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Review Article

Development of the Integrated Policy Analysis Framework (IPAF): A Multidimensional Approach to Health Policy Analysis

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Abstract

Background: Health policy analysis is essential for understanding how policies are developed, shaped, implemented, and influenced by social, political, economic, behavioural, and institutional factors. However, existing approaches often examine specific dimensions or levels of policy processes separately, limiting their capacity to capture the complexity and interconnectedness of contemporary health systems. This article presents the development of the Integrated Policy Analysis Framework (IPAF), a comprehensive framework designed to support systematic and multidimensional analysis of health policies. **Method:** Drawing on established approaches in comparative health policy analysis, systems thinking, governance, health economics, implementation science and evidence informed policymaking, IPAF synthesises and integrates analytical domains and key guiding questions. **Results:** The framework developed encompasses eight domains 1) Scope and Context, 2) Policy Approach and Design, 3) Governance and Implementation, 4) Effectiveness and Outcomes, 5) Equity and Inclusion, 6) Transferability and Adaptation, 7) Comparison and Policy Insights, and 8) Gaps, Recommendations and Future Directions. Examples of application and refinement of the IPAF include studies of professional regulation, palliative care, long-term care, and home support. **Conclusion:** By integrating contextual, political, health system, implementation, and impact perspectives, IPAF provides a flexible and adaptable approach for researchers, policymakers, and practitioners seeking to analyse complex health policy challenges and interventions. **Implications:** This multidimensional framework aims to strengthen evidence-informed policy analysis by enabling a more structured and systematic understanding of how health policies are shaped, enacted, and experienced within different health systems.

Keywords: Health policy analysis; Integrated Policy Analysis Framework (IPAF); Health systems; Policy processes; Policy research; Evidence-informed policymaking; Policy development

Introduction

The critical analysis of health policies and their development within and across jurisdictions is essential for understanding how policy decisions shape health systems and influence population health outcomes [1-3]. Health policy analysis functions as a learning system by enabling critical reflection, feedback, and adaptation, whereby evidence, implementation experience, and contextual knowledge inform policy refinement and future decision-making [4,5]. However, conducting rigorous health policy analysis remains challenging because existing frameworks often focus on specific dimensions of the policy process, such as agenda setting, formulation, implementation, governance, or evaluation, rather than providing an integrated approach capable of analysing policy development and implementation as a dynamic and interconnected process.

A recent systematic review shows numerous frameworks, theories and models have been developed to support health policy analysis, each contributing valuable insights into specific dimensions of policymaking, such as policy content, policy actors, institutions, implementation processes, and contextual influences [1]. While these frameworks have substantially advanced understanding of individual components of policymaking, relatively few provide a comprehensive and practical model capable of supporting

transparent and systematic analysis across diverse health system contexts [2,6-8]. Consequently, students, researchers, and policy analysts continue to face challenges in accessing and applying consistent and transparent frameworks for analysing complex health policies across different settings [9].

A diverse range of complementary analytical approaches, including for example realist evaluation, economic approaches, Theory of Change, logic models, and PESTEL analyses (Political, Economic, Social, Technological, Environmental, Legal), provide valuable contributions to understanding interventions, causal pathways, and contextual influences for policymaking [10-13]. However, these approaches were primarily developed for programme planning, evaluation, and contextual assessment rather than comprehensive analysis of health policy processes and outcomes [12,14]. Theory of Change and logic models support articulation of causal assumptions, intervention mechanisms, and expected outcomes but provide less guidance for examining political processes, stakeholder interests, governance arrangements, power relations, and institutional influences shaping policy development and implementation [2,7]. Similarly, PESTEL approaches support assessment of macro-level contextual factors but do not capture how policies are formulated, negotiated, implemented, and adapted within complex health systems [8,15]. Therefore, while these approaches represent valuable analytical framings, they are not always a good fit to enable comprehensive, comparative, and context-sensitive health policy analysis.

Although existing frameworks, models and approaches have advanced understanding of specific dimensions of policymaking, there remains limited consensus on an integrated, operational framework capable of bringing these perspectives together to enable systematic comparison of health policies across diverse health system contexts [1]. To address this methodological gap, the Integrated Policy Analysis Framework (IPAF) was developed as a structured, multidimensional approach that synthesises concepts from comparative policy analysis, systems thinking, governance, health economics, implementation science and evidence-informed policymaking into a standardised analytical model. IPAF builds upon established policy theories and integrates their complementary strengths to support systematic and comparative analysis of complex health policies across varied contexts.

This article describes the development, application, and refinement of IPAF. The framework is founded on the premise that effective health policy analysis requires consideration not only of policy content and intended objectives, but also of the dynamic processes through which policies are formulated, implemented, governed, monitored, and evaluated within wider political, economic, social, and health system environments. Accordingly, IPAF provides a structured approach for examining health policies across interconnected domains, including policy development, implementation, cost and value, outcomes, equity, and transferability. It recognises that policy effectiveness is shaped by the interaction between policy design and a range of contextual factors, including implementation processes, stakeholder engagement, governance arrangements, resource availability, system capacity, and broader contextual conditions. These factors influence not only policy outcomes but also the potential for policies to advance or constrain health equity [16-19].

A defining feature of IPAF is its explicit focus on multidimensional analysis and policy transferability. Rather than assuming that policies demonstrating success in one setting can be directly replicated elsewhere, IPAF supports critical assessment of contextual alignment, necessary adaptations, and the conditions required for effective implementation across different health systems. Through structured domains and guiding questions, IPAF facilitates systematic, transparent, and consistent examination of complex policies, providing a practical resource for health policy research, evaluation, education, and evidence-informed decision-making.

Framework Development Approach

The IPAF was developed through an iterative framework synthesis approach informed by a targeted review of the literature. Framework synthesis is an established methodological approach for developing analytical models by systematically identifying, integrating, and refining concepts from existing theories, frameworks, and empirical evidence [20-22]. This approach enables the development of a comprehensive and theoretically grounded framework while avoiding unnecessary methodological complexity and overly granular data collection during the initial development phase [23,24].

Framework development proceeded through four iterative and interconnected stages: 1) targeted literature review, 2) thematic synthesis, 3) framework design, and 4) refinement and validation. Each stage informed subsequent iterations, allowing key analytical domains, relationships between concepts, and practical applications of the framework to be progressively identified, structured, and refined.

Stage 1: Literature Review

Development of the Integrated Policy Analysis Framework (IPAF) began with a structured narrative review of established policy analysis frameworks and guidance used across public health, health systems, healthcare, and public policy disciplines internationally. The review aimed to identify the conceptual and methodological elements that underpin robust policy analysis and synthesise these into a practical framework for multidimensional health policy research. Rather than assessing the effectiveness of individual

frameworks, the review focused on identifying recurring analytical domains, concepts and approaches that could be integrated into a coherent and comprehensive framework for health policy analysis. Given the objective of framework development, a structured narrative review approach was considered more appropriate than a systematic review, as it enabled synthesis of conceptual and theoretical perspectives from diverse disciplines rather than formal appraisal of intervention effectiveness or empirical outcomes.

Relevant literature was identified through searches of PubMed, MEDLINE, APA PsycInfo, CINAHL (via the EBSCOhost platform), and Web of Science electronic databases. The primary search strategy combined terms related to health policy analysis frameworks and health systems, including: ("policy analysis framework" OR "policy framework" OR "policy analysis model") AND ("health"). Additional literature was identified through reference list screening, citation tracking, and targeted searches of influential frameworks relating to comparative policy analysis, governance, implementation, and health impact assessment.

The searches identified a large body of literature (over 4,000 articles); however, the analysis focused on identifying established policy analysis frameworks themselves, examining their conceptual foundations, components, and application across the literature, rather than systematically reviewing the individual policy studies or contexts in which they were used. The purpose was to identify key influential frameworks and guidance documents to collectively inform the development of IPAF. Using a constant comparison method of titles and abstracts, the key established frameworks identified in the literature included Kingdon's Multiple Streams Framework (1984), Bardach's Eightfold Path [25], Walt and Gilson's Policy Triangle (1994) [8], the CDC Policy Process Framework (2014) [26], Consolidated Framework for Implementation Research (CFIR) [19], WHO guidance on health policy and systems research [2], Health Impact Assessment frameworks [27], and comparative public policy models [28,29]. These frameworks were selected for further analysis because they provide complementary perspectives across different stages and dimensions of the health policy process, including agenda setting, policy formulation, implementation, health systems analysis, impact assessment, and comparative policy learning.

Table 1 presents the eight selected frameworks according to their primary analytical contribution across the policy analysis continuum rather than chronological order of development, to illustrate how each contributed to the development of IPAF domains. Each framework was examined according to its primary purpose, analytical domains, methodological approach, strengths, limitations, and relevance to health policy analysis. Particular attention was given to the extent to which frameworks addressed key dimensions of policymaking, including policy context, drivers, stakeholders, governance, implementation, evaluation, health equity, policy outcomes, adaptation, and comparative analysis.

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Framework / guidance	Primary focus and purpose	Key components	Strengths	Limitations	Contribution to IPAF
Kingdon's Multiple Streams Framework (1984)	**Policy agenda setting:** Explains how policy issues reach the agenda and how policy change occurs through the interaction of problems, potential solutions, and political conditions.	Problem stream (recognition of issues and evidence); policy stream (development and availability of solutions); political stream (political climate, actors, and events); policy windows; policy entrepreneurs.	Provides a strong explanation of agenda setting and policy change; recognises the influence of political context, timing, and actors in shaping policy decisions; applicable across policy sectors.	Primarily focuses on policy agenda setting rather than policy implementation, evaluation, or outcomes; less guidance for assessing policy effectiveness or health system impacts.	Informed IPAF's consideration of policy emergence, political context, timing, and the role of actors in shaping policy development and adoption processes.
Bardach's Eightfold Path (2012)	**Structured analytical decision-making:** Aims to support more structured problem definition, appraisal of policy options, explicit evaluation criteria, and transparent decision-making.	Eightfold path: Define the problem; assemble evidence; construct alternatives; select criteria; project outcomes; confront trade-offs; decide; communicate recommendations.	Practical, systematic, evidence-based, promotes transparent decision-making.	Focuses primarily on policy formulation and option appraisal; limited attention to implementation, governance, context, or comparative analysis.	Informed the IPAF's emphasis on systematic policy description, evidence appraisal, comparison of policy options, and structured guiding analytical questions.

Framework / guidance	Primary focus and purpose	Key components	Strengths	Limitations	Contribution to IPAF
Walt and Gilson's Policy Triangle (1994)	**Political and contextual analysis:** Aims to analyse health policy within its broader environment	Context, content, process, and actors.	Widely used in health policy research; explicitly recognises political, social, economic, and institutional influences; strong stakeholder focus.	Less prescriptive regarding implementation, evaluation, and measurable outcomes; limited guidance for systematic comparative analysis.	Informed the conceptual foundation for IPAF, analysing policy context, stakeholders, governance, and policy processes within diverse health systems.
Centers for Disease Control and Prevention (CDC) Policy Process Framework (2013)	**Policy cycle and implementation planning:** Aims to improve the analytic basis for identifying and prioritising policies that can improve health and to further the adoption of policy solutions.	The key steps include: 1. Identify the problem or issue, 2. Identify an appropriate policy solution, 3. Identify and describe policy options a. Assess policy options b. Prioritise policy options, 4. Develop a strategy for furthering adoption of a policy solution.	Practical policy cycle; emphasises evidence, stakeholder engagement, implementation planning, policy adoption, monitoring, evaluation, and continuous improvement.	While effective for guiding policy development, it provides limited methodological guidance for systematic comparison across multiple policies or broader political and contextual factors.	Informed the sequential policy process, implementation planning, monitoring, and evaluation domains incorporated into the IPAF.
Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009; updated 2022)	**Implementation factors:** Provides a systematic approach for identifying factors that influence implementation success across different settings and contexts.	Five domains: intervention characteristics; outer setting; inner setting; characteristics of individuals; and implementation process.	Comprehensive and adaptable across healthcare and policy contexts; supports identification of contextual barriers and facilitators; integrates organisational, stakeholder, and implementation factors.	Primarily designed for implementation research rather than broader policy analysis; less focused on policy formulation, agenda setting, comparative analysis, and health outcomes.	Informed IPAF's consideration of implementation determinants, contextual influences, stakeholder roles, organisational readiness, and factors affecting policy adoption, delivery, and sustainability.
WHO Health Policy and Systems Research guidance (Gilson, 2012)	**Health systems and governance perspective:** Aims to support systematic health policy analysis and strengthen policy decisions.	Health system context; governance; stakeholders; evidence; implementation; evaluation; health systems perspective.	Comprehensive systems perspective; applicable internationally; emphasises governance, equity, and evidence-informed policymaking.	Functions primarily as guidance rather than a standardised analytical framework; less structured for comparative application.	Informed inclusion of governance, health systems context, implementation, equity, and evidence-informed decision-making in IPAF.

Framework / guidance	Primary focus and purpose	Key components	Strengths	Limitations	Contribution to IPAF
Health Impact Assessment (HIA) frameworks (**Quigley et al., 2006)**	**Equity and health impact assessment:** Aims to assess the potential health effects of proposed policies, programmes, or projects.	Screening; scoping; appraisal; recommendations; reporting; monitoring and evaluation.	Strong emphasis on health outcomes, equity, social determinants of health, and stakeholder participation.	Focuses on prospective impact assessment rather than comprehensive policy analysis; limited attention to policy formulation and governance.	Informed the IPAF assessment of health outcomes, equity impacts, unintended consequences, and monitoring.
Comparative public policy models (Rose, 1993)	**Comparative policy learning and transfer:** Aims to support comparison of policies across countries, sectors, or political systems.	Lesson drawing; institutional analysis; governance; policy diffusion; policy transfer; convergence/divergence; contextual comparison; policy learning.	Supports cross-country comparison, policy learning, transferability, and identification of best practices.	Often theoretical; less operational guidance for analysing individual health policies; variable applicability across disciplines.	Informed the IPAF comparative perspective, policy transferability assessment, contextual interpretation, and international policy learning.

Table 1: Conceptual foundations of the Integrated Policy Analysis Framework (IPAF).

This table summarises key policy analysis frameworks and guidance including their primary purposes, analytical components, strengths, limitations, and contributions to the development of IPAF. The frameworks were selected to represent complementary analytical perspectives, including policy appraisal, policy processes, health systems analysis, health impact assessment, and comparative policy analysis. Together, these approaches informed the integration of multiple analytical levels within IPAF.

Figure 1 illustrates the disciplinary distribution of the 3,605 Web of Science publications, identified through the search strategy, for the eight selected policy analysis frameworks. This distribution analysis was conducted to explore the distribution and disciplinary reach of these selected frameworks within the health research literature, rather than to synthesise the literature. The findings demonstrate that the selected frameworks have been applied across a wide range of health research areas, with the highest representation in Health Care Sciences and Services (32%), Public, Environmental and Occupational Health (22%), and General Internal Medicine (10%). Smaller proportions were observed across nursing, psychology, medical informatics, pharmacy, rehabilitation, oncology, and other clinical and public health disciplines, highlighting the broad applicability of these policy analysis frameworks across health research.

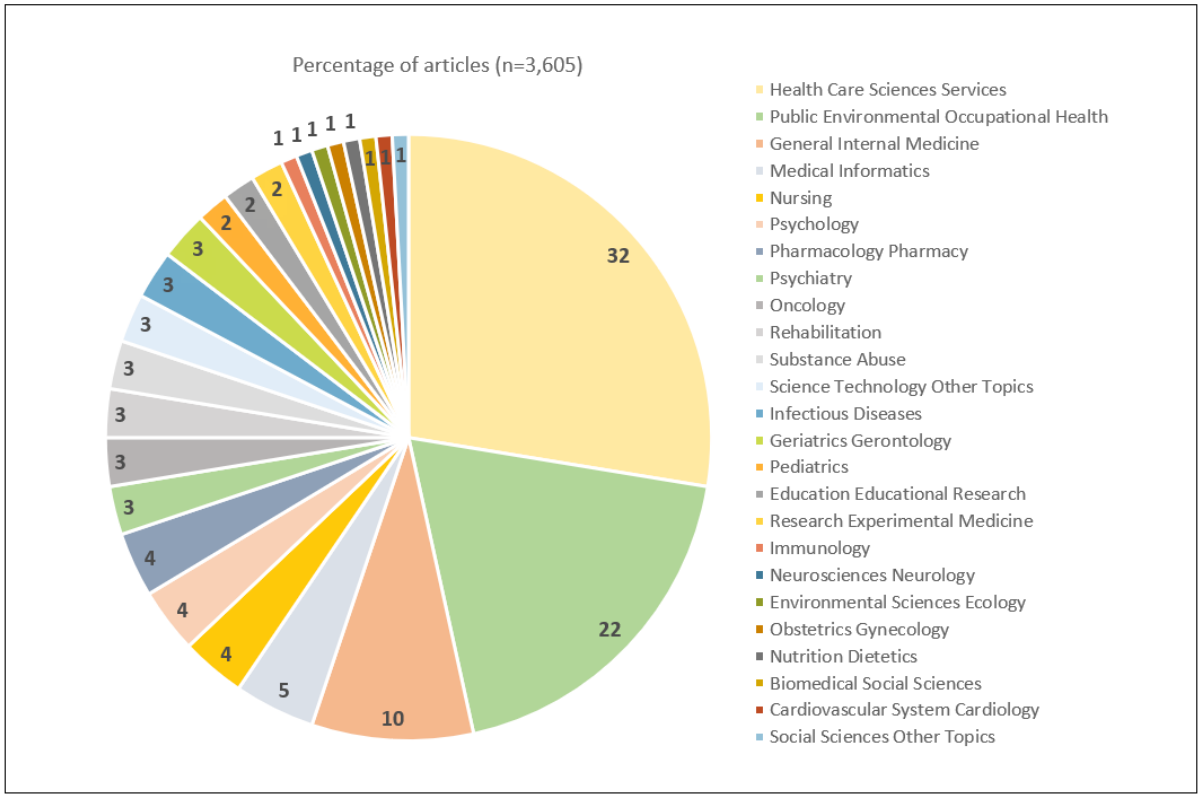

Figure 1: Distribution of Web of Science health-related articles included in the review of selected policy analysis frameworks by research area (n = 3,605).

The pie chart shows the percentage of articles identified through the Web of Science database that examined or applied one of the policy analysis frameworks included in this review: Kingdon's Multiple Streams Framework, Bardach's Eightfold Path, Walt and Gilson's Policy Triangle, the Centers for Disease Control and Prevention (CDC) Policy Process Framework, the Consolidated Framework for Implementation Research (CFIR), WHO Health Policy and Systems Research guidance, Health Impact Assessment (HIA) frameworks, and comparative public policy models. Articles were categorised according to their Web of Science research area. The largest proportion of publications were classified within Health Care Sciences and Services (32%), followed by Public, Environmental and Occupational Health (22%) and General Internal Medicine (10%), demonstrating the broad application of these policy analysis frameworks across health disciplines.

Comparison of the selected frameworks demonstrated that, although each provides valuable insights into specific aspects of policymaking or policy implementation, no individual framework fully addresses the range of domains required for comprehensive health policy analysis, such as equity, economic and value perspectives. Across the reviewed literature, recurring analytical concepts included policy context and drivers, governance, stakeholder engagement, implementation processes, evaluation, health equity, policy outcomes, adaptation, and policy transfer. These concepts were mapped using a comparative synthesis and subsequently refined into the eight domains of IPAF (Table 2). The framework developed integrates complementary strengths from existing approaches into a flexible, multidimensional analytical structure designed to support systematic analysis of health policies across diverse contexts, including public health, health services, healthcare delivery, health systems reform, and broader social policy domains.

Synthesis of literature themes	Final domain of IPAF
Context, drivers, agenda	Scope and Context: Provides an understanding of the policy environment and why the policy exists.
Policy objectives	Policy Approach and Design: Examines policy aims, design and mechanisms.
Governance, implementation	Governance and Implementation: Assesses operational delivery, governance, funding allocation and resources to be able to implement and sustain policies.
Monitoring, evaluation	Effectiveness and Outcomes: Evaluates evidence of impact and outcomes for health, social or economic value.
Equity	Equity and Inclusion: Determines whether vulnerable populations are addressed.
Adaptation	Transferability and Adaptation: Considers applicability to other settings.
Cross-country learning	Comparison and Policy Insights: Synthesises similarities and differences across jurisdictions.
Future improvement	Gaps, Recommendations and Future Directions: Identifies opportunities for future policy development.

Table 2: Synthesis of literature themes and their alignment with the Integrated Policy Analysis Framework (IPAF) domains.

Table note: The identified literature themes represent recurring analytical dimensions across comparative health policy analysis, systems thinking, governance, health economics, implementation science and evidence-informed policymaking. These themes were synthesised to inform the structure and content of the IPAF domains, ensuring that the framework integrates complementary perspectives across the policy analysis continuum.

Stage 2: Thematic Synthesis

Key concepts identified during the literature review were subjected to thematic synthesis and framework development processes to identify recurring analytical dimensions. Related concepts were clustered, compared, and refined into broader domains representing the core components required for comprehensive health policy analysis [20,21,30]. The synthesis resulted in eight overarching analytical domains that form the conceptual foundation of IPAF (Table 2).

These eight themes and corresponding domains reflect the progression of health policy analysis as a continuous learning process, moving from understanding the policy environment and rationale through to assessing implementation, outcomes, comparative learning, and future improvement [4,5]. By integrating these domains, IPAF conceptualises policy analysis not as a linear assessment exercise, but as an iterative process that supports reflection, adaptation, and evidence-informed decision-making.

Stage 3: Framework Design

The design challenge was to develop a practical framework that balances comprehensiveness with usability by integrating multiple dimensions of policy analysis without creating excessive complexity. The framework needed to support both single-country and cross-country comparative analysis, remain applicable across diverse health and related policy areas (including emerging topics such as One Health), align with principles of evidence-informed policymaking, and provide a practical tool that researchers, educators, and students could readily apply and adapt to different analytical contexts.

Following thematic synthesis, the emerging domains were organised into a logical sequence to facilitate systematic policy comparison. Thus, the order of the framework begins by establishing the contextual factors influencing policy development before examining policy objectives and implementation processes. Subsequent domains focus on evaluating policy effectiveness, assessing equity considerations, determining transferability across settings, synthesising comparative insights, exploring cost and value, and identifying gaps to inform future policy development.

Each domain contains a series of guiding questions designed to support critical reflection while maintaining flexibility for application across diverse health policy topics and national contexts. IPAF is intended to function as an analytical guide rather than a scoring instrument, facilitating structured qualitative assessment and evidence-informed comparison. However, its broad conceptual structure also allows adaptation for quantitative analysis and mixed-methods approaches where appropriate.

Importantly, IPAF is designed to be methodologically flexible

and can be applied using multiple approaches, including document analysis, qualitative inquiry, stakeholder engagement, and mixed methods. Document analysis provides an important means of examining policy content, governance arrangements, implementation mechanisms, and contextual influences within the IPAF domains. Structured approaches to document analysis, such as the READ framework, highlight the importance of systematic and transparent procedures when analysing health policy documents [31].

A one-page visualisation was designed to provide an accessible entry point into policy analysis by presenting key analytical domains and guiding questions in a clear and structured format. This approach supports a shared understanding of the policy analysis process and enables students, researchers, and policymakers to apply a consistent analytical approach without requiring extensive prior expertise. The framework design is intended as a foundational starting point rather than a substitute for more detailed policy evaluation methods. Where deeper analysis is required, individual domains can be expanded using additional evidence, theoretical perspectives, and context-specific methodologies.

Stage 4: Application and Refinement of IPAF Through Applied Policy Analyses

Following the development of the initial framework domains, IPAF was applied prospectively across a range of health policy topics to assess its practical utility, analytical validity, and adaptability across different policy contexts. These applications provided opportunities to test whether the framework could support systematic analysis of diverse policies, identify areas requiring further clarification, and refine the domains and guiding questions. The applied studies examined policies spanning professional regulation, palliative care, long-term care workforce, and home support, representing different health system settings, governance structures, policy challenges, and stages of policy maturity.

Application examples include:

- Language assessment policies in nurse regulation [32]: An early developmental version of IPAF was applied to examine how language assessment requirements influence international nurse regulation, workforce mobility, professional integration, and patient safety. The framework supported analysis beyond the policy objective of ensuring communication competence by examining the broader policy context, regulatory drivers, stakeholder perspectives, implementation processes, equity implications, and unintended consequences for internationally educated nurses. This application of IPAF highlighted the importance of incorporating workforce, migration, and equity considerations within policy analysis and contributed to refinement of IPAF's Scope and Context, Governance and Implementation, and Equity and Inclusion domains.

- International comparison of palliative care policy [33]: IPAF was used to compare palliative care policies across two countries on one island (Republic of Ireland and Northern Ireland UK). The framework guided an analysis of differences in policy development, health system organisation, governance arrangements, implementation approaches, outcomes, and contextual influences. The framework supported structured comparison while recognising that policy effectiveness is dependent on local health system capacity, cultural factors, financing arrangements, and service delivery models. This analysis strengthened the Comparison and Policy Insights and Transferability and Adaptation domains by demonstrating the importance of assessing contextual compatibility rather than assuming direct policy transfer.

- Roles and responsibilities of healthcare assistants in long-term care [34]: IPAF informed analysis of healthcare assistant roles in long-term care by examining how workforce policies are shaped by demographic pressures, labour market conditions, regulatory environments, training requirements, and models of care delivery. Application of the framework in this context demonstrated the value of analysing policy implementation mechanisms, stakeholder responsibilities (e.g., private versus public employers), governance structures, and workforce implications, alongside formal health policy objectives. Findings from this study contributed to refinement of the Policy Approach and Design and Governance and Implementation domains by highlighting the importance of role clarity, accountability, and implementation capacity.

- International perspectives on home support policy [35]: IPAF was applied to examine international approaches to home support policy, including policy objectives, service models, governance arrangements, equity considerations, and approaches to sustainability. The framework enabled comparison of how different countries balance independence, informal caregiving, workforce availability, and resource constraints when designing community-based care policies. This application further refined IPAF's emphasis on Equity and Inclusion, Transferability and Adaptation, and Gaps, Recommendations, and Future Directions by demonstrating the importance of considering social context and future system pressures.

The example in Box 1 illustrates how the application of IPAF in the fourth study, helps to provide a robust contextual analysis of the current policy for home support in the Republic of Ireland.

1. Scope and Context: Home support policy in Ireland aims to enable older people and individuals with care needs to remain living independently in their own homes while reducing reliance on residential care. Ireland provides a useful case context due to population ageing, increasing demand for long-term care, workforce pressures, and ongoing reform of community-based care. The policy environment is influenced by cultural preferences for family involvement in care, fiscal constraints, regional variation in service availability, and the transition towards a more integrated health and social care model (Ireland's Sláintecare reform programme).

2. Policy Approach and Design: The main goal of Irish home support policy is to provide timely, equitable access to high-quality supports that promote independence, wellbeing, and ageing in place. The approach combines publicly funded home support hours, assessment of care needs, care planning, and service delivery through statutory and commissioned providers. While primarily reactive in responding to assessed care needs, it also has preventive aims by maintaining functional ability, reducing hospital admissions, and delaying the need for long-term residential care if this aligns with what the person wants.

3. Governance and Implementation: Home support services are primarily overseen and commissioned by the Health Service Executive (HSE), with delivery involving public services, private providers, voluntary organisations. Implementation is supported through government funding allocations, care staff, care coordinators, and community health infrastructure. However, access and availability remain variable due to workforce shortages, regional differences, and capacity limitations.

4. Effectiveness and Outcomes: Evidence suggests that home support can improve independence, quality of life of service users and family caregivers, and user satisfaction, while potentially reducing pressure on acute and residential care services. However, outcomes are affected by consistency of service provision, adequacy of care hours, workforce stability, and coordination between health and social care systems. The effectiveness of home support is therefore highly context dependent. Measures of outcomes, including economic frameworks, are underdeveloped and inconsistently applied to be able to assess value for money.

5. Equity and Inclusion: Irish home support policy seeks to support vulnerable populations, including older adults, people with disabilities, and those with frailty, dementia, multimorbidity or complex care needs. However, inequalities may arise due to geographic location, socioeconomic status, informal care availability, and differences in understanding eligibility and access to assessed supports.

6. Transferability and Adaptation: Transferable elements of home support policy include person-centred care, ongoing consent, holistic assessment, integrated care planning, and investment in community-based supports. However, successful adaptation depends on local workforce capacity, funding models, governance structures, and cultural expectations regarding family care, and clearer roles and responsibilities for home support workers. Workforce planning and career pathways require further investment and development.

7. Comparison and Policy Insights: International experience indicates that effective home support systems combine adequate funding, regulated quality standards, workforce investment, and integration between health and social care. Ireland's ongoing reforms align with these principles but require further development to ensure consistency and sustainability.

8. Gaps, Recommendations and Future Directions: Key gaps include unmet demand (including waiting lists), workforce shortages, inconsistent access, lack of service user feedback mechanisms and limited outcome measurement. Future policy development should prioritise sustainable funding, strengthened regulation, improved data systems, and integrated models that support prevention, independence, and equitable access to home support services.

Box 1: Application of the Integrated Policy Analysis Framework (IPAF) to Home Support Policy in Ireland (adapted from Morrow et al., 2026 using IPAF).

To demonstrate the iterative refinement of the IPAF, the framework was applied across these four diverse health policy analyses. Figure 2 illustrates how each application contributed to strengthening specific IPAF domains, with contributions varying according to the policy context and analytical focus. Collectively, the applications enhanced all eight domains, with particularly strong refinements in Governance and Implementation, Equity and Inclusion, Comparison and Policy Insights, and Transferability and Adaptation. The summary diagram highlights the cumulative contribution of these applied studies, demonstrating how iterative testing across different policy settings improved the framework's comprehensiveness, contextual sensitivity, and practical applicability.

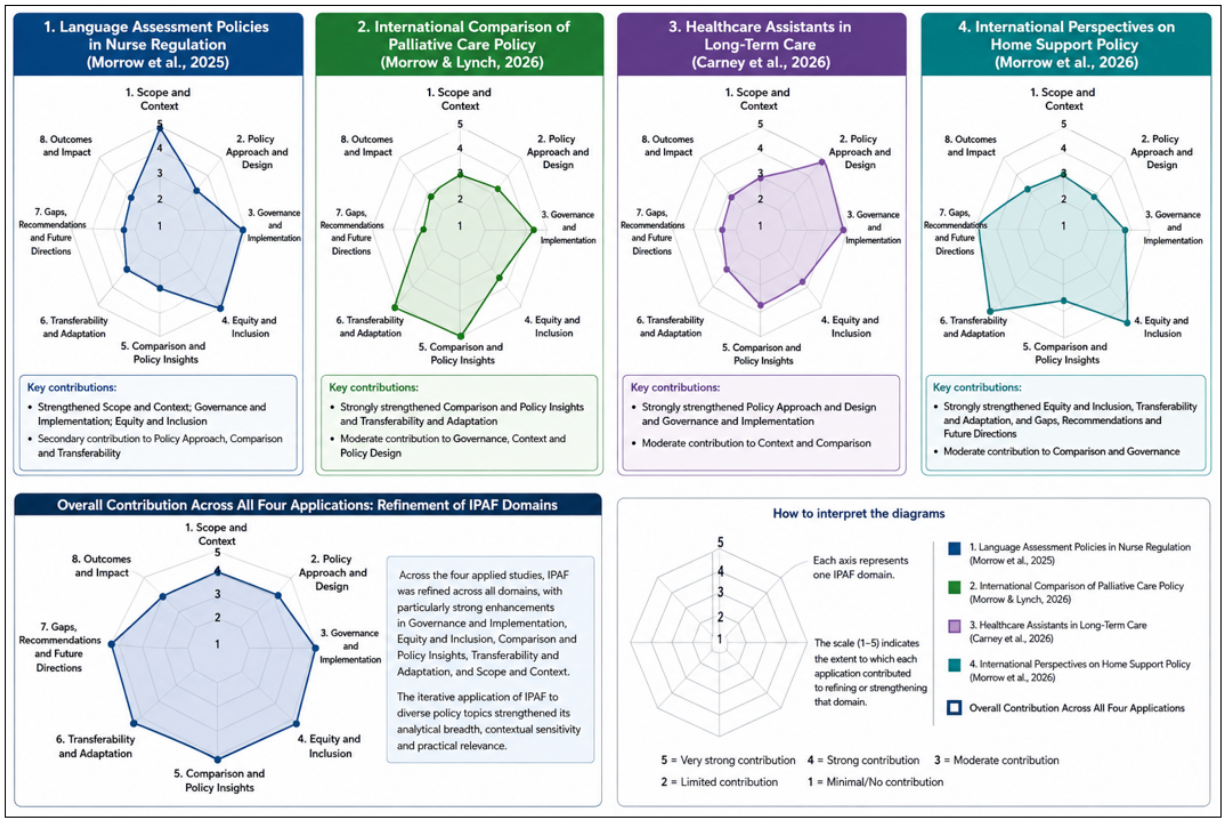

Figure 2: Application and refinement of the Integrated Policy Analysis Framework.

Figure note: Application of the Integrated Policy Analysis Framework (IPAF) across four applied policy analyses and their contribution to framework refinement. Radar (spider) diagrams illustrate the relative contribution of each applied policy analysis to the refinement of the eight IPAF domains during Stage 4 of framework development. The four applications include: (1) language assessment policies in nurse regulation [32]; (2) international comparison of palliative care policy [33]; (3) roles and responsibilities of healthcare assistants in long-term care [34]; and (4) international perspectives on home support policy [35]. Each axis represents one IPAF domain: Scope and Context; Policy Approach and Design; Governance and Implementation; Equity and Inclusion; Comparison and Policy Insights; Transferability and Adaptation; Gaps, Recommendations and Future Directions; and Outcomes and Impact. Scores on the radar charts (1-5) indicate the relative extent to which each application informed the refinement or strengthening of individual framework domains, where 1 = minimal contribution, 2 = limited contribution, 3 = moderate contribution, 4 = strong contribution, and 5 = very strong contribution. The summary radar chart synthesises the cumulative contribution of all four applications, demonstrating how iterative application across diverse health policy contexts strengthened the analytical breadth, contextual sensitivity, and practical utility of the IPAF prior to final framework refinement. Note the radar chart scores are illustrative and reflect the qualitative assessment of each study's contribution to framework development rather than quantitative measurement. They are intended to visualise the iterative refinement process undertaken during Stage 4 of IPAF development.

Overall Refinement of IPAF

Across these applications, IPAF demonstrated flexibility across different policy areas while maintaining a consistent analytical structure. The applied studies reinforced the importance of examining policies as dynamic systems shaped by context, implementation processes, stakeholder interactions, outcomes, and opportunities for learning. In addition to substantive policy analysis frameworks, reporting guidance such as the Reporting Guidelines for Policy Analysis (RRAP) informed IPAF's emphasis on transparency, methodological clarity, and reproducibility in documenting policy analyses. Insights generated through practical application resulted in refinement of domain definitions,

clarification of guiding questions, and strengthening of the framework's emphasis on comparative analysis, equity, adaptation, and policy learning.

Ongoing applications of IPAF include the analysis of mental health policy and workforce retention policies in child disability services. This iterative development process reflects the view of policy analysis as a learning system, in which frameworks evolve through engagement with real-world policy development, implementation experiences, and emerging evidence [4,5]. The continued refinement of IPAF through commissioned research and partnerships with policymakers, has strengthened its relevance as a practical tool for supporting systematic, transparent, and context-sensitive analysis of health policies. Thus, refinement of the framework design has improved clarity, logical flow, and usability. A visual representation of the framework was developed to enhance accessibility for researchers, educators, and postgraduate students undertaking health policy analysis.

Figure 3 illustrates the IPAF. The framework is designed primarily for health policy analysis but provides an adaptable structure that may be applicable to other related policy domains, such as education, environment, and social policy. An accompanying question set provides a practical template to support the application of the framework, facilitating its use as a structured guide for policy analysis (see Supplementary Material).

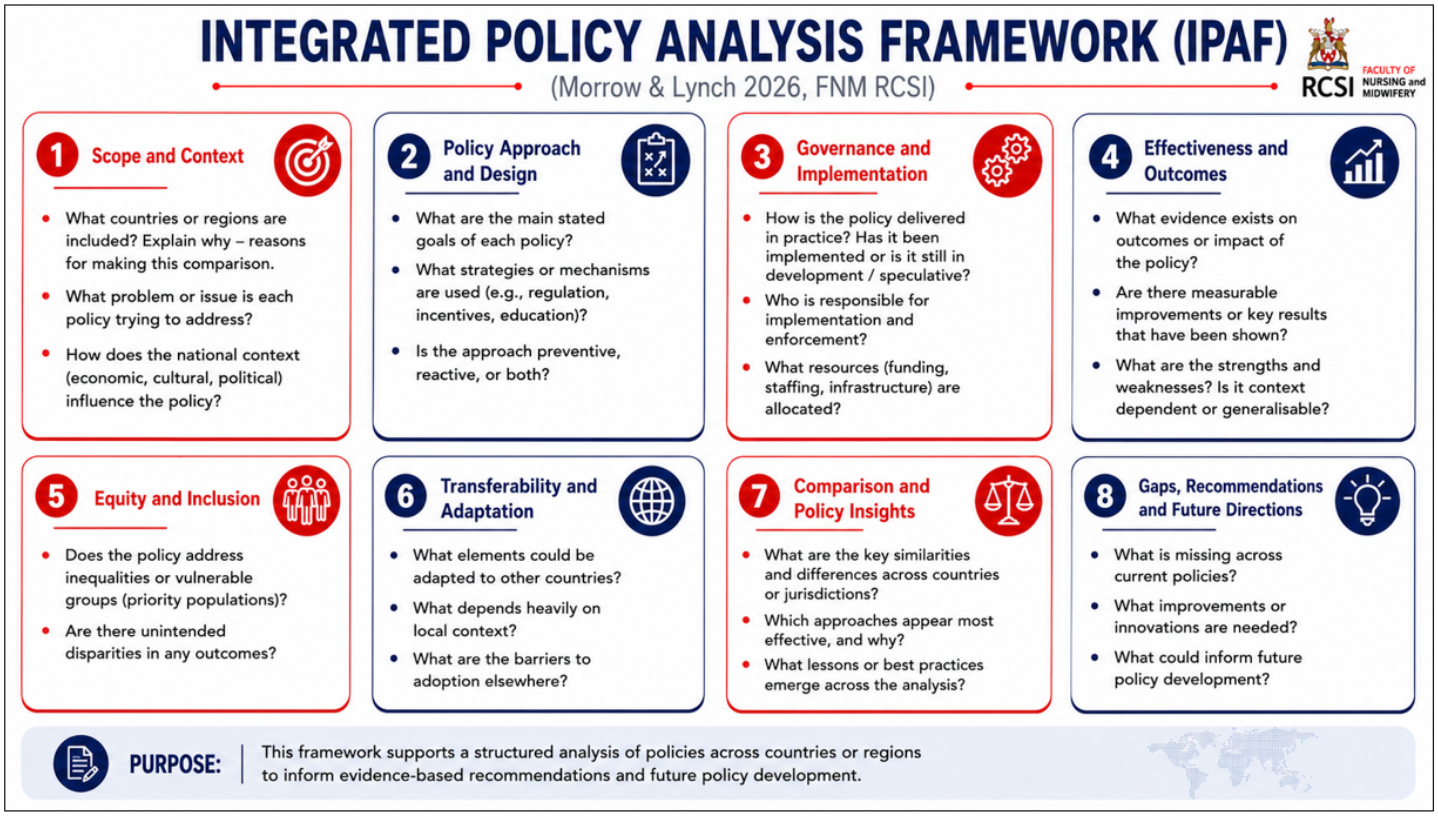

Figure 3: Integrated Policy Analysis Framework (IPAF) visualisation.

Figure note: Integrated Policy Analysis Framework (IPAF) developed to support structured comparative analysis of health policies across countries or jurisdictions. The framework comprises eight interconnected analytical domains: (1) Scope and Context, (2) Policy Approach, (3) Implementation, (4) Effectiveness, (5) Equity and Inclusion, (6) Transferability, (7) Comparison and Insights, and (8) Gaps and Recommendations. The framework is intended to guide systematic evaluation of policy design, implementation, outcomes, and cross-jurisdictional learning.

Discussion

Existing policy analysis frameworks and guidance operate at different analytical levels. For example, Bardach's Eightfold Path focuses on policy option appraisal by structuring the assessment of alternatives and trade-offs. Walt and Gilson's Policy Triangle examines the policy process through analysis of context, actors, content, and processes, while WHO guidance adopts a broader health systems perspective incorporating governance, implementation, and institutional factors. HIA frameworks assess policy impacts, particularly health outcomes and equity, whereas Rose's comparative policy models support cross-national comparison and policy learning. The multidimensional IPAF brings these interrelated levels together by integrating policy appraisal, contextual and stakeholder analysis, health system considerations, implementation, impacts, and comparative assessment within a single guiding model.

Evidence in the literature highlights that a comprehensive policy analysis must extend beyond surface-level evaluations to scrutinise the core principles underlying policy approaches and the strategies employed during their development. Understanding these foundational principlescould enable policymakers,researchers and students to assess their appropriateness, feasibility, value and potential for adaptation across different contexts. Such principles influence critical domains within the IPAF, including Policy Approach and Design, Governance and Implementation, and Effectiveness and Outcomes. By systematically examining these aspects, users can identify strengths, vulnerabilities, and opportunities for refinement, ultimately fostering more effective, equitable, and adaptable health policies and use of resources.

The IPAF is designed to be a coherent and comprehensive guide for policy analysis. Rather than replacing existing policy analysis models, it synthesises their complementary strengths into a single structured framing for multidimensional health policy analysis.

The resulting framework is:

- comprehensive without excessive complexity,
- suitable for single country or cross-country comparison,
- fitting for both prospective and retrospective policy analysis,
- applicable across health and related policy topics,
- complementary to document analysis, qualitative inquiry, stakeholder engagement, economic assessments, and other analytic methods,
- aligned with evidence-informed policymaking,
- practical for researchers, educators, and students to adopt and adapt to their needs.

The IPAF is designed as a flexible analytical tool rather than a rigid checklist. As illustrated by the application examples above, researchers and policymakers can apply the framework in full or select the components most relevant to their specific policy question, context, and available evidence. The depth and focus of each domain can be adapted depending on the purpose of the analysis, the maturity of the policy, and the characteristics of the jurisdictions being compared. This flexibility allows the IPAF to support a wide range of health policy contexts while maintaining a consistent structure for comparison and critical reflection on the scope and focus of specific analyses.

Limitations

Several limitations should be considered. First, the framework was developed through an iterative synthesis process informed by a targeted review of the literature and existing frameworks, rather than a formal scoping review or systematic evidence-mapping approach (e.g., following PRISMA-Scr guidelines). Consequently, the search and selection processes were not designed to achieve exhaustive identification of all potentially relevant studies, and some relevant perspectives or evidence may not have been captured. Future work could strengthen the evidence base by incorporating additional evidence on intersectionality and differential outcomes of policies on heterogeneous populations [18]. Furthermore, the scope for prospective policy analysis could be further explored [36].

Second, while IPAF draws on established health policy analysis, systems, governance, impact assessment, and comparative policy frameworks, additional perspectives such as implementation science (e.g., diffusion of innovation) and policy agenda-setting frameworks may further enrich specific applications depending on the research question.

Third, the development of the framework involved interpretive synthesis and researcher judgement in integrating findings across diverse sources. While efforts were made to ensure conceptual coherence and alignment with existing evidence, alternative interpretations or categorisations may be possible. Further validation through stakeholder consultation, expert review, and empirical testing would help assess the applicability and transferability of the framework across different research, teaching and learning contexts.

Finally, as the framework represents a synthesis of selected available evidence and theoretical perspectives, it should be viewed as a starting point for further refinement rather than a definitive model. Future research should examine its utility in practice, evaluate its reliability and validity, and explore how it performs across different populations, settings, and implementation contexts [37-40].

Conclusion

The Integrated Policy Analysis Framework (IPAF) was developed from existing evidence-based frameworks and guidance to address the lack of a practical, comprehensive approach for conducting structured policy analysis. While existing policy analysis frameworks provide valuable insights into specific aspects of policymaking, IPAF integrates these complementary perspectives into a unified framework that supports systematic analysis of policy context, content, implementation, outcomes, equity, and transferability. IPAF provides an integrated approach for analysing and guiding health policy development across complex, multi-actor, and evolving policy environments, demonstrated through applications in palliative care, home support, and mental health policy.

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Conflicts of Interest

The authors declare that they have no competing interests.

Author Contributions

EM: Conceptualization, Methodology, Writing – Original Draft, Writing – Review & Editing.

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