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The policy agenda setting

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Outline

- Policy agenda
- Agenda setting: conceptual models
 - Hall model
 - Kingdon model
- Non-decision making
- Group work: Case study 2

The policy agenda

- Why do some issues gain government attention and others do not?
- How do some issues get onto the policy agenda and become supported by laws, regulations, or policy statements?

Policy agenda

- The list of demands, issues that policy makers choose or feel obliged to act on at a given time constitute the **POLICY AGENDA**
- **Examples from our countries.....**

Policy agenda: Examples

- Government/ Minister of Health at one time considering a range of problems or issues such as:
 - Insufficient hospital beds
 - Increase of the number of smokers
 - Pharmaceuticals production, sales, distribution, use
 - Un-regulated increase in private health sector
 - Increased incidence or prevalence of a disease, CD or NCD
 - Avian flue, H1 N1 (swine flue)
 -

Agenda setting: Political priorities

- **Agenda setting process** narrows the issues/problems those need the focus of attention; the issues under serious consideration by the government.
- **Priorities:** Designate a ranking of agenda items, with some matters more urgent or pressing than others.
- **Agenda status:** to receive agenda status, a public problem must be converted into an ISSUE or matter requiring government attention.
- List of issues on the Ministry's agenda can be of "high politics" e.g. drug reform, health insurance system, or "low politics" e.g. hospital cost, screening programme etc.

Why do issues get onto the policy agenda?

- **Why do some issues are taken seriously and other not?**
- **Why do policy makers take action when they do?**
- **Models to explain:**
 - **The Hall model:** legitimacy, feasibility, support
 - **The Kingdon model:** agenda setting through three streams (problem, politics and policies)

Setting the policy agenda: The Hall model

(Hall et al. 1975).

The model suggests that **when an issue falls high in relation to 3 concepts of *legitimacy, feasibility, support* it becomes on the government agenda.**

1. *Legitimacy*: the issue is legitimate for the government to act on, its right or even obligation to intervene.

- ❑ Most people will accept its intervention e.g. community security, welfare.
- ❑ Debate on individual freedom and legitimacy.

2. *Feasibility*: refers to the potential for implementing the policy.

- ❑ Availability of theoretical and technical knowledge, human resources, structures, finance, administration etc. Some policies might be impossible to implement, even if is legitimate.

3. *Support*: refers to the public support or public trust in government.

- ❑ Support of interest groups, content is high with the issue.
- ❑ Important in democratic societies, autocratic governments will enforce decisions.

Setting the policy agenda: Kingdon's Model

(John Kingdon's, 1984)

- **Considers policy as being made of three streams of processes; the "problem", the "policy" and "politics" streams.**
- Policies are only taken seriously by government when a major "window of opportunity" opens up in each of the three streams.

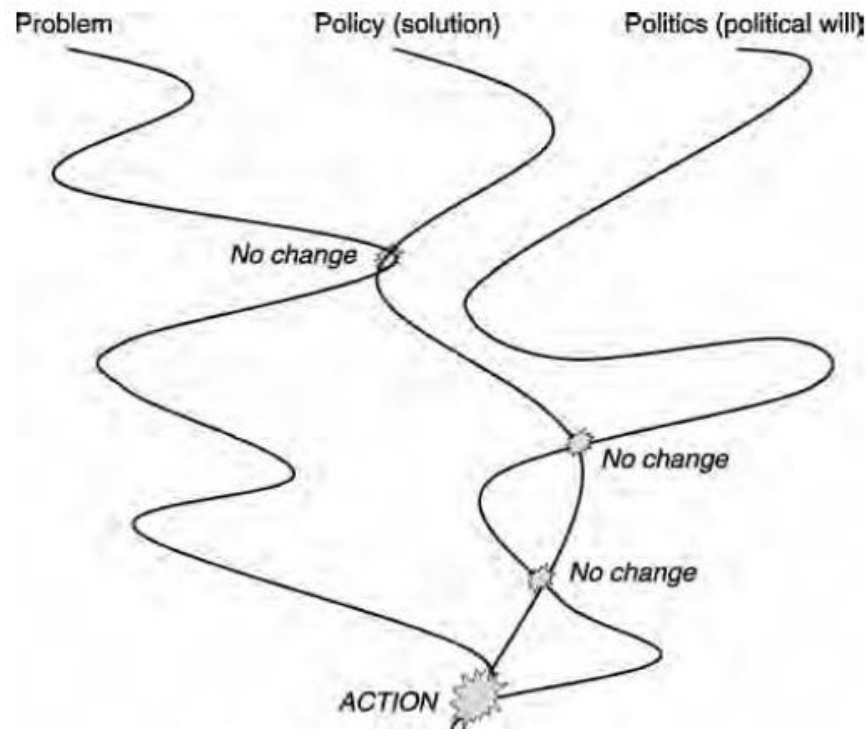


Figure 4.1 Kingdon's three stream model of agenda setting

Source: Adapted from Kingdon (1984)

Setting the policy agenda: Kingdon's Model

(John Kingdon's, 1984)

1. The problem stream,

- An issue need to be perceived as problem and get the attention of officials, they learns about it through:
 - Indicator; statistics from routine on health services e.g. incidence.
 - Focusing event: crises, outbreak.
 - Feedback; programmes already in place e.g. patient satisfaction, malpractice, drug use, malnutrition, waiting lists, etc.

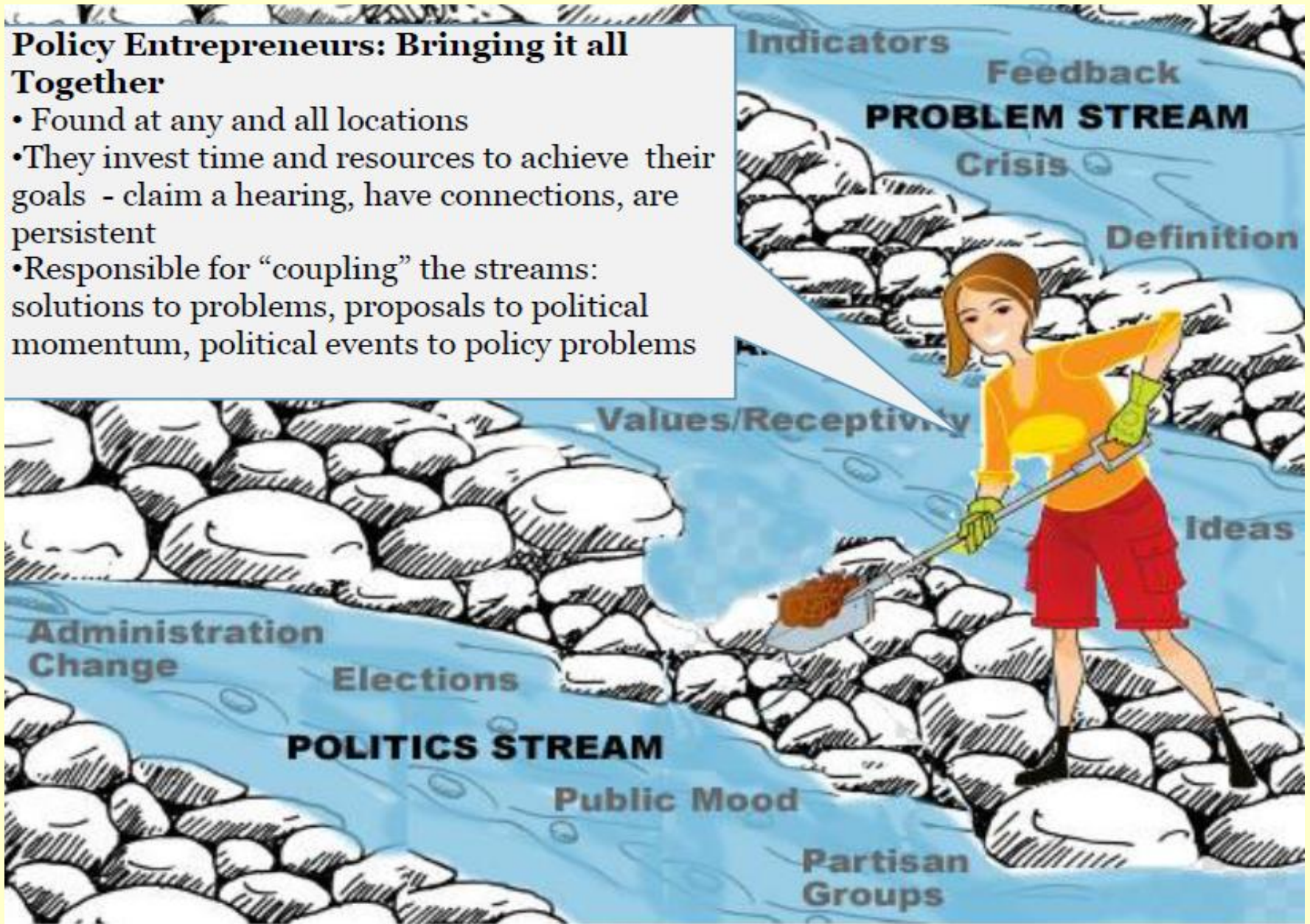
The policy agenda: **Kingdon Model** continue 2

2. Policy stream (solution);

- Consists of the ongoing analysis of the problem and their proposed solutions together with the debates surrounding these problems and possible responses.
- Range of ideas are explored. For an idea/ solution to come to the surface it should be feasible (technical, HR, finance), consistent with the dominant social values, and acceptable for the public.

Policy Entrepreneurs: Bringing it all Together

- Found at any and all locations
- They invest time and resources to achieve their goals - claim a hearing, have connections, are persistent
- Responsible for “coupling” the streams: solutions to problems, proposals to political momentum, political events to policy problems



(Source: Kingdon J. Agendas, alternatives and public agenda, Amber Lovell, 2010)

The policy agenda: **Kingdon Model** continue 2

3. The politics stream (political will): the visible and invisible participants those who bring attention to the issue, bringing the streams together.

a. The visible participants:

- May be somebody from inside the government e.g. new elected president, prime minister, minister or from outside the government who highlight the issue, who can set the agenda.
- The organised interest groups that highlight a specific problem/ issue and use the mass media to get attention to.

b. The hidden participants are:

- Most likely the specialist in the field e.g. academics, health professionals, researchers etc. developing and proposing options for solving problems which may get onto the agenda.
- hidden participants can play an important role in getting attention to problem, especially with assistance of the media e.g. research findings but also in suggesting solutions to the problem.

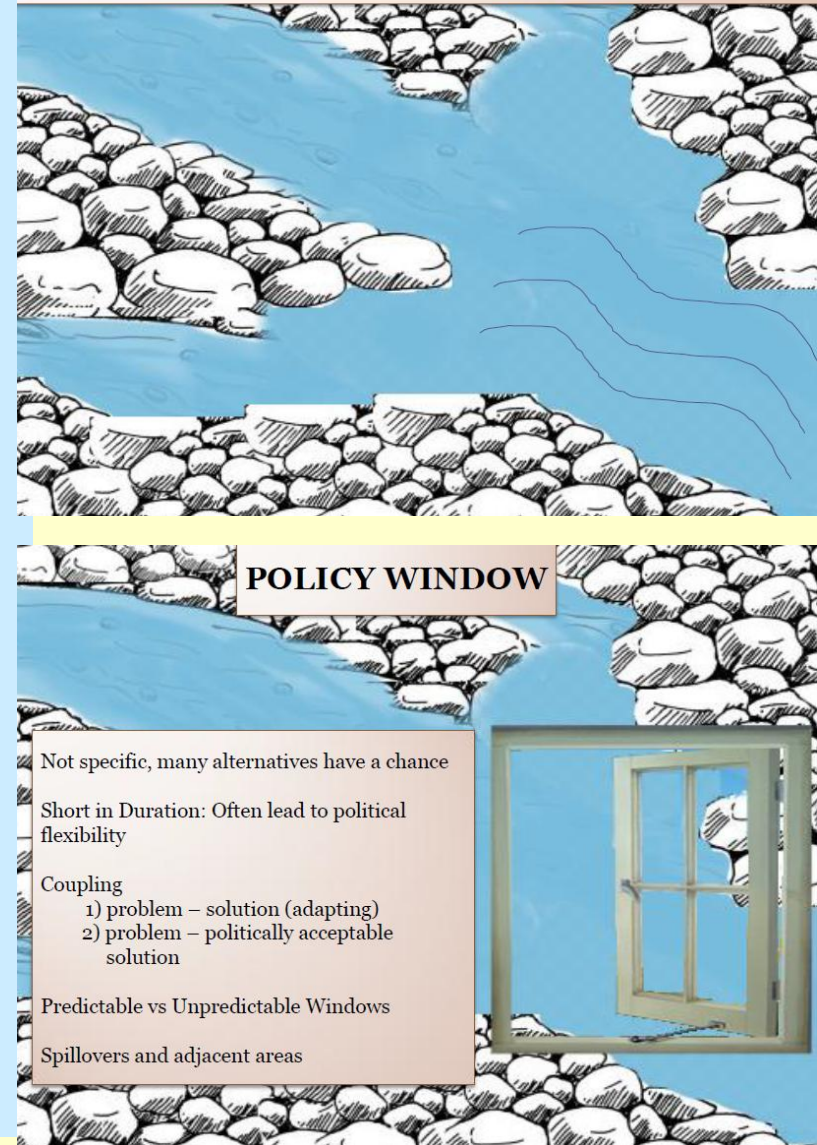
The policy agenda: Kingdon Model continue 2

Much like streams in nature, the combination of streams creates powerful currents of change.....or what Kingdon refers to as a.....

When a policy change occurs?

"Policy Windows"

- There will become time when the three separate streams are joined, intersect, a "windows of opportunity" opens for an issue to come onto the policy agenda and be taken seriously with a view to action
- However, the meeting of the streams cannot easily be engineered or predicted.
- Kingdon argues that policies are not made in logical stages. It happens when the three streams meet simultaneously.



Case study 2: Policy agenda setting models

Getting the issue of essential drugs onto the policy agenda in Bangladesh (Source: Buse et al, 2005, adapted it from Reich M, 1995).

- Read the following case, which describes the introduction of an essential drugs policy in Bangladesh. Apply the two models to this case study to explain the events that took place.
 - Hall model (Legitimacy, feasibility, support)
 - Kingdon model (Problem, policy and politics streams)



Getting the issue of essential drugs onto the policy agenda in Bangladesh

Lieutenant-General and Army Chief of Staff HM Ershad seized power in a military coup in Bangladesh in 1982. Within four weeks of the coup he had established an expert committee of eight to confront widely discussed problems in the production, distribution and consumption of pharmaceuticals. Less than three months later the Bangladesh (Control) Ordinance of 1982 was issued as a Declaration by Ershad, based on a set of 16 guidelines that would regulate the pharmaceutical sector. The main aim of the Ordinance was to halve the 'wastage of foreign exchange through the production and/or importation of unnecessary drugs or drugs of marginal value'. The drugs policy was to be applied to both private and public sectors and created a restricted national formulary of 150 essential drugs plus 100 supplementary drugs for specialized use which could be produced at relatively low cost. Over 1,600 products deemed 'useless, ineffective or harmful' were banned.

The formulation of the drugs policy was initiated by a group of concerned physicians and others with close links to the new president, without external consultation and discussion. The Bangladesh Medical Association was represented by one member of its pharmaceuticals sub-committee, but its General-Secretary was not officially involved because of his known connections to a transnational pharmaceutical corporation. The pharmaceutical industry was not represented at all on the expert committee. It was argued that its presence would distort and delay policy change. Once the policy was on the agenda and had been promulgated, the industry, both domestic and transnational, launched an advertising campaign against the drugs list.

Among the physicians on the committee was a well-known doctor, Zafrullah Chowdhury, who had established the Gonoshasthaya Kendra (GK) health care project soon after independence in 1971. Among other activities, GK manufactured essential generic drugs in Bangladesh. Production had begun in 1981 and by 1986 GK Pharmaceuticals Ltd was producing over 20 products. Later Dr Chowdhury was accused of promoting the interests of GK Pharmaceuticals through the committee.

No-decision making, non-policy making

Why some issues are prevented from going onto the agenda?

- ***Non-policy making or non-decision making* when an issue don't come onto the agenda and decisions are not taken:**
 - **Policy makers are unaware** of the issue or
 - **Policy makers decided not to act for some reasons:**
 - Lack of **legitimacy, support, feasibility** or the three policy streams don't come together to provide a "window of opportunity".
 - Policy makers decide not to decide on an issue, and to delay it because it is **against the interest of those in power**, decision makers.

Non-decision making

Why some issues are prevented from going onto the agenda?

- Non-decision making takes many forms:
 - Using the force prevent demands to enter the political system.
 - Neglect and ignore particular issues, demands and needs.
- Examples:
 - Powerful industry/corporation may prevent the issues of industrial pollution to go onto the policy agenda.
 - The MoH anti tobacco and alcohol policy against, the industry and ministries of industry and finance those are more interested in building the economy.

References

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- Kingdon J, Agendas, alternatives, and public policies. Boston: Little Brown & Co, 1984.
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