44RQNC

**POLICY AND IMPLEMENTATION GAP: A MULTI-COUNTRY PERSPECTIVE**

Dr Gina Teddy, University of Cape Town, gina.teddy@uct.ac.za

Dr. Dintle Molosiwa, Health Policy and Systems Division, SOPHFM, University of Cape Town, Anzio Road, Observatory, 7925, Cape Town, South Africa - (dintle..molosiwa@uct.ac.za)

Dr. Boroto Hwabamugu, School of Public Health, University of the Western Cape, Private Bag X17, Bellville 7535, Cape Town, South Africa - (boroto.hwaba@gmail.com)

Dr. Martina Lembani, School of Public Health, University of the Western Private Bag X17, Bellville 7535, Cape Town, South Africa -Cape (martina.lebani@yahoo.co.uk)

Widespread evidence on implementation indicates that health policies once adopted are not implemented as envisioned and do not always achieve the intended outcomes. The challenges associated with policy implementation gaps have been widely attributed to several factors ranging from problematic policies to lack of governance and resource. Yet countries in low and middle income in particular continue to experience these problems in their bid to translating policy into outcomes. This study seeks to understand the complexity associated with health policy implementation and why implementation gaps are increasingly widening in low-and-middle income countries despite countless evidence.

Methodology: An interpretive synthesis of national health policies across four African countries was undertaken to provide insight into the processes and factors influencing implementation outcomes. This thematic synthesis of previous implementation studies explored different components of the health system yet revealed similar challenges associated with implementation gaps. Unpacking and comparing these experiences for Ghana, Botswana, Malawi and South Africa provided a multi-country perspective and insight to the complexities of transferring policy into outcome. This study builds upon the increasing interest and appreciation for synthesizing previous works in understanding health systems challenges affecting LMICs.

Findings and Conclusion: Common factors contributing towards implementation gaps and policy failures across the four countries include: strategies adopted by governments for the implementation; limited and adhoc actor engagement and policy networking; the impact of power dynamics and politics; lack of trust among actors; community and institutional acceptance of the policies; lapses in knowledge, information and weak communication between policymakers and implementers; service delivery issues such as lack of resources, funding and support, quality of care; supervision, monitoring and evaluation; and leadership and governance. The study concludes that implementing health policies is rather a complex phenomenon that triggers unintended consequences and intangible factors often ignored by policymakers, yet have critical impact on policy processes and outcomes