

10 Steps to Developing a Policy Brief

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Define the Problem

1

The health issue you want to address must be a quantifiable problem with a specific health outcome or impact.

Answer the following and be specific:

- Who, or what population is affected by this problem?
- Where, or what geographical region is affected?
- When is this problem occurring – annually, daily, etc.?
- What is the overall cost of the problem (e.g., economic burden, health burden) to government or society?

Select ONE perspective from which to evaluate the problem (e.g., government, health facility, patient). You will maintain this ONE perspective throughout this project.

Tip: The health problem selected needs to be evidence based so you'll need to access local data and do a systematic, in-depth literature review.



STEPS MAY REPEAT 1-2

Identify Modifiable Root Causes & Which Root Causes to Modify

2

Use the fishbone diagram to perform a root-cause analysis to identify the key factors, or root causes, that contribute to the health problem you've identified. Root-cause analysis will help you understand WHY the problem exists.

Once you identify root causes, you'll need to determine how modifiable each root cause is. Select root causes that are the most modifiable. Make sure to eliminate root causes that are already being addressed through other policies or programs.

You will need supporting literature to help you quantify the magnitude of the contribution of each root cause to the problem and, ultimately, identify interventions to address these root causes.

Tip: It is essential that you engage key stakeholders to review the health problem and root causes, they may be able to comment on their modifiability too.



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STEPS MAY REPEAT 1-2-3

Determine What Policy Options Will Address the Modifiable Root Causes

3

Now that you have selected the most modifiable root causes, search the literature for, and select two or three, interventions that are proven to be impactful and effective at targeting those root causes and, ultimately, improving health outcomes. These interventions will build the foundation of your policy options.

Be sure to select interventions that can be implemented in your local setting. These interventions will be your policy options.

Tip: When conducting your literature review, start with literature specific to your local setting, expanding to the regional or global context, if needed.



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Map Out, Step by Step, How You Will Implement Each Option

4

After selecting your interventions, we can start thinking of HOW each option would be implemented in your local setting.

Just as we needed evidence for the option, so too do we need evidence about how the option can be implemented to achieve the greatest health impact.

Answer each of the following questions for each option:

- Who will be responsible for implementing the option?
- Is the option feasible? What steps are required to implement each option?

Create a decision tree using the Excel template provided. This will illustrate implementation steps for each option and resulting changes in health outcomes.

Tip: Begin to think of what resource inputs will be required for each implementation step.



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STEPS MAY REPEAT 4-5

Create a Resource-Input List for Each Policy Option

5

On separate tabs of an Excel spreadsheet, create a list of resource inputs needed for each option. Start on the left side of the Excel sheet to create your list for each option.

For example, malaria intervention resources could include bed nets, screening tests, medications, clinic staff, brochures, television ads and additional staff.

Keep in mind the ONE perspective you have chosen to work from. Only include resources that are needed from that perspective.

Tip: You do not need number or cost values at this stage. You just need a list of resources (e.g., no dollars, salary figures, cost of brochures, number of test kits, fees).

Add Cost Values to Input List

6

After your resource-input lists are complete, refer to your decision tree and review each step once to make sure you did not forget any resources.

As you review ask the following questions:

1. What perspective did I use when I identified these resources?
2. Is the perspective the same for all the resources listed?
3. Which resources will have fixed costs?
4. Which resources will vary in costs based on quantity?
5. Are there any more resources I should consider?

Begin to add cost values to the resource-inputs list. Create a citation column that specifies where each input value was found. Some values will be easier to source than others, so fill in what you have readily available, then complete the rest of the list as you gather missing information.

If a value is not readily available or is unknown, ask stakeholders or look in the literature for similar interventions in comparable settings and geographic locations. Look locally first, then regionally.

Tip: When costs are not available in literature or from stakeholders, estimate the cost and note your assumption in your citation.



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STEPS MAY REPEAT 5-6-7

Go Back to Your Decision-Tree from Step 4 and Add Input-List Values to Each Branch

7

You must also add other values to your decision tree to enable you to compare the effectiveness of policy options. These include rates, proportions, probabilities, population estimates and other non-cost values.

To find these values, refer to data and the literature, with a preference for local sources. Add these to your master list on the left side of the Excel sheet—e.g., neonatal deaths (input) or incidence rate (value), with a data source for each option. Rather than inputting each value in the branches of your decision tree, link the values in this list to the steps in your branches. This will make it easier for you later to make changes and reference each value and calculation for each branch of the tree.

Begin arranging formulas for the economic calculations associated with each branch to determine the probability of each outcome. This involves multiplying the value at each branch together. Remember each branch should total 1.

Ex. Intervention $\begin{cases} \text{Branch 1 (Yes)}= 0.18 \\ \text{Branch 2 (No)}= 0.82 \end{cases}$ $0.18 + 0.82 = 1$

Tip: Use the “=cell #” formula function to enter values from your resource-inputs list for each step on the branch rather than inputting numbers directly into your decision-tree.



STEPS MAY REPEAT 7-8

Conduct an Economic Evaluation

8

After you have added values to each step, begin your economic evaluation. You can perform three types of economic evaluation to compare the costs and economic impact of each policy option:

- **Program-cost analysis (partial economic evaluation): ONLY provides the total cost of an option (e.g., screening program, bed net distribution);**
- **Cost-effectiveness analysis (CEA): provides outcomes and relative costs of an option (e.g., cost/lives saved, cost/premature deaths averted);**
- **Cost-benefit analysis (CBA): provides total expected cost vs. total expected benefit of an option. Ideal for comparing different programs with different outcomes.**

Remember, all economic evaluations should be from ONE perspective: ask yourself who is spending or saving in the proposed option.

You should complete the same type of evaluation for all options, so you can compare options and assess feasibility. Select the type of economic evaluation that will best convince your decision-maker.

Tip: You should also perform a sensitivity analysis to offer a range of possible outcomes to adjust for any assumptions you have made or to assess changes in the intervention and health outcomes on economic impact.

Compare the Economic Evaluation for Each Policy Option

9

Once you have completed your economic evaluation of each option, compare results and determine the best option(s) to recommend.

You also need to assess the feasibility of each of your options. Refer to the Policy Options Checklist and consider at least the following:

- **Political Feasibility: Will there be political support for this? Is the option likely to be adopted?**
- **Operational Feasibility: Is it possible to implement this option (and within a reasonable timeframe)?**
- **Budgetary Impact: Is the implementation cost high?**
- **Economic Impact: Is the implementation cost high relative to implementation benefits?**
- **Health Impact: Would implementation reach the target population and have a strong impact? Would it effect a major improvement in health outcomes?**

Ask your stakeholders again for input and feedback on your results.

Tip: You may have more than one option that have similar economic results. You may suggest more than one option and give the rationale in your recommendations OR you may select the one that is most feasible.



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Select Best Policy Option(s) and Write Summary/Additional Actions

10

Congratulations! You have now determined which policy option(s) to recommend based on your economic evaluation, feasibility assessment and stakeholder feedback. You can write a summary of your recommendations and note any additional recommended actions.

You now have everything you need to write a policy brief (if you have not already started). The policy brief will provide essential information on your health issue to key stakeholders and decision-makers.

Be sure to include a concise summary of any assumptions and considerations that should be noted when interpreting your economic evaluation (e.g., any estimated values or additional costs not considered). Make sure to cite your statements in the brief and create an appendix where detailed sources can be found.

Tip: Use the policy brief template provided. Cite references using the AMA Style. Include one or two clear and purposeful visualizations to support your recommended option(s).

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Putting It All Together: Writing Your Policy Brief

Motorcycle Helmets Not Hats

The Case for Enforcing Certified Motorcycle Helmet Use in Vietnam

Summary

- After the passage of Vietnam's 2007 motorcycle helmet law, there was NO significant change in the risk of death among motorcyclists (Ho Chi Minh City Study)
- 80% of motorcycle helmets in Vietnam are not certified and hence NOT crash-worthy
- Wearing a certified motorcycle helmet can reduce the risk of motorcycle head injuries by 65% and fatalities by 42%
- Increased enforcement by police of the quality of motorcycle helmets is the most cost-effective way to reduce fatalities due to motorcycle crashes

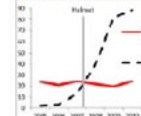


Globally, road traffic injuries are the leading cause of death for young people ages 15-29 years, accounting for 1.23 million deaths – more than from violence, HIV/AIDS, and malaria. These deaths are projected to climb from the 8th to 5th overall leading cause of death between 2015 and 2030. In Vietnam, per capita road traffic deaths have remained relatively unchanged between 2001 and 2010 (~13 per 100,000 population), making it one of the deadliest in the Western Pacific region. Motorcycles and mopeds continue to be the vehicle of choice in many low- and middle-income countries, including Vietnam, where they represent 95% of the registered vehicle fleet and are involved in 85% of road deaths from head injuries. Helmets, of certified quality and worn correctly, can reduce the risk of serious injury during a crash by 60% and death by 42%.

Vietnam's 2007 motorcycle law increased helmet use among motorcyclists from 40 to 90% – however the Vietnam Consumer Safety Association found in 2008 that 80% of helmets worn by motorcyclists were not crash-worthy. Without helmet quality enforcement, consumers opt for low-cost, lightweight "paper helmets", leading to ongoing injuries and deaths. Beyond the tragedy of early death, these injuries are costly (~\$2,400 USD in direct medical costs and 54 weeks of lost normal activities from brain injury per person).

Supported by Current Data

A hospital-based study in Cu Chi District found that while helmet use rose from ~5% to 85% between 2005 and 2010, there was no significant change in the number of deaths during this time period. Rising helmet usage did not lead to a drop in deaths after the 2007 law.



POLICY OPTIONS

4, 5

ECONOMIC EVALUATION & FEASIBILITY OF OPTIONS

6, 7, 8, 9

Motorcycle Helmets Not Hats

What are the options?

In order to reduce ongoing deaths and serious head injuries, we must increase the use of certified motorcycle helmets, meaning crash testing standards and (labelled with a certificate of authenticity) policy options include increased enforcement, government subsidies to offset the increased cost of certified helmets, and public education campaigns.

1. Increased police enforcement:

- What: Implement random police check points for certified helmets. Levy fines of \$10 USD (equivalent of those levied for not wearing a helmet and ~80% of monthly income) on passengers who do not wear certified helmets.

- Why: The existing helmet law has relied heavily on police enforcement and high fines for its success in ensuring that ~90% of riders wear helmets.
- Feasibility: Medium. This would be a new type of enforcement and would require additional training for officers and potentially more manpower. However, it builds on the existing infrastructure of random police check points for drunk driving.

- What: Ministry of Transport provides a \$4 mail-in rebate for the purchase of a certified helmet.
- Why: Certified helmets currently cost \$10-15 compared to \$2-3 for uncertified helmets. This would bring the costs closer, reducing the incentive to purchase uncertified helmets.

- Feasibility: Low. The Government of Vietnam has no prior experience running similar types of programs, potentially leading to delayed payments and compromising the success of the policy.

2. Public education campaign for certified helmets:

- What: Create a campaign to educate the public on the dangers of wearing non-certified helmets that will play on TV, radio and in newspapers.

- Why: Dangers of certified helmets not currently understood by the public.

- Feasibility: High. This builds on the MUI's significant experience conducting campaigns around the original passage of the law.

Police enforcement is the most cost-effective option

Results from Cu Chi District*

	Enforcement	Subsidy	Campaign
Expected number of motorcycle riders who switch to certified helmets	8,740,813	14,566,021	2,913,604
Estimated lives saved annually	629	1,019	210
Estimated cost to the VN Government	\$10,400,000	\$116,400,000	\$13,000,000
Cost / life saved	\$18,525	\$111,050	\$61,970

*National data extrapolated from a study in Cu Chi district (population ~955,823), assuming Vietnam population of 82,500,000

ECONOMIC EVALUATION & FEASIBILITY OF OPTIONS

9

RECOMMENDATIONS & NEXT STEPS

10

Motorcycle Helmets Not Hats

Both police enforcement and an education campaign are feasible

	Enforcement	Subsidy	Campaign
Political feasibility*	Highly feasible	Somewhat feasible	Not very feasible
Operational feasibility	Highly feasible	Somewhat feasible	Not very feasible

*Feasibility determined by standardized policy review, stakeholder interview, and budgetary analysis led by the Institute of Public Health.

Recommendations and next steps

Increasing police enforcement of wearing certified helmets is both feasible and cost-effective. In order to implement this strategy, a compromise on the exact number and required salary for police hires must be reached with the Ministry of the Interior. The police officer training guide and implementation plan must also be reviewed and approved by the Ministries of Interior, Health, and Transport.

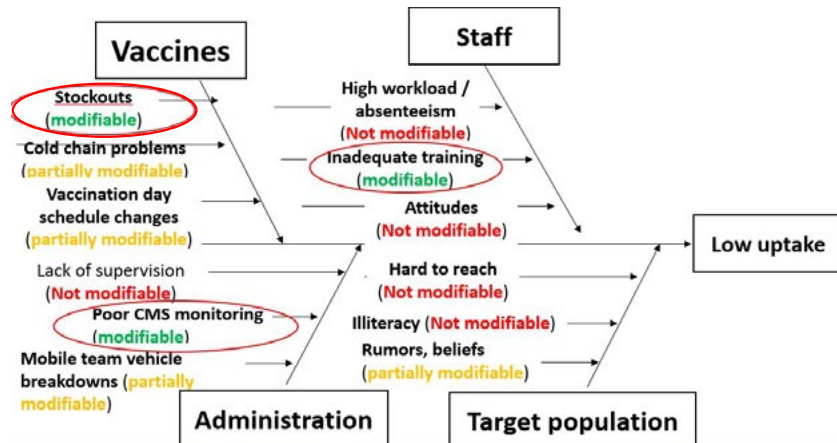
The Institute of Public Health will work closely with all stakeholders (Ministries of Transport, Health, and Interior, and Transport; the World Health Organization, and the Asia Injury Prevention Foundation) to develop evidence-based training materials for police enforcement of a standardized motorcycle helmet law, the implementation plan for enforcement, and public relations materials to inform the public.

Fines for police enforcements will have the highest public health impact per dollar invested. A supported implementation plan and agreed upon budget will be essential for success.

PROBLEM STATEMENT

1, 2, 3

Example: Fishbone Diagram Tool



Example: Decision-Tree Tool

Number of patients screened & treated per year

