

A Framework for Analyzing Public Policies: Practical Guide

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Public health actors in public, community and academic networks may be called upon to work on public policies and, within the context of this work, to interact with policy makers at different levels (municipal, provincial, etc.). However, they often find that the content of their discourse does not meet all the information needs of these decision makers.

This document presents a structured process based on an analytical framework that reflects a public health perspective, while at the same time integrating other concerns of policy makers. The document addresses four questions:

- What public policies does this analytical framework apply to?
- In what types of situations is it useful?
- Which policy facets does it focus on?
- How is the analysis carried out?

An analytical framework for what type of public policy?

“Public policy” here refers to “a strategic action led by a public authority in order to limit or increase the presence of certain phenomena within the population” (National Collaborating Centre for Healthy Public Policy [NCCCHPP], 2012). More specifically, the proposed framework is designed to analyze healthy (or presumed to be healthy) public policies.

Definition of healthy public policy proposed by Milio (2001, p. 622):

Healthy public policy improves the conditions under which people live: secure, safe, adequate and sustainable livelihoods, lifestyles, and environments, including, housing, education, nutrition, information exchange, child care, transportation, and necessary community and personal social and health services.

Healthy public policies can be generated by and implemented in various sectors. Their expected impact on health derives from their impact on

living conditions, which in turn strongly influence health.

Carrying out an analysis of public policies: in which situations is this useful?

Usually, public health actors do not have the power to make public policy decisions, and they represent only one voice among many: policy making is influenced by numerous groups and organizations with an interest in the outcome (Milio, 2001). It is therefore important to present the public health perspective while remaining aware of the other perspectives being expressed and how these may resonate with policy makers. Given this context, the analysis of public policies proves useful, particularly in the following situations:

- 1) Before the decision to adopt a public policy is made

There are several possible scenarios:

- You must **inform a decision maker** about the relevance of adopting a particular public policy. You do not have a particular bias with regard to this policy and the aim is simply to provide the decision maker with the information needed to make an informed decision. The proposed framework allows for such a structured analysis.
- To address a public health problem, you wish to **promote the adoption of a public policy**; you are thus consciously playing the role of advocate, guided by your organization’s mission. Applying the analytical framework to the policy clarifies its implications, which helps you prepare your supporting arguments and advocacy strategy.
- You wish to **compare public policies**. The goal may be to inform the decision-making process when there are several competing options, or earlier in the process, to decide



which policy should be the focus of in-depth study or of advocacy efforts (such a reflection is useful when resources are limited). The analytical framework provides a common structure for summarizing the advantages and limitations of the proposed policies, with regard to various aspects relevant to decision making.

2) To analyze a policy already being implemented

You are required to **evaluate a public policy**, for example, to help determine whether or not it should be prolonged or to identify its weaknesses so they can be corrected. An evaluation could focus on many aspects; the analytical framework presents a range of possible evaluation questions, from among which those most relevant to the context at hand may be chosen.

What do we want to know about the public policy under study? Description of the analytical framework

In the field of public health, the evidence-informed approach to decision making has been favoured. This approach places emphasis on examining the effectiveness of the options being considered. Similarly, many governments have set out to analyze policies and programs to determine “what works” (Nutley, Walter, & Davies, 2007).

Issues related to the implementation of a public policy must also be identified so that its chances of success can be assessed and its implementation properly planned. Data related to this topic are even more sought after by policy makers, who are held accountable and are subject to various pressures, which accounts for their concern to anticipate how stakeholders are likely to react to a given policy.

Thus the need for a two-pronged analysis, focused at once on the effects of the policy being studied and on the issues surrounding its implementation. Drawing on work in the field of political science (Salamon, 2002) and on policies aimed at combating obesity (Swinburn, Gill, & Kumanyika, 2005), we have broken down these two axes into six analytical dimensions that influence decision-making about public policies (Table 1): effectiveness, unintended effects, equity, cost, feasibility and acceptability.

The question of durability, that is, the capacity to be sustained over time, cuts across all six dimensions. In concrete terms, this means documenting the capacity of the policy being studied to remain in effect and to continue producing effects over time.

To guide the analysis, we have specified, for each dimension, specific elements that should be considered and these are presented below.¹

Table 1 Dimensions for analyzing public policies

Effects	Effectiveness	What effects does the policy have on the targeted health problem?	D u r a b i l i t y
	Unintended effects	What are the unintended effects of this policy?	
	Equity	What are the effects of this policy on different groups?	
Implementation	Cost	What is the financial cost of this policy?	
	Feasibility	Is this policy technically feasible?	
	Acceptability	Do the relevant stakeholders view the policy as acceptable?	

¹ See the Appendix for a summary list in the form of questions to be asked.

EFFECTIVENESS

The first element used to assess the success of a public policy is its **effectiveness at achieving its objective** (Salamon, 2002); in the case of healthy public policies, the objective is to prevent or remedy a health problem, or to otherwise promote health. It is also necessary to report a possible absence of effects, or negative effects of the policy under study that would aggravate the targeted problem.²

Example of “negative effectiveness”:
if banning the sale of certain substances to minors (alcohol, tobacco), instead of reducing consumption by this group, increases consumption because some adolescents are attracted by the forbidden.

However, it is often difficult to judge the ultimate effects of a policy: it can take time before they can be observed; moreover, it is not easy to prove the existence of a cause and effect relationship because public policies represent only one of a multitude of factors that simultaneously influence the targeted problem (Milton, Moonan, Taylor-Robinson, & Whitehead, 2011). In addition, published evidence examining the link between public policies and their ultimate effects is scarce. Hence the value of taking into account **intermediate effects**. To do so, it is necessary to deconstruct the chain of expected effects between the public policy under study and the targeted problem. A useful way to visualize this chain of effects is to represent it in the form of a logic

model (Figure 1). The logic model represents the *theory*, the *expected effects*; the analysis must attempt to verify the extent to which these effects are in reality produced. Such an analysis of intermediate effects strengthens the assumption of causality: because they are less “distant,” their cause-effect relationship with the policy under study is easier to establish; and if it can be shown that the policy is effective up to a certain point in the chain of effects, then its actual contribution to the ultimate effect can be more readily assessed. Moreover, specifying the intermediate effects makes it possible to more precisely identify steps that do not function well, and thus problems that must be resolved.

The logic model also makes it possible to judge the **plausibility of the intervention logic**: does the chain of effects make sense? This approach can be used as a last resort to assess whether a policy seems promising when no data on its effectiveness is available yet (Swinburn et al., 2005).

Another element of analysis: the same policy implemented in two different contexts might not produce the same effects. It is therefore useful to gather as much information as possible about **the influence of the implementation context on effectiveness**, to be able to form judgements about the transferability of a policy from one context to another (Kok, Vaandrager, Bal, & Schuit, 2012; Pawson, 2006; Rychetnik, Frommer, Hawe, & Shiell, 2002; Tugwell et al., 2010).

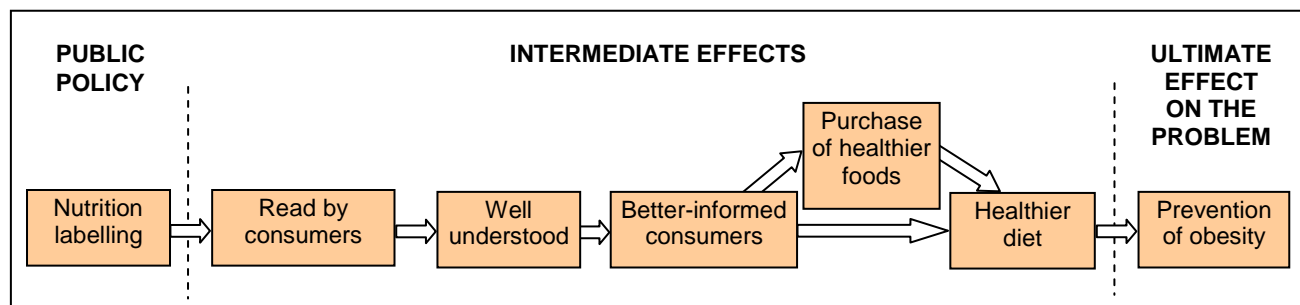


Figure 1 Example of a public policy logic model: Nutrition labelling

² These neutral or negative effects are recorded under the “Effectiveness” dimension because they are measured against the objective being pursued by the policy under study. On the other hand, all other effects (positive or negative) that are produced by the policy, but that do not relate to the objective pursued, are classified under “Unintended effects” (see page 4, below).

Example of effectiveness varying according to context:
In a setting that includes few destinations of interest within a distance that people are prepared to travel by bicycle (for example in suburbs), installing bike paths will be less likely to stimulate active transportation than in urban centres where a range of destinations are located within a short distance.

Finally, the **distribution of effects over time** is important: the time required before effects can be observed (Gardner & Barnes, 2012), their potential fluctuation from one period to another, their ability to persist or, conversely, the time horizon after which the effects dissipate may all be considered.

UNINTENDED EFFECTS

Consideration is given here to all the effects that are produced by implementing the public policy under study, but that are unrelated to the objective pursued (in other words, the effects that are external to the chain of effects represented by the logic model). Given the complexity of human societies, it is impossible to control a policy so fully as to ensure that it produces only the desired effect, and no other. Unintended effects can be **positive or negative** (Rychetnik et al., 2002) and can be produced in all kinds of areas: effects on health that are unrelated to the problem targeted, economic, political, or environmental effects, effects on social relations, etc.

Example of a positive unintended effect:
Nutrition labelling tends to raise awareness and lead consumers to demand healthier food. The food industry is then prompted to modify its products (for example, by reducing their salt content). Such reformulation automatically improves food, even for consumers who do not make use of nutritional information.

Example of a negative unintended effect:
If nutrition labelling leads consumers to reject certain rather unhealthy foods, it can result in revenue losses for their producers and eventually in job losses, if they scale back their activities.

It is useful not only to identify unintended effects, but also to gather (insofar as possible) information on complementary measures that could **mitigate any negative unintended effects**.

EQUITY

The aim is to determine whether the policy being analyzed produces **different effects on various groups** (categorized by age, gender, socioeconomic status, ethnicity, religion, residence in certain zones, sexual orientation, disabilities, etc.), or whether it could potentially create, increase or correct **inequalities** in the distribution of the targeted problem (Milton et al., 2011; Swinburn et al., 2005; Tugwell et al., 2010; Oxman, Lavis, Lewin, & Fretheim, 2009). It is very important to take into account equity and not only general effectiveness because, often, public policies improve population health in terms of the overall average, but at the same time deepen social inequalities in health (Potvin, Ridde, & Mantoura, 2008).

Example:
Nutrition labelling has proven to be less effective among those with less education and lower incomes, whereas these groups are already generally more affected by the problems of overweight and obesity.

COST

When considering financial costs, we tend to think first of the **cost incurred by government** in implementing the policy under study. However, on the one hand, a policy can also generate **gains**; and on the other hand, it is also necessary to consider the **costs for other actors** (Salamon, 2002).

Examples:
For the government, a new tax involves implementation costs, but mainly entails revenues; and for the actors to which it applies (consumers, businesses, etc.), it entails costs.

A policy that helps prevent a health problem leads to savings (in the medium or long term) by decreasing health costs and maintaining the productivity of persons who would otherwise fall ill.

It is important to analyze the **distribution over time** of costs (one-time or recurring, immediate or deferred costs, short- or long-term investments) (Pineault & Daveluy, 1986), as well as their **visibility**, that is, the degree to which costs are apparent or hidden (Salamon, 2002; Peters, 2002). These two factors strongly influence the way stakeholders react to a given policy.

Example of low-visibility costs:

The food industry bears most of the cost related to nutrition labelling on its products, but can choose to pass this cost on by increasing prices. Consumers doubtless notice such price increases, but have no way of knowing that the increases are related to nutrition labelling.

The **relative cost** can also be examined by comparing the cost of the policy under study with the cost of other potential policies or with that of inaction (in the latter case, there is no implementation cost, but instead the ongoing costs associated with the neglected problem). The cost data and the effectiveness data of the various options must be cross-referenced³ (Pineault & Daveluy, 1986; Drummond, Sculpher, Torrance, O'Brien, & Stoddart, 2005).

FEASIBILITY

This dimension is about examining the technical feasibility of the policy being analyzed, and this is tied to a series of elements of varying character.

On a strictly practical level, feasibility depends on the **availability of the required resources**, including personnel, material resources and “technology” (in the broad sense) (Pineault & Daveluy, 1986; Sabatier & Mazmanian, 1995; Swinburn et al., 2005).

It is also necessary to verify whether the proposed public policy is in **conformity with existing legislation** (Pineault & Daveluy, 1986; Buffet, Ciliska, & Thomas, 2011). In particular, the distribution of responsibilities between levels of government (municipal, provincial, federal) must be considered. In addition, if the policy requires the involvement of several other sectors besides that of health, the limits of each one’s mandate must be respected. In other words, not only must the proposed policy not contradict the laws and regulations in effect, it must also target the “right” decision maker for adoption, failing which it could be contested on the basis of legal arguments.

Example:

At the end of the 2000's in the United States, many municipalities that had adopted regulations requiring fast food restaurants to display the caloric values of their menu items were challenged in court by the restaurant industry. The latter argued that these regulations violated the preemption principle (which prohibits the adoption of laws or regulations on matters that are already the subject of legislation at a higher level), since a federal law already regulated nutrition labelling on pre-packaged foods.

The pre-existence of **pilot programs** is both an indication of the feasibility of a public policy addressing the same issue and a facilitating factor, if this policy can benefit from the experience and the implementation structure of these programs (Swinburn et al., 2005).

The extent to which the implementation of the policy under study can be managed by **existing administrative mechanisms** must also be considered: this can enhance feasibility, unless the objectives and priorities of the existing provisions do not correspond closely enough to those of the new policy (Buffet et al., 2011; Sabatier & Mazmanian, 1995; Salamon, 2002).

Another question: **will the government authority promoting a given policy also be the one to implement it?** It is simpler to manage implementation in such cases (Salamon, 2002). However, implementation often falls to other actors. The more numerous these are, the more complicated implementation can be, because it is necessary to negotiate these actors’ involvement and to ensure that they respect their commitment to act in pursuit of the desired objective. In such situations, it is necessary to ask whether those spearheading the public policy can rely on **an appropriate system of incentives and sanctions to guide the activities of the other actors involved in implementation** (Sabatier & Mazmanian, 1995).

³ In this type of analysis, the measure of effectiveness can be expressed in different forms: as a health indicator (for example: number of strokes prevented); or as the number of quality-adjusted life years gained (QALY); or else, converted into a dollar value.

Example:

In Canada, nutrition labelling on pre-packaged foods (the Nutrition Facts table) is regulated by Health Canada. But in reality, it is implemented by a multiplicity of agri-food companies, who are required to carry out nutritional analyses of their products and to display the results on their labels. The Canadian Food Inspection Agency ensures that these companies comply with the regulations in effect.

The **quality of the cooperation** between the actors involved in implementation has a concrete impact on a policy's feasibility (Salamon, 2002; Pineault & Daveluy, 1986; Swinburn et al., 2005). Inversely, the **ability of opponents to interfere** is an equally important factor; especially since the opponents of a public policy are often more active, over a longer period, than its partisans (Sabatier & Mazmanian, 1995).

ACCEPTABILITY

Acceptability refers to how the proposed public policy is judged by stakeholders⁴ (Swinburn et al., 2005). Thus, it focuses on subjective elements (the judgement of actors). In addition, it partly depends on factors that are external to the policy under analysis, because the position of each actor is determined by his or her knowledge, beliefs, values and interests, be these political, economic, symbolic, or otherwise defined (Peters, 2002).

Examples of stakeholders' interests:

A policy maker assesses whether adopting a particular policy could lead to a loss or a gain in votes during the next election. Certain agri-food companies might fear losing revenues if a nutrition labelling policy were to highlight the poor nutritional quality of their products.

Examples of values:

Persons who value equity are more likely to support redistributive policies. Inversely, libertarians oppose, on principle, government intervention, regardless of its aim.

A policy that does not garner enough support (including the support of public opinion, of those with economic and financial power, etc.) is likely to have difficulty being adopted and implemented, and may thus have difficulty producing the desired effects (Salamon, 2002). However, weak acceptability does not necessarily mean the policy should be shelved;

⁴ Please note that the terms "stakeholders" and "actors" are used interchangeably in this document.

in fact, the analysis performed can help decision makers zero in on how to present the policy to stakeholders in a way that addresses their respective concerns and reduces their reticence.

How is acceptability analyzed? First, the actors concerned by the objectives or the implementation of the policy under study must be identified (Rychetnik et al., 2002).

Examples of stakeholders:

The groups directly targeted by a policy, the wider public, ministries, municipalities, other policy makers, professionals from the relevant public sectors (for example, health, education, transport), funding agencies, industry, the media, political organizations, etc. (Swinburn et al., 2005).

Next, so far as possible, the acceptability of the policy under study to each of these actors, including the policy maker one is addressing, should be documented.

First, what is known about the **acceptability of acting on the targeted health problem**: do the relevant actors think this problem merits public intervention?

Next, in their opinion, **how acceptable is the proposed public policy, as compared with other potential policies** aimed at combating the problem? Each actor tends to construct his or her own definition of the targeted problem and its causes, and this affects which solutions will be seen to be appropriate for addressing the problem (Rein & Schon, 2005).

Actors' reactions are largely based on their **assessment of the other analytical dimensions**: do they believe that the proposed policy is effective, that its unintended effects are acceptable, that it is equitable, that its cost is reasonable, and that it is feasible? Since it is based on their perception, their judgement might not correspond to the "objective" data on these aspects. But it should not be discounted: in the eyes of policy makers, stakeholders' perceptions often take precedence over other data (Sabatier & Mazmanian, 1995).

Another important aspect is the **degree of coercion** associated with the proposed policy. There exists a spectrum of policies, including less coercive policies (for example: information campaigns), moderately

coercive policies (for example: a public subsidy to encourage a certain kind of behaviour), and more coercive policies (for example: regulations prohibiting or making mandatory certain behaviours) (Salamon, 2002). Because the most coercive policies restrict individual liberty, they are poorly tolerated by some actors; decision makers are aware of these reactions, and often choose the least coercive option, or a combination of coercive measures and informative measures or incentives (De Leeuw, 2007; Milio, 2001; Sabatier & Mazmanian, 1995).

Finally, stakeholders form **judgements about the conditions surrounding the adoption and implementation** of a proposed policy, based on: the legitimacy they ascribe to the decision-making process; their perception of the legitimacy and the abilities of the actors who will be in charge of implementing the policy; and their assessment of the accountability measures established (Sabatier & Mazmanian, 1995; Salamon, 2002).

Socioeconomic, political, and technological changes can bring about **changes in acceptability** (Sabatier & Mazmanian, 1995). Thus, it is important to document its level not only at the time a public policy is adopted, but also throughout its implementation.

RELATIONSHIPS BETWEEN THE SIX DIMENSIONS

As Figure 2 illustrates, all of the analytical dimensions influence acceptability, because on their assessment of the other dimensions. Inversely, a public policy’s degree of acceptability can have a bearing on its feasibility: if certain actors view a policy unfavourably (“Acceptability” dimension), they may decide to take action to impede its implementation (“Feasibility” dimension). Moreover, the more compromised a policy’s feasibility, the greater the risk that its implementation will entail additional costs. Finally, implementation conditions collectively influence a public policy’s ability to produce results.

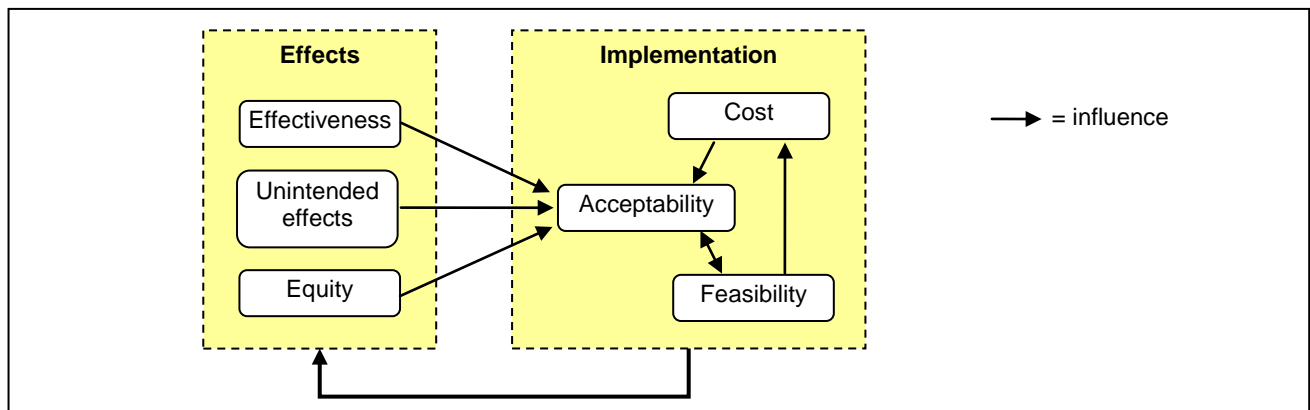


Figure 2 – Relationships between the six analytical dimensions

**How is the analysis carried out?
 The various options**

SCOPE OF THE ANALYSIS

The analytical framework makes it possible to get a complete overview of the implications of the policy under study. However, one may decide to document only certain analytical dimensions, for strategic reasons (if one judges the other dimensions to be less critical given one’s decision-making context) or for practical reasons (lack of time or resources needed for a complete analysis). What is important is to carefully consider each analytical dimension

before setting it aside, and to be aware of the limitations that this imposes.

In practice, one is rarely able to document all the elements associated with each analytical dimension. The summary list of questions (see Appendix) is indicative in nature: the aim is to answer as many questions as possible, but the analysis produced often includes gaps.

Inversely, this list does not claim to be exhaustive. One can always add questions one considers to be important to the analysis, given the context.

DATA COLLECTION

How and where does one find the information needed to analyze a public policy? Several possible approaches are presented in Table 2 (see page 9), which indicates, for each approach:

- the time required: from preparing for data collection, to collecting and analyzing data;
- if the method requires specific competencies;
- the scientific robustness of the analysis produced, defined here by the extent to which bias is minimized and a variety of sources is used to ensure the information presented is as complete as possible;
- the relevance, given the proposed implementation context of the policy being analyzed: to what extent does the analysis rely on local data, rather than on data produced elsewhere?

In general, a balance must be struck between the resources invested in an analysis and the resulting robustness. The appropriate data collection method depends on the situation. For example, if the proposed policy is likely to be highly contested during the decision-making process, one must present very credible evidence, even if this requires using a method that demands more resources.

One may also use different methods to explore different analytical dimensions. Scientific data is preferable for a more rigorous verification of a public policy's effectiveness and equity-related issues; whereas, even informal knowledge can allow for adequate clarification of other dimensions.

PRESENTATION OF RESULTS

Usually, the information is presented in **narrative** form: the quantitative and qualitative data collected on each dimension are synthesized in a text.

It should be noted that the boundaries between analytical dimensions are not rigid: if certain information skirts the border between two dimensions, it can be associated with one or the other, as one sees fit. The aim is simply to organize the data collected into coherent groups. The exception to this principle of flexibility is the "Acceptability" dimension, which requires careful processing of the related data.

Example:

A scientific study establishes that a public policy is effective at reducing the prevalence of obesity by 5%.
=> Information to be classified under the "Effectiveness" dimension.

An association of nutritionists supports the same policy as an effective option for reducing obesity.
=> Information to be classified under the "Acceptability" dimension, because it indicates the position of this stakeholder and, potentially, the way it might intervene during the decision-making process.

It is important to distinguish between these two pieces of information and their very different natures.

When comparing several options, and in particular when choosing a public policy to prioritize over others, a better overview can be obtained by summarizing the information gathered on each dimension in the form of a **scorecard** (Table 3).

Nevertheless, the decision must be made by comparing a heterogeneous array of results for six dimensions of varying natures. Thus, it is to be expected that each actor involved in the decision-making process will implicitly establish his or her own hierarchy of importance for the dimensions. The process of prioritizing public policies will be made more transparent if the stakeholders involved in the decision-making process openly discuss the weight they assign to each dimension and try to form a consensus on this subject.

Table 2 Data collection methods

	DESCRIPTION	TIME REQUIRED	SPECIFIC COMPETENCIES	ROBUSTNESS (1 minimal to 5 maximal)	CONTEXTUAL RELEVANCE
Individual reflection	Attempt to answer the questions in the summary list (see Appendix).	A few hours	No	1 (Informal knowledge, a single source)	Yes
Group brainstorming	Attempt to answer the questions in the summary list.	From a few hours to a few days	No	2 (Informal knowledge, but the confluence of several sources enriches reflection)	Yes
Consultation with an expert	Use the summary list as an interview guide or as a grid to fill out.	A few days	No	3 (Expert knowledge, but only one source)	Depends on whether the expert understands the context well.
Deliberative process	Bring together representatives of the relevant stakeholders (for example: experts, decision makers, civil society actors). The facilitator stimulates discussion among participants by referring to the summary list. After the meeting, the statements gathered are classified under the various dimensions of the analytical framework. ^a	A few weeks	Facilitation Analysis / synthesis of a significant amount of data	4 (Several types of expertise, interaction between several perspectives)	Yes
Literature review	The questions in the summary list are answered by referring to published data. Since peer-reviewed scientific literature tends to focus on the evaluation of effects, it is advisable to also explore the grey literature to document the other dimensions (research reports with more detail than scientific articles; opinion polls or public declarations to document acceptability, etc.). ^b	A few months	Documentary search Analysis / synthesis of a significant amount of data	5 (Numerous sources, credibility of scientific publications, methodical process)	Yes if the data are drawn from the applicable context. Otherwise, see to what extent data gathered elsewhere (for example, in another country that has implemented the policy under study) can be extrapolated.

^a For more information on deliberative processes and how to organize them, see: Gauvin (2009); Gauvin (2010); Lavis, Boyko, Oxman, Lewin & Fretheim (2009).

^b For more information on producing literature reviews on public policies, see Morestin, Gauvin, Hogue & Benoit (2010), Section 3.3.

Table 2 Data collection methods (cont.)

	DESCRIPTION	TIME REQUIRED	SPECIFIC COMPETENCIES	ROBUSTNESS (1 minimal to 5 maximal)	CONTEXTUAL RELEVANCE
Methods for synthesizing knowledge including deliberative processes (for example: the NCHPP's method)^c	An approach that combines a literature review and the organization of deliberative processes.	A few months	Documentary search Facilitation Analysis / synthesis of a significant amount of data	5 (Numerous sources and perspectives, expert knowledge, credibility of scientific publications, methodical process)	Yes, due to deliberative processes.

^c For more information, see Morestin et al. (2010).

Table 3 Presentation using scoring

	Effectiveness	Unintended effects	Equity	Cost	Feasibility	Acceptability
PP1	++	-	+++	+	-	--
PP2	+	+	-	-	++	+
PP3	+++	-	-	+	+	-

Conclusion

The analytical framework proposed here constitutes a tool that is both structured and flexible. On the one hand, it is intended as a structured guide for all those who are called upon to represent the public health perspective to policy makers. On the other hand, it can be adapted according to the information needs of each decision-making context and according to the resources available for carrying out the analysis.

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Appendix

Summary list – Dimensions for analyzing public policies

Reminder: For each dimension, consider the associated durability.

Effectiveness

- What are the effects of the public policy under study (positive, neutral, negative) on the targeted health problem?
- How effective is this policy in terms of its intermediate effects?
- Is the intervention logic of this policy plausible?
- How does the implementation context influence this policy's effectiveness?
- How much time is needed before effects can be observed? Do the effects persist over time?

Unintended effects

- Does the policy under study produce unintended effects, whether positive or negative?
- How can the negative unintended effects be mitigated?

Equity

- What are the effects (intended or unintended) of the policy under study on different groups?
- Does this policy create, reinforce or correct social inequalities in health?

Cost

- What are the financial costs and gains for the government? For other actors (industry, community organizations, consumers, taxpayers, etc.)?
- How are the costs distributed over time?
- To what extent are the costs apparent?
- How do the costs of the policy under study compare with those of other potential policies, including that of inaction? What is the cost-effectiveness of the policy under study for the government, for society?

Feasibility

- Are the required human, material, and technological resources available?
- Does the policy being studied fall under the legal jurisdiction of the authority who wishes to adopt it? Is it in conformity with existing legislation?
- Is this policy a follow-up to a pilot program?
- Can this policy be administered by pre-existing mechanisms?
- Is the authority promoting this policy also the one that will implement it?
- If not, how many different actors are involved in implementing this policy? Are they effectively guided by the policy's promoters? Do they cooperate well?
- Do the opponents of this policy have the ability to interfere with its adoption, its implementation?

Acceptability

- Which actors are or would be affected by the public policy under consideration?
- Is the problem targeted by this policy considered a social issue that requires intervention? What are stakeholders' reactions to the idea of intervening to address this problem?
- How do stakeholders think the issue should be addressed?
- What do stakeholders think of the proposed policy? Of its effectiveness, its unintended effects, its equitability, its cost, and its feasibility? Of the degree of coercion it involves?
- What do stakeholders think of the conditions surrounding adoption and implementation of this policy?
- Can the policy's acceptability evolve during the period in which it is being implemented?

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