So, there are no simple answers to questions such as: how much do the mass media influence public opinion and/or policy makers? The content of the policy issue, the political context and the process by which the debate unfolds and the policy issue is decided, all have a bearing on how influential the media will be.

In low income countries, the influence of the media on policy makers is less easy to discern. Journalists, editors, broadcasters and producers are members of the urban elite, and generally have close ties with policy makers in government. Where media are owned directly by government, there is unlikely to be much critical analysis of government policies. Policy circles are small in many low income countries, and those journalists who are perceived as threatening a political regime are often the first to be arrested when repression strikes. Although this is changing, the independence of the mass media remains vulnerable to political whim and to a weak capital base. For example, in high income countries consumer advertising revenue, which is not present in other countries, gives the mass media considerable financial independence of governments, but not necessarily independence from commercial interests.

The presence or absence of democracy also appears to be important in the influence of the media on agenda setting in low income countries. Sen (1983) compared the role of the media in reporting food shortages and famines in China and India since the Second World War and the impact on the governments' responses. In 1959–61, China suffered a massive famine due to crop failures. Between 14 and 16 million extra deaths occurred but the mass media remained silent. India, on the other hand, despite being a similarly poor country, had not experienced a famine since Independence in 1947 despite years with great food problems. Sen argued that India could not have famines because India, unlike China, was a democracy with a free press: 'Government cannot afford to fail to take prompt action when large-scale starvation threatens. Newspapers play an important part in this, in making the facts known and forcing the challenge to be faced. So does the pressure of opposition parties' (Sen 1983). In China, there were few ways of challenging the government to act to avoid the catastrophe and the famine could be kept hidden. Ironically, during the same period, communist China was far more committed to distributing food at public expense to guarantee some food for all than India. In normal times, this avoided the widespread malnourishment and non-acute hunger observed in India.

## Summary

You have learnt how agenda setting is not a clear-cut part of the policy process. There are many actors involved and it is not necessarily dominated by government. The policy agenda may change at times of crisis or through 'politics-as-usual', but in both cases, certain factors will be important. A crisis will have to be perceived as such by the most influential policy elites, and they will have to believe that failure to act will make the situation worse. In politics-as-usual, many different reforms may compete for policy makers' attention and which one reaches the policy agenda will depend on a number of different factors, including who gains and who loses in the change. Timing is important, and issues may be around for a while before all three 'streams' come together, and an issue is propelled onto the policy agenda.

The media can be important for drawing attention to issues and forcing govern-
ments to act but this is more likely in relation to 'low politics' issues. On major, or
'high politics' topics (such as economic policy or threats to national security), the
great majority of the media is likely to support the basic thrust of government
policy, if the government is seen to be legitimate.

## References

Berger PL and Luckman T (1975). *The Social Construction of Reality: A Treatise on the Sociology of Knowledge*. Harmondsworth: Penguin

Cobb RW and Elder CD (1983). *Participation in American Politics: The Dynamics of Agenda-Building*. Baltimore, MD: Johns Hopkins University Press

Grindle M and Thomas J (1991). *Public Choices and Policy Change*. Baltimore: Johns Hopkins Unversity Press

Hall P, Land H, Parker R and Webb A (1975). *Change, Choice and Conflict in Social Policy*. London: Heinemann

Harrabin R, Coote A and Allen J (2003). *Health in the News: Risk, Reporting and Media Attention*. London: Kings Fund

Hogwood B and Gunn L (1984). *Policy Analysis for the Real World*. Oxford: Oxford University Press

Karpf A (1988). *Doctoring the Media*. London: Routledge

Kingdon J (1984). *Agendas, Alternatives and Public Policies*. Boston: Little Brown & Co

Reich M (1994). Bangladesh pharmaceutical policy and politics. *Health Policy and Planning* 9: 130–43

Sen A (1983). The battle to get food. *New Society* 13 October: 54–7

# 5 Government and the policy process

## Overview

The previous chapter showed how issues make their way onto the policy agenda through processes not necessarily controlled by government. This chapter focuses on the roles of government in the formulation and shaping of policy, and how much influence it has on the policy process. While policy formulation usually involves taking account of a wide variety of interests, albeit driven by the ideological assumptions of the government in power, the way this happens is very dependent on the type of government institutions or constitution of a country. You will look at the role of the institutions of government most frequently assumed to be directly involved in forming and carrying out policies: the legislature; the executive; the bureaucracy; and the judiciary. In terms of the framework for policy analysis introduced in Chapter 1, the focus in this chapter is on a particular set of official 'actors' within the policy process. In terms of the 'policy stages' model also discussed in Chapter 1, the main focus is on policy formulation with some reference to policy implementation.

## Learning objectives

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

- describe the main institutions involved in government policy making – the legislature, the executive, the bureaucracy and the judiciary – and their roles
- understand how they relate to one another differently in different types of government system
- understand the special characteristics of government policy making in the health sector
- understand how different parts of government (e.g. different ministries) and different levels (e.g. national, regional and local) require active coordination if policies are to be successful
- describe the organization of the health system of your country and be aware that the official chart of its organization may not reflect the true pattern of power and influence in the system

## Key terms

**Bicameral/unicameral legislature** In a unicameral legislature, there is only one 'house' or chamber, whereas in a bicameral legislature, there is a second or upper chamber, the role of which is to critique and check the quality of draft legislation promulgated by the lower house. Normally, only the lower house can determine whether draft legislation becomes law.

**Bureaucracy** A formal type of organisation involving hierarchy, impersonality, continuity and expertise.

**Executive** Leadership of a country (i.e. the president and/or prime minister and other ministers). The prime minister/president and senior ministers are often referred to as the cabinet.

**Federal system** The sub-national or provincial level of government is not subordinate to the national government but has substantial powers of its own which the national government cannot take away.

**Judiciary** Comprises judges and courts which are responsible for ensuring that the government of the day (the executive) acts according to the laws passed by the legislature.

**Legislature** Body that enacts the laws that govern a country and oversees the executive. It is normally democratically elected in order to represent the people of the country and commonly referred to as the parliament or assembly. Often there will be two chambers or 'houses' of parliament.

**Parliamentary system** The executive are also members of the legislature and are chosen on the basis that the majority of members of the legislature support them.

**Presidential system** The president or head of state is directly elected in a separate process from the election of members of the legislature.

**Proportional representation** Voting system which is designed to ensure as far as possible that the proportion of votes received by each political party equates to their share of the seats in the legislature.

**Unitary system** The lower levels of government are constitutionally subordinate to the national government. Lower levels of government receive their authority from central government.

## Characterizing government systems

Two features of government systems have a major effect on the ability of states to make and implement policy: *autonomy* and *capacity* (Howlett and Ramesh 2003). In this context *autonomy* means the ability of government institutions to resist being captured by self-interested groups and to act fairly as an arbiter of social conflicts. The government system may not be neutral in a political sense (after all, it serves governments of different ideological complexions), but, if it is autonomous, it operates with some objective regard to improving the welfare of the whole country not just responding to and protecting the interests of sections of the community. *Capacity* refers to the ability of the government system to make and implement policy. It springs from the expertise, resources and coherence of the machinery of government. For example, it is essential that a government is able to pay its civil

servants on time and keep corruption in check. At a more sophisticated level, it helps if individual ministries respect the fact that their decisions and behaviour can have major implications for other arms of government and refrain from self-interested actions. The different forms of government system have implications for the autonomy and capacity of government policy making.

## Federal versus unitary systems

All governments operate at a variety of levels between the national and the local (for example, public health systems frequently have national and regional levels of administration). However, there is an important, basic distinction between *unitary* and *federal* systems which can be overlooked when thinking about policy change in health systems. In the former, there is a clear chain of command linking the different levels of government so that lower levels are strictly subordinate to higher levels. In France, for example, the national government has potentially all the decision making powers. It can delegate these powers to lower levels of government, but can also take these powers back. New Zealand, Japan and China are similar. Britain has a largely unitary system in which local government derives its powers from central government, but Scotland and Wales have recently been granted their own powers over most of their domestic affairs, including health services, under legislation passed by the national parliament in London. There are now elected bodies separate from the national parliament in Scotland and Wales.

In federal systems, there are at least two separate levels of government within the country with power shared between them. In other words, the sub-national level of government is not subordinate to the national level but enjoys a high level of freedom over those matters under its jurisdiction. Central government cannot remove these freedoms without consent which normally means rewriting the constitution of the country. For example, India, Brazil, Nigeria, the USA, Canada and Australia are all federal countries. In Canada, for instance, the health system is a responsibility of the provinces, not the federal government, though the latter contributes some of the funding for health services. This leads to lengthy negotiations and disputes between the two levels of government about who pays for what.

Indeed, federalism is widely regarded as a major reason for the relative inability of governments in these countries to bring about major, nation-wide policy changes in the health sector except when circumstances are highly favourable. A further complication is that federal and sub-national governments may be controlled by different political parties with different values and goals. Furthermore, elections at one or the other level rarely coincide, so lengthy negotiations can be disrupted by a change of government among any of the parties. So, typically, unitary government systems are associated with far more rapid policy change and less need to compromise when formulating policy. However, this does not necessarily mean that policies developed in this way will be implemented on the ground as their architects at national level intended (as you will see in Chapter 7). Even in unitary systems with relatively few constitutional obstacles to legislative change, the underlying conditions for fundamental system reform rarely occur. These are typically a combination of a government with a high level of authority (e.g. a strong parliamentary majority) and the political will to incur the risks of major change (i.e. reform must be sufficiently central to its policy agenda) (Tuohy 2004).

### Relations between the legislature, executive and judiciary

Another feature of each country's government system affecting how public policy is formulated concerns the relations between the legislature, the executive and the judiciary. The *legislature* is the body which represents the people, enacts the laws that govern the people and oversees the *executive* which is the leadership of the country (i.e. the president and/or prime minister and other ministers). The *judiciary* is primarily responsible for ensuring that the government of the day acts within the laws passed by the legislature and adjudicates on the inevitable disputes that occur in the interpretation of laws in practice. Typically, in *parliamentary* systems, the executive is chosen by the legislature from among its members (i.e. ministers are members of the parliament or assembly) and remains in office as long as it has majority support among the legislators. Typically, in *presidential* systems, such as the USA, the executive is separate from the legislature, elected separately by the public and need not have the support of the majority of members of the legislature to govern.

These differences have major implications for the way in which policy is developed. In presidential systems, the executive (the president and senior colleagues) can propose policy but the approval of the legislature (the majority of whose members may not even be from the same political party) is required for the policy to become law. As a result, the US President, for example, frequently has to offer concessions to the legislature in one area of policy in return for support in another. In addition, members of the legislature can play an active part in designing and amending policies. This means that the policy development process is more open than in parliamentary systems with more room for interest groups to exert influence.

In parliamentary systems, while there may be some dispute and bargaining over policies within the governing political party, this usually takes place behind the scenes and the executive can normally rely on its majority in the legislature to obtain support for the measures it wishes to enact. Where the executive does not have an outright majority in the legislature, as happens more often in countries with systems of proportional representation where there may be a large number of political parties, it has to compromise in order to get policies through the legislature. This makes the policy process slower and more complex but not as difficult as policy making in presidential systems. Policy making is still ultimately centralized in the executive in parliamentary systems which usually allows more rapid and decisive action to be taken by the government.

### ✎ Activity 5.1

As well as the separation of powers between the executive (the President and his staff) and the legislature (the two Houses of Congress), what else makes major policy change (e.g. a wholesale reform of the financing of the health care system) more difficult in the USA than in many other countries?

**↻ Feedback**

The US system is also federal so the individual states will have to be persuaded to support any major change in domestic policy. This explains why Presidents of the USA tend to spend quite a lot of time and energy on defence and foreign policy where their power is less restricted and they can act on behalf of the entire nation.

The position of the judiciary also affects the government policy process. In federal systems and/or those based on a written constitution, often including a statement of human rights, there is typically an autonomous judiciary such as the US Supreme Court, charged with adjudicating in the case of disputes between the different tiers of government and with ensuring that the laws and actions of the government are consistent with the principles of the constitution. The US Supreme Court has frequently challenged the laws of individual states: in the 1950s, it enforced the civil liberties of black people by overturning legislation in the southern states which would have segregated schools between black and white pupils. In countries like Britain without a written constitution, though independent of government, the courts are more limited in what they can do to constrain the executive in the protection of the rights and liberties of individual citizens and, again, policy making is easier.

**✎ Activity 5.2**

Imagine that you are a national Minister of Health wishing to introduce a major change into a health care system such as user fees for patients to use public hospitals. List the different considerations you would have to take into account if you were trying to introduce such legislation in a federal, presidential system versus a unitary, parliamentary system. Make two lists of factors.

**↻ Feedback**

Your notes might look something like those presented in Table 5.1. You will immediately see the larger number and greater complexity of the considerations which the Minister of Health in a federal, presidential system will have to take into account compared with his counterpart in the unitary, parliamentary system. Note that Table 5.1 does not cover the implementation of the proposed changes, simply the ability of the minister and the government to get the reforms accepted and into law within the various legislative bodies. The officials and health professions at lower levels in both systems of government may not agree with parts of the changes, and may have considerable ability to resist or change the direction of policy. This is one of the central issues in policy implementation.

Having set out the roles of the various actors within the government system, you now need to consider their relative influence over the policy formulation process.

**Table 5.1** Federal, presidential and unitary, parliamentary systems compared

| Federal, presidential system | Unitary, parliamentary system |
|---|---|
| Which level of government is responsible for which aspects of health policy? Is this change within the jurisdiction of national government? | Has the intended reform been discussed in the governing political party? Is it in the election manifesto? What does the governing political party think about the intended reform? Is it broadly supportive? If not, are the majority of members of the legislature from the government party likely to be in support? |
| Does national government control the aspects of health policy most relevant to the proposed changes? For example, does national government control all the necessary resources to bring about the change? | Has the government got a majority in the legislature (parliament) to enact the changes? If not, can the government get sufficient votes from other parties in the ruling coalition? |
| Is the national legislature likely to support the changes? If not, what concessions might be made either in health or in other areas of policy to win the necessary support? Are these concessions worth making for this reform? | What concessions, if any, will be needed to get a majority in support of the reforms? |
| What are the odds of the proposed legislation passing through the national legislature without substantial amendment? | |
| If the government is dependent on the support of states or provinces to bring about the changes, what are the likely reactions of states or provinces to the reform? Which states or provinces have governments of the same political persuasion as the national government? | |
| What concessions to the states/provinces could the government make in health or other areas of policy without undermining its position with its supporters in order to obtain sufficient support for the health reforms, particularly from states/provinces governed by opposition parties? For example, will national government have to fund the changes in their entirety to have any chance of getting them accepted? | |
| What view are the courts likely to take to the reforms? | |

## Political parties

In liberal democracies (i.e. where people are free to set up political parties and put themselves forward for election without government interference), as opposed to one party states, political parties sit somewhere between wider societal actors such as pressure or interest groups and the institutions of government in that members of the executive and legislature are frequently drawn from one or another of the main political parties. Parties produce manifestos and policy documents on which they campaign at elections. So parties can directly affect the outcomes of elections and what follows. However, voters tend not to vote on the basis of specific policies, but are invited to support a broad package of measures designed to maximize the party's appeal. The detail of which policies reach the government agenda and how they are developed subsequently is outside the direct control of the party and the voters. Of course, a government in office has to be careful not to move too far away from what it promised its party members, supporters and the voters at the election, even if circumstances change, otherwise it will jeopardize its future support, but it is not required to follow party policy in every detail. Indeed, circumstances may change and ministers in office may find that turning manifesto promises into coherent policy is far more difficult technically and politically than they had envisaged while in opposition.

The evidence suggests that political parties have a modest direct effect on policy – their greatest contribution being at the early stages of policy identification – but a larger indirect effect through influencing the staffing of legislative and executive (and sometimes judicial) institutions.

In single party systems, the political party formulates all policies and it becomes the task of the government to find the best ways of implementing them. On the whole, elections in single-party systems do not provide voters with any real choices or policy alternatives, and criticism of the ruling party and its government are often mute or stifled (e.g. in Zimbabwe under President Robert Mugabe). In single-party regimes, the party can also intervene directly in policy. There is no clear-cut or simple separation between the party and the executive or legislature. Both the executive and the legislature can be criticized by the party to the extent that ministers and members of parliament can be removed for not responding with sufficient zeal to the party's views.

By contrast, in liberal democracies, once a political party wins power at an election, the government is in charge. Ministers can adapt party policy in the light of the political pressures placed upon them and the changing nature of the policy environment.

## The role of the legislature

In the overwhelming majority of countries, the constitution states that the decisions of the legislature are the expression of the will of the people (popular sovereignty) and that the legislature is the highest decision making body. Most have three formal functions: (1) to represent the people; (2) to enact legislation; and (3) to oversee the executive (the prime minister or president and ministers). Legislatures in democracies are generally composed exclusively of elected members

(deputies, senators, members of parliament). Three-fifths of the countries in the world have *unicameral* or single chamber legislatures; the rest have *bicameral* arrangements with two chambers or houses. Generally, the job of the upper house is to review and refine draft legislation and thereby contribute to better policy and law making. In presidential systems, as we saw earlier, the legislature has autonomy from the executive and, on occasions, can make policy. In parliamentary systems, the task of the legislature is primarily to hold the government to account to the public for its performance rather than to initiate policy. Legislators can identify problems in draft legislation and request changes.

In fact, in a range of different government systems, legislatures are increasingly regarded as bodies that rubber-stamp decisions taken elsewhere and even struggle to hold the executive to account. In a review of the literature on elections and parliaments in Africa, Healey and Robinson (1992) suggest that elected representatives are seldom more than marginal in the policy process, and in some countries are inhibited from criticizing proposed government policy by a history of detention without trial (e.g. Zimbabwe).

## ✎ Activity 5.3

Why have national legislatures (i.e. parliaments and assemblies) become more marginal in policy making and in holding governments to account?

## ↻ Feedback

Five main reasons are usually given for the gradual marginalization of legislatures. The relative importance of each depends on the country in question, but most are related directly or indirectly to the rising power of the executive:

1 Increasingly strong political party discipline, controlling the activities of members and reducing criticism of the executive.

2 The ability of the executive to use its powers of patronage (i.e. the ability to offer or withhold opportunities for promotion into ministerial and other positions) to control members of the legislature.

3 The shift of much political and policy debate from the parliamentary debating chamber to the mass media (e.g. to the set-piece television interview or debate between party leaders).

4 The expansion of government activities and delegation to a range of specialized agencies so that many decisions can be taken by bureaucrats without the need for new laws or legislative debate.

5 The increasing influence of supra-national bodies such as the European Union (EU) or the International Monetary Fund (IMF) that limit or remove issues from domestic legislative politics.

Although legislatures rarely propose new laws and struggle to fulfil their three main functions, they survive because they have great symbolic value, upholding the ideal of democratic representation of the public. Also, particularly in presidential

systems, they can block the proposals of the executive by right. In parliamentary systems, legislators can scrutinize and delay legislation, but where a government has a parliamentary majority and reasonable party discipline, it will prevail over opponents. Only where there is no clear majority and the government is dependent on several smaller parties, do individual legislators have opportunities to shape policies directly. This is one of the arguments in favour of proportional representation.

If the legislature does not have a great deal of say in policy formulation, who does?

## The influence of the executive

As you have seen, in most countries with multi-party systems, most of the power to make policy lies with the executive – the elected politicians who become prime minister or president and the ministers. This group is often called the 'cabinet'. The elected members of the executive are supported by the bureaucrats or civil servants who both advise ministers and take direction from them. There is debate about the relative influence on policy of elected officials and bureaucrats. It depends strongly on the country and the period studied as well as the nature of the policy issue at stake.

Compared with the legislature, the executive or cabinet has far greater constitutional, informational, financial and personnel resources. The cabinet has the authority to govern the country and has the ultimate authority to initiate and implement policies. Crucially, it can choose when to introduce draft laws to the legislature. In parliamentary systems, as long as the government has a majority support in the legislature, there are few limits on the power of the executive. In presidential systems, the executive has to convince the legislature to approve its proposed measures where these involve legislation. However, there are wide areas of policy where the executive has discretion, particularly in relation to defence, national security and foreign policy. Frequently, once the budget has been approved by the legislature, the executive has a great deal of control over the detail of how resources are used.

### The role of the chief executive

If the executive is very powerful, does this power emanate from the collective decision making of the cabinet, or from the strength of the prime minister or president who occupies a position similar to the chief executive of a private corporation? In those low income countries where political leadership is personal and unaccountable – where constitutional checks on the executive rarely operate – most major policy decisions will be in the hands of the chief executive.

Sometimes, decision making is in the hands of a small group of ministers chosen from among the cabinet by the chief executive because they closely identify with the chief executive's goals and methods. There has been increasing discussion in parliamentary systems, especially Britain, about the more authoritarian style of decision making of prime ministers, starting with Margaret Thatcher, the Conservative prime minister in the 1980s. The Labour governments of Tony Blair after

1997 have similarly shown that the prime minister and his immediate staff are increasingly the key policy initiators, with the rest of the cabinet and the civil service relegated to managing the detail of implementation. Just as Margaret Thatcher launched a major review of the management and organization of the National Health Service in 1987 without consulting any of her cabinet colleagues during a television interview, so too Tony Blair made a major announcement on air. On the defensive regarding Britain's relatively low share of national income devoted to publicly financed health care, the prime minister announced that he intended to bring Britain's level of spending up to the EU average as a share of national income. This sudden, personal commitment led rapidly to a review of the sources and level of spending on the NHS and decisions to increase NHS spending to unprecedented levels over a five-year period (Wanless 2002). Other ministers and the civil service were faced with a *fait accompli*: whatever happened, there was going to be a major increase in NHS resources and capacity to end the long-standing criticism that many of the problems of the British NHS were simply due to under-investment (Secretary of State for Health 2000).

Individual political leadership does matter, even in the complex and inter-connected contemporary world which constrains national governments in many ways (as you will see in Chapter 8). One of the most striking examples of the impact of contrasting leadership decisions concerned government policy on HIV/AIDS in South Africa and Uganda in the late 1990s and early 2000s. Both countries had a very high prevalence of HIV/AIDS. In South Africa, President Thabo Mbeki denied the link between HIV and AIDS as part of a national political struggle over the control of information and resistance to Western dominance of science (Schneider 2002). His government refused to support the purchase of anti-retroviral drugs for the treatment of people with AIDS. In Uganda, President Yoweri Museveni was widely credited with a quite different policy of openly discussing HIV/AIDS and inviting all groups to help develop a national response to the epidemic. Although the wider political environment in Uganda particularly favoured such a stance (e.g. there was no major tourist industry to be harmed by openness), the President himself contributed decisively to the direction of policy (Parkhurst 2001).

## The contribution of the bureaucracy

The appointed officials who administer the system of government are referred to as civil or public servants. Although referred to as 'servants' of the politicians, their role extends beyond simply serving to managing policy processes in many areas of policy. There are far too many functions for the executive to discharge more than a fraction of the highest profile ones, delegating many to bureaucrats to carry out in their name. Civil servants also have influence because of their expertise, knowledge and experience. While ministers and governments may come and go, most of the bureaucrats remain to maintain the system of government. Even in countries such as the USA and most Latin American countries where top civil servants change when the ruling government changes, most public servants' jobs are unaffected. In countries like Britain, New Zealand and Australia there is a strong tradition of civil service independence of politicians and neutrality. New governments and new ministers are clearly more dependent on their officials for information, if only until they are familiar with what is happening in their field of responsibility and with

the detail of how the system of government works, but they may also be suspicious of officials who until recently had served a government led by their opponents and less likely to accept their views on policy options.

The power of the bureaucracy vis-à-vis politicians differs from country to country, over time and from policy sector to sector. In Korea, Japan, Singapore and France, the civil service has high status, a neutral professional ethos and a clear mandate to provide independent advice to politicians. After a long period of training, civil servants form a homogeneous, well-informed group and pursue a life-long career in government.

## ✎ Activity 5.4

How does the civil service in your country compare with those discussed in the preceding paragraph? You might want to structure your answer by writing a few sentences in answer to the following questions:

- What is the social status of civil servants?
- How well is the civil service paid?
- What training do civil servants receive?
- How expert are they in different policy fields?
- Is being a civil servant a career or more like any other job?
- Does the civil service have a tradition of providing independent advice to ministers or is it more an extension of the executive?
- Do senior positions in the civil service change when the government changes?
- What are the implications of change or continuity for policy development?
- Are staff in the health care system part of the civil service or separate?
- How do you think your civil service could be improved, particularly in relation to the health system?

To answer these questions, you may have to do some research of your own. There may be a department of central government or an agency that controls the civil service or there may be descriptions in books on government in your country that discuss the civil service specifically.

## ↻ Feedback

Looking around the world, it becomes apparent that countries like Korea with strong bureaucracies are exceptional. In many countries, particularly poorer ones, with corruption, low wages and lack of infrastructure, bureaucracies often do not have the capability to deal with the problems the country faces. In such settings, the executive and its political supporters tend to use the government machinery and policy to pursue their own interests, at the expense of the needs and well-being of the majority of the population. In other words, they lack the twin features of *autonomy* and *capacity* discussed earlier in the chapter.

Even in countries with a much better equipped civil service, the power of the bureaucracy depends on its internal organization within a particular sector. Thus, if in the health sector, there are a small number of institutions and a small number of officials in each body who have some decision making power independent of politicians,

bureaucrats will tend to be influential in certain health policy processes. By contrast, if there are a large number of agencies each with some authority, no one group of officials is likely to be influential on a specific issue and politicians will most likely have more direct influence over a wider range of policy areas.

Similarly, the influence of the civil service on policy formation also depends on the extent to which it has a monopoly over advice reaching ministers. Thus in Britain, Australia and New Zealand where traditionally the civil service was the main source of advice to ministers, governments have acted in the past 25 years to widen the range of sources of advice to ministers, for example, by developing policy and strategy units within government staffed by a mixture of political advisers and handpicked civil servants, and by opening up civil service posts to outside applicants. In this way, the boundaries between the civil service and the political sphere together with other walks of life such as business and academia have been deliberately blurred, and political appointees have grown in number and influence within the government process.

Finally, the influence of the bureaucrats depends on the type of policy at issue. Major policies (macro economic policy, for example), and/or those with a high profile and ideological significance (i.e. 'high' politics) are more likely to be driven by the senior politicians. If the civil service opposes a policy direction, then, if the government persists, by definition, ministers will be leading and the civil service role will be confined to ensuring that the wishes of the government are implemented. By contrast, on issues of 'low politics' – dealing with problems relating to the day-to-day working of institutions – civil servants tend to have greater influence in shaping the issue and offering solutions.

## The position of the Ministry of Health

The bureaucracy is not a seamless organization. It is divided into departments or ministries, as well as other agencies with specific functions. Indeed, specialization is a feature of bureaucracies. Each of these organizations will have its own interests and ways of operating. Most obviously, the Ministry of Finance is responsible for ensuring that resources are allocated between different ministries in line with government priorities whereas an individual ministry such as health is responsible for ensuring that the needs of their health sector is properly represented when decisions are made. Some conflict of view is inevitable as each ministry argues for what it regards as its proper share of the government's budget. In addition, different ministries relate to different 'policy communities' or 'policy networks' (i.e. more or less organized clusters of groups inside and outside government in a particular sector trying to influence government policy) which can vary in complexity and scale, thereby shaping the way ministries function. Furthermore, individual ministries are internally divided, often along functional, technical or policy lines. Thus, a Ministry of Health might have divisions relating to the main contours of the health system such as hospitals, primary health care and public health, as well as medical, nursing and other professional advisory departments which cut across these divisions. There are also likely to be regional or district levels of the ministry or separate health authorities which may not play a large part in policy identification and formulation, but are important for policy implementation, depending on the extent of decentralization in the government system (more on this in Chapter 7).

Ministries have differing status. Where in the informal hierarchy of ministries does the Ministry of Health usually sit? In low income countries, the Health Ministry is often seen as low down in the hierarchy, well behind the Ministries of Finance, Defence, Foreign Affairs, Industry, Planning and Education, despite having a relatively large budget because of the workforce, health centres and hospitals which it may pay for.

✎ **Activity 5.5**

Why do you think that the Ministry of Health and health policy is often relatively low down the hierarchy of status and attention in low income countries? Do you think that this is always justifiable?

⟳ **Feedback**

Explanations for the low status include the fact that such countries frequently face very pressing economic problems, the solutions to which are generally seen as lying in reforming and stimulating the economy rather than developing the health system. The economists in dominant Ministries of Finance frequently regard spending on health as 'consumption' (i.e. current spending which produces only current benefits) and tend not to see it as 'investment' (i.e. spending now to produce a stream of benefits into the future) to which they give higher priority (Commission on Macroeconomics and Health 2001). Their approach traditionally has been to try to restrict consumption as far as possible in favour of investment in fields such as infrastructure (roads, harbours, drainage schemes) with a view to making longer-term economic gains. However, it is increasingly being recognized that wisely targeted spending on health improvement (e.g. HIV prevention and AIDS treatment in high prevalence countries) can be a worthwhile investment, especially in countries with low life expectancy, and should be seen as part of economic policy since a healthier workforce is highly likely to be more productive.

Despite these insights, it is still true to say that health issues tend to come to the attention of the cabinet only at times of crisis (see Chapter 4). Although there may be crises about epidemics of disease such as cholera, malaria, TB, AIDS or SARS, economic crises are more likely to force discussions about health issues such as how to pay for expensive medicines or new technologies against a background of falling government revenues. It is very common in such circumstances to see intensive discussion of proposals to introduce user fees into free clinics. Often, these fees are very unpopular, but more importantly, blanket fee increases tend to reduce access among the neediest groups in society.

## Relations with other ministries

In all countries, not just those where the Ministry of Health is of low status, other ministries whose policies affect health tend to be absorbed with their own sectoral policy issues rather than concerned to contribute to a government-wide set of health policies. Thus departments responsible for sectors such as natural resources,

agriculture and education, most notably, have their own goals to pursue and are accountable for meeting them. As a result, they may not give high priority to the human health implications of their decisions. Many countries set up inter-sectoral (cross-departmental) bodies in the 1970s for the development and implementation of health policy (e.g. a national health council in Sri Lanka) or across the whole of government (e.g. the Central Policy Review Staff in Britain) in response to a growing awareness of such problems. More recently, many countries have set up national committees or task forces in an attempt to respond to the HIV/AIDS epidemic in a coherent way across all relevant agencies of government. Despite these continuing efforts, most policies tend to be pursued sectorally, reflecting the over-riding structure of separate government ministries. Typically, ministries of agriculture continued to promote crops (e.g. tobacco) and forms of husbandry (e.g. intensive stock rearing) with the sole aim of maximizing profits without serious consideration of the potentially negative effects on health and nutrition. Many governments today continue to strive for more integrated or 'joined up' institutions and processes for policy formulation and implementation but fragmentation within the policy process is far easier to identify than to rectify. In many ways, it is perpetuated by other objectives such as raising the level of expertise within government which can lead to greater specialization and greater needs for better systems of coordination.

## ✎ Activity 5.6

Which government policy decisions in your country would have been different if their health implications had been taken into account?

## ↻ Feedback

Your answer will obviously be specific to your country and your experience. Typically, policies such as large environmental projects (e.g. dams or highways) are not thoroughly assessed for their health consequences either directly or indirectly. For example, better and faster roads, unless well engineered with a view to reducing pedestrian injuries and deaths, can have major adverse consequences, especially for children. Such effects are often not well understood or not weighed in the balance against other costs and benefits. If they were, policy decisions might be different. Another example of policy that might well have been different if the health implications had been taken into account relates to government subsidies for the production of tobacco in a number of low and middle income countries. The costs of the negative health effects of consuming locally produced tobacco can outweigh the economic gains from production and exports.

While health should not always be the predominant goal of government decisions since there are many other objectives that contribute to the well-being of populations and to better health (e.g. higher educational attainment), it is important for the full range of consequences of major policy decisions to be taken into account as far as possible. In the late 1990s, international agencies such as the Organisation for Economic Co-operation and Development (OECD) promoted a more 'outcomes-focused' approach

as a way to encourage better coordination of the actions of different ministries and agencies, and greater attention to all the outcomes of policies. The idea is that all ministries should be required to show how they are contributing to improving the outcomes which the government values most, such as improving literacy and infant health, by the actions they take in their individual sectors. So, in principle, under such a system of reporting and accountability, the ministries of education and health should be more likely to take into account the inter-dependence of their activities since children's health is important for their educational attainment, and vice versa. Similarly, the ministry of transport would be required to report its contribution to child health by demonstrating that its road schemes were designed to protect pedestrians as well as ensure the smooth flow of traffic.

## Professional versus other sources of advice

A notable feature of Ministries of Health lies in the relatively high status of their principal advisers. They employ and purchase technical advice from doctors, nurses, pharmacists and other professionals. In many countries, the divisional heads are mostly health professionals, particularly doctors. Potential conflict between high status professionals and other bureaucrats is clearly possible. If the Minister of Health is a doctor, there may be some dissonance between professional and other goals. For example, the minister may be reluctant to initiate reforms which threaten the clinical freedom of doctors. There may be a tendency in policy thinking to see medical care as the main means of health improvement to the neglect of public health measures such as immunization or better water supplies.

### ✎ Activity 5.7

Now that you have read about the main institutions of government, prepare a description of the government system in your country. The following questions will help you organize your account:

1  How many political parties are there? How do elections work? Do the parties prepare manifestos setting out what they would like to do if they were to be elected to government? Were their views presented on television, radio or in the newspapers? Does the current government have its political party office separate from the government? Is the current government made up of one or more political parties?

2  Is the system of government unitary or federal, i.e. are there regions or provinces which have substantial freedom to organize their own affairs (e.g. in health services) or are all the main decisions taken at national level and simply carried out at lower levels?

3  Is the national legislature uni- or bicameral? Are all members elected or are some appointed? If so, who appoints them? How much influence does the legislature have compared with the executive (cabinet)? Can its members question or challenge the decisions of the president and/or prime minister?

4  Who makes up the executive in your country? If there is a president and a prime minister, what are their respective roles? Is the executive entirely separate from the

legislature or do members of the executive have to come from the legislature? How strong is the chief executive (president or prime minister) compared with other ministers in the executive?

5   What are the powers of the judiciary in relation to the actions of the executive and legislature? How independent are the judges of the governing party or parties? Is there a written constitution? Is it enforced by the courts?

6   Overall, what sort of government system would you say you have in your country? Refer to the types of political regimes described in Chapter 2.

## ⟳ Feedback

If you find that there are important gaps in your knowledge, you need to consult reference books and/or government publications to complete your description. The United Nations also publishes information on the government systems of countries around the world.

## ✎ Activity 5.8

Now that you have an understanding of the wider government system in your country, it is time to sketch out the main organizations of government that comprise the health system. The following questions should help you structure your account:

1   Is there a Minister of Health at national level? What is the scope of his or her responsibilities? Is the Minister of Health in the cabinet? Is the post regarded as an attractive one for politicians?

2   Is there a national Ministry of Health? How does it relate to the minister and to the legislature? What are its responsibilities? Where do its resources come from? How is the ministry staffed (i.e. by generalists, specialists or a mix) and how is it organized internally? Is there a hierarchy of national, regional, district and local functions and activities in the ministry, or does the ministry just operate at national level (e.g. setting the general direction of policy)?

3   Are there other national organizations relevant to health policy? What does each do? How do these bodies relate either to the Minister or Ministry of Health?

4   If there are advisers or experts from international agencies involved at national level, what do they do and how do they relate to the Ministry of Health?

5   How is the health system organized below the national level?

6   How do you think each of the organizational features you have described above affects the way that health policy decisions are made and implemented in your country?

7   How does the wider government system which you summarized in the previous activity shape the way that the Ministry of Health and health system operate?

You will probably find it helpful to draw a diagram of how the different bodies relate to one another. This is known as an *organogram* or organizational chart. It is a convenient way of summarizing a lot of organizational information relatively simply. Typically, the chart shows lines of authority and accountability between different levels in a hierarchy.

Arrows can also be used to show how resources and information flow between bodies, as well as consultative and advisory relationships. Figure 5.1 is an example of an organizational chart for the health system of New Zealand.
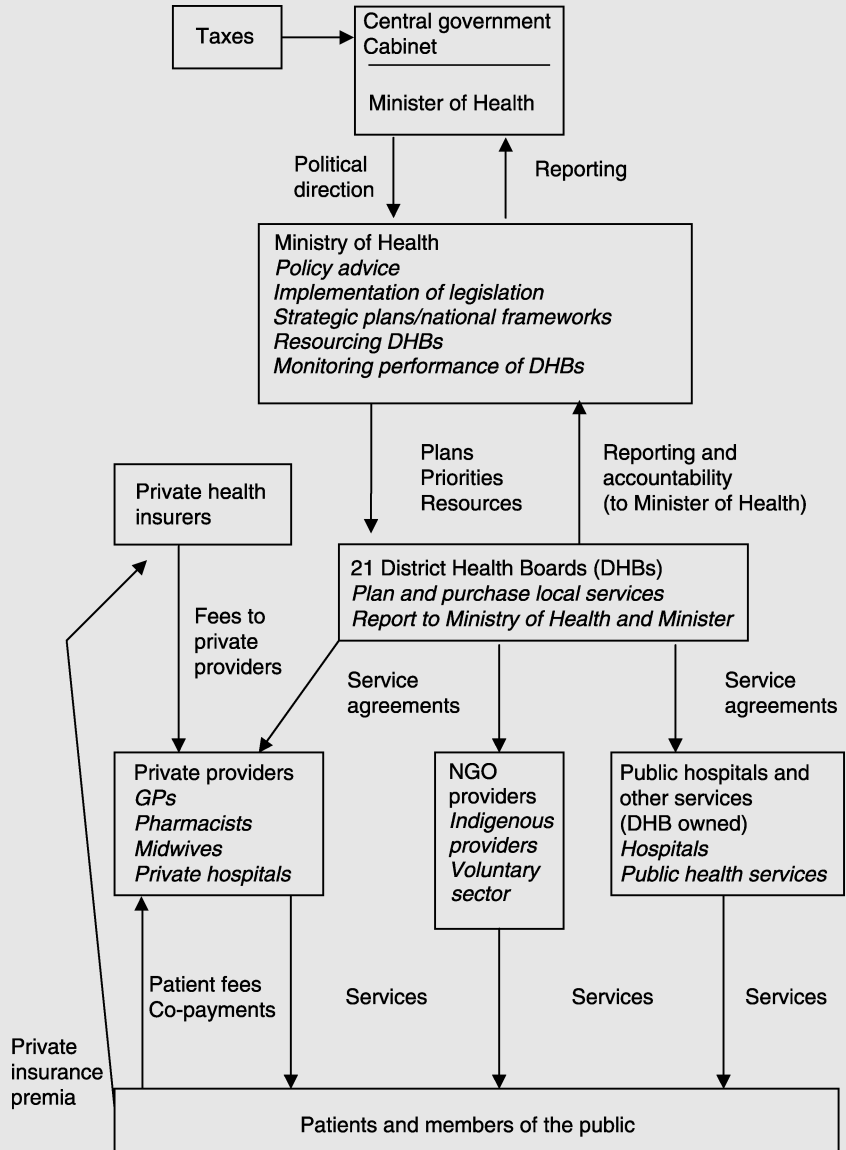
```
┌─────────┐        ┌──────────────────────┐
│  Taxes  │───────▶│ Central government   │
└─────────┘        │ Cabinet              │
                   │ ──────────────────   │
                   │ Minister of Health   │
                   └──────────────────────┘
                      │              ▲
              Political │             │ Reporting
              direction │             │
                        ▼             │
              ┌──────────────────────────────────┐
              │ Ministry of Health               │
              │ Policy advice                    │
              │ Implementation of legislation    │
              │ Strategic plans/national frameworks│
              │ Resourcing DHBs                  │
              │ Monitoring performance of DHBs   │
              └──────────────────────────────────┘
                      │                 ▲
              Plans   │        Reporting and
              Priorities        accountability
              Resources        (to Minister of Health)
```



**Figure 5.1** Organogram of New Zealand's health system, 2004
Source: Adapted from Ministry of Health (2004)

↻ **Feedback**

Clearly your answer to these questions will depend on your country of choice.

It is important to be aware organizations charts are a highly abstract picture of the system and can be misleading. The way a system works in practice may not correspond very closely to the way it is presented formally on an organizational diagram. The organizational chart perhaps most closely reflects the rational model of the policy process (see Chapter 2). One of the aims of this book is to show that while this may be an aspiration, it is rarely an accurate depiction of the policy process. The previous chapter on how issues get onto the policy agenda and the following two chapters on the role of interest groups and on policy implementation show that the health policy process is strongly influenced by groups outside the formal decision making structure of the health system. In addition, the hierarchical, 'top-down' way in which systems are typically represented often fails to capture the way in which front-line staff can play a critical role in whether, and if so, how policies developed at higher levels are implemented.

## Summary

Although most countries have legislatures which ostensibly make policy, their main function is normally one of debate and scrutiny of proposals coming from the executive. In most sectors of policy, the executive (ministers) and the bureaucracy (civil servants) usually have the resources and position to control what gets on to the policy agenda and is formulated into policy, with the legislators in a subsidiary role, particularly in parliamentary systems. Where politicians change frequently, a permanent bureaucracy may have very significant power in policy formulation, but, in general, politicians initiate the formulation of policies in areas of major political concern ('high' politics).

## References

Commission on Macroeconomics and Health (2001). *Macroeconomics and Health: Investing in Health for Economic Development*. Report of the Commission on Macroeconomics and Health. Geneva: World Health Organisation

Healey J and Robinson M (1992). *Democracy, Governance and Economic Policy*. London: Overseas Development Institute

Howlett M and Ramesh M (2003). *Studying Public Policy: Policy Cycles and Policy Subsystems*. Don Mills, Ontario: Oxford University Press

Ministry of Health (2004). *The Health and Independence Report 2004: Director-General of Health's Report on the State of Public Health*. Wellington: Ministry of Health

OECD (1997). *In Search of Results: Performance Management Practices*. Paris: OECD

Parkhurst JO (2001). The crisis of AIDS and the politics of response: the case of Uganda. *International Relations* 15: 69–87

Schneider H (2002). On the fault-line: the politics of AIDS policy in contemporary South Africa. *African Studies* 61: 145–67

Secretary of State for Health (2000). *The NHS Plan: A Plan for Investment, a Plan for Reform*. Cm 4818-I. London: The Stationery Office

Tuohy CH (2004). Health care reform strategies in cross-national context: implications for primary care in Ontario. In Wilson R, Shortt SED and Dorland J (eds) *Implementing Primary Care Reform: Barriers and Facilitators*. Montreal and Kingston: McGill-Queen's University Press, pp. 73–96

Wanless D and Health Trends Review Team (2002). *Securing Our Future Health: Taking a Long-Term View*. London: HM Treasury