



Policies and Processes for Social Inclusion: Using EquiFrame and EquIPP for Policy Dialogue

Comment on “Are Sexual and Reproductive Health Policies Designed for All? Vulnerable Groups in Policy Documents of Four European Countries and Their Involvement in Policy Development”



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Abstract

The application of EquiFrame in the analysis of sexual and reproductive health policies by Ivanova et al to a new thematic area, their selection of only some of the Core Concepts of human rights in health service provision and the addition of new vulnerable groups relevant to the purpose of their analysis, are all very welcome developments. We also applaud their application of EquiFrame to policies in countries where it has not previously been used, along with their use of interviews with policy-makers to produce a deeper understanding of policy processes. We argue that clear justification for the inclusion of additional, or replacement of some existing vulnerable groups within EquiFrame should be accompanied by clear definitions of such groups, along with the evidence-base that justifies their classification as a vulnerable or marginalised group. To illustrate the versatility of EquiFrame, we summarise a range of ways in which it has been used across a number of regions; including a brief Case Study of its use to develop the National Health Policy of Malawi. While EquiFrame focuses on policy content, we preview a new policy analysis tool – Equity and Inclusion in Policy Processes (EquIPP) – which assesses the extent of equity and inclusion in broader policy processes. Together, EquiFrame and EquIPP can be used to help governments and civil society ensure that policies are addressing the much stronger emphasis on social inclusion, now apparent in the Sustainable Development Goals (SDGs).

Keywords: Policy Analysis, EquiFrame, Equity and Inclusion in Policy Processes (EquIPP), Human Rights

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Introduction

In 2011 the conceptual justification and background to the development EquiFrame, as a methodology for analyzing the extent to which social inclusion and human rights are addressed by policy documents; policy ‘on the books,’ as it were was established.¹ Detailed description of its use is given in the EquiFrame manual,² and the recently updated second edition of the manual, in both English and French. EquiFrame’s major comparative analysis to date has been benchmarking 51 health and welfare policies from Namibia, Malawi, South Africa, and Sudan.³

We welcome application of EquiFrame to sexual and reproductive health policies in Ukraine, Scotland, Moldova, and Spain.⁴ Their analysis of these policies highlights important inequities between policies in terms of coverage of Vulnerable Groups, of Core Concepts of human rights and of the quality of commitment to these rights; with the Spanish policy performing best and the Ukrainian policy the worst. In this analysis the authors selected 11 of the 21 Core Concepts within EquiFrame, and 7 of the 12 Vulnerable Groups covered in EquiFrame; while adding 4 additional Vulnerable Groups which they felt were appropriate to

their purpose: Lesbian, Gay, Bisexual, Transgender (LGBT), people living with HIV, sex workers, and victims of sexual abuse, gender violence and human trafficking. EquiFrame is intended to be a flexible tool and adapted to the context of use and the interests of the researchers, as the authors have done. However, the original development of EquiFrame involved considerable consultation with a broad constituency of stakeholders – civil society, policy-makers, researchers, development organisations, and government. Each of the Vulnerable Groups and Core Concepts examined is supported by a significant evidence base and international resolution or conventions.⁵

We would, therefore, like to encourage other users of EquiFrame to justify the basis on which they select some Core Concepts and not others, some Vulnerable Groups and not others; as well as the rationale and accompanying evidence for the inclusion of additional Vulnerable Groups. Without the provision of a strong rationale and evidence-base (which we appreciate would indeed be available for the additional groups included⁴), it may be that policies could be found lacking because they fail to address particular additional groups or Core Concepts, when in fact there may be no justifiable

reason or evidence suggesting they should do so, in terms of these groups being particularly disadvantaged with regard to the policy area. As such providing a rationale and evidence base for the Core Concepts and Vulnerable Groups used (and for those not used), guards against the misapplication of the framework, whilst not in any way constraining which groups or which concepts should be used. Indeed, analysis of extension of the use of EquiFrame is consistent with its expanding range of applications.

Uses of EquiFrame

This range of policy documents have now been analyzed using EquiFrame: (a) as noted, Sexual and Reproductive Health policies from Ukraine, Scotland, Moldova, and Spain⁴; (b) regional policies on health priorities in Africa⁶; (c) international health documents⁷; (d) international donors' policies⁸; (e) European Policies on Disability and Development Cooperation⁹; (f) the United Nations Convention on the Rights of Persons with Disabilities⁵; (g) India's Disability Policy (O'Dowd et al)¹⁰; (h) in 3 South African policies on Black economic empowerment, employment and cooperation South Africa¹¹; this latter study also used just some of the Core Concepts and focused on only one vulnerable group; people with disability.

The framework has been or is currently also being used to develop new, or revise existing policies in South Africa (disability and rehabilitation policies), Malawi (National Health Policy and National Health Research Policy), Sudan (to guide the future development of all health policies), Malaysia (Science and Technology Funding Policy), and in Cambodia and Timor Leste, where discussions are currently underway regarding which policies areas it will first be used on. In Laos Democratic Republic, it has been used with Handicap International to support the process of developing a Policy/Strategy/Action Plan process on Disability. EquiFrame has also formed an important part of training and capacity building for policy development, revision, and analysis of existing policies for staff from United Nations Educational, Scientific

and Cultural Organization (UNESCO), World Health Organization (WHO), International Labour Organization (ILO), United Nations Development Programme (UNDP), and United Nations Children's Fund (UNICEF) as part of the United Nations Partnership to Promote the Rights of Persons with Disabilities (UNPRPD). EquiFrame has also been used to identify the use of disability inclusive good practice behaviours across 24 countries.¹² EquiFrame is, therefore, now being used in a range of contexts, in a variety of ways and for several distinct purposes.

The analysis of sexual and reproductive health policies in Ukraine, Scotland, Moldova, and Spain⁴ correctly observe that EquiFrame's focus is on policy content rather than the process of policy development or revision. To illustrate the process of its use in one of the above applications, **Box 1** outlines the steps taken in revising the draft National Health Policy of Malawi.

While we have noted a variety of uses for EquiFrame, as well as its usefulness in a range of countries with greatly different cultures, contexts, and political systems; we also accept that the values and philosophy espoused by EquiFrame are necessarily social constructions regarding inclusion, fairness, and human rights. Our treatment of these issues is grounded in the United Nations (UN) declarations and resolutions; as well as an international evidence-base; however, it would be naïve to assume that such ideas were not in themselves a reflection of the dominance of some socio-political positions and paradigms over others.¹³ However, EquiFrame is essentially a systematic methodology for analyzing the content of policy documents; and both our group and others have used subsets of EquiFrame Core Concepts and Vulnerable Groups; as well as adding additional Core Concepts and Vulnerable Groups, for bespoke analysis. While such modifications may detract from the ability to compare internationally with other similar analyses using EquiFrame, they can nonetheless be justified by compelling contextual and cultural situations that require modifications to enhance the validity and utility of such analyses.

Box 1. The process of using of EquiFrame in the development of the National Health Policy of Malawi

Review of Policies: As part of a research project, 14 health policies in Malawi were analysed, including the draft of the first ever National Health Policy (NHP), using EquiFrame.

The analysis indicated opportunities to strengthen the inclusion of Vulnerable Groups and commitment to Core Concepts of human rights in several policies and particularly the NHP.

Presentation of Analysis: A workshop for stakeholders in the health sector was organised by the project lead in Malawi, at which results were presented, resulting in clear interest from the Ministry of Health (MoH).

Stakeholder Training Workshop: The MoH invited three of us (from Malawi and Ireland) to conduct a workshop on policy analysis and implementation. The workshop drew participants from MoH and other agencies, such as the National Commission for Science and Technology (NCST). The participants were mainly Directors of different departments and programmes in the MoH. At this workshop a presentation on the results of the policy analysis using the EquiFrame was made including explaining why the draft National Health Policy scored low.

Collaborative Policy Revision: The MoH asked us to work with them – led by our Malawian team member – to revise the draft policy focusing on enhancing the inclusiveness of the policy.

Policy Re-analysis: A further analysis of the revised draft National Health Policy was conducted by an out-of-country team member, based in Ireland, which demonstrated that the policy was now scoring much higher on EquiFrame indices of inclusion and Core Concepts of human rights.

Inclusive Policy Processes

While **Box 1** essentially describes the process of a content analysis of policy review and revision, we are also very cognisant of the need for the process of policy formulation and implementation to be inclusive. The analysis of the of sexual and reproductive health policies in Ukraine, Scotland, Moldova, and Spain⁴ reported the interesting results of interviews they conducted with policy-makers; and this is also a welcome elaboration on the use of EquiFrame. These interviews, among other things, highlight that successfully promoting the inclusion of Vulnerable Groups and Core Concepts of human rights in policy documents does not guarantee that policies accurately reflect the needs and demands of vulnerable groups; or that designated policy benefits actually accrue to vulnerable groups. We are aware of the need for inclusive policy processes more generally^{14,15} and that considerations of equity and inclusion must shape the entire policy process. To help assess the extent to which this is being achieved we have recently developed another framework, Equity and Inclusion in Policy Processes (EquiIPP), to complement EquiFrame and to support an equitable and inclusive policy process (**Figure** illustrates the conceptual association between these frameworks).

EquiIPP proposes an inventory of 17 Key Actions to support the *formulation, planning and budgeting, implementation, monitoring, evaluation, and dissemination* of an inclusive policy.¹⁶ Identification of these Key Actions was informed by existing evidence and approaches to equity and social inclusion¹⁷⁻²² and various national policy efforts. In EquiIPP, we emphasize the importance of including vulnerable groups, or their representatives, at every stage of the policy process. The authors of the multi-country sexual and reproductive health policy analysis⁴ are also advocates of participatory policy processes (p.8), but we go further and propose to include vulnerable groups in *evaluations* of policy processes. It was further revised after stakeholder consultations: this included presentations of draft Key Actions and their revision following feedback – through several iterations – from policy practitioners, representatives of civil society organisations and academics from more than 25 countries, who were participating in a series of related workshops. In particular it benefited from inputs by participants in UNPRPD and from input by staff and participants in several UNESCO projects concerning social inclusion in South East Asia.²³

EquiIPP includes an assessment matrix, which policy actors may use to evaluate the level of engagement with Key Actions in the policy revision or development process. As part of the assessment exercise, evidence should be gathered (such as internal documents, meeting or working group proceedings) to justify the ratings (scores) given for each of the Key Actions. The level of engagement is assessed on a 7-point scale with the highest scores reflecting both strong *process* evaluation and *outcome* evaluation criteria. If vulnerable groups or their representatives state ‘satisfaction’ with the *process* and *outcomes* of engagement, this is likely to be indicative of a genuine government commitment towards equity and inclusion. Similarly, while we commend the efforts of authors of the comparative analysis⁴ to interview policy-makers about perceived barriers to the inclusion of vulnerable groups in

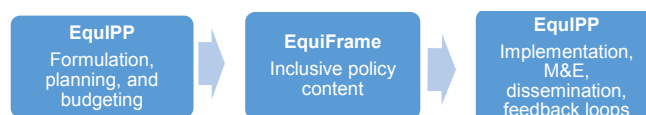


Figure. The Relationship Between and Functions of EquiFrame and EquiIPP.

policy processes, we also recommend that such explorations should be inclusive of the opinions of members of vulnerable groups themselves. We contend that by gaining a better understanding of what limits participation, more effective participatory mechanisms may be designed to render the contribution of vulnerable groups more meaningful in policy processes.

EquiIPP is currently being ‘road tested’ in Malaysia where it is informing policy revision processes. It will be used to support the revision processes of additional policies in Timor Leste and Cambodia in 2016. EquiIPP is the product of a partnership between Trinity College Dublin and several UN agencies.

What Gets Measured, Gets Done

Policy-makers are interested in quantitative evidence-based evaluations of their work, because it allows them to demonstrate a clear commitment to promoting social inclusion and human rights in their policies. The strategic value of this is clear given that the Sustainable Development Goals (SDGs) have a strong emphasis on social inclusion. It is likely that financial and technical support for the development plans produced by low- and middle-income countries – Poverty Reduction Strategy Papers (PRSPs) – will require governments to demonstrate a clear commitment to promoting social inclusion. EquiFrame and EquiIPP both offer a flexible methodology that allows for quantitative comparison and demonstration of the extent to which they are doing this. We encourage others to build on our own work and that of multi-country sexual and reproductive health policy analysis⁴ by using these ‘free to use and free to access’ tools in new ways and new places to promote social inclusion and human rights in health and other policies.

Ethical issues

Not applicable.

Competing interests

The authors declare that they have no competing interests.

Authors’ contributions

All 5 authors developed this commentary. MM, HM, and TH wrote the first draft, and AM and MA contributed to subsequent drafts.

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