

INCLUSIVE POLICY AND HEALTH CARE: MEDIA'S PERSPECTIVE

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ABSTRACT

The article explores how policy implementation and change management can be improved in India, with the health insurance scheme as the basis for narrative exploration. It sets out the similarities and differences in assumptions between supra-national organizations such as the World Bank and World Health Organization on policy implementation and change management and those contained in the Indian national health policy. The study provides a framework of the dimensions that should be considered in policy implementation and change management in India, the nature of structural and infrastructural problems and wider societal context, and the ways in which conceptions of organizations and the variables that impact on organizations' capability to engage in policy implementation and change management differ from those in the West. This article further investigates concepts in management studies with those in policy studies, with the use of narrative approaches to the understanding of policy implementation and change management. Elements of culture, religion and ethical values are introduced to further the understanding of policy making and implementation in non-Western contexts.

KEYWORDS: Narrative Exploration, Societal Context, Supra-National Organizations, Functionalist.

INTRODUCTION

Research in developing economies has focused on technical content and design, neglecting the actors and processes involved in developing and implementing policies. The attention paid to context has often been so little that such studies neither explained how and why certain policies succeeded and others failed, nor did they assist policy makers and managers to make strategic decisions about future policies and their implementation (Barker, 1996, Gilson

and Raphael, 2008). A prevailing view of policy implementation and change management is that the government lacks the ability to achieve objectives that improve the lives of majority of its population. The MDGs are international development goals agreed by member states of the United Nations to be achieved by 2015 including eradicating extreme poverty and reducing child mortality rates (United Nations, 2000).

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Resourcing, both in terms of funding and technical assistance, to support the achievement of these goals and indices are a major focus of international organizations in many emerging nations such as India. However, despite these efforts, the desired results have yet to be achieved. Failures in policy implementation and change management are internationally widespread and not confined to developing countries. The majority of change initiatives end in failure; in fact, it is estimated that up to 60 percent of planned organizational change efforts fail. Several possible reasons for these failures have been suggested, including managerial incompetence, doctrinal failures and inability to track organizational capacity for change. Even with clear objectives, such as improved delivery, the task of delivery in the public sector is considered in itself a frustrating one. In this context, one suggested reason for such failures is a lack of understanding of the nature of public services, in the sense that there was, and arguably still is, an attempt to treat the public services as businesses. It has also been suggested that these failures stem from a disregard for civil service procedures which are considered bureaucratic, as well as from the proliferation of special advisers and consultants.

UTILITY OF POLICY AND MANAGEMENT STUDIES

The concern of policy studies is understood as the analysis of the policy process, which is distinct from, though arguably related to, the study of politics. Management studies can be understood in its broadest sense to encompass the study of management, businesses and organizations. Change management is regarded as an area of study within management studies. Paradigms represent the notion of a consistent or coherent set of ideas about policies or other subject matter, that is, a shared set of interconnected premises which make sense

(Jenson, 1989, Howlett, 1994). The four views or paradigms of the social world based upon different meta-theoretical assumptions with regard to the nature of science and society (Burrell and Morgan, 1979) are: *functionalist*, in which a rational human action is assumed and in which it is advocated that organizational behavior can be understood through hypothesis testing; *interpretive*, in which on-going processes are observed to better understand individual behavior; *radical humanist*, which focuses on releasing social constraints that limit human potential and which has also been described as 'anti-organization', as it can be used to justify the desire for revolutionary change; *radical structuralist*, in which theorists perceive intrinsic structural tension within society that spawn constant change through political and economic crises. Policy studies, management and organizational studies have largely been conducted from the functionalist perspective [8]. This is echoed by Morgan in his examination of the metaphorical nature theory, which argues that the discipline of organization theory has been imprisoned by its metaphors largely drawn from the functionalist paradigm. He also seeks to raise an awareness of this to enable the discipline to free itself, which is a radical humanist aspiration. Policies in the public sector use the language of reform to enable efficiencies, and management is designed to ensure the most efficient use of resources to achieve desired business objectives. These are both rooted within the positivist or functionalist paradigm. As such, the gulf between policy studies and organizational or management studies, if it exists, is not due to paradigm differences. The gulf is also unlikely to be one of purpose. The boundaries between the study areas are thus deemed to be artificial. Policy implementation as a field of scholarly inquiry and practical recognition can be likened to an 'elusive spirit'. Historically, there have been times when it has seemed to disappear

due to being subsumed into an adjacent field such as public management, or being divided into specific functional areas such as welfare policy studies (Lynn, 1996; de Leon and de Leon, 2002; Hay, 2004).

ROLE OF TRADITION IN RATIONAL VIEW OF POLICY

Policy has been defined as 'the course of action a government or persons take or propose to take with regard to specific issues', as well as a course of action or inaction rather than specific decisions or actions[11]. Policy is implied to comprise decision-making processes and participants with respect to some future goal undertaken by government and businesses (Stephenson, 1985; Hill, 2005).

The policy process is thought to consist of linear stages or cycles during formulation, implementation and accountability. The best known public policy framework is the stages heuristic (Lass well, 1956; Brewer), which divides the public policy process into four stages: agenda setting, formulation, implementation, and evaluation. This traditional conceptualization has frequently been adapted and re-constructed (Easton, 1965; Hogwood and Gunn, 1984).

The simple versions of systems theory, in which policy is conceptualized as a black box, argues the existence of a variety of inputs that result in particular outputs or outcomes. However, the understanding and conceptualization of policy, its formulation and implementation have shifted considerably over the last few decades. The rationalistic positivist paradigm relies on economic concepts to analyze the ways in which self-interested behavior may influence the policy process. Here, the importance of the self-interest of the 'rational man' and the extent to which public policy problems emerge from the incapacity of market mechanisms to

solve collective action problems are emphasized.

FUTURE PROTOTYPES AND MEDIA CONCEPTUALIZATIONS

Concepts of policy networks, collectivist theories of representation and pluralist theories of democracy are relevant in social-orientated considerations (Beer, 1965; Haywood and Hunter, 1982). Within this paradigm, policy formulation can be conceived as a process where people attempt to have their own interests adopted by framing situations as problems (McNamara, 2001; Hill, 2005). Within these approaches, corporatist theorists propose that there is a need to pay attention to the ways in which interest or pressure groups outside and within the state relate to each other. This paradigm also covers the 'garbage can' model, which posits that social processes such as problems, solutions, decision makers, choice and opportunities are thrown together in a manner determined by their arrival times in the 'garbage can'. Thus, solutions are linked to problems primarily by their simultaneity, meaning that relatively few problems are solved and that choices are often made either before any problems are connected to them or after the problems have become associated with another factor (Cohen et al., 1972; March and Olsen, 1984). Another mixed-metaphor theory within this paradigm is that of Kingdom (1984), in which the public policy process is likened to a 'primeval soup' with independent 'streams' of problems, policies and politics. Kingdom states that solutions are developed separately from problems; in fact, agenda setting is a key tenet of this theory. He further suggests that there are policies in search of problems and identifies those 'policy entrepreneurs' such as lobbyists, pressure group leaders, politicians or civil servants who make the 'connection' between policies and problems. At particular junctures,

the streams merge, meaning that an opportunity for policy creation emerges which the government acts upon. The 'randomness' and almost chaotic nature of policy implied here may sit uncomfortably with the perception of management as an agent that seeks to control, plan and do. However, the concept of the 'policy entrepreneur' may present real opportunities for influence and positive outcomes for managers engaged in the planning, administration and implementation of policy.

THE WORLD BANK OUTLOOK

The World Bank strategy for reforming public institutions clearly expresses a need for changes in the public sector in nations which receive funding through the Bank. The strategy works from the premise that poorly functioning public sector institutions and weak governance are major constraints to growth and equitable development in many developing countries (World Bank 2000; 2008). Helping the public sector to work better in developing countries, according to the document, entails helping the public sector in these countries define its role in line with economic rationale and in its own capacity, and helping it enhance performance within that role. The Bank recognizes the necessity of going beyond policy advice and instead helping governments develop the processes and incentives to design and implement effective policies for themselves, as encapsulated in the term 'institution-building'. The Bank acknowledges its narrow and technocratic view of public sector reform, as well as its exclusive interaction with government interlocutors and funding consulting services in the absence of demand for institutional reform on the part of the borrower and society. It also recognizes its own insufficiency of staff skills related to governance, institutional reform and capacity building (World Bank, 2000). To address its own

perceived shortcomings, the Bank proposes the following: i) to adopt an approach of working with its 'partners' to understand the broad array of incentives and pressures inside and outside of governments that affect public sector performance; ii) to undertake analytic work in order to better understand what works in the borrower nations and move away from a one-size-fits-all notion of good practice; iii) to revise lending instruments and approaches to ensure that lending enhances institution-building as well as addressing policy, physical investment and resource transfer objectives; and iv) to change its own staffing, organization and partnerships. These proposals give some insight into the World Bank's expectations of the emerging economy or developing countries. There is a growing awareness and acceptance of the idea that countries should be able to shape elements of their own policies, though the World Bank seems to reserve the right to determine what is 'good policy'.

With regard to developing countries, the World Bank states that reform must be driven at the highest levels of government to be effective. Cross-referencing an earlier World Bank document of a survey of 3,600 firms in 67 countries (World Development Report, 2007), the strategy highlights three mechanisms that promote public sector effectiveness and good governance, namely: i) internal rules and restraints such as accounting and auditing systems; ii) 'voice' and partnerships such as decentralization which, it is claimed, can empower communities; and iii) competition such as privatization. The strategy suggests that institutional reform is distinct from, though complementary to, policy reform. Though closely interlinked, policies and institutions have independent impacts on development performance. In the words of the World Bank, 'when institutions are weak or dysfunctional, simple policies that limit administrative demands work best' (World Bank, 2000).

However, from analyzing the World Bank documents, it is evident that the policies to be delivered and the legal regulatory work and accountabilities required from the public sector in emerging economies are far from simple; the capacity of institutions to serve these functions must therefore be strengthened. Furthermore, the World Bank strategy notes that its economic policy reforms have progressed rapidly in some countries, whereas institutional reform has met with far less success. In its view, weak institutions are the main barrier to robust, sustained growth. The World Bank argues that efforts to improve policy outcomes should be directed not only toward policies themselves but also toward the 'rules of the game' in institutions that may shape the policy outcome, which can in turn influence the development of institutions. Despite these acknowledgements, though, the fundamental beliefs and ideology of the World Bank remain unchanged.

THE WHO PERSPECTIVES

Like the World Bank, the WHO emphasizes its commitment to strengthen institutions within its remit or mandate. In the case of WHO, which is the co-coordinating authority on international public health within the United Nations, these institutions are linked, related to or within health systems. As the influence of WHO grows, however, the boundaries between public health and development may become increasingly blurred. So what reforms are needed in the health sector in emerging economies? WHO responsibilities include providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends (WHO, 2007). The organization's priorities are set out in its six-point agenda (WHO, undated), which sets as a

high priority the strengthening of health systems, including the provision of adequate numbers of appropriately trained staff, sufficient financing, suitable systems for collecting vital statistics, and access to appropriate technology including essential drugs. Nevertheless, according to the Secretary General of WHO, the ongoing overall performance of WHO is to be measured by the impact of its work on women's health and health in Africa (WHO undated; WHO 2007). Beyond the six-point agenda, the Alma-Ata Declaration and the MDGs have a continuing significant impact on the work and approach of the WHO. In 1994, it was evident that the desired goal of health for all by 2000, also known as the Alma-Ata Declaration (WHO, 1978-provided in appendices), would not be met. In some respect, the Alma-Ata declaration has been superseded by the Millennium Declaration (United Nations, 2000), with its focus on equity, social justice and ensuring that the benefits of globalization are more evenly distributed among countries [4]. It appears that the priority of strengthening health systems is becoming increasingly interwoven with a growing focus on tackling the social determinants of health and health inequalities. In this vein, closing the health gap entails improving daily living conditions, tackling the inequitable distribution of power, money and resources, measuring and understanding the problem of health inequity and assessing the impact of action (WHO, 2008a). These actions require collaboration between the health systems and other public sectors and private organizations.

DISCUSSION & CONCLUSION

In the scenario under scrutiny, the eight MDGs-including the three health-related MDGs-were initially presented as an unprecedented commitment by world leaders to address peace, security, development of human rights

and fundamental freedoms (United Nations, 2000). None of these goals were particularly visionary but were a direct response to pressing problems. The health MDGs also centered on goals corresponding with a broadened definition of public health that encompasses the provision of education, housing and clean water; these goals included the eradication of poverty and hunger, ensuring environmental sustainability, and developing a global partnership for development, many of which were drawn from the Alma-Ata Declaration. Given this recycling and re-packaging of policies, the presentation of the MDGs as unprecedented is questionable. At best, the MDGs could be regarded as a shift from making declarations or policies in visionary terms to stating them in more pragmatic terms in order to manage perceived obstacles. The first conclusion's drive for more efficient and effective service delivery suggests that the goals of universal coverage and 'health for all' can be achieved through precision and powerful intervention, terms which conjure up imagery of a military campaign with the WHO at the head. Interventions and adequate resources would contribute to strengthening organizations and enabling them to launch new movements. The focus here is on the continued pursuit of efficiency and the policy of 'health for all', regardless of organizational and managerial capacity. As previously stated, the overlap and convergence of policy implementation and change management is indicative of the functionalist perspective that seeks to improve matters through better management. By operating on the premise those policy objectives or the means of achieving them can be 'steered'; the WHO documents further suggest that it is possible to re-orientate beliefs and steer people and organizations in a particular direction. For instance, the documents state that health systems should be based on the primary care model widely advocated by 'health

professionals' rather than the medical model previously championed by the medical establishment, despite the lack of certainty or evidence that the medical establishment has wholly adopted this view. Additionally, the WHO suggests that the 'compelling call' of primary health care policies and their implementation and change management can revive weak goals, and that health organizations and the public sector should view themselves and act as private or commercial enterprises (WHO, 2008b; Chan, 2008). The implication here is that it is possible to induce organizations to adopt different ideologies about themselves. This narrative assessment revealed how policies and their consequent acceptance and implementation are justified by blanket statements on the part of managers and leaders in global organizations. The call for a return to primary health care is justified by 'people wanting universal coverage' [4], which raises the questions of who these people are and how their needs are recognized and fed through into policy. Nevertheless, universal coverage is the justification for re-emphasizing primary care as well as implementing alternative means of health system financing, which raises further questions of exactly what is being implemented and what its precise objectives might be.

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