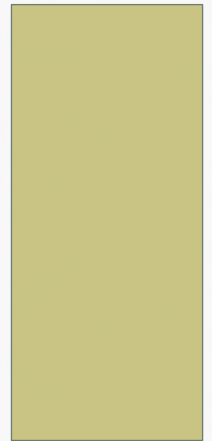


# INSTITUTIONAL DECISION-MAKING AND HEALTH POLICIES

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# OVERVIEW

- Literature Review
- Theoretical Framework
- Available Data
- Further Research

# WHY DOES IT MATTER?

- Health policies represent an increasing point of concern in the political/social science literature
- Institutional literature can generate insights regarding the probability of reforms/ actors most likely to initiate or oppose it
- Focus today: New institutionalism and quantitative social science

# LITERATURE REVIEW

- Health policies an integral part of development studies
- Focus on actors and processes, as opposed to policy content: Walt & Gilson (1994)
- New institutionalism – Douglass North (1991) – vital framework for the analysis of health policies

# THEORETICAL FRAMEWORK

- Plott's fundamental equation of politics

Institutions x Preferences = Outcomes

- Douglass North (1991) – institutions are the rules of the game that create the incentives for cooperation or collective action

# THEORETICAL FRAMEWORK

- Principal-Agent framework (Kieweit & McCubbins, 1991)
  - Asymmetry of information
  - Split incentives
  - Delegation from one principal to one agent
  - problems of adverse selection and moral hazard – especially as the asymmetry increases
  - Health sector – one of the policy areas most affected

# VETO POINTS AND CHECKS

- Veto points and agenda-setting theory (Tsebelis 1995; 2002)
- Institutional checks and partisan preferences provide the framework of analysis
- The number of principals matters; incentives for collusion matter

# PREDICTIONS FOR HEALTH POLICIES

H1: Policy systems with more veto points are less likely to experience health care reforms (Tsebelis, 1995; 2002)

H2: Policy systems where multiple healthcare principals share low incentives for collusion are less likely to experience health policy shifts.

H3: Policy systems where multiple healthcare principals share low incentives for collusion are more likely to be efficient.



# PREDICTIONS FOR HEALTH POLICIES

H3.1: Policy systems where multiple healthcare principals share low incentives for collusion are more likely to experience low neonatal mortality rates.

H3.2: Developing-country policy systems where multiple healthcare principals share low incentives for collusion are more likely to efficiently fight malaria.

H3.3: Developing-country policy systems where multiple healthcare principals share low incentives for collusion are more likely to eliminate FGM.

# SOCIAL SCIENCE DATA

- Fundamental cross-national data:
  - Institute for Health Metrics and Evaluation Data (University of Washington): neonatal mortality rate
  - World Development Indicators (World Bank): HIV prevalence / health expenditure

Randomized controlled trials (RCTs) (Banerjee & Duflo, 2011)

# FURTHER RESEARCH

- Call for interdisciplinary approaches
- New institutionalism provides avenue for thinking about policy engineering and design to maximize effectiveness → would benefit from insights from medical research

THANK YOU!!!