Ingredients for good health policy-making: incorporating power and politics into the mix

Making Health Policy (understanding public health)

Kent Buse, Nicholas Mays, Gill Walt

Open University Press, 2012
288 pp, paperback
ISBN: 9780335246542

Reviewed by Yusra Shawar*

Eggs, flour, sugar, butter, baking soda, milk, and vanilla extract—all ingredients necessary to make a delicious cake. Similarly, good health policy-making can only be successfully pursued and understood by accounting for all of its basic ingredients, including the role of politics and power. Otherwise, the result is simply not good.

In the second edition of Making Health Policy, respected health policy experts Buse, Mays, and Walt have crafted the ultimate health-policy-making “cookbook”—an essential read for any individual seeking to better understand how a health policy emerges and which factors contribute to its success or failure. However, rather than predominately focusing on examining the content of policy—an approach typical of other health policy books—the authors provide the analytical framework needed to consider and bring politics and power, two essential ingredients, to the forefront of any health policy examination. As illustrated by the authors, the role of politics is overwhelmingly pervasive in the emergence, design, execution, and evaluation of health policy. Their work thoroughly explores the role of politics and power in determining, among many other processes in health governance, which health issues receive attention on national agendas (p. 66), how networks of interest groups and government actors form around a health issue (p. 108), the manner in which front-line health workers perceive and chose to implement proposed policies (p. 133), and which health program evaluation findings are utilized and translated to policy (p.176). In addition, each chapter, with its own collection of related theoretical constructs and examples, provides a critical foundation to begin answering important questions that have historically not received adequate attention by the public health community: Why do some health issues receive priority over others? How can we understand and study power in a health system? Which sorts of interest groups are most influential? Why is evidence-based policy-making so challenging?

While the role of politics in policy-making is widely acknowledged among the public health community, little effort has been devoted to exploring and integrating this important area of study in university-level curriculum, scholarly research, and practical policy design. Furthermore, remarkably little guidance has been made available to students and practitioners as to how these political dynamics can be managed. Recognizing this gap, the authors draw on the most up-to-date research in order to illustrate precisely how politics shape processes in health governance like agenda setting (chapter 4), policy implementation (chapter 7), as well as research and evaluation (chapter 9). Furthermore, they show how power is distributed among and exercised by key-players in the health policy-making process, including: the private, for-profit sector (chapter 3), different institutions of government (chapter 5), various types of interest groups in the health sector (chapter 6), and those actors working at the global level (chapter 8). Perhaps most importantly, their work provides valuable insight on how the complexities posed by politics, which are inherent and unavoidable, can be navigated while making health policy (chapter 10).

Making Health Policy’s underlying framework of organization builds on the idea of the “policy triangle” first proposed by Walt et al. (1). The triangle presents four factors that should be taken into consideration in the process of health policy-making: content, actors, processes, and context (p. 8). Although policy content is recognized as an important component, the book gives special attention to the place of politics in the complex interactions that occur among the other three components: the actors (the individuals, organizations, and nation state that make and implement policy), processes (how policies are initiated, developed, negotiated, communicated, implemented, and evaluated), and context (which includes the political, social, and economic environment in which actors work). While the policy triangle is a useful way to organize and think systematically about the different factors that might affect policy, the authors find that as is, it is too simplistic, only representing “a map that shows the main roads but that has yet to have contours, rivers, forests, paths, and dwellings added to it”.

*Correspondence to: Yusra Shawar, Department of Public Administration and Public Policy, American University, Washington, USA
Copyright © 2014 by Kerman University of Medical Sciences
Citation: Shawar Y. Ingredients for good health policy-making: incorporating power and politics into the mix. Int J Health Policy Manag 2014; 2: 203–204. doi: 10.15171/ijhpm.2014.45
Received: 18 April 2014, Accepted: 6 May 2014, ePublished: 9 May 2014

This work, consequently, represents the author's mission to bring to life and "draw in" the rich and detailed "landscape" of the health-policy process for its readers.

In addition to providing the theoretical tools needed to begin understanding the often non-linear, irrational outcomes of the health policy process (a valuable contribution in itself), *Making Health Policy* is particularly compelling given its practical, simple structure. Each of the ten chapters begins with an overview, a list and definition of key terms, as well as specific learning objectives. Related theory and examples are included in each chapter, while incorporating activities and corresponding feedback, which encourage readers to reflect on various aspects of a specific health policy and engage in its theoretical application.

Relatedly, the presentation of the theories and frameworks, which are from multiple disciplines (including political science, organization theory, and economics), is in a manner that is easy to understand for non-experts, unfamiliar with these various fields. In addition, the health policy examples that are integrated throughout are engaging, contemporary, and provide the crucial context needed to demonstrate how the presented theoretical constructs can be applied in the every day use of a health practitioner and policy-maker. These examples are not limited to one or two health areas or settings; the book encompasses a multitude of health issue areas from around the world in both low and high income communities, making it an interesting and relevant read for many, regardless of which specific health policy area or region one is concerned with. The result is a book that is easy to read and particularly suitable for use in university courses or for scholars and practitioners interested in self-directed learning.

*Making Health Policy* is both relevant and timeless. The collection of presented constructs and ideas are updated to reflect the newest research available since its first edition in 2005 (2). It is particularly pertinent given that it has the capacity to make sense of the most pressing issues facing the health policy community today—including those that have emerged since the book’s most recent publication. These issues include and are not limited to: the selection of the post-2015 MDG health goals, the rivalry between the WHO and IHME over leadership in the health metrics field, and the implementation of the Affordable Care Act in the United States. By arming us with tools needed to account for the inherent political and power dynamics at play, Buse, Mays, and Walt have created the “icing to the cake,” helping us better understand and analyze the emergence, outcomes, and implications of the health policy and governance issues occurring both today and well into the future.

**Ethical issues**

Not applicable.

**Competing interests**

Author declares that she has no competing interests.

**Author’s contribution**

YS is the single author of the manuscript.

**References**