Improving the policy-making process through bottom-up planning: What are the keys to success?

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Policy making process and bottom-up planning

**Policy**：“courses of actions (and inactions) that affect the (health) systems”

**Many levels**: (inter)national, regional / local, organizations...

**Many actors and values**: policy makers, service providers, beneficiaries, evaluators... and their own interests, principles...

**Bottom-up planning**
- Utilitarian view: more effective interventions if stakeholders are involved
- Political view: democratic processes

[Buse, Mays, Walt 2005; Gilson 2012]
Bottom-up approaches in development and health policies

**Development**


- *Rural information*
- *Community participation*
- *Rural cooperatives*
- *Farmers’ participation*

**Implementation**

++ Agenda setting

**Health sector**


1978: Alma-Ata declaration: primary care, individual and collective commitment

1986: Ottawa charter of health promotion

Since 1990s:
- *Patients’ empowerment*
- *Sector-wide approaches*

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[Dumas, 1983; Chauveau, 1999; Hadjai-Castro, 2008; Balique, 2011]
Gap between discourses... ...and practices

- Ongoing **limits** to implementation of bottom-up planning
  - Simple consultations → weak empowerment
  - Mechanisms limited to agenda setting / programming stages → little influence over decision-making
  - Mechanisms limited to implementation processes → little influence over priorities decisions

→ The approach to policy-decision making mainly remains a top-down one
→ Risk of an overused / overdone concept

**What elements can contribute to improving effective bottom-up planning?**
A successful approach... ...requires a paradigm shift (1)

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<th>Agenda setting</th>
<th>Top-down approach</th>
<th>Bottom-up approach</th>
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<tr>
<td>Formulation</td>
<td>• Logical framework / linear planning (Cartesian paradigm)</td>
<td>• Development / health as complex adaptive systems</td>
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<tr>
<td>Implementation</td>
<td>• Consultations mechanisms</td>
<td>• Multifactor: individual, organizational, system capacities</td>
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<td>Policy review</td>
<td>• Main focus on ‘beneficiaries’ representatives</td>
<td>• Taking stock of stakeholders’ (past) experience and knowledge translation → evidence-informed policy</td>
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The distinction between these stages is not that linear nor sequential in reality.
A successful approach... 
...requires a paradigm shift (2)

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<tr>
<td>• ‘Technical’ implementation</td>
<td>• Self-learning mechanisms and changes / failures</td>
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<td>• Focus on specific issues</td>
<td>• Systemic approach</td>
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<td>• Short / mid-term quantitative results</td>
<td>• Long term results and stakeholders’ behavior change: empowerment as an outcome</td>
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<td>• Multiplication of ‘impact’ monitoring &amp; evaluations</td>
<td>• M&amp;E: inclusive and focused on implementation processes</td>
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<td>• Accountability</td>
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Conclusion

Are we all ready to that (challenging) mindset shift?

Need for more coherence between changes
In rhetoric...
...mindset
... and practices !!!

How best to promote a coherent change in mindset and practices?
Thank you for your attention!

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