P13 / Teaching and Learning of Comparative Health Policy

Topic : COMPARATIVE PUBLIC POLICY

Chair : Helen Jordan (University of Melbourne)

Second Chair : Daniel Roitman (University of Melbourne)

GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

This panel on public policy aims to explore international best practice models of teaching and learning in comparative public policy (CPP) analysis.

The general objectives are as follows:

· To identify and explore the application of new theoretical models and practices in comparative policy analysis pedagogy.

· To advance the public policy teaching and learning community of excellence.

As Engeli and Allison (2024) state “teaching CPP methods contributes to forming researchers that advance theoretical and methodological knowledge” and graduates that “acquire the essential skills to critically assess and evaluate comparative policy studies as they work and live in a globalized and interdependent world where comparisons are ubiquitous and often serve specific political and economic interests in public and international affairs”. They then go on to state that “consideration of how to teach CPP methods is of critical importance for educating the next generation of scholar-practitioners.” (p212).

This panel calls on teachers of CPP to share new and innovative models of teaching comparative public policy analysis.

CALL FOR PAPERS

This panel aims to explore and develop international best practice models of teaching and learning in comparative public policy (CPP) analysis.

Comparative policy analysis can focus on multiple aspects of the policy-making process including the magnitude and nature of an issue, the receptiveness and response of interest groups to that issue, the level and nature of the influence those interest groups pose and subsequent political ‘attention’, and the governance structures of the agenda setting process. The choice of policy instrument and the decision-making process is similarly context dependent. Comparative policy analysis can unpack the policy-making process and shine a light on the contextual, structural and political environment that shapes policy decisions. Comparative policy analysis can focus on the outcomes of the policy (or policy inaction). This can make for a rich study of comparisons across regions and countries.

This panel aims to explore new or innovative models of how comparative policy analysis is taught for maximal student learning. Theoretical and empirical contributions to the teaching and learning of comparative policy analysis are welcome. These models could include multi-institutional teaching collaborations through cross-country policy comparisons, the teaching of quantitative and/or qualitative comparative analysis methods, the focus on specific elements of comparative policy analysis such as ‘what to compare’ and ‘how’, or ways in which “we can encourage students to contribute to a more inclusive field of CPP in the 21st century” (Engeli and Allison 2024: 202).

Engeli, I., and Allison, R.C., 2024. ‘Teaching Comparative Public Policy Methods.’ in: St. Denny, E. and Zitttoun, P. (eds) Handbook of Teaching Public Policy. Edward Elgar Publishing, pp 1-511.

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Session 1

Friday, July 4th 16:00 to 18:00 (A4)

Intro Teaching and Learning of Comparative Health Policy

Helen Jordan (University of Melbourne)

Introduction

A case-based teaching method utilising policy analysis frameworks and theories including comparative policy analysis to explore the commercial determinants health

Henock Taddese (Imperial College London)

In 2022, we launched a module entitled, ‘commercial determinants of health and health policy’ on the Master of Public Health Programme, at Imperial College London. The idea stemmed from an interest to enable students to utilize health policy theories and approaches to explore the influence of the commercial sector on health policy and compare policies across countries. We adopted a case-based teaching approach, whereby students were encouraged to work in groups to unpack health policy decisions and undertake comparative policy analysis across different realms – global, national or regional levels. We introduced students to a range of policy concepts and theories, including: the policy analysis triangle, multiple streams theory, policy transfer, multilevel governance, punctuated equilibrium, policy-implementation gap, discourse and framing, and theories of power. Within the case-studies, students then applied their theories of choice to explore policies related to their chosen commercial determinant of health. The commercial determinants of health ranged from the more classical cases such as tobacco and alcohol to relatively new and emerging challenges such as gambling, ultra-processed foods, and social media. The aim of this paper is to reflect upon 3 years of delivery of this module, especially focusing on the case-based, groupwork exercise that the students engaged in. We reflect upon the range of topics covered by students, the common health policy theories utilized, the use of comparative policy analysis in these exercises, and the key takeaways in terms of student learning and challenges. To this end, we review students group work outputs, assessors’ feedback to group presentations, students’ evaluation of the learning exercise and instructors’ reflections.

How can we utilize comparative analysis of health policy?

Manami HORI (Tokai University)

It is not easy to compare healthcare policies in different countries with different institutional frameworks. Furthermore, healthcare systems are extremely influenced by the political, economic and social situations of each country, and they also not stable but change greatly depending on the time. It is possible to make international comparisons in the fields of education and research using data from organisations such as the WHO and OECD data, but healthcare systems are heavily influenced by domestic culture, economy and the political situation of each country, and even within the same country they are affected by the degree of decentralisation or centralisation. However, it is not uncommon for many systems to have common issues. Comparing different systems can often provide evidence-based policy implications and lessons. It is important to understand the institutional framework of each country and to read the social context. For example, it can be assumed that the meaning of outpatient care will differ greatly between healthcare systems with and without GP systems, and the meaning of acute care beds will not be the same depending on the nature of the healthcare provision system. I would like to argue some points to note when reading the quantitative data, looking at international comparison data in particular. Using a comparative analysis of health care policies in Denmark and Japan, which have very different institutional frameworks, as a case study, I would like to clarify points that are often misunderstood or need attention and explore research

methods for evidence-based health care policies

Rapid economic growth and health reform

Daniel Roitman (University of Melbourne)

Rapid economic growth rarely benefits everyone in a society. However, it provides opportunities to improve living standards through investments in social systems like health and education. The period 2000-2019 saw countries experience unparalleled economic growth, but what happened in their health systems? This research examines how economic growth from 2000 to 2019 influenced healthcare funding in rapidly growing economies, focusing on whether growth favoured public investment or reinforced private spending. The goal is to generate insights translatable to countries experiencing or anticipating similar economic transformations.

This research will occur in three phases. The first phase analyses national health expenditure data to identify trends in public, private, and out-of-pocket (OOP) spending, alongside key performance indicators of governance and transparency. Preliminary findings show outlier countries with higher-than-expected government health spending and others with significant OOP expenditure increases. The second phase focuses on these outlier countries, with work to date focusing on Georgia and Armenia but may expand to include additional two-country comparisons. The third phase involves semi-structured interviews with policymakers and health stakeholders to contextualize the quantitative findings and explore how policy and politics influenced health reforms. The goal is to inform policymakers in countries undergoing or anticipating rapid economic growth by identifying best practices (and avoidable missteps) on the path to universal health coverage.

This research highlights the importance of embedding comparative policy analysis within teaching and learning frameworks, particularly given the complex and context-dependent nature of economic growth and healthcare funding. Incorporating real-world case studies and quantitative analysis into teaching and learning not only enhances students' analytical skills but also prepares them to critically assess how diverse political and economic environments shape health policy outcomes. Moreover, fostering comparative analysis skills equips students to better understand policy dynamics in diverse global settings, making them more adept at evaluating and formulating policies that address inequalities in health funding and access in their own practice setting.