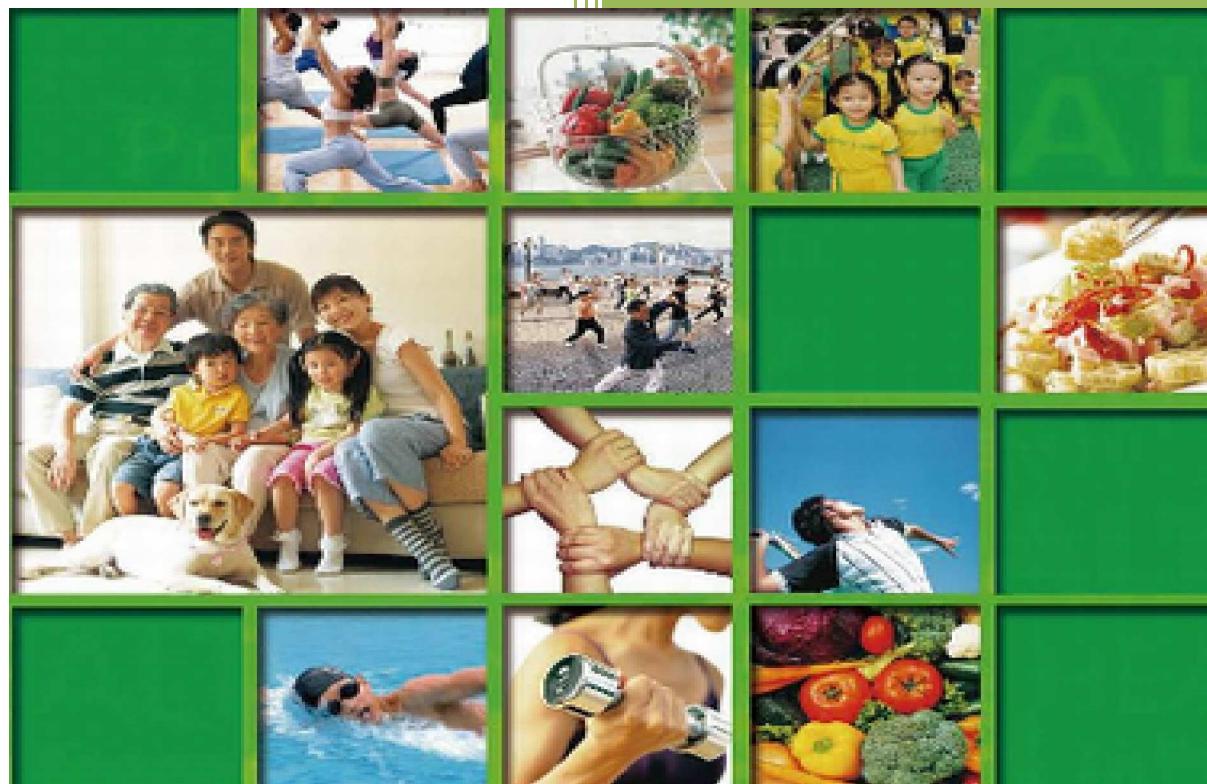


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A study to the factors that influences policy implementation



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Master Public Administration

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18 June 2010

How crucial is the preparation stage for the success of policy implementation?

An empirical study to research how the policy characteristics and a carefully and well predetermined plan influences the success of the implementation of the Strategic Framework in Controlling and Preventing Non-Communicable Diseases in Hong Kong

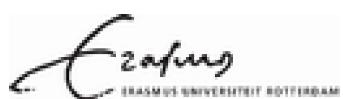
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This report is a result of the implementation research in Hong Kong and is carried out as the last examination part of the Master International Public Management and Public Policy (IMP). At the secondary school, my objectives were not yet clarified and therefore I did not yet have a main goal. Eventually, I chose the profile Nature & Technique (N&T), because of my great interests and fondness in the subjects physics and chemistry. Besides, I always have thought that I wanted to be a physician or doctor! Surprisingly, I did not choose a technical study at the university, instead I did Communication Studies at the University of Twente. The reason why I have chosen the master programme at the Erasmus University is because of the dynamic and international nature of this programme in public management and public policy making. The second reason has mainly to do with my ambitions to work abroad. I have really broadened my mind and I have learned how to use scientific theories to turn this into knowledge for myself during the programme. Not only have I gained a lot of knowledge in the area of public administration, but I have also learned to conduct research independently. With the benefits of my bachelor in Communication Studies in combination with the master programme IMP, both has prepared me with knowledge and experience that are relevant to public careers with an international dimension.

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Emily Man
18 June 2010

Executive Summary

This study examines the first stage of the implementation process of the strategic framework in controlling and preventing non-communicable diseases in Hong Kong. The central question in this study is:

How crucial is the preparation stage for the success of policy implementation of the Strategic Framework in controlling and preventing Non-Communicable Diseases in Hong Kong?

An extensive theory review was done using theories like policy cycle model, organization theory and implementation theory. The data collection of this case study was executed in Hong Kong. The findings of the case study involved the extensive interviewing of the staff of the Department of Health and the questionnaires filled in by them as well.

Objective

The aim of this study is to analyze to what extent the preparation stage (objective, participation, communication, structure, coordination and desired outcome) is related to the success of implementing the strategic framework.

Methods

15 semi-structured interviews were conducted and a questionnaire was developed and distributed to staff of the Department of Health. Questions included in the questionnaire were to reflect the six variables objective, participation, communication, structure, coordination and desired outcome.

Construct validity and reliability was assessed by confirmatory factor analysis, and Cronbach's Alpha scores were calculated. Also the relationships among the constructs were analyzed with the statistical programme SPSS.

Results

The success of implementation was highly related to structure ($r=0.713$), coordination ($r=0.940$) and participation ($r=0.843$). The construct validity was good, and the reliability ($KMO = 0.741$) for all the factors were also excellent.

Conclusions

The success of implementation may require an authority to direct and lead the process while assuring that their staff gets opportunities to contribute to the planning and developing of the framework. This would correspond to a cooperative implementation strategy rather than a top-down strategy. The results of this study could be used to adjust implementation processes in the future.

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1. Introduction & Overview

1.1 Introduction

In 2008, the Department of Health of Hong Kong SAR Government has launched a strategic framework document entitled *Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-Communicable Diseases* to further strengthen the existing works on the prevention and control of non-communicable diseases (Department of Health, 2008).

There is a rapid increase in the number of people suffering from Non-Communicable Diseases (NCD) and this presents one of the biggest challenges to the health-care systems in Hong Kong. The Hong Kong Special Administrative Region Government is fully committed to enhance people's health (Department of Health, 1999). Because of the rapidly ageing population and the changing population in the health risk profile, it is therefore necessary to re-assess the measures that are already taken so far by the World Health Organization (WHO) in preventing and controlling non-communicable diseases to manage the situation more effectively and efficiently. This means, this involves attitudinal and behavioral changes of the population, which takes time. It requires long-term, sustainable and combined efforts of the Government, the community and the individuals (Department of Health, 2008).

The strategic framework in controlling and preventing non-communicable diseases is built on the current prevention themes, while drawing references from overseas experiences in health promotion and combat against NCD (Department of Health, 2008). It is also based on recommendations of the World Health Organization (WHO). For a successful implementation of this framework it requires concerted efforts of the whole community. More importantly, the success of this framework is dependent on the effective promotion of healthy lifestyles and the reduction of risk factors of NCD and this will be realized by working together with the Government, the public and private sectors (Department of Health, 2008). The best approach in tackling the NCD problem is by strengthening partnership and foster engagement of all relevant stakeholders through an intersectoral approach. More importantly, a successful implementation of the strategic framework is the first step in achieving the goals and in improving the public health in Hong Kong.

This thesis draws upon the findings of research done in Hong Kong summer 2009, with the purpose to identify and analyze what factors influences the success of policy implementation of the strategic framework. Based upon data collected through both literature research (see Chapter 2) and interviews with the key actors involved in the implementation process, several variables were identified. These are described in Chapter 3, where also a conceptual model is developed.

As Bardach stated (as cited in Brynard, 2005:7): "*It is hard enough to design public policies and programmes that look good on paper. It is harder still to formulate them in words and slogans that resonate pleasingly in the ears of political leaders and the constituencies to which they are responsive. And it is excruciatingly hard to implement them in a way that pleases anyone at all, including the supposed beneficiaries*".

1.2 Objectives

Objectives

Policies are generally conducted to meet specific objectives. This research study aimed at identifying the main factors that impact positively and negatively the implementation process undertaken by the Department of Health in Hong Kong. By thoroughly studying the people who are responsible for the implementation of this strategic framework and by looking critically at the policy-making cycle and preparation stage before implementing the policy, the sub-questions will be answered and finally an answer will be found to answer the main research question. I want to create a comprehensive understanding of the stages of the policy-making process and also develop an understanding of the relationship between the preparation stage and the success of implementation.

Only by looking at these aspects one can gain a better understanding to what extent successful implementation is dependent of the preparation stage. Unless such research is done, it cannot be determined whether success or lack of implementation was due to poor, inadequate preparation of the policy or other factors that might have an influence on the implementation process.

According to Bouman and Goggin et al., 1990) the subject policy implementation remains interesting for policy-makers, because the implementation process still is a major stumbling block in the overall policy process. Furthermore, research on implementation is one of the most important area of policy analysis, because it continues to bring relevance for important themes in the area of policy and management (Brynard, 2005). Though there are exceptions, for example, Deleon and Deleon (2002) have argued that research interest in policy implementation has declined over the years.

As mentioned before, policy implementation can be defined as “those actions by public and private individuals or groups that are directed at the achievement of objectives set forth in prior policy decisions” (van Meter & van Horn, 1976:447). Furthermore, Dunst et al. (as cited in Brynard, 2005) also emphasizes the importance of studying policy implementation, because policy implementation is about the used strategies by policy implementers to translate a policy into practice. When analyzing the success or failure of policy implementation of the framework, I try to determine whether the policy-makers are achieving the stated goals and whether this was due to the factors in the preparation stage. Therefore, the major focus of this thesis is on the factors that are crucial for successful policy implementation.

In Brynard (2005), Pressman and Wildavsky have suggested that the number of actors involved in an inter-organizational setting determines whether implementation will be successful or not. This means, the more actors, the greater the probability of failure of implementation. However, O’Toole and Montjoy (as cited in Brynard, 2005) argues that a larger of number of actors will improves the implementation, but only when the output of one actors is the input for another actor. So actors need to contribute to a task without slowing down the implementation process.

In this thesis I want to imply that the *success* of implementation can be seen as an activity that was *planned* and *carried out* according to a carefully predetermined implementation plan with good defined policy characteristics. Though a lot of research designs (large-N, small-N, qualitative and quantitative studies, top-down and bottom-up) and proposals exists that also wants to add variables as part of the explanation for the success of implementation,

I aim to improve in this thesis that the variables I have chosen, can be seen as the explanation for the success or failure of implementation. Because policy failures continue to be prominent nowadays, I want to suggest in this way, on a appropriate manner, that implementation failures can be foreseen and prevented. By doing this research I want to let the policy-makers know that it is important to possess valid knowledge about policy implementation and therefore more study about implementation is needed. The study of Bouman and Goggin et al. (1990) can confirm this. They have given several reasons that the study of implementation should be compelling, because this has to do with the emerging experience of policy-makers during the past twenty years. They argue that the practical world in the policy sectors is just as much in need about up-to-date knowledge about policy implementation.

What is important to this paper's understanding of implementation is that implementation is a political processes but also an organizational issue (Downs and Adrian, 2004). Furthermore, it is concerned with multiple actors. The important point is that not only is implementation influenced by multiple actors, it operates also at multiple levels (Weiner et al., 2009). It is difficult to detect organizational aspects. There always seems to be a relation between the success of implementation and the organizational aspects of the organization of a policy (van Meter and van Horn as cited in Hill and Hupe, 2002). The subject of this study is what influences the success of implementation; what happens after a policy is enacted? But to evaluate the success of implementation it is important to first understand the process of implementation and the formation of the policy (preparation stage).

1.3 PROBLEM DEFINITION AND RESEARCH QUESTION

The problem presented here in this thesis is that it is not evident in which circumstances the preparation stage influences the success of implementation. In this study, the preparation stage consists of six variables respectively: objectives, communication, participation, structure, coordination and desired outcome.

In Hong Kong, little research has been done in analyzing the policy process and the influence on the implementation. According to Hill and Hupe (2002) there has been three generations of research in implementation evolved over the last twenty years. The first generation, also called the classical generation is making the assumption that implementation would happen 'automatically' once the appropriate policies had been designed. The second generation of research in implementation tries to explain implementation 'failure' in specific cases. In the second generation researchers tries to demonstrate that implementation was only a political process no less complex than policy formulation (Hill and Hupe, 2002). The third generation is the analytical generation, and here are the researchers far less concerned with specific implementation failure and more focused on the understanding how implementation works in general and how the prospects of implementation might be improved (Hill and Hupe, 2002).

Having said all of the above, the contribution of the first generation of implementation research must not go underappreciated. Despite the fact that there still is a lack of convergence in the implementation field and that predictive implementation theory remains vague; still this generation has considerably enhanced the understanding of the importance of variables that can impact implementation.

Implementation research started in the 1960s and 1970s, but a common theory about implementation is still lacking (Hill and Hupe, 2002). Nowadays, there is still confusion about when implementation begins and when it ends. There are also many types of implementation, but it remains vague how many types there are. In the literature on policy implementation several barriers were identified by scholars in the way of successful policy implementation (Hill and Hupe, 2002). Substantially, two schools of thought have been developed as the most effective method to study and to describe implementation: top-down and bottom-up (Hill and Hupe, 2002). They have described that the top-down supporters see the policy designers as the central actors. Attention will be paid on factors that can be manipulated at the national level. According to Hill and Hupe (2002), the bottom-up supporters believe that there are target groups and service deliverers. In this thesis, policy implementation is regarded as the accomplishment of policy objectives through the preparation, planning and programming of key activities so that agreed upon outputs and desired impacts are achieved.

As mentioned before, the first implementation studies had a noticeable failure bias. Ingram and Mann (1980) have argued why policy sometimes success or sometimes fail. Pressman and Wildavsky (as cited in Hill and Hupe, 2002) had used the probability theory to prove that there was a small chance for any governmental program or policy to succeed. So they did a lot of implementation research. Nevertheless, implementation research got the name of 'misery' research, because of the failure image that was associated with implementation research (Giacchino & Kakabadse, 2003). It was perceived as a waste of money and a waste of time when doing implementation research (Giacchino & Kakabadse, 2003). Obviously I don't agree with them that this is a waste of time, because having read the literature about public policies, I see the implementation stage as a critical element for policy-making. The reason for doing research to write this thesis is because it is important to do research so that knowledge from individual case studies in different policy sectors, in different countries can be cumulated and compared.

According to Giacchino and Kakabadse (2003) the establishment of policy is an important step for the implementation. Unless the policy is carefully designed and formulated, then it can address the major issues where it is designed for. The article of Edwards and Sharkansky (1978) confirm the importance of the preparation stage. Furthermore, it is also important to have a strong implementation plan that is carried out well, so the impact of the policy will be maximum noticed in the society.

Having said all the above, one last thing I want to mention is that there is a clear distinction between making decisions and getting these decisions realized and I believe it is important to not only focus on the effects of the decisions, but also to look at how these decisions were made, how the decisions were carried out and what influence it have on the success of implementation.

This study looks at the success of the implementation of the strategic framework in preventing and controlling non-communicable diseases, and the focus will be on the preparation stage, whether this influences the success of implementation. It is important to know how well prepared the actors are in implementing, and more importantly, are the actors coordinated well? Therefore, the primary research question of this study is formulated as follow:

How crucial is the preparation stage for the success of policy implementation of the Strategic Framework in controlling and preventing Non-Communicable Diseases in Hong Kong?

The strategy for answering this question involves answering the following sub-questions:

1. How does a carefully designed implementation plan influence the likelihood to implement the policy?

2. How do the involved actors influence the adequacy of implementation?
3. To what extent can the results of this thesis be explained by the characteristics of the policy?
4. What are the barriers to implement a policy?
5. Which approaches can be recommended to improve policy implementation in Hong Kong?

When these sub-questions are investigated and answered, a better understanding will be created concerning how the preparation stage influences the implementation of the strategic framework in controlling and preventing non-communicable diseases in Hong Kong. Moreover, improvement could be identified and features that are currently missing in the preparation stage and during the implementing process can be suggested. Also, the results of this study contribute to the literature concerning the preparation stage of designing a policy and what effects this have on the success or failure of policy implementation. Subsequently, having answered these questions, the research question can be answered and suggestions for improvement to the Department of Health can be made.

If the technical details of the preparation plan lacks information or the content is inadequate than this may causes delay to the implementation process. Research aspects are the actors, policy formulation, the policy goals and key activities to implement (as described in the implementation plan).

1.4 RELEVANCE

Relevance

Extensive related literature was reviewed before research was executed to answer the research questions. Primary data was gathered by having semi-structured interviews with the staff of the Department of Health. Also a questionnaire was sent out amongst the staff to retrieve information. The questionnaire was developed to measure the technical aspects of the preparation stage, while having interviews provided me more insight information, and through this manner I could honestly measure the beliefs, values and expectations of the actors involved.

This thesis has relevance for policymakers themselves, as it gives an indication of what elements determine the success of a policy implementation. And finally, this research is relevant for the government of Hong Kong as it increases the awareness on the importance of policy preparation as it will influence the outcome of the policy implementation. In addition, the results of this study may also affect the way the department of health will prepare and design their policies and this study will provide recommendations for improvements.

Despite the importance for successful implementation, research on the subject remains rather limited. Though relevant literature about policy implementation do exists, but few of them are related to public administration (Contandriopoulos et al., 2004). Another remarkable thing to mention is that most of the literature about policy implementation is mostly published by academics in America and Western European countries. Relevant literature about policy implementation in Asian countries remains scarce. Despite this, there has been very little systematic investigation that looks at the impact of factors that might influence the implementation of a policy (Elmore, 1980). So very little attention is paid to this subject in Hong Kong, and this has played a role in choosing this subject for my research.

So doing research to public policies has been vitally important in many ways such as contributing to a better understanding of policy implementation. The purpose is to enrich the understanding of policy implementation by examining when a carefully predetermined implementation plan actually makes implementation output better. More precisely, some academics have argued that the effects of cooperation, or the number of actors have an influence on the policy that is carried out.

1.5 HONG KONG & HEALTH CARE

The Department of Health has developed a strategic framework on prevention and control of non-communicable diseases (NCD) in Hong Kong. The document is titled as "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases" and it is launched to call for community support in the prevention and control of NCD (Department of Health, 2008).

Doing this study is especially relevant for the Hong Kong Department of Health since the institution is the health-care system in Hong Kong and the context is the situation it is in. Hong Kong has a policy agenda and in this policy agenda is stated why Hong Kong has developed this framework. The Policy agenda is the first Policy Address of the Third Term Government of the Hong Kong Special Administration Region (HKSAR). It outlines their blueprint for Hong Kong's development in the next five years by setting out the direction and vision. According to WHO, other advanced economies around the world are also facing the common problem of an ageing population. Therefore Hong Kong is no exception. An ageing population will have a far-reaching impact on health care. Therefore the Department of Health in Hong Kong has decided that this need to be prepared with early planning and so they immediately have taken action to promote health care reform, reduce premature mortality and improve the quality of life. The strategic framework in controlling and preventing non-communicable diseases is a result of one of the new initiatives of the Department of Health has taken. The main reason for developing this framework thus is because they were deeply concerned that the global burden of non-communicable diseases will continue to grow and they are convinced that global action is necessary; including by effectively addressing the key risk factors for non-communicable diseases and this is outlined in the strategic framework. For Hong Kong, they have to consider the proposed actions in the action plan (designed by WHO) for the prevention and control of non-communicable diseases and implement relevant actions that are in accordance with national priorities.

Non-Communicable Diseases

In Hong Kong, the major health problems are mostly associated with lifestyle-related chronic diseases (Department of Health, 2008). Around 60 percent of all registered deaths in a year are due to cancer, diseases of heart and cerebrovascular diseases (a group of brain dysfunctions related to disease of the blood vessels supplying the brain). These are the main causes of death in Hong Kong and it affects mainly elderly people. When nothing is done to prevent or control these diseases, it continues to dominate the mortality statistics as the population of Hong Kong ages (Department of Health, 2008). To strengthen protection against non-communicable diseases and environmental health risks, the Centre of Health Protection established a Behavioral Risk Factor Surveillance System in 2006 (Department of Health, 2008). Looking at the statistics in 2006, cancer has caused 12.000 lives in Hong Kong. So a Cancer Coordinating Committee has been established to formulate comprehensive strategic plans for effective prevention of control of cancer in Hong Kong. The Hospital Authority has also launched a number of disease prevention and control programmes at district level (Department of Health, 2008).

Introduction Hong Kong health system

Hong Kong (heūng góng in Cantonese, xiāng gǎng in Mandarin) is known as the place with multiple nationalities due to its Cantonese roots and a history involving a long period as a colony of British influence. In 1997, Hong Kong is given back to China again, and the connections with its mother country have been increasing rapidly. The health care system in Hong Kong is departed from the UK model. Just like the UK, the Department of Health together with the Hospital Authority is the supervising organ of all health care delivery services (Bennett, 1996).

The basic principle of the health care system in Hong Kong is that Hong Kong has a 'no turn away' policy, and this ensures that none of the citizens will be denied to receive adequate medical treatment, because this is the law (Bennett, 1996). Though the major costs of health care are paid by the government, still some minor costs are borne by the citizens. However, those who cannot afford to pay for health care, the government will provide funds instead. So everyone have access to health care (Bennett, 1996). Hong Kong is spending a small amount on health with a 5.5% of GDP, by developed world standards. More than the half of this is public spending. Over the years, the health expenditure in Hong Kong has increased. It have growing more than five-fold in less than a decade started from the late 1980s because the Hong Kong government tried to improve the health care services (Gauld, 2007; Liu & Yue as cited in Bennett, 1996). Until 1991, public services were overseen and provided by a central government department which was responsible for staffing and running public hospitals, and for undertaking public health work such as health protection, disease surveillance and disease control.

The public health system in Hong Kong has two major branches (Bennett, 1996). Along with the Hospital Authority, a separate Department of Health was also created in 1991 with responsibility for public health matters and the running of government outpatient clinics. These clinics provide low-cost practice consultations to 10 percent of the Hong Kong population (Gauld & Gould, 2002). In 2002 the responsibility for these clinics was transferred to the Hospital Authority. Furthermore, the Department of Health has no jurisdiction over the activities of public hospitals or the private sector. Besides, it has minimal interaction with the Hospital Authority (Gauld & Gould, 2002). Because of the current situation between the Department of Health and the Hospital Authority, it has posed problems during the SARS outbreak in 2003, due to inadequate information sharing and a lack of communication across the health system (Gauld & Gould, 2002). What can be concluded from this situation is that no single agency was able to take the lead in solving the SARS outbreak and the Department of Health was lacking basic powers of intervention (Hospital Authority Review Panel 2003 as cited in Gauld & Gould, 2002). The Hospital Authority was created to manage all Hong Kong's public hospitals and these are governed by representatives from various sectors in Hong Kong (Annual Report of the Hong Kong Department of Health, 1991-1992 as cited in Bennet, 1996).

The SARS outbreak has led to the establishment of a Centre for Health Protection in 2004 within the Department of Health (Gauld & Gould, 2002). The Health, Welfare and Food Bureau of the Department of Health are responsible for sector funding, policy making and performance monitoring.

In Hong Kong, the public and private sector in the health care are separated from each other. They act isolated and according to Gauld (2007) there is no formal or informal relationship between those two. The private sector delivers good health care service without Hong Kong government subsidy (Gauld, 2007).

As Gauld and Gould (2002) has mentioned in their article, though the government of Hong Kong is finally in charge of the public sector and in regulating the health system, the government has refrained from asserting itself.

Nowadays, the Hospital Authority has a semi-independent body and the Department of Health as a separate government agency, the Health, Welfare and Food Bureau and its policy secretary are very close to the health system. Not having a chain of command, the Hospital Authority has tended to act as a sometime leader of the health system instead of the government (Gauld & Gould, 2002).

Organization

The Health, Welfare and Food Bureau is responsible for formulating policies and allocating resources for the Hong Kong's health services (Department of Health, 2008). They also oversees the implementation of the policies to protect and promote public health, and are aiming to provide lifelong healthcare to every citizen of Hong Kong, and try to ensure that no one is denied adequate medical treatment (Department of Health, 2008).

The Department of Health is the health adviser of the Hong Kong government. It is an agency that executes health care policies and statutory functions (Department of Health, 2008). Furthermore, it tries to safeguards the community's health through promotional, preventive, curative and rehabilitative services (Department of Health, 2008).

The Hospital Authority is a statutory body established in 1990 to provide public hospital and related services (Department of Health, 2008). The Hospital Authority offers medical treatment and rehabilitation services to patients (Department of Health, 2008).

The Health and Medical Development Advisory Committee is chaired by the Secretary for Health, Welfare and Food Bureau to review the way health care services are provided. They also draw up a long-term plan for maintaining and financing quality services in Hong Kong. This committee has 12 members from different sectors of the community (Department of Health, 2008).

Disease prevention and control

The Department of Health spent \$1,182.8 million on disease prevention and control. A Centre for Health Protection was set up by the Department of Health in 2004 in order to achieve effective prevention and control of communicable and non-communicable diseases in Hong Kong. This is in collaboration with local and international stakeholders (Department of Health, 2008). In order to deliver professional expertise, a Board of Scientific Advisers with 7 scientific committees was set up and training and research programmes were launched regularly by the Department of Health. Communication with the citizens was strengthened through support from District Councils, educational campaigns and publicity programmes (Department of Health, 2008). To create networks with other health authorities and agencies in mainland China and the World Health Organization, professional knowledge and experience are shared with them (Department of Health, 2008).

Definition public health

The Department of Health (DOH) is responsible for public health including health education, occupational and student health, prevention and monitoring of communicable diseases such as tuberculosis (TB) and HIV.

Public health can be defined as "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, public and private organizations, communities and individuals" (Winslow, as cited from Faculty of Public Health, 2005).

Public health has three characteristics:

- It deals with the preventive aspects of health more than with the curing aspects;
- It deals with issues of the overall health, and it is community based (population level) rather than individual health issues;
- The focus is the prevention rather than treatment of disease.

The most important is to achieve the goal of promoting health and preventing diseases and to increase the effectiveness and efficiency of the health-care system. Therefore it is important to address the underlying factors that determine health. The Department of Health did so by having a public health approach to disease control (see figure 2). This is the first step that needs to be completed first before the next steps could be taken in order to design a strategic framework and implement it successfully.

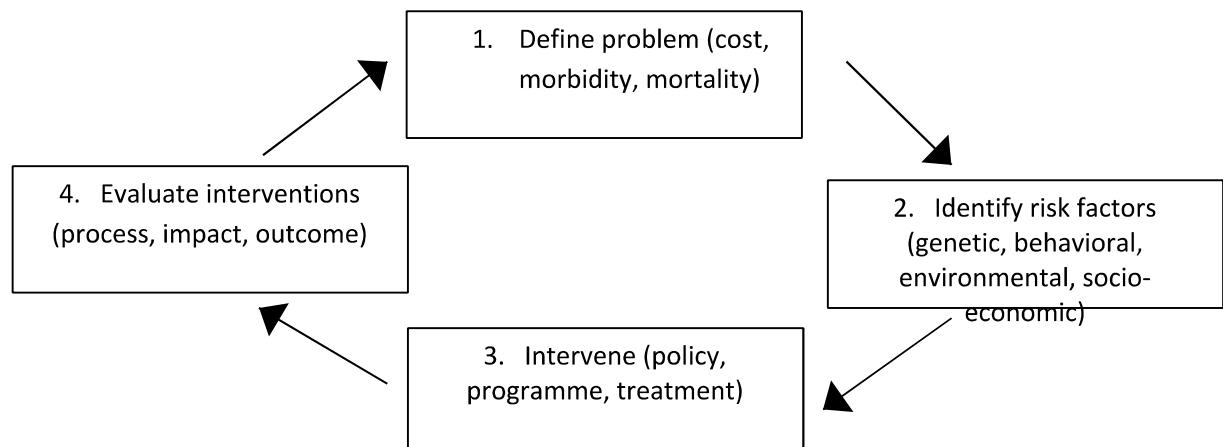


Figure 2: Public health approach from the faculty of Public Health (2005).

Policy implementation is the carrying out of a basic decision that addresses a problem, stipulates the objectives to be pursued, and structures an implementation process.

1.5 RESEARCH DESIGN

This thesis is a case study, so as to better comprehend the nature of this matter, it is both qualitative and quantitative. Doing a case-study, first of all a research design is needed. The research design will be described in short in this section. This study intends to look at the preparation stage of the policy cycle, if there is a carefully well designed plan, and how this will affect the implementation output/outcome. A case study examines a temporary phenomenon within its context, especially when the boundaries between phenomenon and context are not clear (Yin, 2003). The case study research has to do with the situation when one is more interested in variables than data, with the result that it relies on multiple sources of evidence, which is used for data triangulation (Yin, 2003).

The research design creates a link between empirical data and research and concludes. Five components are important when doing a case study (Yin, 2003):

1. Research question, one must get clear what exactly the research question is.
2. Terms, make sure one give attention to what should be examined in the study.

3. Unit of analysis, what is the case? Is it an individual, an organization or an event? The unit of analysis is related to the way research is drawn.
4. Logical link between data and conditions, this can be done by relating several pieces of information from the case in theoretical terms.
5. Criteria for interpreting the findings.

A study should be done when one wants to review a previously formed theory (Yin, 2003). Also, this method can also be used when it is a unique case. One of the difficult aspects when doing a case study is the analysis of the findings. One approach therefore is to use different analyzing techniques. It relies on multiple sources of evidence which is used for data triangulation. The case study is a form of empirical research. It uses earlier draft of other researchers for the theoretical developments, data collection and analysis. According to Yin (2003) it has a bad reputation for several reasons. First of all the researcher is careless. Second research is often confused with education. Third, there is little basis for generalization because it focuses on the case. Fourth, doing a case study is intensive and time consuming.

In this thesis, the success or failure of implementation is based on the preparation stage of the policy cycle. The main research data is gathered by having semi-structured interviews. Also a questionnaire was sent out and in this questionnaire, actors were questioned about their experience regarding implementing a policy. Their motivation, beliefs, communication towards other actors while implementing the framework. Open and closed- ended questions were formulated, as to retrieve the correct data by posing questions in different ways.

In this regard, I went through literature review to identify factors that might influence implementation and based on the literature review a conceptual framework is established (described in chapter 3). The information retrieved through the interviews and the questionnaires is then analyzed using statistical methods with SPSS. Reliability and validity analyses were executed. Also factor analysis, correlation analyses and regression analyses were used to analyze the data as described in chapter 5.

1.6 OUTLINE THESIS

The relevance of this study, research questions and the research design are defined and described in Chapter 1. The further thesis structure will be as follows. Chapter 2 presents the literature review. This chapter outlines the theoretical concepts and discussing the implementation process. Chapter 3 outlines the conceptual theoretical framework with the definitions of the variables that were used in this study, and Chapter 4 comprises the research methods that are used to retrieve data. The main findings from the interviews and questionnaire will be summarized and described in Chapter 5. Also the relationships between the constructs will be discussed in this chapter. In Chapter 6 conclusions will be drawn on whether the preparation stage of this framework had a positive or negative effect on the implementation outcome. This chapter summarizes the research and the data and it will be linked back to the sub-questions in order to answer the main research question. Finally, the answers to the questions will lead to recommendations and these will be described in Chapter 7. Furthermore, the value and limitations of the study will also be presented in this chapter. The annexes are briefly the data that was retrieved with SPSS. Also the questionnaire, the interview guide and the interviewers list can be found in the annexes.

2. Theoretical Framework

2.2 Policy Cycle Model

In this section a description is given of the process of policy making using the stages model. First of all a definition of what public policy entails will be given. According to Longest (as cited in Harrington, Estes and Crawford, 2004) it is an “authoritative decision made by the government and it is intended to directly influence the actions, behaviors or decisions of the society”. Another definition of public policy is that it refers to the purposed course of action pursued by actors to realize specific goals within an environmental context where obstacles and opportunities co-exist (Fredrich, as cited in Sutton, 1999). According to Anderson (as cited in Hill & Hupe, 2002:2) a policy is: “a purposive course of action followed by an actor or set of actors in dealing with a problem or matter of concern. A public policy is a policy that is developed by governmental bodies and officials”. Others view public policy as the actions of government and the intentions that determine those actions. It consists of political decisions regarding the implementation to achieve the goals (Coharan, as cited in Sutton, 1999). According to Sutton (1999) it is the total of activities taken by the government. Public policy can be influenced by key stakeholders like the private sector or the civil society (Sutton, 1999).

A public policy can be categorized as follows according to Sutton (1999):

- Substantive (what is going to be done?);
- Procedural (how is it going to be done?);
- Role of state (distributive, regulatory, self-regulatory, re-distributive policies);
- Nature (material or symbolic?);
- Extent of impact (involving collective goods or private goods?).

When a policy is not implemented well and a policy fails to have the intended effect, then it is usually due to one of two types of failure: theory failure, or program failure (California State University, 2009). According to the California State University a theory failure occurs when the policy was implemented as intended, but failed to have the desired effect. So the policy was implemented well, but the expected change did not occur. So there must be some other causes of this failure why the theory did not work out as planned and this would require a different policy to address. The second is that an implementation failure occurs when the policy is not implemented as intended. So the policy-makers still do not know how to achieve the set goals, you only know that the intended goals are not working out as planned (California State University, 2009).

Policy implementers interact with policymakers by adapting new policies, co-opting the project designs or ignoring the new policies. Furthermore, policy implementers are crucial actors whose actions determine the success or failure of policy initiatives (Juma and Clarke, as cited in Brynard, 2005). Brickenhoff (as cited in Brynard, 2005) says that it is important to develop a wider and better understanding of implementation factors and the processes linking policy goals to outcomes.

The five stages of the Policy Cycle

The process of a policy can be divided into 5 different phases (Hoogerwerf, as cited in Hill and Hupe, 2002). Firstly, you have the preparation phase. In this phase you formulate the problem, you collect and analyze the information and you start to conduct advices concerning the policy. Secondly, you have the policy provision. In this phase you take decisions concerning the policy that will be implemented and you think of the instruments that you want to use for this policy (input). Thirdly, you have the policy execution. In this phase you actually apply the chosen