

# What could research on national policies on global health reveal about global health governance? An illustration using three perspectives

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# What could research on national policies on global health reveal about global health governance? An illustration using three perspectives

Catherine M. Jones

National policies on global health (NPGH) are strategies developed at the country level for coordinating a state's action on global health across government ministries. NPGH constitute an intersectoral approach for coherence (Lanzalaco, 2011) of a country's policies related to improving the health of populations worldwide. Formal adoption of NPGH in the United Kingdom in 2008 (HM Government, 2008), Switzerland in 2006 and 2012 (Federal Department of Foreign Affairs & Federal Department of Home Affairs, 2012; Federal Department of Home Affairs, Federal Department of Foreign Affairs, & Federal Office of Public Health, 2006) and Norway in 2012 (Norwegian Ministry of Foreign Affairs, 2012), represents one way that health as foreign policy is being pursued. The involvement of multiple ministries such as Foreign Affairs, Health and Development underline the intersectoral nature of this pursuit (Hoffman, 2010).

NPGH may also be conceptualised as components of a set of processes, involving state and non-state actors, which steer and coordinate collective action on health at the global scale. I recognise the organisation and realisation of these formal and informal processes, operating beyond state boundaries, as global health governance (GHG). Acknowledging the variety of ways by which countries integrate health and foreign policy concerns (Fidler, 2009; Huang, 2010; Llano et al., 2011; McInnes & Lee, 2012; Sandberg & Andresen, 2010; Sridhar, 2009; Watt, Gomez, & McKee, 2013), I propose that NPGH serve as interesting cases because investigating the policy processes leading to their formal adoption may create opportunities for the empirical appraisal of GHG. Using the example of *Health is Global: a UK Government strategy 2008-2013*, this commentary aims to show that various theoretical perspectives on the development of NPGH illuminate different aspects of the policy process, some of which may intersect with GHG processes.

## **An empirical example of NPGH**

*Health is Global* (HM Government, 2008) is recognised amongst the first, and most detailed, of formally adopted NPGH (Banatvala, Gibbs, & Chand, 2013; Gagnon & Labonté, 2013; Sridhar, 2009; Sridhar & Smolina, 2012). While primary research on NPGH is sparse, two empirical case studies of *Health is Global* have investigated how and why health is integrated into foreign policy in the UK (Gagnon & Labonté, 2013) and the role of non-state actors in this strategy (Bargeman, 2011). These studies focused on policy processes within the UK, pertaining to the rationale for health as foreign policy and the influences on the

strategy's development from inside and outside government. Gagnon and Labonté note that policy communities impacted the framing of the UK strategy, and that individual policy entrepreneurs, especially in combination with political leadership at the highest levels of Government, were critical to its completion (Gagnon & Labonté, 2013). Bargeman's study proposed a typology for non-state actors and identified emerging themes associated with those categories, such as, the working relationship between government and non-state actors, stakeholder engagement and mechanisms of influence (Bargeman, 2011).

Both studies' analyses (Bargeman, 2011; Gagnon & Labonté, 2013) reflect a statist approach (Davies, 2010) to the development of the UK's NPGH, due to the focus on protecting national security and interests, the importance of state actors as key actors, and the central role of the state in managing potential threats. Gagnon's findings that national self-interest appeared to dominate the rationale for the UK policy (Gagnon & Labonté, 2013) support analyses from a secondary review of motivations that drive national approaches to health and foreign policy (Sridhar & Smolina, 2012).

I present three theoretical perspectives that offer possibilities for exploring alternative aspects of the policy process of *Health is Global*, including those external to the boundaries of the state. I briefly introduce institutional, network and policy regime perspectives, and I propose hypothetical case studies with the purpose of illustrating how each would create opportunities for capturing GHG.

### *Institutions*

In the policy sciences, institutions are broadly understood as routines, rules, procedures, norms or symbols entrenched in organisational structures of the polity. Institutionalisation processes are generally concerned with embedding ideas into the policies and practices of organisations. New institutionalism frameworks take institutions as aggregate and autonomous analytical units (March & Olsen, 1984); they highlight the role of institutions in structuring political and social outcomes and explain behaviour in relation to institutions (Hall & Taylor, 1996; Schmidt, 2010).

In the case of the UK's NPGH, institutional analyses would vary according to schools of new institutionalism. For example, a rational choice institutionalism perspective underscores how institutions structure interactions strategically to reduce the uncertainty of how actors will behave, thereby allowing calculated choices between policy alternatives. In this example, institutions that structure interactions may be considered within the UK, either state (e.g. DFID) or non-state (e.g. Chatham House), or outside of the UK (e.g. WHO). Alternately, sociological institutionalism suggests that institutions establish moral, cognitive and ideational templates for decision-making to assist individual actors in interpreting problems and solutions; it emphasises how institutions create social legitimacy of their practices. Here, one might ask how a UK health institution (e.g. National Health Service) or non-health institutions outside of the UK (e.g. European Commission, World Bank, World Trade Organization) may influence problem definition and decision-making frameworks for *Health is Global* at the national level. Reciprocally, this perspective could be used to explore how the UK's NPGH may influence multilateral institutions that are concerned with health of populations worldwide. Institutional perspectives allow for

the identification of relevant institutions outside of the UK and for the investigation of their relationship to state institutions in the UK.

### *Networks*

Network perspectives refer to concepts and theories that give prominence to connections between actors. Networks can be conceptualised in many ways, as: modes of organisation (hierarchies, markets, networks), interest negotiation and knowledge-exchange settings (policy networks, epistemic communities), types of governance (network governance), or spatial-social forms. Networks span geographic, cultural and socio-political boundaries. Networks are less focused on embedding ideas in places; rather, they emphasise the inter-connections between actors regarding knowledge and ideas within a particular policy domain. Policy networks are not bound or determined by formal institutions; they result from a process of mutual recognition between actors whereby the linkages between them form channels for communication and exchange of expertise, information and other policy resources (Kenis & Schneider, 1991). As such, policy networks can be of a transnational or global reach (Stone, 2004, 2008; Witte, Reinicke, & Benner, 2000) and are considered by some as part of the global governance apparatus (Benner, Reinicke, & Witte, 2004).

In the case of the UK's NPGH, a network perspective would ask who are the actors that constitute a policy network for contributing to the development of *Health is Global*, and how are they connected to the policy process. Studying the web of connections between various actors, a network perspective might question the role global public policy networks play in the circulation of information and policy ideas between national policy development process and other interested actors outside of the country. Connections between actors may be identified through their participation in conferences, policy dialogues, summits, commissions, and collaboration on strategic documents.

### *Policy regimes*

Regime perspectives focus on system-wide governance arrangements that support work across the policy subsystems invested in a policy domain. Boundary-spanning policy regimes are understood as governing arrangements that facilitate the development and implementation of integrated policies in coordination across policy subsystems (Jochim & May, 2010). Regime perspectives challenge thinking about how governing arrangements shape policy, and the role of policies as governing instruments (May & Jochim, 2013). Changes in policy regimes are linked to shifts in dominant policy paradigms, power and organisational arrangements (Wison, 2000). Similarly to Health in All Policies as a policy practice (Kickbusch, 2010; Kickbusch, McCann, & Sherbon, 2008; Lin, Jones, Synnot, & Wismar, 2012; Puska & Stahl, 2010), regime perspectives hold a systemic view of policy-making and governance.

In the case of the UK's NPGH, a regime perspective would emphasise the ideas, institutional arrangements and interests (May & Jochim, 2013)[see Table 1, p.434] that constitute a boundary-spanning policy regime for health as foreign policy to develop *Health is Global*. It would explore how institutional design facilitates or hinders the achievement of the regime's policy goals. A regime perspective would allow for the identification of sources of support and opposition for the regime (from within and outside the UK) and could use

them to attempt to explain power differentials within the regime or a regime's durability. In particular, boundary spanning policy regime perspectives would support analyses of feedback processes of NPGH, which could include those of similar regimes producing NPGH in other countries, and processes of global governance.

Nonetheless, these perspectives also necessitate a critical stance. Institutional perspectives can reproduce hierarchal, top-down approaches and limit the consideration of individual agency. Network perspectives offer a lens for exploring interconnections, but they require critical thinking about the relationship between form and function (Davies, 2011). Although policy regimes provide a way to consider political factors that shape governing arrangements to address problems across multiple policy subsystems, they are a state-centric perspective.

Based on the example of *Health is Global*, I aim to show how three theoretical perspectives can be used to create avenues for discerning elements of GHG. By way of constituting an example of *Health is Global* as NPGH with two studies (Bargeman, 2011; Gagnon & Labonté, 2013), I illustrate by means of hypothetical cases inspired from them. I recognise this as a limitation of the exercise. Noting this, I propose that the study of NPGH using diverse perspectives may construct new research objects for scholars interested in GHG and health diplomacy. In particular, perspectives that have a horizontal character, such as networks and boundary-spanning policy regimes, furnish conceptual tools for exploring policy ideas, interests, and institutional arrangements that operate both within and outside state boundaries. Such perspectives provide theoretical support for arguments about relationships and interactions of national policy processes within GHG as a complex system (Hill, 2011). In this manner, the study of NPGH can be seen as means to decipher components of GHG and empirically assess them. As NPGH emerge in high-income countries as one model for coordinating health as foreign policy, they may serve as research objects providing opportunities to capture GHG and to understand the relationship between NPGH and GHG.

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