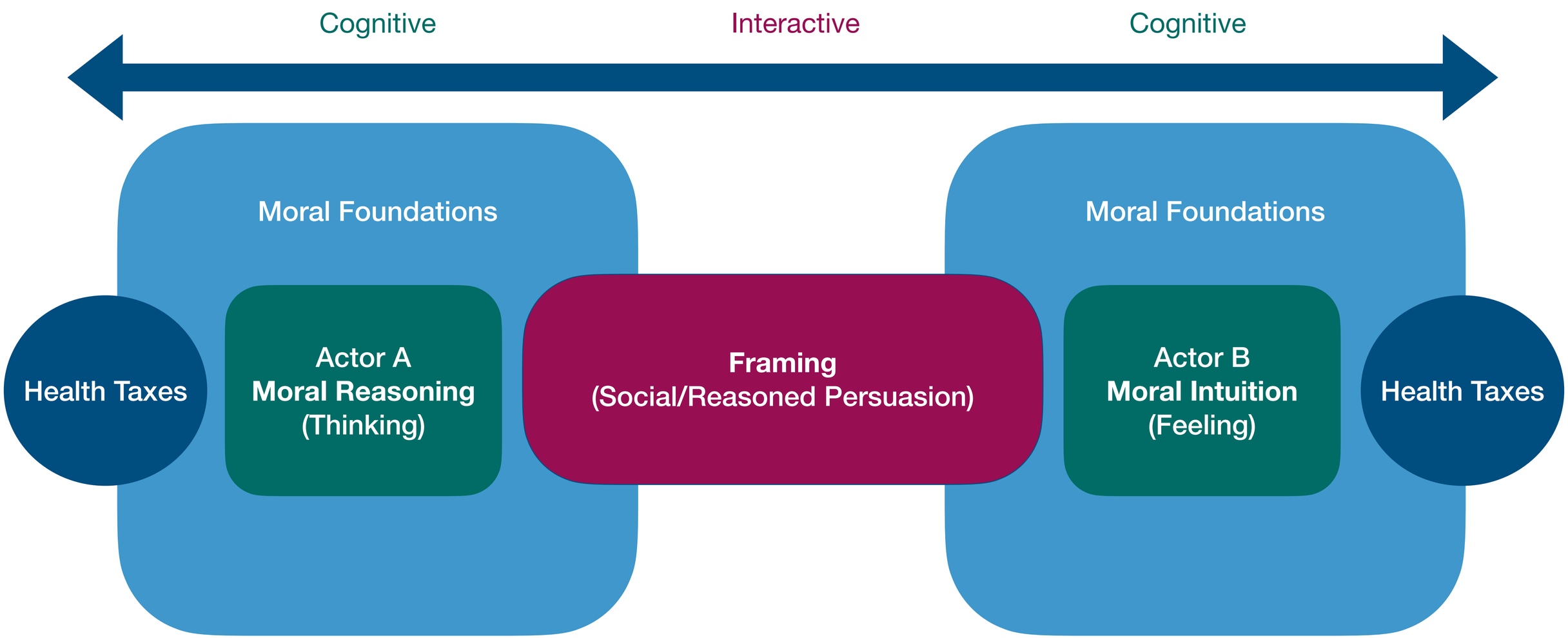
Cognitive
Interactive
Cognitive
Moral Foundations
Moral Foundations
Health Taxes
Actor A
Moral Reasoning
(Thinking)
Framing
(Social/Reasoned Persuasion)
Actor B
Moral Intuition
(Feeling)
Health Taxes

Table 3 Morals and values, by tax position (# articles, % total)

	Pro-tax	Anti-tax
Moral foundations		
Care/harm	35 (88)	18 (45)
Fairness/cheating	18 (45)	26 (65)
Liberty/oppression	17 (43)	21 (53)
Sanctity/degradation	10 (25)	4 (10)
Authority/subversion	7 (18)	10 (25)
Loyalty/betrayal	5 (13)	8 (20)
Social values		
Welfare	34 (85)	21 (53)
Equity	21 (53)	21 (53)
Efficiency	21 (53)	19 (48)
Liberty	16 (40)	19 (48)
Security	11 (28)	12 (30)

Table 4 Arguments for health taxes (# articles, % total)

Pro-tax argument	Total (n, %)	Total (n, %)	Anti-tax argument
Reduce suffering, death	33 (83)	25 (63)	Threat to industry
Lucrative for governments	22 (55)	23 (58)	Tax on the poor
Cost containment/savings	19 (48)	21 (53)	Hurts/eliminates jobs
Pro-poor policy	14 (35)	21 (53)	Better means to end
Education funding	9 (23)	19 (48)	Narrow and unfair
Everyone else is doing it	9 (23)	18 (45)	Meaningless (too small/ineffective)
Product reformation	5 (13)	17 (43)	Nanny state
Cheap	4 (10)	5 (13)	Promotes illicit trade

Koon, A. D., & Marten, R. (2023). Framing health taxes: a scoping review. BMJ Global Health, 8(Suppl 8), e012055. https://doi.org/10.1136/bmjgh-2023-012055

Concluding thoughts

Framing

Strengths

Understand policy change/stasis

Celebrates the richness of social world

Balances structure/agency

Incorporates diverse methods/research traditions

Moral basis for sensemaking

Explains irrational behavior/action (i.e. emotion)

Framing
Challenges

Complex and ambiguous

Double hermeneutic - interpretations of interpretations

Abductive process is slow/time-consuming

Requires advanced skills

Tension between explanation and description

Transferability uncertain

Thanks!

Questions, Please!