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Policy making process and theories

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Outline

- Policy making defined
- Power and policy making
- Types and sources of power
- Dimensions of power in policy making
- Distribution of power in society, who determines health policy (Pluralistic, Public choice, Elitism)
- Policy making models: rational, incremental, mixed scanning)
- Group work: case study

Policy making

- **Public policy making** is a central function of government and an essentially political process.
- Indeed, politics actually define who gets what, when, and how in society (Lasswell , 1958).
- **Policy-making has been defined as:**
“the process by which governments translate their political vision into programmes and actions to deliver 'outcomes' - desired change in the real world” (addressing public needs, problems, demands).

Power and the policy process

- Understanding policy making process requires understanding the relationship between power and decision making .
- This include explanations of power, its distribution in society and how governments make decisions.
- Theoretical insights help to explain why decision making is not simply a rational process but more likely is the result of power struggles between competing groups of actors.

Power

- Power is generally means the ability to achieve a desired outcome – to ‘do’ something.
- Power in policy making, the ‘power over’ others, **the ability to influence others**. The ability to make other do what you want them to do.

What are the Sources of power?

- **Power is stemmed from different sources:**
 - Delegated authority (position, hierarchy, legal,.....)
 - Resource, economic (wealth such as money, property, food, ..)
 - Personal or group charisma
 - Social class
 - Expertise (ability, skills) (the power of medicine to bring about health)
 - Knowledge (granted or withheld, shared or kept secret)
 - Force (law) (violence, military, coercion).
 - Celebrity
 - Persuasion, moral persuasion (including religion)
 - Social influence of tradition
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Exercise of power

- How does one person (A) exercise power over another (B), that is **how someone gets another person to do what they would otherwise not have done?**
- **Three possible ways:**
 - intimidation and **coercion (use the stick)**
 - productive exchanges involving **mutual gain (use the carrot)**
 - the creation of obligations, **loyalty and commitment**, is a function of the ability to influence others by shaping their preferences **(use the hug)**

Three 'faces' or 'dimensions' of power in policy making

1. 'Power as decision making'

- 'Power as decision making' focuses on acts of individuals and groups which influence policy decisions.
- Different groups in society, depending on the nature of the political system **can exercise power over decision makers in accordance with their preferences.**
- **Few people had direct influence over key decisions**, defined as successfully initiating or vetoing policy proposals, most had **indirect** influence by the power of the vote.

(Buse et al, 2005)

Three 'faces' or 'dimensions' of power in policy making

2. 'Power as non-decision making'

- Powerful groups control (exercise power) the agenda to keep threatening issues (against interest) below the policy radar screen.
- In this dimension of power, some issues remain latent and fail to enter the policy arena. (Bachrach, Baratz 1962).
- Example: Tobacco industry, next

Three 'faces' or 'dimensions' of power:

2. 'Power as non-decision making'

- An example , In 1999, an independent committee of experts reviewed tobacco industry documents to assess the influence of the industry on the WHO.

Its report revealed that the industry used a variety of tactics, including staging events to divert attention from the public health issues raised by tobacco use and secretly paying 'independent' experts and journalists to keep the focus of the WHO on communicable, as opposed to non-communicable diseases (Zeltner et al. 2000).

(Buse et al, 2005)

Three 'faces' or 'dimensions' of power in policy making

3. 'Power as thought control'

- Power as thought control: power is a function of the ability to influence others by shaping their preferences (Steven, 1974).
- In this dimension, 'A exercises power over B when A affects B in a manner contrary to B's interests'.
- This possible through controlling the information, mass media e.g. advertisement.

McDonald's, the fast food company, spends billions of dollars on advertising annually.

- **Conditioning this emerging market of young consumers** to think positively about McDonald's and its products.
- **McDonald's targets decision makers as well as consumers.**
Prior to a parliamentary debate on obesity in the UK, the company sponsored 20 parliamentarians to attend the European Football Championships in Portugal in 2004.
- **Why might McDonald's send parliamentarians to watch football?**

(Buse et al, 2005)

The largely unregulated market for complementary treatments (vitamins, minerals, herbs, etc) and tonics may be growing as a result of this form of (thought control) power.

- In Australia, more than half the population regard vitamins, minerals, tonics or herbal medicine as helpful for treating depression.
- Surveys in the USA suggest that over 50% of respondents who reported anxiety attacks or severe depression had used complementary therapies in the previous 12 months (Kessler et al. 2001).
- Yet a systematic review of the evidence of the effectiveness of a number of the most popular complementary therapies to treat depression concluded that there is no evidence to suggest that they are effective (Jorm et al. 2002).

Who has power?

- If power concerns the ability to influence others, it raises the question ‘**who has the power to impose and resist policies?**’.
- **Theories which account for the distribution of power in society and understand their *implications for who determines health policy*:**
 1. Pluralistic
 2. Public choice
 3. Elitism

Pluralism theories

- Pluralism the distribution of power throughout society in liberal democracies. **No individual group holds absolute power and the state mediate among competing interests in the development of policy.**
- **The key features of pluralism are:**
 - open electoral competition among a number of political parties
 - ability of individuals to organize themselves into pressure groups and political parties
 - ability of pressure groups to air their views freely
 - openness of the state to lobbying for all pressure groups
 - although society has elite groups, no elite group dominates at all times
 - state as a neutral referee adjudicating between competing demands
- For pluralists, **health policy emerges as the result of conflict and bargaining among large numbers of groups organized to protect the specific interests of their members.**
- The state selects from initiatives and proposals put forward by interest groups according to what is best for society (the interest of the people).

Public choice theories:

the influence of elected officials and civil servants

- Assert that the state is itself an interest group which exercise power over the policy process in pursuit of the interests of those who run it rather than public interest: **elected public officials and civil servants**.
- **Elected officials to remain in power**, consciously seek to reward groups with public expenditure, goods, services and favourable regulation in the expectation that these groups will keep them in power.
- Similarly, **public servants to keep positions and expand benefits**, salaries and more opportunities for promotion, power, patronage and prestige use their offices and proximity to political decision makers to derive 'rents' by providing special access to public resources and regulatory favouritism to specific groups.
- The state is, therefore, said to have an inbuilt dynamic which leads to the further growth and power of government.

Public choice theories

- **Privatization health policies** which involve rolling back the state will be **resisted by bureaucrats**, not because of the technical merits or demerits of the policy, but **because bureaucrats favour policies which further expand their positions and extend their spheres of influence.**
- **For example, In Bangladesh, MOH officials resisted proposals to contract out public sector facilities to NGOs for management and service delivery as well as a related proposal to establish an autonomous organization to manage the contracting process.** (Buse et al, 2005)
- Public choice supporters would explain this resistance on the basis of fear of staff redundancies, diminished opportunities for rent-seeking and patronage, and concerns about the diminution of statutory responsibilities.

Elitism theories

- **Public policy is dominated by a privileged minority, higher socio-economic strata.**
- They argue that public policy reflects the values and interests of this elite or aristocracy – not ‘the people’ as is claimed by the pluralists.
- ‘political elite’ made up of those who actually exercise power at any given time and which include (Bottomore 1966):
 - members of the government and high administration,
 - military leaders,
 - in some cases, politically influential families ,
 - and leaders of powerful economic enterprises,
 - political class which includes the political elite as well as leaders of opposition political parties,
 - trade union leaders, businesspeople and other members of the social elite.)

Elitism theories

- **According to elite theorists:**
 - Society is comprised of the few with power (elite) and the many without. Only the few who have power make public policy.
 - The elite come from the higher socio-economic strata.
 - Public policy reflects the values of the elite.
 - Interest groups exist but they are not all equally powerful and do not have equal access to the policy making process.
 - The values of the elite are conservative and consequently any policy change is likely to be incremental

Elitism theories

- For example, in the democratic USA, scholars have shown how an elite shapes key decisions. President G.W. Bush and his father, the former President, have considerable financial interests in the defence and energy sectors while Vice-President Dick Cheney was chief executive of a major oil firm before assuming his post. In contrast, groups representing small business, labour and consumer interests are only able to exert influence at the margins of the policy process.

Process of policy-making

- There are a variety of models trying to explain the *process* of policy-making and implementation.
 1. Rational model
 2. Incremental model
 3. Mixed scanning model

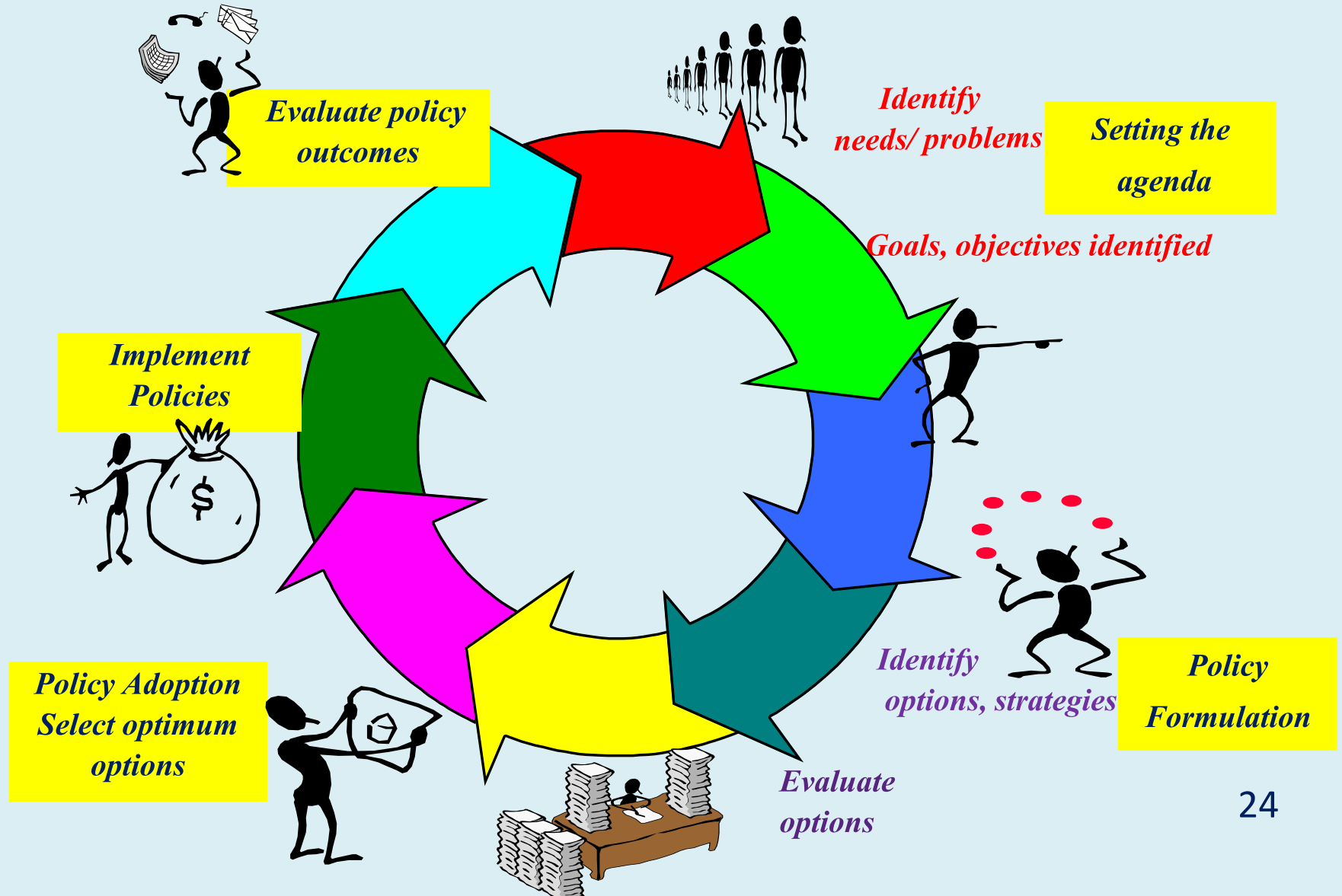
Rational policy-making model

- **Rational model of decision making** is associated with Simon's (1957) work on **how organizations should make decisions**.
- **A theoretical model considers policy-making as a cycle of a logical, linear problem-solving process :How to make a "perfect" decision.**
 - The approach is aimed at;
 - Obtain complete and perfect information
 - Eliminate uncertainty
 - Evaluate all information rationally and logically.
 - The output from this process is to produce a decision that best serves the interests of the organization, optimal decision.

Rational policy-making model

- In most models, the policy-making and implementation process includes five main steps:
 1. Agenda setting
 2. Policy formulation
 3. Policy adoption
 4. Policy implementation
 5. Policy evaluation

The Rational Policy (decision making) Cycle



Assumptions of the Rational model

- **Managers have “perfect information”**, both in terms of accuracy, quality, and quantity about the situation and the alternative technical innovations.
- Managers attempt to accomplish **objectives that are known and agreed upon** and have an extensive list of alternatives to choose from.
- **Managers are objective**, systematic, and logical in assessing alternatives and their associated probabilities.
- **Managers work in the best interests** of their organizations.

Rational model: criticism

- This model give the impression that policy making follows a linear or logical process from problem identification to policy evaluation.
- Policy makers not always faces concrete and defined problems. Even though making policies operational is not that easy task.
- This model consider that policy makers as who determine or influence decisions, however, policy involves multi vested interest groups and individuals who might be influential in the decisions process.

Rational model: criticism

- Policy makers usually don't have the time, imagination and information available to make comparison and judgement between different cost and effects.
- Policymakers are themselves are not value free, may not be always objective.
- Past policy determines present policy, not always possible to list different alternatives because of past commitments or investments.

Drawbacks of the rational model:

Question: To what extent (or under what conditions) do people behave rationally?

- It requires a great deal of time.
- It assumes accurate, stable, and complete knowledge of alternatives, preferences, goals, and consequences.
- Leaders rarely have access to perfect information, and even if perfect information was available, decision makers are limited in their ability to comprehend and process vast amounts of information.
- It assumes rational, measurable criteria are available and agreed upon.
- It assumes a rational, reasonable, non-political world, but decision making in organizations is often influenced by a variety of political, social and psychological phenomena.

Incremental model of policy-making

- Charles Lindblom (1958) proposed the incremental model is an alternative of the rational models of decision-making; entitled “muddling through”.
- The model suggests that policy-making is based on decisions leading to additive rather than fundamental change. Muddling through decision making involves small exploratory steps from the existing policy.
- In incrementalism, policy is done gradually in a remedial way Lindblom (1968), which is much more a process of piling new initiatives on top of older policies without clearing the ground to facilitate a fresh start (Hill, 1993).
- Policy makers take minor effect decisions in order to avoid or minimise consequent problems.
- This model is more valid and near to real life.

Criticism to the incremental model

- *Inability to explain how fundamental and radical decisions are taken, policies that involve fundamental reforms of an entire health care system. **In unstable and complex political or social environments governments are forced to make fundamental changes** since piecemeal decisions are become increasingly difficult (Turner, 1997).*

Lindblom rejected this criticism and argued that a succession of minor steps could amount to fundamental change (Lindblom and Woodhouse 1993).

- And also ***it does not help in understanding why some issues reaches the agenda while others not***, which has to do with the distribution of power and influences between different actors and interest groups.

Mixed-scanning approach to decision making: the middle way

- **Amitai Etzioni (1967) drew a distinction between fundamental (major) and minor (incremental) decisions.**
- The model combine the *idealism of the rational*-comprehensive approach with the *realism of the incremental models*.
- In the context of decision making, mixed scanning would **involve a wide sweep of the general problem as a whole and more detailed analysis of a select component of the problem.**
- With respect to major decisions, policy makers undertake a broad analysis of the area without the detailed analysis of the policy options as suggested by the rationalists. More detailed reviews are conducted of options in relation to less important steps which might lead up to or follow from a fundamental decision.

Case study 1: policy making process Afghanistan drug policy

Questions for discussion:

- What was the policy issue/ problem? do you think it was a public problem and why?
- What were the main policy measures introduced? Did these measures succeed?
- Who were they key individuals/ groups/ organization who exercised power/ had influenced on the policy process? What kind of power they had? How did they influence the policy process?
- Was the policy making a rational process? Why yes or no?
- What were the key challenges/ barriers to the drugs policy making in Afghanistan?

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