6 Interest groups and the policy process

Overview

The previous chapter focused on the institutions of government and how government policy makers are at the heart of the policy process. But neither politicians nor civil servants operate in a sealed system, especially not in well-functioning democracies. To use the terminology of the 'policy triangle' in Chapter 1, there are many other *actors* in the policy process. Governments often consult external groups to see what they think about issues and to obtain information. In turn, groups attempt to influence ministers and civil servants. In most countries, there are a growing number of interest or pressure groups that want to influence government thinking on policy or the provision of services. They use a range of tactics to get their voices heard including building relationships with those in power, mobilizing the media, setting up formal discussions or providing the political opposition with criticisms of government policy. Some interest groups are far more influential than others: in the health field, the medical profession is still the most significant interest outside government in most countries.

Learning objectives

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

- **explain what an interest or pressure group is**
- **classify the different types of interest or pressure groups**
- **describe the tactics used by different interest groups to get their voices heard**
- **appreciate the differential resources available to different sorts of interest groups**
- **identify how interest groups and government actors form around particular fields of policy**
- **account for the increasing prominence of civil society groups in public policy**

Key terms

Cause group Interest or pressure group whose main goal is to promote a particular issue or cause.

Civil society That part of society between the private sphere of the family or household and the sphere of government.

Civil society group Group or organization which is outside government and beyond the family/household. It may or may not be involved in public policy (e.g. sports clubs are civil society organizations, but not primarily pressure groups).

Discourse (epistemic) community Policy community marked by shared political values, and a shared understanding of a problem, its definition and its causes.

Insider group Interest groups who pursue a strategy designed to win themselves the status of legitimate participants in the policy process.

Interest (pressure) group Type of civil society group that attempts to influence the policy process to achieve specific goals.

Interest network Policy community based on some common material interest.

Iron triangle Small, stable and exclusive policy community usually involving executive agencies, legislative committees and interest groups (e.g. defence procurement).

Issue network Loose, unstable network comprising a large number of members and usually serving a consultative function.

Non-governmental organization (NGO) Originally, any not-for-profit organization outside government but increasingly used to refer to structured organizations providing services.

Outsider group Interest groups who have either failed to attain insider status or deliberately chosen a path of confrontation with government.

Peak (apex) association Interest group composed of, and usually representative of, other interest groups.

Policy community (sub-system) Relatively stable network of organizations and individuals involved in a recognizable part of wider public policy such as health policy. Within each of these fields, there will be identifiable sub-systems, such as for mental health policy, with their own policy community.

Sectional group Interest group whose main goal is to protect and enhance the interests of its members and/or the section of society it represents.

Social movement Loose grouping of individuals sharing certain views and attempting to influence others but without a formal organizational structure.

Introduction

In Chapter 2 you were introduced to the theory of pluralism, the view that power is widely dispersed throughout society such that no group holds absolute power. The pluralists were influential in drawing attention to the idea of the state arbitrating between competing interests as it develops policy. As a result, they focused on interest groups in order to explain how policy is shaped, arguing that, although there are elites, no elite dominates at all times. The sources of power such as information, expertise and money, are distributed non-cumulatively. While this may be true for routine matters of policy ('low politics'), pluralism has been criticized for not giving sufficient weight to the fact that major economic decisions, which are part of 'high politics', tend to be taken by a small elite in order to preserve the

existing economic regime. In these circumstances, pluralism is clearly 'bounded' in that those interests wishing to replace a capitalist system of economic organization with a socialist one would not be invited to take part in the policy process. This chapter is principally concerned with the way interest groups attempt to influence routine matters of policy.

Pluralists have also been criticized for failing to recognize major differences between countries, particularly the fact that in many low income countries, there was little sign until comparatively recently of national interest groups putting pressure on governments and opening up the policy process to non-governmental influences. Traditionally, in these countries, extra-governmental influences have tended to derive from personal and family connections in which ministers and officials are expected to use their position to enhance the situation of members of their families or tribes. However, in the 1980s and 1990s there was growing evidence of interest group activity in such places. For example, the number of NGOs registered with the government of Nepal rose from 220 in 1990 to 1,210 in 1993. In Tunisia, there were 5,186 NGOs registered in 1991 compared with only 1,886 in 1988 (Hulme and Edwards 1997). In part, this growth was due to less authoritarian and elitist forms of government behaviour in a number of countries and, in part, it was due to a growing recognition by donor agencies of the useful role which organizations outside government could play in delivering services, in supporting policy and institutional reform, and in encouraging governments to be more accountable to their people. As a result, donors provided more funds to these organizations in low income countries. In the AIDS field, for example, Brazil received a substantial World Bank loan in 1992 which was used to make grants to 600 NGOs providing AIDS service organizations which, in turn, pressurized the government to provide universal access to anti-retroviral treatment and infection prophylaxis.

In high income countries, interest groups have long played a significant role in the political system, particularly worker and employer associations.

Activity 6.1

Before reading any further, take a few minutes to think about your understanding of what is meant by 'interest groups'. Write your own definition and a list of the groups that could come under the heading of 'interest groups' in relation to health policy.

Feedback

At its simplest, an 'interest group' promotes or represents a particular part of society (e.g. people suffering from blindness or manufacturers of pharmaceuticals) or stands for a particular cause (e.g. environmentalism or free trade). Different types of interest group are discussed later in the chapter.

Your list of 'interest groups' involved in health policy is likely to have contained organizations and groups such as those representing:

- staff, such as the medical, nursing and the allied health professions (e.g. physiotherapy, speech therapy)

- providers, such as hospital associations
- insurers such as sickness funds
- payers, such as employers' associations
- different groups of patients
- suppliers, such as pharmaceutical companies and medical equipment manufacturers

You may have wondered how different labels for organizations outside the formal system of government such as NGO, 'civic society group', 'interest group' and 'pressure group' related to one another. You will now try to clarify these different terms. Refer to the notes of your own definition as you go through this and modify them, if necessary.

Interest groups and civil society groups

'Interest group' is simply another term for 'pressure group'. While there are varying definitions of interest groups, most writers would agree on the following features:

- voluntary – people or organizations choose to join them
- aim to achieve some desired goals
- do not attempt to infiltrate the process of decision making to the extent of becoming part of the formal government process

Unlike political parties that are also voluntary and goal-oriented, pressure groups do not plan to take formal political power. Sometimes pressure groups evolve into political parties and then become involved in policy making from within government like the German Green Party which began life as an environmental pressure group, but most are organized groups outside government, even if some of them have very close relationships with government (as you will see in the discussion of 'policy communities' below).

Today it is common to describe interest groups as existing in *civil society*, meaning that they are located in the part of society that lies between the private space of the family or household and the public sphere of the government. Hence, the term 'civil society group' is sometimes used synonymously with interest group, though public policy issues can be very peripheral to the identity of some civil society groups (e.g. sports clubs will only very occasionally take a position on an issue of public policy when it risks impinging on their sporting activities, whereas other groups are constantly in campaigning mode). As a result, not all civil society groups are necessarily interest groups. Civil society organizations represent a wider range of organizations (Figure 6.1).

NGOs form the most familiar part of civil society. The term NGO originally referred to any not-for-profit organization outside government but more recently has taken on the more specific meaning of a relatively structured organization with a headquarters and paid staff working in fields such as client advocacy or service delivery, in many cases providing a service that might have been provided directly by the state at an earlier stage. Many NGOs retain a desire to influence public policy and can also act as pressure groups. Usually, 'civil society group' has positive connotations, implying that such groups are a sign of a vigorous, healthy, non-authoritarian society, whereas, for a politician or public official to call an organization a 'pressure group' can, on occasions, be a coded way of implying that

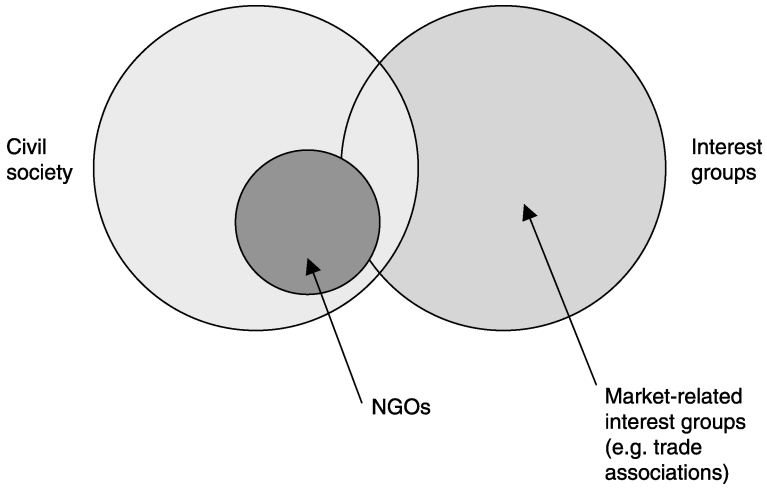

Figure 6.1 Civil society organizations, interest groups and NGOs
Note: Not to scale

it is narrowly focused, imbalanced in its point of view, illegitimate, or even a nuisance. However, not all civil society groups are necessarily good for society. For example, organized criminal gangs are part of civil society.

If not all civil society groups are necessarily to be seen as interest groups, then there is also some debate as to whether it is accurate to call *all* interest groups civil society groups. Some writers would exclude interest groups related to market activities (i.e. economic organizations such as trade associations) from civil society, arguing that civil society is 'a sphere located between the state and market: a buffer zone strong enough to keep both state and market in check, thereby preventing each from becoming too powerful and dominating' (Giddens 2001). Figure 6.1 is drawn from this perspective. Presumably, then, civil society lies in the social space not occupied by the family/household, the state and the market.

Interest groups may start simply as a group of people concerned about a particular issue with little or no formal organization. When a large number of such groups get involved with the same issue, sociologists talk of them as forming a '*social movement*'. For example, the series of popular protests against the British Labour government's policy of military intervention in Iraq in 2003 and 2004 was a loose, spontaneous linking of people to resist the direction of government policy. It had minimal organization and appeared to be coordinated in large part by the relaying of text messages between mobile phones. Had the anti-war movement developed a more formal set of structures, it would probably have fragmented into a number of different pressure groups with somewhat different goals.

Different types of interest groups

Political scientists are fond of classifying the great diversity of interest groups into a number of analytical types. Perhaps the most important distinction is between: *sectional* groups whose main goal is to protect and enhance the interests of their

members and/or of the section of society they proclaim to stand for; and *cause* groups whose main goal is to promote a particular issue or cause and whose membership is open to anyone who supports the cause without necessarily having anything to gain personally if the cause is successful.

Examples of sectional interest groups include trade unions, employers' associations and bodies representing the professions. Examples of cause groups include campaigning groups such as those on abortion, human rights, environment and conservation. Crudely, sectional groups tend to stand for producer interests (e.g. doctors, nurses, etc.) and cause groups tend to stand for consumer interests (e.g. organizations campaigning for people suffering from particular diseases, or for patients' rights in general) though this distinction should not be exaggerated. For example, an organization representing disabled people is arguably both a sectional and a cause group. It promotes a cause, namely, improving the position of disabled people in society, but also stands for the self-interest of a section of society, namely, people with disabilities. Sometimes sectional groups can attract supporters who are concerned about an underlying principle rather having a personal stake in the presenting issue. For example, libertarians might join a sectional group devoted to protecting people's freedom to smoke tobacco in public places not because they wished to smoke, but because they believed that the state should not interfere with individual freedom except in very extreme circumstances.

Sectional groups

Sectional groups are usually able to bargain with governments because they typically provide a particular productive role in the economy. Their influence with government largely depends on how important government thinks this role is. On occasions, they can challenge government policy, if they do not like what governments propose. For example, well-organized trade unions, particularly in the public sector, can persuade their members to withdraw their labour, harming both the economy and the reputation of the government, as well as withdrawing their financial support for political parties (mostly parties on the political left). Obviously the power of interest groups such as trade unions depends on factors such as the structure of the economy (e.g. workers in a large number of small enterprises are far harder to organize than those in a small number of large firms), the structure of wage bargaining (in a more decentralized system, the power of unions is generally less than in more centralized systems), the number of unions, whether they are ideologically unified and how well funded they are. The media can be regarded as a special form of sectional interest with a particularly important role in agenda setting as well as in selling its services to maximize its profits.

In most sectors of policy, including health, producer interest groups tend to have the closest contacts with government and exercise the strongest influence, while consumer groups tend to have less influence, principally because their cooperation is less central to the implementation of policies. In health policy, the medical profession was traditionally regarded as occupying a dominant position not just in controlling the delivery of health care (particularly who is permitted to carry out which tasks), but also in shaping public health policy. In Western countries, physicians controlled and regulated their own training and day-to-day clinical work. The scope of practice of other health workers such as nurses depended on the

consent of doctors and their role was seen primarily as supporting doctors rather than acting independently. In the eyes of the public, the medical profession was seen as the most authoritative source of advice on health-related matters whether at the individual, community or national levels. Health care systems tended to be organized in deference to the preferences of medical interest groups (e.g. systems of reimbursement in public systems that mirrored the fee-for-service arrangements in private practice). However, from the 1980s there was a significant, multi-pronged challenge to the medical profession's privileged status.

Activity 6.2

What have been the major challenges to the dominant position of doctors in health care and policy over the past 25 years?

Feedback

Your answer probably included a number of different challenges coming from different sources. Here are some of the challenges you may have identified:

- The so-called 'medical model' of disease which explains ill-health in terms of biological factors and the appropriate response in individual, curative terms was challenged by the 'primary care approach' which emphasized intersectoral action beyond the confines of individual treatment and of the health care system, and community involvement and control of health care facilities to make them more responsive to local needs.
- There was a growing recognition that patients themselves had expertise in relation to their own ill-health, particularly where this was chronic, that could contribute powerfully to better outcomes as long as it was recognized by doctors and patients were permitted to share responsibility with professionals.
- Nurses and other health care workers became better educated and governments moved to widen the range of clinical tasks they are permitted to undertake, sometimes at the expense of doctors.
- Governments attempted to control doctors' use of resources by imposing budget caps, limiting the range of drugs that they could prescribe, or restricting patient referral to the least cost or most efficient providers.
- Governments and insurers brought in stronger management and encouraged competition (e.g. between public hospitals and between public and private providers) in order to make medical services more responsive and efficient.
- Governments developed systems for assessing the quality of clinical care which were not under the direct control of the medical profession and promoted evidence-based medicine rather than an approach relying on precedent and individual clinical judgement.

All these challenges could be detected in government policies in Britain in the 1980s and 1990s. Governments not only introduced policies which were actively opposed by the medical establishment such as the 'internal market' in the NHS in 1991, they also contrived to split the profession, thereby weakening its ability to resist change. For example, in one strand of the internal market reforms of 1991, general practitioners were offered the opportunity of holding their own budgets for

their patients' elective hospital care as well as for their pharmaceutical costs. A substantial minority were keen to do so, making it difficult for the doctors' trade union to sustain its opposition to the policy. Had the policy been imposed on all GPs, it would most likely have failed.

While it is undoubtedly true that medical interests have been challenged and have lost some influence in Western countries, this has mainly been a loss of some clinical autonomy and monopoly at the service delivery level. The knowledge and authority with which medical organizations speak is still a key resource enabling them to influence wider health policy (Johnson 1995).

In many low income countries, professional associations have not played such an important role in health policy (Walt 1994). In part, this is because most publicly paid-for health care and preventive activity is undertaken not by doctors but by nurses and community health workers in these settings. The medical profession largely serves the small urban elites through private practice. Doctors are influential in public health policy in such countries, but mainly as civil servants in the Ministry of Health as health ministers rather than through the medical associations.

Cause groups

Cause groups aim to promote an issue that is not necessarily specific to the members of the group themselves, although it can be. For example, disabled people or people living with AIDS may form a pressure group to shape policy directly related to themselves. On the other hand, people from all walks of life with a wide range of beliefs come together in organizations such as Greenpeace devoted to global conservation of species or Amnesty International which highlights human rights' abuses all over the world, or Médecins Sans Frontières (MSF) which is devoted to organizing humanitarian intervention in war zones.

It is generally assumed, somewhat naïvely, that cause groups arise spontaneously through the actions of unconnected individuals based on their beliefs. However, it is important to be aware that some pressure groups are actually 'front' groups which have been, and set up at arm's length from corporate interests as a way of getting their views into the civil society debate in a seemingly more persuasive way. The public relations arms of large corporations and trade associations reason that their messages are far more likely to be listened to by the public if they are articulated by apparently unconnected interest groups. Thus the Global Climate Coalition campaigned against the 1997 Kyoto Protocol to the UN Framework Convention on Climate Change, which limits the emission of greenhouse gases on scientific and social grounds, without it being immediately apparent to the casual observer that the Coalition was funded by the oil and motor industries. Similarly, the tobacco industry supports libertarian organizations in many countries devoted to promoting the human rights of smokers to smoke without hindrance from government regulation and the food and industry funds seemingly independent research bodies such as the International Life Sciences Institute and the World Sugar Research Organisation.

In the past 25 years in Western countries, membership of cause groups has risen and membership of political parties has tended to fall. Political scientists argue that

this is a result of a growing disillusionment with conventional Left–Right party politics and with the seeming remoteness of representatives in a democratic system, especially among younger people. It is also a function of people's concern about large single issues such as environmental conservation that have not been given high priority by conventional political parties.

Activity 6.3

What are the main resources that interest groups have to bring about the change that they desire? Think of a range of different interest groups that you are familiar with and list their attributes and resources.

Feedback

The resources that interest groups can mobilize vary widely. Some of the resources you may have listed include:

- their members – the larger the number of members, all other things equal, the more influence an interest group is likely to have. Interest groups composed of other organizations, particularly where they are representative of these other associations (known as 'peak' or 'apex' associations), are particularly likely to have more influence and often draw on a wide range of skills, knowledge and contacts from within their constituent organizations.
- their level of funding and resources – funding affects all aspects of an interest group's activities such as the ability to hire professional staff to organize campaigns, prepare critiques of government policy, contribute to political parties, organize rallies and demonstrations, and so on. This explains, in large part, why health producer interest groups tend to be better organized than consumer groups since their members are often prepared to pay large subscriptions to ensure that their key economic interests are well represented.
- their knowledge about their area of concern – some of this information and understanding may be unavailable from any other source, for example, a government may be dependent on a commercial interest group for access to information about the financial impact of a proposed policy on its members
- their persuasive skills in building public support for particular positions or policies by stimulating activity by others, such as the mass media
- their contacts and relations with policy makers, officials, ministers, opposition parties and the media
- the sanctions, if any, at their disposal – these could range from embarrassing the government in international fora or the mass media to organizing consumer boycotts harming the domestic economy or protracted industrial action.

Strategies and relations to the state: 'insider' and 'outsider' groups

Interest groups can also be analysed in terms of how far they are recognized or legitimized by governments which, in turn, relates to their aims and their strategies. Grant (1984) identified two basic categories in this respect – *insider* and

outsider groups. Insider groups are groups which are still not officially part of the machinery of government but are regarded as legitimate by government policy makers, are consulted regularly and are expected to play by the 'rules of the game'. For example, if they accept an invitation to sit on a government committee, they will respect the confidentiality of the discussions that take place there until ministers are ready to make a statement about the direction of policy. Insider groups thus become closely involved in testing policy ideas and in the development of their field. Typically, in health policy, producer groups such as medical and nursing associations expect to be consulted or directly involved in policy developments and frequently are, even if they do not always get their own way.

In the UK, the Association of the British Pharmaceutical Industry (ABPI) has insider status with the Department of Health on the grounds that the government is both concerned to promote the UK pharmaceutical industry and to ensure that safe and effective medicines are available at the earliest opportunity to patients. There are regular meetings between the industry, senior officials and ministers. The ABPI has also recruited retired civil servants to help it negotiate with government over drug regulation and prices.

Outsider groups, by contrast, are either organizations that reject a close involvement in government processes on strategic grounds or have been unable to gain a reputation as legitimate participants in the policy process. Perhaps the most high profile outsider groups in the contemporary health field are anti-abortion and anti-vivisection organizations because of the vehemence of their views and their reputation for taking direct action against clinics, laboratories and sometimes those who work in them. One of the best known direct action groups was BUGA UP (Billboard Utilising Graffitists Against Unhealthy Promotions). Founded in 1979 in Sydney, Australia, it was notorious (or celebrated, depending on your point of view) for illegally defacing outdoor advertising of unhealthy products, particularly tobacco and alcohol. Its tactic was to alter tobacco advertisements to provide a critical commentary on the industry's promotions. 'Anyhow, Have a Winfield' was changed to 'Anyhow, it's a Minefield' or 'Man how I hate Winfield'. When members of BUGA UP were charged, they defended themselves by arguing that their actions were essential to prevent a greater harm from occurring (Chapman 1996).

Interest groups may shift their strategies over time. For example, in its early stages Greenpeace favoured direct action as a way of drawing attention to conservation issues. Most notably it disrupted the activities of whaling vessels. More recently, Greenpeace has adopted a less flamboyant and less confrontational strategy through scientifically based advocacy. In the process, it has closer relations with governments, though is probably not regarded as a full insider group. Groups that shift their strategies or positions are known as *thresholder* groups. Studies of the evolution of policy in the HIV/AIDS field in the USA and Britain clearly show how outsider groups played a key role in the early stages of the epidemic in using their knowledge about the syndrome to pressurize governments to take the topic seriously. Some of these same organizations became more closely involved in both policy and service delivery as circumstances changed and were able to accept insider status. Often an outsider group becomes an insider group through taking responsibility for delivering services paid for by government or international donors. History may be repeating itself in low income countries where outsider groups such as the Treatment Action Group in South Africa have been highlighting

what they see as drug company profiteering from AIDS drugs and pressurizing government to permit the import of cheaper generic substitutes.

Activity 6.4

Obtain information on a number of health-related interest groups (perhaps in a field of health that you are interested in) and try to work out what sorts of strategies they are using, their range of activities and whether they could be regarded as insider, outsider or thresholder groups.

Feedback

The stance of an organization will not always be apparent from their literature, but there are some clues you can look for. For example, the slogans of an organization give an indication of its stance towards government. If the organization is 'fighting' for animal rights, it is more likely to be an 'outsider' group than one that claims to be 'working' for animal rights. Similarly, an organization that lists its main activities as organizing demonstrations and mobilizing the media is highly likely to be pursuing an 'outsider' influencing strategy, while an organization that describes its participation in government committees and consultations, or its links to elected representatives is far more likely to be following an 'insider' track.

Functions of interest groups

Taken together, the different types of interest groups indicate the range of functions that they can fulfil in society. Peterson (1999) argues that interest groups provide the following seven functions in society:

1 Participation – given that elections in democracies are both an infrequent and a highly indirect way for citizens to involve themselves in public issues, interest groups provide an alternative way for voters to get involved in politics and register their opinions to politicians.
2 Representation – where policy makers take into account the views of a range of interest groups, this normally widens the range of opinion under consideration.
3 Political education – provide a way for members to learn about the political process, for example, if they become office holders in an interest group.
4 Motivation – interest groups can draw new issues to the attention of governments, provide more information, change the way governments view issues and even develop new policy options through their scientific and political activities.
5 Mobilization – interest groups build pressure for action and support for new policies (e.g. by stimulating media interest in a topic).
6 Monitoring – increasingly, interest groups are assessing the performance and behaviour of governments, thereby contributing to the public accountability of leaders, for example, by seeing whether political promises are implemented. They are also increasingly involved in holding private corporations to account as national governments struggle to deal with the power of transnational businesses.

7 Provision – interest groups can use their knowledge of a particular patient group or area of policy to deliver services with or without government funding (e.g. missionary societies).

Interest groups are also increasingly involved in conducting or commissioning scientific research, providing technical advice and using legal action or the threat of legal action against governments and trans-national corporations to promote their point of view and force change in policy. For example, national and international civil society organizations played an important part in the legal action against the South African government which forced the government to concede the principle that anti-retroviral drugs should be made available universally. It remains to be seen whether this will be fully implemented.

Activity 6.5

Taking the list of seven functions plus the ones mentioned in the paragraph immediately above, find examples of interest groups in your country that carry out each of these activities. You may find that some organizations carry out many of these functions and others focus on just one. You can get this information from libraries, information centres, the Ministry of Health, newspapers, websites, annual reports, and so on.

Feedback

Larger interest groups tend to have a wider range of functions and ways of operating. For example, Oxfam, the British-based international anti-poverty NGO describes itself as 'a development, advocacy and relief agency working to put an end to poverty worldwide'. Its activities cover 'motivation', 'mobilization', 'monitoring' and 'provision' according to Peterson's typology as well as 'representation' in some of the 70 countries it works in. Smaller NGOs tend to have more focused goals and activities. For example, the Fred Hollows Foundation, based in Australia is an NGO devoted to working with local blindness prevention agencies in 29 countries to reduce unnecessary and avoidable blindness, with a primary focus on cataract. Thus, as with many NGOs, its main function is 'provision', including training local staff to deliver services and developing high quality, low cost technologies for eye care. However, in its work with indigenous Australians, it has extended its role to include advocacy ('motivation' and 'mobilization').

Relations between interest groups and government

Political scientists have observed that when it comes to policy formulation (as opposed to getting an issue onto the agenda in the first place) in health the participants (actors) are usually individuals and organizations with an enduring interest and knowledge of the field, even if, conceivably, a far wider range of actors could be involved. Who is involved, for what reasons and how their relationships are structured have been the subjects of much research on what have been referred to at various times as 'issue networks', 'policy networks', 'policy communities' and

'policy sub-systems'. The terminology and classifications can be confusing and even contradictory.

One way of understanding the formal and informal relationships between government and non-government (interest group) actors is to identify the various *policy sub-systems* or *policy communities* in which they interact. At its simplest, a policy sub-system or policy community is a recognizable sub-division of public policy making. In health policy, for example, mental health policy formulation is distinctively different from policy on environmental health issues and involves different actors. Some sub-systems, known as 'Iron Triangles', are small, very stable and highly exclusive, three-way sets of relationships usually between politicians, bureaucrats and a commercial interest. In the case of defence procurement, the triangle is constituted by government, suppliers and end users in the military. Other sub-systems are typically larger (i.e. involving more entities), more fluid and with less clear boundaries (e.g. family policy). The challenges in the 1980s and 1990s to the dominant position of the medical profession in health policy in Britain led to a shift from a more to a less closed policy community with an increase in the number of, and space given to, groups representing users, although consumer groups remained relatively weaker than professional groups. Marsh and Rhodes (1992) distinguish between 'policy communities' which they see as highly integrated networks marked by stability of relationships, exclusive narrow interests and persistence over time, and 'issue networks' which they see as loosely interdependent, unstable networks comprising a large number of members and usually serving a consultative function in relation to policy development.

The main point about a policy community is that there is sustained interaction between the participants through a web of formal and informal relationships (Lewis, forthcoming). In health policy, organizations and individuals representing practitioners (health professionals), users, the public, researchers (from laboratory sciences to the social sciences), commentators (journalists and policy analysts), businesses (drug companies, medical equipment manufacturers), hospitals and clinics, insurers, government officials, politicians and international organizations will be involved to differing degrees depending on the issue at stake. Policy communities are not necessarily consensual networks. Increasingly, health policy communities in Western countries are marked by conflicts between a range of powerful interests representing providers, the community and government.

Within a policy sub-system or community, two sets of motivation guide the actions of groups involved in policy formulation: knowledge or expertise and material interest (Howlett and Ramesh 2003). Thus membership of a *discourse community* (sometimes known as an 'epistemic community') is defined by shared political values and a shared understanding of a problem, its definition and its causes, though usually marked by detailed disagreements about policy responses, whereas an *interest network* is based on some common material interest (this distinction parallels the earlier distinction between 'cause' and 'sectional' interest groups, respectively). Both discourse communities and interest networks operate in the health policy sub-system since both ideas and interests play a part in policy change. When discourse and interest networks are closely linked, stable and cohesive, the policy sub-system will be less amenable to new policy options. Shared understandings of the nature of the policy problem and the range of feasible responses are difficult to change once established.

Activity 6.6

Think of a 'policy community' or looser 'issue network' around a specific health policy issue in your own country. It could be focused on any public health issue such as whether or not condom use should be promoted to prevent HIV infection. List those interest groups known to be or likely to be critical of the current policies in your country and those likely to be supportive.

Feedback

Obviously your answer will depend on the policy network and issue you considered. If you chose the issue of condom use and HIV, your answer will reflect the precise arrangements for HIV/AIDS control in your country. It might include the following:

- in support of policies to increase condom use: Ministry of Health, national health promotion agency (if it exists), interest groups of people living with HIV/AIDS and their supporters, employers (possibly, if aware of the economic costs of AIDS)
- against policies to increase condom use: some religious groups, some international donors (i.e. those promoting abstinence), sections of the media (others may be supportive), certain professional associations

Which sorts of interest groups are most influential?

Among interest groups, business interests are generally the most powerful in most areas of public policy, followed by labour interest groups. This is because both capital and labour are vital to the economic production process. In capitalist societies, ownership of the means of production is concentrated in the hands of business corporations rather than the state. As a result, business has huge power vis-à-vis government, particularly in the current globally interconnected environment in which corporations can potentially shift their capital and production relatively easily between countries if their interests are being harmed by government policies.

As Chapter 3 showed, there is a wide range of industrial and commercial interests in the health policy community. Even in health care systems where most services are provided in publicly owned and managed institutions, there will be extensive links with private sector actors who bring new ideas and practices into the public sector. However, provider professionals and workers as well as governments have an important influence on policy in addition to business interests. In the case of governments, this is because of the large contribution of public finance and provision in most (particularly high income) countries. In the case of the doctors, this is because of the medical monopoly over a body of knowledge allied to the control that they are able to exert over the market for their services. Consumer and public interests are also increasingly listened to and responded to.

Through a study of successive hospital reforms in New York in the 1960s and 1970s, the sociologist Robert Alford argued that beneath the surface interplay of a wide range of interests in the health care arena in high income countries, lay

three *structural* or fundamental interests that defined how health care politics operated:

- the *professional monopolists* – the doctors and to a lesser extent the other health professionals whose dominant interests are served by the existing economic, social and political structures of government and the health system
- the *corporate rationalizers* – those who challenge the professional monopolists by attempting to implement strategies such as rational planning of facilities, efficient methods of health care delivery and modern management methods over medical judgement. These can be private insurers, governments as payers, health plans, employers wanting to curb the cost of insuring their workers, commercial hospital chains, etc.
- the *equal health advocates* and *community health advocates* – the wide range of relatively repressed cause and sectional interest groups lobbying for patients' rights, fairer access to health care for poor and marginalized groups and more attention to be given to the views of patients and populations in health care decision making

In the 1970s, when Alford published his theory of structural interests, consumers and the public had relatively little voice in shaping health care policies but managers and planners were increasingly trying to assert greater control over how systems were financed and organized. However, the professionals, led by doctors, remained dominant. In the past 25 years, corporate rationalizers and patient and community health advocates have increased their influence in health care policy making in high income countries. However, it is generally accepted that professionals are still the most influential single group, despite some loss of professional autonomy at the level of clinical practice, due to the fact that their collective expertise and ways of thinking are still built into the institutions of health care (Johnson 1995). The *structuralist* approach is a useful way of understanding the broad contours of policy and who is likely to have the greatest influence. However, in order to understand the dynamics of particular policy decisions in particular contexts, it is necessary to analyse the contacts and interactions within the formal and informal networks that grow up around specific issues.

What impact do interest groups have?

It is increasingly apparent that interest groups such as patient organizations are playing a more influential role in health policy even in low income countries where they have traditionally been weak or absent. Of course, the extent of influence on policy from outside government and the immediate impact of party politics varies from place to place and from issue to issue. The history of the response to HIV/AIDS across the globe is noteworthy for the very high level of involvement and influence of interest groups or civil society organizations. 'Never before have civil society organizations – here defined as any group of individuals that is separate from government and business – done so much to contribute to the fight against a global health crisis, or been so included in the decisions made by policy makers' (Zuniga 2005, forthcoming). The HIV/AIDS history is also notable for the diversity of interest group activities, the large number of HIV/AIDS organizations involved (currently over 3,000 in 150 countries) and the shift of activism from the high to low income countries (Table 6.1).

Table 6.1 The history of the role of civil society groups in global policy to combat HIV/AIDS

Phase of activism	*Main activities*	*Main demands*	*Impact*
Early 1980s in US and Western countries: civil rights activism	Protest, lobbying and activism modelled on US black civil rights movement of 1960s	Protection of human and civil rights; PLWA are not to blame; inclusion of PLWA in policy process – inclusion and partnership	Traditional STI approach of isolation, surveillance, mandatory testing and strict contact notification replaced by rights based model promoted by WHO from 1987
Mid-/late-1980s in US and Western countries: aggressive, scientific activism	New more aggressive organizations such as ACTUP and TAG lobbying politicians; simultaneous street protests and scientific debates with government; AIDS pressure groups winning places on government committees	Government funding for treatment and price reductions for early ART	Access to effective treatment for PLWA; showed that new drugs did confer benefits and that early trials did not warrant denying treatment to PLWA; ensured that trials included women, minorities, etc.
1990s in US and Western countries: institutionalized and internalized activism	US/Western activist groups shrinking because of success; activists increasingly accepted and working within health policy system; established role of civil society group in provision	Ensuring that HIV/AIDS remains a policy and resource allocation priority in the West; attention should be given to HIV/AIDS in poorer countries	Increased awareness of distribution of HIV/AIDS globally
Later 1990s in low and middle income countries: growing activism	Overseas funding to raise awareness and educate people, and support civil society groups; explosion of civil society groups; North-South cooperation between civil society groups	Franker public discussion of HIV/AIDS, better leadership, concerted government responses, provision of AZT and treatment of co-infections	Notable impact in pioneer countries such as Uganda and Brazil; latter showed that ART could be provided in a middle income setting with good results and that comprehensive response could save health care costs
Late 1990s/early 2000s: global movement for treatment access	Period of advocacy sparked by successful civil society group protest and resistance to attempt by US/South African pharmas to prevent South African government from	Universal access to affordable treatment as a human right; HIV/AIDS to be seen as a development issue with major negative economic consequences	Civil society groups contributed to recognition that public health considerations had some weight alongside trade and intellectual property considerations in

	offering low cost, generic ART; growing international coalition of NGOs pushing for low cost ART by promoting production of generic drugs and pressurizing pharmas to reduce their prices in low income settings	World Trade Organisation; new funding initiatives (Global Fund to Fight AIDS, TB and Malaria, and US President's Plan for AIDS Relief); gradual roll-out of ART helped by lower drug prices in developing world

Sources: Seckinelgin (2002), Zuniga (2005)
Notes:
ACTUP = AIDS Coalition to Unleash Power
ART = Antiretroviral Therapy
AZT = Azidothymidine
PLWA = People living with AIDS
STI = sexually transmitted infection
TAG = treatment action group

Activity 6.7

Why has the HIV/AIDS policy arena attracted such a high level of civil society group involvement?

Feedback

A number of factors help to explain the high level of interest group activism, particularly in the early stages of the pandemic in high income countries which provided models for later activism in low and middle income countries:

- the demographic profile of the early affected population and most subsequent infections – HIV/AIDS tends to infect young adults and in countries like the UK, it affected a relatively affluent male homosexual population in cities
- HIV and even AIDS before therapy was available is not an immediate killer, allowing an opportunity for activism, unlike some other diseases
- spill-over from other social movements – in the USA and Western Europe, the most affected population group was homosexual men who had recent experience of the gay rights movement of the 1970s. They used some of the same civil rights strategies and refused to play the role of 'patients'. In low income countries subsequently, HIV/AIDS activism was inspired by and allied itself to wider social justice movements such as those for debt relief
- the slowness of the official response in high income countries. It took between two and four years, and sometimes longer, between the first diagnosis and the development of official awareness campaigns

Activity 6.8

Why do you think HIV/AIDS activism was less prominent in low income countries in the 1980s and early 1990s?

Feedback

There are a number of inter-related reasons for this phenomenon. You may have written down some or all of the following:

- a lack of data and, therefore, lack of awareness of the pandemic
- unresponsiveness of political leaderships, especially in undemocratic countries in Africa (which were more common in the 1980s)
- denial by governments and public opinion that AIDS was a Western, alien problem only affecting homosexuals
- the fact that HIV/AIDS in low income countries did not affect a cohesive, well-off group such as the male homosexual population in the USA but poor people who could easily be silenced and ignored
- other priorities competing for the attention of interest groups and health systems such as more immediately lethal diseases and malnutrition
- lack of donor interest and funding to NGOs in the area of HIV/AIDS

Activity 6.9

How would you characterize the evolution of the interest groups in the HIV/AIDS field from the early 1980s to the early twenty-first century from Table 6.1?

Feedback

Table 6.1 shows two main trends:

- a shift in interest group activity from advocacy (i.e. an 'outsider' stance) to involvement in policy and provision (i.e. an 'insider' stance), in some cases leading to advocacy organizations disappearing once their goals had been achieved
- a shift of the main focus of activism from the USA and other Western countries to low and middle income countries, stimulated by greater awareness of the global distribution of AIDS cases and international funding to interest groups in the South. This has been accompanied by cooperation and alliances between interest groups in the North and the South.

Is interest group participation a good thing in policy terms?

Up to now, the involvement of interest groups has been analysed without attempting to draw attention to its positive and negative consequences for policy making. Generally, in democratic societies, the involvement of organizations

outside the government in policy processes is seen as a good thing. However, there are potential drawbacks.

Activity 6.10

List the possible positive and negative consequences of having a wide range of interest groups involved in the shaping of health policy.

Feedback

Your lists will probably have included some of the following possible advantages and drawbacks shown in Table 6.2.

Table 6.2 Possible advantages and drawbacks of interest groups being involved in shaping health policy

Potential advantages of 'open' policy processes	*Potential negative consequences of 'open' policy processes*
Wide range of views is brought to bear on a problem including a better appreciation of the possible impacts of policy on different groups	Difficult to reconcile conflicting and competing claims for attention and resources of different interest groups
Policy making process includes information that is not accessible to governments	Adds to complexity and time taken to reach decisions and to implement policies
Consultation and/or involvement of a range of interests gives policy greater legitimacy and support so that policy decisions may be more likely to be implemented	Concern to identify who different interest groups 'truly' represent and how accountable they are to their members or funders
New or emerging issues may be brought to governments' attention more rapidly than if process is very 'closed' allowing rapid response	Less well-resourced, less well-connected interests may still be disadvantaged by being overlooked or marginalized
	Interest groups may not be capable of providing the information or taking the responsibility allocated to them
	Activities of interest groups may not be transparent
	Proliferation of 'front' groups enables corporate interests to develop multiple, covert channels of influence
	Interest groups can be bigoted, self-interested, badly informed, abusive and intimidatory – being in civil society does not confer automatic virtue

Summary

There are many groups outside government that try to influence public policy on particular issues at various stages of the policy process. In some countries, there are many of these groups and they are strong; in other countries there are few non-governmental actors and their influence on policy makers is relatively limited. Until the 1990s, policy in low income countries was dominated by an elite closely affiliated with the government of the day. However, in the 1990s, in many low income countries the number of different groups and alliances of groups trying to influence government policies grew and governments increasingly came to recognize that they should listen. NGOs that had previously confined themselves to delivering services became more involved in policy advocacy. Most recently, alliances between interest groups in different countries, most notably between NGOs in high and low income settings, have become more prominent in their efforts to influence governments' policies in the health field.

Interest groups differ in the way they are treated by governments. Some are given high legitimacy, 'insider' status and are regularly consulted. Sectional groups often fall into this category because they are typically powerful and can employ sanctions if they do not approve of a government's policy. In contrast, cause groups may be highly regarded and consulted but have less recourse to sanctions. They may be perceived as 'outsider' groups or even deliberately pursue an 'outsider' strategy organizing demonstrations and ensuring a high level of media coverage in a bid to embarrass or put pressure on government.

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