**Title:** Feasibility assessments as an approach to transfer of policy ideas on Universal Health Coverage (UHC) across jurisdictions

**Name of Author**: Tarry Asoka

**Institutional Affiliation**: Independent Consultant

**Phone number**: +234-8023048497

**E-mail address**: tarry@carenet.info

***Abstract***

Background

As concerns on how best to improve healthcare services in low- and middle-income countries remain, development actors have attempted to ‘transfer ideas’ that seem to be ‘promising’ from other jurisdictions (mainly advanced economies) into these settings, based on knowledge about different health systems and how they work. Usually, such ideas or technologies are introduced into new areas for efficiency gains or service improvement. But how doable are these policy ideas, if so, can they survive and thrive in new contexts? The health reforms landscape is replete with several ideas that failed to work properly.

Aims/Objectives

The aim of the paper is to apply the emerging knowledge of an approach that ‘explores the capacity of accounts of an idea to systematically introduce and sustain its essence (principle) in a new jurisdiction’. The main objective is to introduce a method to investigate the conditions prevailing, potential for adoption and therefore the feasibility of UHC ideas, ‘ahead of transfer’ into new settings.

Methods

Documentary Reviews of the ‘policy transfer’ literature, in particular, an exploratory study on the ‘feasibility of transfer of the idea of clinical networks’ undertaken in Nigeria, and its embedded ‘Approach to Feasibility Assessment’.

Findings

Along with institutional analysis of the new context, the identification and understanding of the principle underlying the idea in question is critical to assessing the transfer of new ideas across jurisdictions. For example, ‘collaboration’ is considered as the essence of the idea of clinical networks. Once these are done, it is possible to use a ‘tool’ - a methodology for evaluating the transfer of a given policy or idea into new settings, on three dimensions: (i) Operational feasibility - technical possibility of undertaking the idea based on its principle functioning as an ‘enterprise’; (ii) Contextual feasibility - whether the idea is viable within the specific institutional environment it is meant to operate; and (iii) Interventional feasibility - if the idea is desirable, then it is designed to achieve pre-determined outcomes following a particular ‘theory of change’ that takes into account both its operational features and contextual factors.

Conclusions

In order to avoid past failures associated with reform ideas, ‘identifying what works and whether or not it might work equally well in different contexts’ could be routinely employed in assessing how policy ideas on UHC are likely to be adopted in new jurisdictions, prior to transfer of such ideas into new settings.