OPEN UNIVERSITY PRESS
McGraw - Hill Education

Kent Buse, Nicolas Mays
& Gill Walt

UNDERSTANDING PUBLIC HEALTH

UNDERSTANDING PUBLIC HEALTH
SERIES EDITORS: NICK BLACK & ROSALIND RAINE

Making Health Policy

Making Health Policy

Surprisingly little guidance is available to public health practitioners who wish to understand how issues get onto policy agendas, how policy makers treat evidence and why some policy initiatives are implemented while others languish. This book views power and process as integral to understanding policy and focuses on the three key elements in policy making: the context, the actors and the processes. It is a guide for those who wish to improve their skills in navigating and managing the health policy process, irrespective of the health issue or setting.

The book examines:

- Policy analysis
- Power
- Private and public sectors
- Policy makers
- Policy implementation
- Research and policy

Kent Buse was Senior Lecturer in Health Policy, **Nick Mays** is Professor of Health Policy and **Gill Walt** is Professor of International Health Policy at the London School of Hygiene & Tropical Medicine.

There is an increasing global awareness of the inevitable limits of individual health care and of the need to complement such services with effective public health strategies. *Understanding Public Health* is an innovative series of twenty books, published by Open University Press in collaboration with the London School of Hygiene & Tropical Medicine. It provides self-directed learning covering the major issues in public health affecting low, middle and high income countries.

The series is aimed at those studying public health, either by distance learning or more traditional methods, as well as public health practitioners and policy makers.

ISBN 0-335-21839-3
9 780335 218394

Cover design Hybert Design • www.hybertdesign.com
www.**openup**.co.uk

Making Health Policy
Kent Buse, Nick Mays & Gill Walt
UNDERSTANDING PUBLIC HEALTH

Making Health Policy

Understanding Public Health

Series editors: Nick Black and Rosalind Raine, London School of Hygiene & Tropical Medicine

Throughout the world, recognition of the importance of public health to sustainable, safe and healthy societies is growing. The achievements of public health in nineteenth-century Europe were for much of the twentieth century overshadowed by advances in personal care, in particular in hospital care. Now, with the dawning of a new century, there is increasing understanding of the inevitable limits of individual health care and of the need to complement such services with effective public health strategies. Major improvements in people's health will come from controlling communicable diseases, eradicating environmental hazards, improving people's diets and enhancing the availability and quality of effective health care. To achieve this, every country needs a cadre of knowledgeable public health practitioners with social, political and organizational skills to lead and bring about changes at international, national and local levels.

This is one of a series of 20 books that provides a foundation for those wishing to join in and contribute to the twenty-first-century regeneration of public health, helping to put the concerns and perspectives of public health at the heart of policy-making and service provision. While each book stands alone, together they provide a comprehensive account of the three main aims of public health: protecting the public from environmental hazards, improving the health of the public and ensuring high quality health services are available to all. Some of the books focus on methods, others on key topics. They have been written by staff at the London School of Hygiene & Tropical Medicine with considerable experience of teaching public health to students from low, middle and high income countries. Much of the material has been developed and tested with postgraduate students both in face-to-face teaching and through distance learning.

The books are designed for self-directed learning. Each chapter has explicit learning objectives, key terms are highlighted and the text contains many activities to enable the reader to test their own understanding of the ideas and material covered. Written in a clear and accessible style, the series will be essential reading for students taking postgraduate courses in public health and will also be of interest to public health practitioners and policy-makers.

Titles in the series

Analytical models for decision making: Colin Sanderson and Reinhold Gruen
Controlling communicable disease: Norman Noah
Economic analysis for management and policy: Stephen Jan, Lilani Kumaranayake, Jenny Roberts, Kara Hanson and Kate Archibald
Economic evaluation: Julia Fox-Rushby and John Cairns (eds)
Environmental epidemiology: Paul Wilkinson (ed)
Environment, health and sustainable development: Megan Landon
Environmental health policy: Megan Landon and Tony Fletcher
Financial management in health services: Reinhold Gruen and Anne Howarth
Global change and health: Kelley Lee and Jeff Collin (eds)
Health care evaluation: Sarah Smith, Don Sinclair, Rosalind Raine and Barnaby Reeves
Health promotion practice: Maggie Davies, Wendy Macdowall and Chris Bonell (eds)
Health promotion theory: Maggie Davies and Wendy Macdowall (eds)
Introduction to epidemiology: Lucianne Bailey, Katerina Vardulaki, Julia Langham and Daniel Chandramohan
Introduction to health economics: David Wonderling, Reinhold Gruen and Nick Black
Issues in public health: Joceline Pomerleau and Martin McKee (eds)
Making health policy: Kent Buse, Nicholas Mays and Gill Walt
Managing health services: Nick Goodwin, Reinhold Gruen and Valerie Iles
Medical anthropology: Robert Pool and Wenzel Geissler
Principles of social research: Judith Green and John Browne (eds)
Understanding health services: Nick Black and Reinhold Gruen

Making Health Policy

Kent Buse, Nicholas Mays and Gill Walt

Open University Press

Open University Press
McGraw-Hill Education
McGraw-Hill House
Shoppenhangers Road
Maidenhead
Berkshire
England
SL6 2QL

email: enquiries@openup.co.uk
world wide web: www.openup.co.uk

and Two Penn Plaza, New York, NY 10121-2289, USA

First published 2005

A catalogue record of this book is available from the British Library

ISBN 0 335 21839 3

Library of Congress Cataloging-in-Publication Data
CIP data applied for

Typeset by RefineCatch Limited, Bungay, Suffolk
Printed in the UK by Bell & Bain Ltd, Glasgow

Contents

Acknowledgements

Open University Press and the London School of Hygiene and Tropical Medicine have made every effort to obtain permission from copyright holders to reproduce material in this book and to acknowledge these sources correctly. Any omissions brought to our attention will be remedied in future editions.

We would like to express our grateful thanks to the following copyright holders for granting permission to reproduce material in this book.

p. 34 David Easton, *A Systems Analysis of Political Life*, 1965,Wiley, by permission of David Easton.

p. 181 A Glassman, MR Reich, Laserson, F Rojas 'Political analysis of health reform in the Dominican Republic', *Health and Policy Planning*, 1999, 14(1):115–126, by permission of Oxford University Press.

p. 129 Michael Howlett, 'Managing the "Hollow State": Procedural Policy Instruments and Modern Governance', *Canadian Public Administration*, 43, 4 (2000): 412–31, by permission of IPAC.

p. 69 Based on J Kingdon, *Agenda, alternatives and public policies*, 1984, Little Brown and Co.

p. 96 Simplified and adapted from Ministry of Health, *The health and independence report 2004: Director-General of Health's report on the state of public health*, by permission of Ministry of Health 2004.

p. 126 PA Sabatier, 'Top-down and bottom-up approaches to implementation research: a critical analysis and suggested synthesis', 1986, *Journal of Public Policy*, Cambridge University Press.

p. 41 Adapted from G Schmid, 'Economic and programmatic aspects of congenital syphilis control', *Bulletin of the World Health Organization*, 2004, by permission of World Health Organization.

p. 8 G Walt and L Gilson, 'Reforming the health sector in developing countries: the central role of policy analysis', *Health and Policy Planning*, 1994, 9:353–370, by permission of Oxford University Press.

p. 134 G Walt, 'Implementing health care reform: a framework for discussion' in RB Saltman, J Figueras and Sakellarides (editors), *Critical challenges for health care reform in Europe*, 1998, Open University Press. Reproduced with kind permission from Open University Press/McGraw-Hill Publishing Company.

Overview bof the book

Introduction

This book provides a comprehensive introduction to the study of power and process in health policy. Much of what is currently available deals with the content of health policy – the 'what' of policy. This literature may use medicine, epidemiology, organizational theory or economics to provide evidence for, or evaluation of, health policy. Legions of doctors, epidemiologists, health economists and organizational theorists develop technically sound solutions to problems of public health importance. Yet, surprisingly little guidance is available to public health practitioners who wish to understand how issues make their way onto policy agendas (and how to frame these issues so that they are better received), how policy makers treat evidence (and how to form better relationships with decision makers), and why some policy initiatives are implemented while others languish. These political dimensions of the health policy process are rarely taught in schools of medicine or public health.

Why study health policy?

The book integrates power and process into the study of health policy. It views these two themes as integral to understanding policy. Who makes and implements policy decisions (those with power) and how decisions are made (process) largely determine the content of health policy and, thereby, ultimately people's health. To illustrate this point, take the case of developing HIV policy in a low income country. Were health economists primarily involved in advising the health minister, it is likely that prevention would be emphasized (as preventive interventions tend to be more cost-effective than curative ones). If, however, the minister also consulted representatives of people with HIV, as well as the pharmaceutical industry, it is likely that greater emphasis would be placed on treatment and care. In the unlikely event that powerful feminist organizations had the ear of the minister, they might lobby for interventions to empower women to protect themselves from unwanted and unprotected sex. The reconciliation of different views and the resulting policy depend on the power of various actors in the policy arena as well as the process of policy making (e.g. how widely groups are consulted and involved). Whether or not preventive, curative or structural HIV interventions are given priority will impact on the trajectory of the HIV epidemic.

All activity is subject to politics. For example, research into public health problems requires funding. In many universities, bench scientists and social scientists compete with each other for funds to support their research. Politics will determine the allocation of public funds to different research areas and academic disciplines and private firms will invest in those researchers and endeavours that are most likely to

lead to the highest rates of return. Politics doesn't end with funding, as politics is likely to govern access to study populations and even publication. Unfavourable findings can be blocked or distorted by project sponsors and they can be disputed or ignored by decision makers or others who find them inconvenient. Politics is omnipresent. For this reason, understanding the politics of the policy process is arguably as important as understanding how medicine improves health. Stated differently, while other academic disciplines may provide necessary evidence to improve health, in the absence of a robust understanding of the policy process, technical solutions will likely be insufficient to change practice in the real world.

This book is for those who wish to understand the policy process so that they are better equipped to influence it in their working lives. It is intended as a guide for professionals who wish to improve their skills in navigating and managing the health policy process – irrespective of the health issue or setting.

Structure of the book

Conceptually, the book is organized according to an analytical framework for health policy developed by Walt and Gilson (1994). The framework attempts to simplify what are in practice highly complex relationships by describing them in relation to a 'policy triangle'. The framework draws attention to the 'context' within which policy is formulated and executed, the 'actors' involved in policy making, and the 'processes' associated with developing and implementing policy – and the interactions between them. The framework is useful as it can be applied in any country, to any policy, and at any policy level. A diverse range of theories and disciplinary approaches, particularly from political science, international relations, economics, sociology, and organizational theory are drawn upon throughout the book to support this simple analytical framework and provide further explanations of policy process and power.

Ten chapters cover different stages of the policy process. Chapter 1 provides an introduction to the importance and meaning of policy, an explanation of the policy analysis framework, and demonstrates how it can be used to understand policy change. Chapter 2 describes a number of theories which help explain the relationship between power and policy making, including those which deal with how power is exercised by different groups, how political systems and governments transform power into policies, how power is distributed, and how power affects decision making processes.

Chapter 3 introduces the state and the private for-profit sector. It traces the changing roles of these two important sectors in health policy and, thereby, provides a contextual backdrop to understanding the content and processes of contemporary health policy making. Agenda setting is the focus of the fourth chapter. Chapter 5 returns to actors by focusing on the different institutions of government and the influence they wield. Chapter 6 looks at actors outside government. Different types of interest groups in the health sector are compared in terms of their resources, tactics and success in the policy process.

Chapter 7 returns to the policy process by exploring policy implementation. It contrasts and reconciles 'top-down' and 'bottom-up' approaches to explaining implementation (or more often lack thereof). Chapter 8 shifts the focus to the

global level and examines the role of various actors in the policy process and the implications for increasing global interdependence on domestic policy making. Chapter 9 looks at policy evaluation and explores the linkages between research and policy. The final chapter is devoted to doing policy analysis. It introduces a political approach to policy analysis, provides tips on gathering information for analysis, and guidance for presenting analysis. The aim of the chapter is to help you to develop better political strategies to bring about health reform in your professional life.

Each chapter has an overview, learning objectives, key terms, activities, feedback, and a brief summary and list of references. A number of the activities ask you to reflect on various aspects of a specific health policy which you select on the basis of having some familiarity with it. It would be helpful to begin to set aside documents related to your chosen policy for later use. These could be government documents, independent reports or articles from the popular press.

Acknowledgements

This book builds upon Gill Walt's book *Health Policy: An Introduction to Process and Power*, 2nd edition (1994). We thank Professor Calum Paton, Keele University, for reviewing a draft version and Deirdre Byrne (series manager) for help and support in preparing this book.

Reference

Walt G and Gilson L (1994). Reforming the health sector in developing countries: the central role of policy analysis. *Health Policy and Planning* 9: 353–70.

1 The health policy framework

Context, process and actors

Overview

In this chapter you are introduced to why health policy is important and how to define policy. You will then go on to consider a simple analytical framework that incorporates the notions of context, process and actors, to demonstrate how they can help explain how and why policies do or do not change over time.

Learning objectives

After working through this chapter, you will be better able to:

- **understand the framework of health policy used in this book**
- **define the key concepts used in this chapter:**
  - **policy**
  - **context**
  - **actors**
  - **process**
- **describe how health policies are made through the inter-relationship of context, process and actors**

Key terms

Actor Short-hand term used to denote individuals, organizations or even the state and their actions that affect policy.

Content Substance of a particular policy which details its constituent parts.

Context Systemic factors – political, economic, social or cultural, both national and international – which may have an effect on health policy.

Policy Broad statement of goals, objectives and means that create the framework for activity. Often take the form of explicit written documents, but may also be implicit or unwritten.

Policy elites Specific group of policy makers who hold high positions in an organization, and often privileged access to other top members of the same, and other, organizations.

Policy makers Those who make policies in organizations such as central or local government, multinational companies or local businesses, schools or hospitals.

Policy process The way in which policies are initiated, developed or formulated, negotiated, communicated, implemented and evaluated.

Why is health policy important?

In many countries, the health sector is an important part of the economy. Some see it as a sponge – absorbing large amounts of national resources to pay for the many health workers employed. Others see it as a driver of the economy, through innovation and investment in bio-medical technologies or production and sales of pharmaceuticals, or through ensuring a healthy population which is economically productive. Most citizens come into contact with the health sector as patients or clients, through using hospitals, clinics or pharmacies; or as health professionals – whether as nurses, doctors, medical auxiliaries, pharmacists or managers. Because the nature of decision making in health often involves matters of life and death, health is accorded a special position in comparison to other social issues.

Health is also affected by many decisions that have nothing to do with health care: poverty affects people's health, as do pollution, contaminated water or poor sanitation. Economic policies, such as taxes on cigarettes or alcohol may also influence people's behaviour. Current explanations for rising obesity among many populations, for example, include the promotion of high calorie, inexpensive fast food, the sale of soft drinks at schools, as well as dwindling opportunities to take exercise.

Understanding the relationship between health policy and health is therefore important so that it is possible to tackle some of the major health problems of our time – rising obesity, the HIV/AIDS epidemic, growing drug resistance – as well as to understand how economic and other policies impact on health. Health policy guides choices about which health technologies to develop and use, how to organize and finance health services, or what drugs will be freely available. To understand these relationships, it is necessary to better define what is meant by health policy.

What is health policy?

In this book you will often come across the terms policy, public policy and health policy.

Policy is often thought of as decisions taken by those with responsibility for a given policy area – it may be in health or the environment, in education or in trade. The people who make policies are referred to as policy makers. Policy may be made at many levels – in central or local government, in a multinational company or local business, in a school or hospital. They are also sometimes referred to as policy elites – a specific group of decision makers who have high positions in an organization, and often privileged access to other top members of the same, and other, organizations. For example, policy elites in government may include the members of the Prime Minister's Cabinet, all of whom would be able to contact and meet the top executives of a multinational company or of an international agency, such as the World Health Organisation (WHO).

Policies are made in the private and the public sector. In the private sector, multinational conglomerates may establish policies for all their companies around the world, but allow local companies to decide their own policies on conditions of service. For example, corporations such as Anglo-American and Heineken introduced anti-retroviral therapy for their HIV-positive employees in Africa in the early

2000s before many governments did so. However, private sector corporations have to ensure that their policies are made within the confines of public law, made by governments.

Public policy refers to government policy. For example, Thomas Dye (2001) says that public policy is whatever governments choose to do *or not to do*. He argues that failure to decide or act on a particular issue also constitutes policy. For example, successive US governments have chosen not to introduce universal health care, but to rely on the market plus programmes for the very poor and those over 65 years, to meet people's health care needs.

When looking for examples of public policy, you should look for statements or formal positions issued by a government, or a government department. These may be couched in terms that suggest the accomplishment of a particular purpose or goal (the introduction of needle exchange programmes to reduce harm among drug takers) or to resolve a problem (charges on cars to reduce traffic congestion in urban areas).

Policies may refer to a government's health or economic policy, where policy is used as a field of activity, or to a specific proposal – 'from next year, it will be university policy to ensure students are represented on all governing bodies'. Sometimes policy is called a programme: the government's school health programme may include a number of different policies: precluding children from starting school before they are fully immunized against the major vaccine-preventable childhood diseases, providing medical inspections, subsidized school meals and compulsory health education in the school curriculum. The programme is thus the embodiment of policy for school children. In this example, it is clear that policies may not arise from a single decision but could consist of bundles of decisions that lead to a broad course of action over time. And these decisions or actions may or may not be intended, defined or even recognized as policy.

As you can see, there are many ways of defining policy. Thomas Dye's simple definition of public policy being what governments do, or do not do, contrasts with the more formal assumptions that all policy is made to achieve a particular goal or purpose.

Health policy may cover public and private policies about health. In this book health policy is assumed to embrace courses of action (and inaction) that affect the set of institutions, organizations, services and funding arrangements of the health system. It includes policy made in the public sector (by government) as well as policies in the private sector. But because health is influenced by many determinants outside the health system, health policy analysts are also interested in the actions and intended actions of organizations external to the health system which have an impact on health (for example, the food, tobacco or pharmaceutical industries).

Just as there are various definitions of what policy is, so there are many ideas about the analysis of health policy, and its focus: an economist may say health policy is about the allocation of scarce resources for health; a planner sees it as ways to influence the determinants of health in order to improve public health; and for a doctor it is all about health services (Walt 1994). For Walt, health policy is synonymous with politics and deals explicitly with who influences policy making, how they exercise that influence, and under what conditions.

As you will see, this book takes this last view of health policy, and places it within a framework that incorporates politics. Politics cannot be divorced from health policy. If you are applying epidemiology, economics, biology or any other professional or technical knowledge to everyday life, politics will affect you. No one is unaffected by the influence of politics. For example, scientists may have to focus their research on the issues funders are interested in, rather than questions they want to explore; in prescribing drugs, health professionals may have to take into consideration potentially conflicting demands of hospital managers, government regulations and people's ability to pay. They may also be visited by drug company representatives who want to persuade them to prescribe their particular drugs, and who may use different sorts of incentives to encourage them to do so. Most activities are subject to the ebb and flow of politics.

Devising a framework for incorporating politics into health policy needs to go beyond the point at which many health policy analysts stop: the *content* of policy. Many of the books and papers written on health policy focus on a particular policy, describing what it purports to do, the strategy to achieve set goals, and whether or not it has achieved them. For example, during the 1990s attention was on the financing of health services, asking questions such as:

- Which would be a better policy – the introduction of user fees or a social insurance system?
- Which public health services should be contracted out to the private sector? Cleaning services in hospitals? Blood banks?
- Which policy instruments are needed to undertake major changes such as these? Legislation? Regulation? Incentives?

These are the 'what' questions of health policy. But they cannot be divorced from the 'who' and 'how' questions: who makes the decisions? Who implements them? Under what conditions will they be introduced and executed, or ignored? In other words, the content is not separate from the politics of policy making. For example, in Uganda, when the President saw evidence that utilization of health services had fallen dramatically after the introduction of charges for health services, he overturned the earlier policy of his Ministry of Health. To understand how he made that decision, you need to know something about the political context (an election coming up, and the desire to win votes); the power of the President to introduce change; and the role of evidence in influencing the decision, among other things.

Activity 1.1

Without looking at the text, define:

- policy
- public policy
- health policy

Think of an example from your own country for each of those.

Feedback

- Policy is 'decisions taken by those with responsibility for a particular policy area'.
- Public policy refers to policies made by the state or the government, by those in the public sector.
- Health policy covers courses of action (and inaction) that affect the set of institutions, organizations, services and funding arrangements of the health care system (both public and private).

You may have found it tricky to define these words. This is because 'policy' is not a precise or self-evident term. For example, Anderson (1975) says policy is 'a purposive course of action followed by an actor or set of actors in dealing with a problem or matter of concern'. But this appears to make policy an 'intended' course of action, whereas many would argue that policies are sometimes the unintended result of many different decisions made over time. Policies may be expressed in a whole series of instruments: practices, statements, regulations and laws. They may be implicit or explicit, discretionary or statutory. Also, the word 'policy' does not always translate well: in English a distinction is often made between policy and politics, but in many European languages the word for policy is the same as the word for politics.

The health policy triangle

The framework used in this book acknowledges the importance of looking at the content of policy, the processes of policy making and how power is used in health policy. This means exploring the role of the state, nationally and internationally, and the groups making up national and global civil society, to understand how they interact and influence health policy. It also means understanding the processes through which such influence is played out (e.g. in formulating policy) and the context in which these different actors and processes interact. The framework, (Figure 1.1) focuses on content, context, process and actors. It is used in this book because it helps to explore systematically the somewhat neglected place

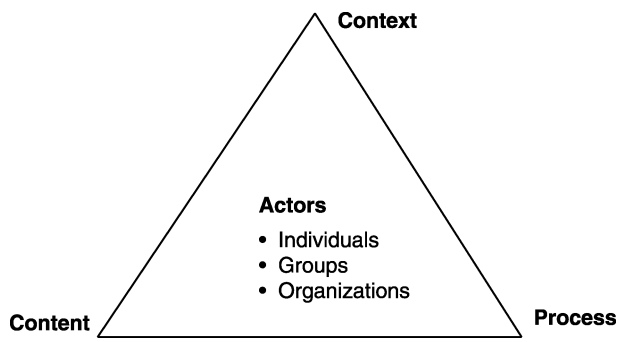

Figure 1.1 Policy analysis triangle
Source: Walt and Gilson (1994)

of politics in health policy and it can be applied to high, middle and low income countries.

The health policy triangle is a highly simplified approach to a complex set of inter-relationships, and may give the impression that the four factors can be considered separately. This is not so! In reality, actors are influenced (as individuals or members of groups or organizations) by the context within which they live and work; context is affected by many factors such as instability or ideology, by history and culture; and the process of policy making – how issues get on to policy agendas, and how they fare once there – is affected by actors, their position in power structures, their own values and expectations. And the content of policy reflects some or all of these dimensions. So, while the policy triangle is useful for helping to think systematically about all the different factors that might affect policy, it is like a map that shows the main roads but that has yet to have contours, rivers, forests, paths and dwellings added to it.

The actors who make policy

As you can see from Figure 1.1, actors are at the centre of the health policy framework. Actor may be used to denote individuals (a particular statesman – Nelson Mandela, the ex-President of South Africa, for example), organizations such as the World Bank or multinational companies such as Shell, or even the state or government. However, it is important to recognize that this is a simplification. Individuals cannot be separated from the organizations within which they work and any organization or group is made up of many different people, not all of whom speak with one voice and whose values and beliefs may differ.

In the chapters that follow you will look at many different actors and ways of differentiating between them in order to analyse who has influence in the policy process. For example, there are many ways of describing groups that are outside the realm of the state. In international relations it has been customary to talk about *non-state actors* (actors outside government). Political scientists talk about *interest or pressure groups*. In the development literature these groups are usually referred to as *civil society organizations* (organizations which fall between the state and the individual or household). What differentiates all these actors from government or state actors is that they do not seek formal political power for themselves, although they do want to influence those with formal political power.

Sometimes many different groups get together to demonstrate strong feelings about particular issues – these are called social movements or people's movements. For example, the activities of many different groups in the 1980s led to major political change in the socialist regimes of eastern Europe. Many social movements are struggles for independence, autonomy or against particular political regimes (e.g. the Zapatista movement in Chiapas province in Mexico is part of a movement all over Latin America to preserve the rights of indigenous people).

Actors may try to influence the policy process at the local, national, regional or international level. Often they become parts of networks, sometimes described as partners, to consult and decide on policy at all of these levels. At the local level, for example, community health workers may interact with environmental officers, teachers in local schools, even local businesses. At the other end of the

spectrum, actors may be linked with others across state borders, for example, they may be members of inter-governmental networks (i.e. government officials in one department of government in one country, learning lessons about alternatives with government officials from another country); or they may be part of policy or discourse communities – networks of professionals who get together at scientific meetings or collaborate on research projects. Others may form issue networks – coming together to act on a particular issue. In Chapter 6 you will learn more about the differences between these groups and their role in the policy process.

To understand how much actors influence the policy process means understanding the concept of power, and how it is exercised. Actors may seek to influence policy, but the extent to which they will be able to do so will depend, among other things, on their perceived or actual power. Power may be characterized by a mixture of individual wealth, personality, level of or access to knowledge, or authority, but it is strongly tied up with the organization and structures (including networks) within which the individual actor works and lives. Sociologists and political scientists talk about the interplay between agency and structure, presenting the notion that the power of actors (agents) is intertwined with the structures (organizations) they belong to. You will look more closely at the notion of power in Chapter 2 but in this book it is assumed that power is the result of an interplay between agency and structure.

Activity 1.2

Make a list of the different actors who might be involved in health policy on HIV/AIDS in your own country. Put the actors into different groups.

Feedback

You might have grouped actors in different ways and in each country the list will differ and will change over time. The examples below may or may not apply to your country but they give an idea of the sorts of categories and sorts of actors you might have thought of. Where you do not know them, do not worry, there will be explanations and examples in later chapters:

- government (Ministry of Health, Ministry of Education, Ministry of Employment)
- international non-governmental organizations (Médecins Sans Frontières, Oxfam)
- national non-governmental organizations (People-Living-With-AIDS, faith-based organizations)
- pressure/interest groups (Treatment Action Campaign)
- international organizations (WHO, UNAIDS, the World Bank)
- bilateral agencies (DFID, USAID, SIDA)
- funding organizations (the Global Fund, PEPFAR)
- private sector companies (Anglo-American, Heineken, Merck)

Contextual factors that affect policy

Context refers to systemic factors – political, economic and social, both national and international – which may have an effect on health policy. There are many ways of categorizing such factors, but one useful way is provided by Leichter (1979):

- *Situational factors* are more or less transient, impermanent, or idiosyncratic conditions which can have an impact on policy (e.g. wars, droughts). These are sometimes called 'focusing events' (see Chapter 4). These may be a specific one-off occurrence, such as an earthquake which leads to changes in hospital building regulations, or much longer diffused public recognition of a new problem. For example, the advent of the HIV/AIDS epidemic (which took time to be acknowledged as an epidemic on a world scale) triggered new treatment and control policies on tuberculosis because of the inter-relationship of the two diseases – people who are HIV-positive are more susceptible to diseases, and latent tuberculosis may be triggered by HIV.
- *Structural factors* are the relatively unchanging elements of the society. They may include the *political system*, and extent to which it is open or closed and the opportunities for civil society to participate in policy discussions and decisions; structural factors may also include the *type of economy* and *the employment base*. For example, where wages for nurses are low, or there are too few jobs for those who have trained, countries may suffer migration of these professionals to other societies where there is a shortage. Other structural factors that will affect a society's health policy will include *demographic features* or *technological advance*. For example, countries with ageing populations have high hospital and drug costs for the elderly, as their needs increase with age. Technological change has increased the number of women giving birth by caesarian section in many countries. Among the reasons given are increasing professional reliance on high technology that has led to reluctance among some doctors and midwives to take any risks, and a fear of litigation. And of course, a country's *national wealth* will have a strong effect on which health services can be afforded.
- *Cultural factors* may also affect health policy. In societies where formal hierarchies are important, it may be difficult to question or challenge high officials or elder statesmen. The position of ethnic minorities or linguistic differences may lead to certain groups being poorly informed about their rights, or services that do not meet their particular needs. In some countries where women cannot easily access health services (because they have to be accompanied by their husbands) or where there is considerable stigma about the disease (for example, tuberculosis or HIV), some authorities have developed systems of home visits or 'door-step' delivery. Religious factors can also strongly affect policy, as was seen by the insistence of President George W. Bush in the early 2000s that sexual abstinence be promoted over the delivery of contraception or access to abortion services. This affected policy in the USA as well as many other countries, where NGO reproductive health services were heavily curtailed or their funds from the USA were cut if they failed to comply with President Bush's cultural mores.
- *International or exogenous factors* which are leading to greater inter-dependence between states, and influencing sovereignty and international cooperation in health (see Chapter 8). Although many health problems are dealt with by national governments, some need cooperation between national, regional or

multilateral organizations. For example, the eradication of polio has taken place in many parts of the world through national and regional action, sometimes with the assistance from international organizations such as WHO. However, even if one state manages to immunize all its children against polio, and to sustain coverage, the polio virus can be imported by people who have not been immunized crossing the border from a neighbouring country.

All these factors are complex, and unique in both time and setting. For example, in the nineteenth century, Britain sought to introduce public health policies about sexually transmitted diseases in the countries of the British Empire. Dominant colonial assumptions, regarding how the categories of race and gender operated in societies under colonial rule, produced policies that reflected the prejudices and assumptions of the ruling imperial power, rather than policies that were sensitive to local culture. Levine (2003) describes how in India, female sex workers were required to register with the police as prostitutes, a policy prompted by the British belief that prostitution carried neither shame nor stigma in India. Colonial policies on prostitution frequently focused on brothels, requiring them to be registered with the local authorities. The assumption that brothel owners were cruel, and denied their workers any freedom, led the colonial authorities to enforce registration which made brothel keepers responsible for ensuring all their workers submitted to a medical examination. In Britain, however, brothels were illegal and policies about female sex workers focused exclusively on those who 'walked the streets'.

An interesting example of how context affects policy is given by Shiffman and colleagues (2002). They compare reproductive rights in Serbia and Croatia, where, after the break-up of the Federal Republic of Yugoslavia, governments advocated measures to encourage women to have more children. The authors argue that these pro-natalist policies were due to perceptions by elites in both countries that national survival was at stake. Elite perceptions were due to several factors: one was a shift from a socialist philosophy committed to female emancipation to a more nationalist ideology that held no such pretensions. Another was the comparisons made by elites between low fertility rates among Serbs in Serbia and Croats in Croatia, and higher fertility rates in other ethnic groups in both countries.

To understand how health policies change, or do not, means being able to analyse the context in which they are made, and trying to assess how far any, or some, of these sorts of factors may influence policy outcomes.

Activity 1.3

Consider HIV/AIDS policy in your own country. Identify some contextual factors that might have influenced the way policy has (or has not) developed. Bear in mind the way context has been divided into four different factors.

Feedback

Obviously each setting is unique, but the sorts of contextual factors you may have identified are:

Situational

- a new prime minister/president coming to power and making AIDS policy a priority
- the death of a famous person acknowledged publicly to be due to AIDS

Structural

- the role of the media or NGOs in publicizing, or not, the AIDS epidemic – relating to the extent to which the political system is open or closed
- evidence of growing mortality from AIDS made public – perhaps among a particular group such as health workers

Cultural

The actions of religious groups – both negative and positive – with regard to those with HIV/AIDS or towards sexual behaviour

International

The role of international donors – the extra funds brought in by global initiatives such as the Global Fund to Fight AIDS, TB and Malaria

The processes of policy making

Process refers to the way in which policies are initiated, developed or formulated, negotiated, communicated, implemented and evaluated. The most common approach to understanding policy processes is to use what is called the 'stages heuristic' (Sabatier and Jenkins-Smith 1993). What this means is breaking down the policy process into a series of stages but acknowledging that this is a theoretical device, a model and does not necessarily represent exactly what happens in the real world. It is nevertheless, helpful to think of policy making occurring in these different stages:

- *Problem identification and issue recognition*: explores how issues get on to the policy agenda, why some issues do not even get discussed. In Chapter 4 you will go into this stage in more detail.
- *Policy formulation*: explores who is involved in formulating policy, how policies are arrived at, agreed upon, and how they are communicated The role of policy making in government is covered in Chapter 5 and that of interest groups in Chapter 6.
- *Policy implementation*: this is often the most neglected phase of policy making and is sometimes seen as quite divorced from the first two stages. However, this is arguably the most important phase of policy making because if policies are not implemented, or are diverted or changed at implementation, then