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**Title of the paper**

***How do diffusion agents make their policy travel across international, continental, and national levels? The case of performance-based financing***

***(Work in progress)***

**Author(s)**

*Lara Gautier, Paris-Diderot University & University of Montreal, Paris/Montreal, France/Canada, lara.gautier@gmail.com*

*Manuela De Allegri, Institute of Public Health, Heidelberg University, Germany, manuela.de.allegri@urz.uni-heidelberg.de*

*Valery Ridde, University of Montreal, Montreal, Canada, valery.ridde@umontreal.ca*

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Abstract :

This paper draws from policy diffusion literature while taking into account the specificity of global health, which involves processes occurring simultaneously at the international, continental, and national levels. Taking the diffusion of performance-based financing as empirical backdrop, theoretical reflections on the concept of “diffusion agents” are provided. PBF diffusion provides an interesting case study in that it has unprecedentedly been planned and driven by a nexus of diffusion agents who are empowered by a facilitating opportunity structure. We reflect on diffusion agents’ framing, critical characteristics, and ability to design such an apparatus to achieve policy diffusion.

Keywords :

Policy diffusion, Diffusion Agents, Performance-based financing, Global health

## **1. Introduction**

For the past 30 years, globalisation has changed the policymaking landscape, prompting the development of what some authors call “multi-level governance”. Multi-level governance “describes a situation in which power is dispersed from central government to other levels of government and non-governmental actors, blurring the dividing lines between formal policy responsibility and informal influence” (Cairney, Studlar, and Mamudu 2012). It affects and involves an enormous variety of actors and policies. The growth of these actors raises questions about how policies emerge at the global level and are subsequently integrated into national policies, particularly in low- and middle-income countries (LMICs) (Kobrin 2009). Indeed, many LMICs are in a situation of aid dependency, thereby allowing other actors to participate in policymaking. In global health in particular, governance now includes other actors (including: international organisations and private non-for-profit actors) who acquired public authority (Stone 2008). It is in this glowingly complex global health architecture that international organisations and private non-for-profit actors have sought to propel the diffusion healthcare financing (HCF) reform policymaking in Sub-Saharan African countries from the 1980s.

Diffusion is understood as “flow or movement from a source to an adopter, paradigmatically via communication and influence” (Strang and Soule 1998, 266). One may wonder what structures shape the diffusion HCF reforms: what are the key characteristics of external actors? what strategies do they use? are there any exogenous processes? The first two questions involve endogenous processes, whereas the third concern relates to the characteristics of “opportunity structures”, i.e. exogenous forces that may constrain or empower collective action (McAdam 1996).

As Dobbin et al. pinpoint, there is a growing literature that combines endogenous determinants and (exogenous) diffusion pressures, however “this work focuses only on internal policy makers, without much concern for external or go-between actors” (Dobbin, Simmons, and Garrett 2007). It is precisely these actors that we are interested in. Transfer and diffusion literatures have looked into these policy actors, whether from an agency or institutional perspective, which can be both mobilised to offer a comprehensive picture (Radaelli 2000). What we call “diffusion agents” encompass individuals, networks, and institutions. Up to now, although it would appear critical for success, the pathways followed by diffusion agents have received little theorisation. We provide theoretical reflections on the ways diffusion agents, empowered by a facilitating opportunity structure, deliberately plan, develop and support an apparatus that fosters diffusion globally, continentally, and nationally.

This manuscript is organised as follows: first, we provide a rationale for case selection, showing how and why performance-based financing represents one of the most recently diffused policy innovation that pursues structural changes in health systems in LMICs, thereby possibly constituting a relevant soil for nurturing conceptual advances in public policy analysis. Second, we review theoretical and empirical studies to suggest a framework for analysing characteristics and strategies of policy diffusion agents. Third, we report on exploratory empirical data to feed the development of our conceptual propositions to guide future empirical investigations.

## **2. Empirical backdrop: the case of performance-based financing**

A number of strategies to improve supply, demand, and access to health services have been promoted and funded by international donors. For instance, in the mid-1980s, The World Bank, in coherence with waves of structural adjustment programmes and privatisations in LMICs, actively supported cost-recovery approaches, i.e. direct payment of selected healthcare services (Akin, Birdsall, and De Ferranti 1987) primarily as to generate revenue for health services (Nolan and Turbat 1995). A paper (De Ferranti 1985) showing positive impact of such reform was used as the key resource used to legitimate this HCF reform (Lee and Goodman 2002), and political momentum was built around the Bamako Initiative in 1987 (Wiseman 2005). These legitimising forces are likely to have pushed diffusion: from the late 1980s, many Sub-Saharan African (SSA) countries started implementing cost recovery measures nationwide (Creese 1991; Creese, Kutzin, and Colclough 1997; Nolan and Turbat 1995; Soucat et al. 1997). However, poor performance in raising revenues at the facility level as well as unintended consequences quickly emerged (Labonté et al. 2009; Ridde 2011). After 10 years of rapid uptake, several SSA researchers started questioning the user fees approach and called for alternative HCF reforms (Asenso-Okyere et al. 1998; Diop, Yazbeck, and Bitran 1995; Mbugua, Bloom, and Segall 1995; Uzochukwu, Onwujekwe, and Akpala 2002).

At the beginning of the millennium landed a new approach also focusing on the supply side of the HCF equation: performance-based financing (PBF). PBF, which has been recently framed in the language of “strategic purchasing” towards achieving universal health coverage suggests a shift from an input-based financing system to an output-based approach involving systematic verification and counter-verification (Kutzin, Yip, and Cashin 2016; Soucat et al. 2017). Specifically, it is based on the transfer of financial resources conditional on achieving pre-agreed targets relating to health providers’ or managers’ performance. Such increased efficiency is supposed to lead to greater quantity and quality of services, and bring managerial

approaches to healthcare facilities (Fritsche et al. 2014). International organisations have significantly invested in PBF (Turcotte-Tremblay et al. Forthcoming). Independent evaluators observe that “[t]he Bank has been shifting its focus on health financing to performance- or results-based payments” (P. Schneider 2014, xiv). In 2013, the Bank has approved 11 new PBF projects, as compared to a mean of six new health financing operations annually in the past. Despite mixed scientific evidence on its effects (Blacklock et al. 2016; Das, Gopalan, and Chandramohan 2016; Renmans, Holvoet, et al. 2016; Witter et al. 2012), as of May 2017, no less than 35 out of 52 (67,3%) SSA countries have had an experience with PBF (SINA Health 2017b), a proportion never reached by other HCF reforms. The diffusion rate accelerated from 2009-2010 (Fritsche et al. 2014), and there has been a constant increase of SSA countries embarking on PBF since then.

So what happened there? What was so different for PBF, which was roughly promoted by the same actors, but diffused more quickly than other HCF reforms? It is likely that a favourable opportunity structure, i.e. globalisation coupled with enhanced and faster ways of communication, and increased traveling, facilitated diffusion processes across the African continent. But the opportunity structure does not explain it all. The case of PBF, an innovative HCF policy embedded in economics theories (Renmans, Paul, et al. 2016) and new public management (Meessen, Soucat, and Sekabaraga 2011), offers an interesting research opportunity: it involves global and continental (African) diffusion processes that, we argue, have unprecedentedly been planned and carefully driven (financially, scientifically, technically, discursively) by a nexus of several North-based individuals, networks, and institutions. We posit (proposition 1) that these strategies – clearly facilitated by an adequate opportunity structure – have been deliberately undertaken by these actors in order to secure

fast, constant, and large uptake of the PBF reform. Our research question may be formulated as follows: what are the key features and strategies of successful diffusion agents?

### **3. Public policy literature: theoretical insights on diffusion agents**

In this section, we review the literature in light of three different critical categories of features of diffusion agents which form our framework: their representation systems (3.1), what shapes their motivation to engage in active policy promotion (3.2), the resources at their disposition (3.3), and the strategies they may develop (3.4).

#### *3.1 Who are the diffusion agents?*

In the existing body of knowledge, we may find a catalogue of actors who influence policy diffusion with some useful empirical examples (Dolowitz and Marsh 1996; Stone 2004) but there is a lack of in-depth look into how they get convinced by a policy idea and take it through a diffusion process, with some notable exceptions (Common 1998b; Dobbin, Simmons, and Garrett 2007; Mintrom and Vergari 1998; Radaelli 2000; M. P. Smith, Koikkalainen, and Casanueva 2014; Weyland 2009). In most of these papers, the role(s) played by formal institutions (in particular, that of international organisations) in diffusing policies is thoroughly reviewed, but rarely that of individual or non-formal organisations.

One may ask: why does it matter to keep individuals, networks and institutions separate? In global health, these categories may endorse different roles in policy diffusion; and even though individual leaders may be part of the “driving” networks and institutions, they have, on their own, their strategies and importance in the diffusion process (Hogan 2006).

Common described how two individuals travelled to many Asian countries to diffuse new public management (NPM). According to Common, the elite was successful in “control[ing] and direct[ing] the flow of knowledge about government reform” (Common 1998a, 447). The NPM policy is particularly interesting in that it offered a typical example “of an ‘accepted body of knowledge’ where there is general agreement on the cause and effects of managerial techniques by a community of ‘experts’” (*ibid*). Together with Strang and Soule, Common is one of the first diffusion analysts to consider experts as critical “change agents” in policymaking (Common 1998b; Strang and Soule 1998). Strang and Soule have critically reflected on the concept of change agents. They diffuse policies by using “coercive mandates” or “cheerleading”, and often “a complex balance of the two” (Strang and Soule 1998, 271). As they are conceived as “external sources”, the authors separate their actions from adopters’ influence (considered internal). However, as stated above we argue there are deliberate actions taken by external actors to influence adopters. External actors may influence adopters because they represent the “central actors” that have prestige (Strang and Soule 1998, 274), or because they enhance the social ties that bind adopters together.

We therefore prefer using an alternative expression, i.e. “diffusion agents”. The diffusion literature, which is rather well established and consensual (as compared to policy transfer, for instance), tends to concentrate on the mechanisms of diffusion (to which we return in 3.4), i.e. the mechanisms by which a given policy gets diffused to other settings. We are more interested in analysing upstream processes, i.e. how actors come to embrace a policy and spread it through space and time. In the case of PBF, we consider that diffusion agents are the ones who – once engaged in policy promotion – develop strategies to diffuse the policy.

One cannot address this topic without mentioning the popular “policy entrepreneurs”, which derive from another strand of literature, namely the multiple-streams framework (Kingdon 1993). Policy entrepreneurs (PE) are defined as “advocates who are willing to invest their resources – time, energy, reputation, money – to promote a position in return for anticipated future gain in the form of material, purposive, or solidary benefits” (Kingdon 2003, 179). In this definition, the role that ideologies may play is overlooked. According to the multiple-streams approach, PE may be bureaucrats, academics, journalists, representatives of interest groups, or parliamentarians. They may qualify as PE as long as they are perceived as the ones who “push their proposals (‘pet projects’ in MSF parlance) [...] in order to find broad support among the members of the policy community” (Herweg, Zahariadis, and Zohlnhöfer Forthcoming). Some diffusion researchers have applied the concept using quantitative approaches (Mintrom 1997), but public policy analysts in general tend to agree that it is under-theorised. Even though we find it overall very descriptive, some of the literature using PE is useful for an analytical perspective (see 3.3 and 3.4).

In the policy transfer strand of work, there have been multiple attempts to classify “transfer agents”. Stone offered to bring the possible “agents of policy transfer” into three different categories: 1) ideational: business advocates, think-tanks, experts, professional associations; 2) institutional: politicians, international civil servants, state officials; 3) networks: Multi-actor; trisectoral: NGOs/civil, society; state and international agencies; business (Stone 2004, 562). Yet we find that this typology is limited by the fact that all three categories may easily join their efforts to form larger networks. Besides, politicians may easily fit in the ideational category. Similarly, Cherrier (Cherrier 2016), does not distinguish the different categories of

agents. For instance, formal institutions like international organisations are not separated from private (individual?) consultants in the survey she administered to study participants.

We suggest an alternative to these descriptive and imperfect attempts by considering four types of drivers for diffusion agents' development and action: ideational, motivational (i.e. based on interests), and resources (including, material ones) that build credibility and authority. We go beyond pure power-based approaches (whereby material factors play a prominent role in shaping social dynamics), interest-based approaches (which "regard ideas as little more than useful tools for maximising self-interest" (Harmer 2011, 704)), and idealism (whereby only ideas matter) (Hay 2002; Marsh 2009). In other words, while recognising the power of ideas, we acknowledge "the constraints the material world places on [...] discursive constructions" (Hay 2011, 474) and the role specific interests play in policymaking arenas.

Coincidentally, like Jones et al. (Jones, Clavier, and Potvin 2017), we are seduced by Hassenfeutel's proposed three categories of drivers for actors' action in public policy: i) the resources that actors may have at hand, which open up an avenue of possibilities; ii) the representation systems in which they believe, which guides their strategies; and iii) their pursued interests, which set the goals of their actions (Hassenteufel 2008, 105). Hassenteufel asserted that this typology might be applied to individual as well as collective actors, but he expressed concerns in terms of analytical coherence. We argue that it is precisely this likely lack of coherence that is thought-provoking: the interesting part will be to observe whether, for the same policy, different types of actors' resources, representations, and interests converge – or not. Therefore, individuals, networks and institutions may have convergent or divergent resources, representations, and interests. For instance, among individuals, one will

very likely notice an important heterogeneity of motivations. If resources, representations, and interests do not match, complexity will arise: in this case, policy diffusion will be hampered (proposition 2). Another possible limitation of Hassenfeutel's work is that it was conceived with the country level setting in mind: the context of global health in SSA countries requires adaptations and specifications.

### *3.2 What shapes actors' motivation?*

Actors' belief system is paramount to develop both the resources that actors may have at hand, and their pursued interests. In this sense, we are close to Harmer who places ideationism as the first critical feature of policy actors (Harmer 2011). Ideational framing has been described as "a dynamic process through which those who produce [...] frames make sense of ideas by interpreting them through [...] available social, psychological and cultural concepts, axioms and principles" (Koon, Hawkins, and Mayhew 2016, 3). Agents are, themselves, framed by "representation systems" (Hassenteufel 2008). These are made of values and norms. First, values, which provide a general action plan, may be defined as "the most fundamental representations of what is good or bad, desirable or to be rejected". Second, norms, as policy principles, "define gaps between perceived reality and desired reality" (Müller 2003, 64). In a given community or political subsystem (*polity*), values and norms are strongly articulated, thereby contributing to shape diffusion agents' ideologies (Hassenteufel 2008, 109). We argue that the historical and training background also plays an instrumental role in instigating diffusion agents' motivation to promote a given policy.

At the individual level, it may be easy for the reader to envision that a given policymaker for instance is shaped by his/her values and norms. In fact, the literature tends to focus on

individual characteristics: Grindle & Thomas for instance reflect on individual ideological predisposition, personal history, and training, as critical dimensions of the “contextual factor” of policy diffusion at the international level (Grindle and Thomas 1989). Yet one could easily argue that institutions and networks are also shaped by common values, beliefs, and cultural norms that are shared by employees and network members. Typically, international organisations may develop their own institutional culture based on ideological patterns (e.g., feminism for UN Women), and civil society networks may share the same passion for advocating for human rights. It follows from the above that what we call actors’ pathways or “trajectories” are highly dependent on training, historical background, and culture.

Both individual and collective actors may have “self-regarding motives”, e.g. looking for better (paid) jobs or additional funding (Weyland 2005, 263). This utilitarian perspective is frequently cited in the literature. But we see two limitations to this sole explanation. First, critical actors may not be simply – or selfishly – pursuing “their own interests” and agendas: they may be genuinely seeking solutions to important problems (Cherrier 2016, 237). Second, as we saw above, representation systems also strongly influence actors’ motives: their policy engagement may bear symbolic and normative concerns for themselves or the institution they represent. For instance, an institution may expect to get a higher recognition in global governance through its engagement in favour of a given policy. Any actor’s priority may be what Weyland calls “the quest for legitimacy” (Weyland 2005, 263), i.e. the appreciation that one actor gets from another. Unlike Weyland however, we do not necessarily consider actors’ belief system and interests as separate features: the latter may stem from the former.

### *3.3 Diffusion agents’ critical features for success*

Of course, being highly engaged is not a sufficient condition to ensure successful diffusion. Institutions, networks, and individual actors need to exhibit a number of critical features in order to assert their credibility and authority. Each one of the promoting actors involved in the diffusion process need not to combine all of the necessary characteristics that will be presented below, but to complement each other. A clarification is worth providing here: although they may be “critical features” of diffusion agents, they are conceived as necessary conditions for success of policy diffusion but not sufficient ones – as stated in the Introduction, a non-favourable exogenous opportunity structure is bound to challenge any enterprise undertaken by diffusion agents.

In the literature, critical features of diffusion agents may be categorised in two different ways: their abilities or their resources. As for abilities, Riddell-Dixon developed the useful typology of *ideational leadership*. The latter encompasses: intellectual leadership (ability to generate new ideas and “creative ways of conceptualizing problems” (Riddell-Dixon 2005, 1068) – which is very similar to framing), entrepreneur leadership<sup>1</sup> (ability to sell the creative ideas to others, e.g. through networks), and implementation leadership (ability to translate the ideas into reality thanks to available resources). The typology has notably been applied to the spread of global policies (Cherrier 2016; Geldenhuys 2009).

Because we conceive abilities as resource-dependent features, we prefer Hassenteufel’s typology of resources for actors involved in public action (Hassenteufel 2008, 105–106).

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<sup>1</sup> Concepts of “intellectual leadership” and “entrepreneur leadership” were initially developed by Young (Young 1991).

These include<sup>2</sup>: material (including financial, human and logistical resources) knowledge (including scientific evidence, policy documentation, as well as practical know-how), political (i.e. legitimacy acquired through democratic representativeness or recognised sociopolitical authority, and access to influential political actors), social (i.e. social recognition and ability to socialise), and temporal (i.e., the amount of time a given policy actor may dedicate to policy promotion). In this study, because we stress the diffusion of policies at the global, continental, and national levels, studying the interrelationships between actors at these different levels is particularly relevant: we emphasise the role of social resources. Several scholars applying the PE concept have recognised that “a well-developed set of social and professional contacts can make the difference between success and failure in the launch of an innovation” (Mintrom 2000, 126). Actors’ reputation and credibility also matters (M. Schneider, Teske, and Mintrom 2011). Mintrom argues that policy entrepreneurs must “strive to demonstrate their own credibility and trustworthiness as sellers of their ideas” (*ibid*). We concur with Mintrom, and Mintrom & Vergari that both reputation and trustworthiness are critical social resources, because they enable to build up relationships and networks (Mintrom 2000; Mintrom and Vergari 1998).

When combined together, all these resources provide powerful means to policy actors who wish to diffuse policies. In order to offer a less complex typology, and to feature the importance of power more prominently than in Hassenteufel’s work, we suggest that these resources may be further grouped according to the type of authority diffusion agents may have: expert authority, financial authority, political authority, or scientific authority (see Table 1).

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<sup>2</sup> We disregard the first resource that Hassenteufel calls “legislative authority” because it is not relevant in global settings.

**Table 1. Diffusion agents' critical features: correspondence between our typology of "authority" and Hassenteufel's typology of "resources"**

<b>Hassenteufel's typology</b>	<b>Expert authority</b>	<b>Financial authority</b>	<b>Political authority</b>	<b>Scientific authority</b>
Material resources	X	X	(X)	
Knowledge resources	X		(X)	X
Political resources		X	X	
Social resources	X		(X)	(X)
Temporal resources	X			(X)

Usually, experts (i.e., individual consultants, consulting companies, think tanks, international development seniors with decades of experience, former ministers, etc.) possess all kinds of resources except political ones – this is why they need to build alliances with strategic partners well positioned in political cycles. Typically, those who enjoy financial authority (e.g. philanthropic foundations, and multinational companies) obviously own material resources, and such positioning usually comes with political leverage as well. However, actors with this type of authority may lack social and temporal resources. Political and scientific types of authority are less straightforward. Political authority certainly involves political resources and scarcity of temporal resources. But it may or may not come with material resources (e.g., the World Health Organization facing financial challenges), knowledge resources (depending on the degree of interest for research and the ability to learn lessons from experience), and the capacity to socialise and create strategic links with other actors. Lastly, scientific authority undoubtedly comes with knowledge resources, but not necessarily social and temporal resources.

The most powerful actors turns out to be the ones with expert authority: we argue that this is because they have time – time to develop a social network, build up financial security, and create and disseminate knowledge. But they often lack the most important type of resources in policymaking: political resources. In addition, alone, even if they may be able to create and diffuse knowledge, they will probably lack scientific legitimacy. Therefore, experts who like to act in solo will likely encounter difficulties in pushing for their preferred policy if they do not seek partnerships with actors who enjoy other types of authorities. In the end, we argue that the essential but not sufficient condition for a given policy to diffuse is that actors enjoying different categories of authority join their resources together (proposition 3).

### *3.4 What strategies do diffusion agents undertake?*

Once actors make sense of a given policy through a common belief system and present the necessary resources to facilitate the spread of the policy, what typical strategies may they undertake? Here, policy diffusion literature is very informative. Analysts distinguish four well-established diffusion mechanisms (Braun and Gilardi 2006; Gilardi 2014, 2016; Shipan and Volden 2008): cooperation, learning, emulation, and competition. These are typical illustrations that may or may not surface in a diffusion process. Given our empirical backdrop on health financing policymaking, the mechanism of economic competition across countries is not relevant in this research.

Unlike typical policy diffusion configurations, in global health, we posit that diffusion agents are deliberately planning and developing efforts to ensure that policy diffusion happens

through cooperation, learning, emulation, and framing (proposition 1). Strategies used by diffusion agents are designed to both orient and stimulate these diffusion processes. We call these strategies the “political apparatus”. Yet governments are still in the driver’s seat: it is up to them to decide whether a given policy is worth adopting or not. But frequently, their decision depends on the existence and nature of prior relations established with these external agents, or lack thereof (Cherrier 2016; Mackenzie 2004). Therefore, diffusion agents’ action and domestic actors’ passive or active acceptance of a given policy’s penetration in their territory may both represent endogenous processes. Exogenous processes are embodied by the opportunity structure that contextualises the political apparatus, bringing it in the “real world”.

Therefore policy diffusion represents a cohesive body of literature to tap into in order to unpack endogenous and exogenous processes facilitating the spread of health reforms in SSA. However, we depart from most of the policy diffusion literature, which frequently investigates these mechanisms through the perspective of the theory of rational choice. Unlike the latter, we do consider that ideational processes matter, in that they contribute to shaping policy actors and their actions. Therefore, our understanding of mechanism is quite different from rational choice theory which tends to “treat[...] mechanisms like variables rather than as dynamic events affecting relationships within particular contexts” (Staggenborg 2008, 342). We thus distinguish a mechanism from a variable: the effect of a mechanism does not arise from changes brought about its value but from its presence (or absence) within a combination of other mechanisms (Ancelovici and Jenson 2012). Our perspective is therefore qualitative and not quantitative, just like policy diffusion analyst Weyland (Weyland 2009).

### *3.4.1 Unequal relationships between actors involved in policy diffusion: cooperation or coercion?*

Cooperation/coercion refers to a classic top-down policy configuration. Cooperation is based on exchanges between a financially and politically powerful actor (e.g., a bilateral or multilateral donor) and a less powerful one (e.g., SSA country). But cooperation may also happen between various actors present in a given country, whereby policy promoters attempt to beat uncertainty by creating a consensus in favour of their preferred policy. Coercion happens when powerful actors (e.g., international organisations) “pressure” a given government to adopt preferred policies. A typical example of such pressure is the conditionality imposed on LMICs by international financial institutions in the 1990s (Biersteker 1990). Some public policy analysts consider hegemonic policy ideas, such as privatisation, as “soft forms of coercion” (Dobbin, Simmons, and Garrett 2007). In the case of global health, coercion is rare – governments’ decision to cooperate is taken willingly, albeit strongly pushed by external actors. Yet, where policy actors are highly unequal, one may wonder how cooperation may happen. At the domestic level, external actors engage in pilot programmes that are supposed to be designed and implemented by government parties, but there are many concerns as to the actual degree of government ownership (Gautier and Ridde 2017). External actors also engage in what we call “consensus-building strategies” – i.e. by using their reputation and trustworthiness to mobilise allies and, ultimately, build alliances towards policymaking (Weible 2008). Consensus-building may be particularly opportune for creating a new set of “policy winners” (i.e. the ones benefiting from policy formulation: electoral benefits, advancing personal agendas, etc.) (Crosby 1996).

### *3.4.2 Learning from others: the allegedly objective side of diffusion*

Learning is based on the idea that sharing the experience on policy implementation from early adopter countries can provide allegedly objective information to national policymakers on the possible consequences of a policy (Rose 2004). We argue that producing and disseminating knowledge can be considered learning strategies. Indeed, actors who have acquired knowledge may be increasingly in a position to influence policy processes. In global health, learning has been very popular: we frequently read or listen to widely used buzzwords like “capacity building”, “best practices” (Kerouedan 2015; Thomas et al. 2010), and “lessons learnt” from successful country experiences (Solter and Solter 2013; Talukder, Rob, and Mahabub-Ul-Anwar 2007), and through knowledge management literature, which increasingly values local practice-based knowledge (Bertone et al. 2013). While “best practices” and “lessons learnt” are fully integrated in international organisations’ official jargon, there is little consensus about their meaning and implications for development cooperation (Klein, Laporte, and Saiget 2015). Increasingly, learning growingly takes the shape of the so-called “study tours” whereby country delegates visit other countries to observe their experience with a global social or health reform (Cherrier 2016; FHI 360 n.d.). Yet global health scholars have not studied their role on policymaking in a detailed fashion.

More importantly, in general learning strategies have not questioned the use of global health evidence in policymaking. Only several global health researchers (Janes and Corbett 2009; Storeng and Béhague 2016) concur that “there has been limited attention on how financial resources used to gather evidence may have influenced its creation and presentation” (Hanefeld and Walt 2015, 120). Besides material influence, learning policy experience from elsewhere poses an important risk of bias. Weyland strongly questions the ability of policy actors to “process the relevant information in a systematic, unbiased way” (Weyland 2005, 263). Instead, he asserts that they tend to “rely on cognitive heuristics that make it easier to

select and digest an overabundance of information but that can also distort inferences significantly” (Weyland 2005, 263).

Coincidentally, Parkhurst argues that the way knowledge and scientific facts are conceived by a policy community matters because it is represent their belief system: “existing beliefs, motivations, and values structure the cognitive processes through which evidence is understood and applied” (Parkhurst 2016, 12). But most often, policy actors will tend not to consider these personal beliefs and motivations in their use and selection of knowledge. Parkhurst identifies two biases in the use of evidence in policymaking: a technical bias (i.e., political manipulation and cherry-picking of evidence) and an issue bias (i.e., in the creation of evidence and/or in the selection of the latter). Political manipulation may be exemplified by a situation where “scientific accuracy” is sacrificed when “policy decisions can determine the political or financial survival of involved actors” (Parkhurst 2016, 9). Issue bias may arise particularly when policy actors are “unaware how their value systems, or their group identities, bias their understandings and interpretations of evidence” (Parkhurst 2016, 11).

#### *3.4.3 Emulation: the subjective side of diffusion*

Emulation for its part represents the subjective side of diffusion, as it relates to the “normative and socially constructed characteristics of policies” (Gilardi 2012, 13). Norms get promoted through one main strategy: socialisation (*ibid.*). Key players of this process who own social resources may be called “norm entrepreneurs” (Finnemore and Sikkink 1998), i.e. individual actors who are likely to expand emulation. In this process, self-developing relations (e.g. based on interpersonal communications) on policymaking are key (Cherrier 2016). Such relations inform the development of policy networks whereby individuals connect and gather

efforts and knowledge to actively advocate for a given policy (Hardt 2014). These groupings may in turn convince other actors and form alliances towards a *convergence of beliefs*, i.e. “when the beliefs of actors in the sectors relevant to the policy design [...] converge toward a common understanding of the problem and solutions” (Montpetit 2008, 262). The policy literature on emulation often refers to transnational networks, which is a concrete example of how emulation materialises (Gilardi and Fueglistler 2008). There have been many global health publications on policy networks (Shiffman 2016a, 2016b; S. L. Smith and Rodriguez 2016). Authors tend to undertake macro analyses of global health policies: these provide little insights onto how global health networks influences domestic policymaking. Recent works bring interesting empirical evidence on this aspect but draws from analysis of global civil society networks mainly (Shearer 2014). In general, researchers focus on networks that mobilise around key problematic global health issues and/or to raise awareness about neglected topics. The study of the formation and influence of networks around structural health system reforms is less common (Lee and Goodman 2002).

On top of these three diffusion mechanisms, the policy literature also started investigating other aspects of diffusion processes, such as policy framing (Gilardi, Shipan, and Wueest 2017). Here, framing refers to selecting and interpreting available information on a given policy on behalf of others, in view of persuading them of the value or pitfalls of a given policy. Obviously, those who design framing strategies seek to approach the most influential actors (Radaelli 1995). For instance, diffusion agents may promote a policy by linking it to popular ideologies or existing national strategic orientations. Framing strategies have been recently explored in several global health studies (Benatar 2016; Labonte and Gagnon 2010; McInnes and Lee 2012; Shiffman et al. 2016), most often to describe the drivers of collective

movements (e.g. for improving maternal health). To our knowledge, none of these studies have investigated framing as specific strategies of diffusion agents.

We apply this set of concepts about diffusion agents' characteristics (belief system, motivations, and resources at hand to build authority) and strategies to an empirical investigation. The purpose is to explore whether and how these different categories may apply to PBF diffusion.

#### **4. Exploratory empirical investigation**

In the case of PBF in Sub-Saharan Africa, diffusion agents are threefold: individuals (European and American consultants and scholars), networks (communities of practice, alumni associations, etc.) and institutions (international organisations and NGOs). Based on preliminary desk reviews of key PBF documentation (grey literature, scientific papers, web pages about PBF, LinkedIn pages about most influential individuals), we describe their genesis and main characteristics in 4.1, and their strategies in 4.2. Lastly, we turn to the facilitating opportunity structure that enabled their action (4.3).

##### *4.1 Genesis and characteristics of performance-based financing diffusion agents*

The community of PBF diffusion agents is framed in economics (4.1.1). Their motivation is two-fold (4.1.2). They have a number of assets, including scholar, social, and political influence as well as temporal resources (4.1.3), and material resources (4.1.4).

#### *4.1.1 A representation system shaped around economics*

What we call the *PBF diffusion agents* share “the contemporary dominant belief system and its frames for global thinking”, which are characterised by an emphasis on “individualism, freedom [and autonomy], philanthropy and an economy dominated by market considerations, all of which give priority to monetary value [...] in all aspects of life” (Benatar 2016, 3). What shaped this belief system?

The main institution involved in PBF in LMICs – The World Bank – is an institution that is rooted in economic thinking (Hammer 2013). Besides, the three key individuals who are claiming the paternity of PBF all have a strong training background in economics and/or health financing (Fritsche et al. 2014). The core diffusion agents share a common cultural background that is embedded in economics. It would therefore seem logical that these actors orient themselves towards a policy solution that is well rooted in economic theory, even in the field of healthcare (The World Bank 2015b).

Economists typically value effectiveness and efficiency of interventions. NPM precisely aims at improving the effectiveness of the public sector: this is why economists are typically seduced by NPM. Even if it does not represent a complete change of paradigm, NPM does bring new flavour to public sector governance that relate to the private sector: contractualism. (Lane 2000). PBF typically involves a contractual relationship between the health providers (whether public or private), the purchasing agency, and the verifier (often, civil society organisations) (Fritsche et al. 2014). Directly referring to contractualism, PBF thereby relies on principal-agent theories (Renmans, Paul, et al. 2016). In the latter, the interests of the principal (an organisation or individual) and the agent (the organisation or individual engaged

by the principal to fulfil a task) can be aligned “in a way that both parties benefit or gain utility” (The AIDSTAR-Two Project 2011, 10). The interests of both parties must be aligned with predefined objectives (i.e., the performance targets). In PBF, the principal is the purchaser, i.e. the one setting the targets and buying results from the providers in predefined catchment areas. The agent is the provider, i.e. the one undertaking actions which will improve the volume and quality of services, thereby achieving the agreed-upon health targets or goals, in exchange for the payment of a premium (*ibid.*).

If diffusion agents share the same broad values born, they may buy into different economic currents and therefore not necessarily agree with some specifics. At the individual level, based on the available literature, we noted some emerging differences of ideological positioning between A and B, one favouring institutional arrangements while the other seemed to prefer straight-up private sector principles (e.g. competition between facilities and privatisation of drug provision facilities) (Meessen 2013; Soeters 2010). Do these slightly differing belief systems affect the relationship with domestic actors and thus policy diffusion? A simple review of the literature does not enable to answer this question: qualitative data are needed.

#### *4.1.2 The nature of PBF diffusion agents' engagement*

In the case of PBF, diffusion agents' motivation is two-fold: they are genuinely seeking solutions to the under-utilisation of healthcare services, and they are also pursuing self-regarding interests.

First, PBF is set to contribute to solve a wide range of “wicked problems” (Rittel and Webber 1973) impeding wide utilisation of health services by populations of many SSA countries: suboptimal quality of healthcare, low motivation of health workers, costly staff mix, etc. (Turcotte-Tremblay et al. 2016). Diffusion agents believe that PBF represents a valuable solution to address these issues.

Second, pilot programmes of PBF in SSA are promoted, designed, funded, implemented, and evaluated by many external actors (multilateral and bilateral donors, and NGOs) (Gautier and Ridde 2017). This would suggest that they perceive PBF as perpetuating their interests in an efficient way. This is coherent with the vision of HRITF, which promotes the idea that PBF delivers a return to those who invest in taking it forward, along the lines of performance-based contracting (Basis for Decisions to use Results-Based Payments in Norwegian Development Aid n.d., Payment by Results Strategy n.d.). Indeed, the inherent idea is that implementing PBF purportedly entails better monitoring of funded activities – thereby allowing in SSA countries the emergence of systems that would better track aid funding in general (Barnes, Brown, and Harman 2015). These institutional “self-regarding” interests may conflict with individuals’ interests, which relate to both career advancement and increased recognition in global health. However, it was impossible to test this proposition only with literature.

#### *4.1.3 Mobilising human resources’ best assets*

Our third proposition was about the importance of combining diffusion agents’ forces. The World Bank and other international organisations (e.g., USAID) strongly involved in diffusing the PBF idea benefited from a favourable positioning – their robust political

influence in the international as much as the domestic political arenas – and an established reputation based on the long-time expertise provided to LMICs which asserted their credibility. They had both political and expert authorities. The three individuals described above were complementary – one (A) was seen as someone with strong scientific, expert, and social resources (Institute of Tropical Medicine Antwerp 2016), another one (B) was described as a particularly strong expert who also had time to dedicate to a cause (Soeters 2010), and the last one (C) with solid expert and political resources (Fritsche et al. 2014; Siéleunou 2014). Among these actors, expert authority was the most salient: all of these diffusion agents had time to develop a social network, build up financial security, and create and disseminate knowledge. All the resources appeared to be ready to initiate a movement – at that point what was still lacking was the availability of large financial resources.

#### *4.1.4 Empowering the political apparatus: marketing the PBF policy*

In the case of PBF, the availability of funding provided by donors (both multilateral and bilateral) for promoting PBF played an instrumental role. The diffusion of PBF, which included framing, emulation, learning, and cooperation activities, demanded critical fundraising capacities. In 2007, under the leadership of a handful of employees at The World Bank (among one of them, C), the institution created the *Health Results Innovations Trust Fund* (HRITF)<sup>3</sup>. Administered by the Bank, the HRITF was able to generate funding from two countries: Norway and the United Kingdom. These countries, which saw value in the PBF idea, conditioned their financial provisions to the implementation of robust impact evaluations of PBF. Therefore, since its inception the HRITF has been providing grants to

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<sup>3</sup> Created in 2007, the multi-donor fund's missions are: to raise 2,4 billion USD\$ through the World Bank's International Development Assistance, offering technical assistance in countries, and producing and dissemination evidence-based knowledge for a successful implementation of PBF.

support the evaluation of PBF programs: “this support includes capacity building among country teams for implementing impact evaluations to promote the sustainability of this evidence-based policymaking model” (Elridge and TeKolste 2016, 3).

Large amounts of money transited through this innovative trust fund: as of July 2015, nearly US\$ 400 million had been committed for 36 programmes in 30 countries, linked to US\$ 2.2 billion matching grants from the International Development Association (The World Bank 2015a).

#### *4.2 Strategies developed by performance-based financing diffusion agents*

Thanks to the mobilisation of funding and critical human resources’ assets, PBF diffusion agents developed a complex apparatus of strategies to diffuse PBF. These include: framing of PBF through the use of prevailing discourse (4.2.1), generating emulation around the making of a PBF community (4.2.2), iii) producing and disseminating multiple forms of knowledge towards faster learning (4.2.3), and iv) facilitating country-level cooperation (4.2.4).

##### *4.2.1 Framing PBF around prevailing international discourses*

PBF promoters mobilised two types of widely-accepted international discourses which can be summed up in the following sentence: PBF is supposed to “promote reform in a way that is locally owned and accountable”. The first part, which refers to local ownership, frames PBF as an idea coming from SSA countries – a suggestion that is defended by a “significant number of external funders” that were interviewed by Barnes et al. who also asserted that “African countries had been clearly demanding such an intervention within health systems for

a long time” (Barnes et al. 2014, 24). The second part, highly connected to NPM theories, mobilizes the discourse of “good governance”. It suggests that PBF would lead to increased accountability and transparency, while securing better autonomy (Peerenboom et al. 2014; Turcotte-Tremblay et al. Forthcoming). Accountability is inherent to PBF: providers cannot be paid if the tasks that are assigned have not been verified and counter-verified. This entails the production of systematic reports that may increase the workload of health providers and managers (Turcotte-Tremblay et al. Forthcoming). Yet, the PBF model is also “sold” as something that could enhance health workers’ entrepreneurial spirit (Soeters, Habineza, and Peerenboom 2006; Toonen et al. 2012; Witter et al. 2013). All of these ideas bring frames coming from the private sector into public health facilities.

Perhaps in an attempt to synthesise both types of framing, there have been repeated references to “best practices” allowing better efficiency (Klein, Laporte, and Saiget 2015). This matched the logic of standardising key successful experiences of PBF in SSA. Correspondingly, with the inception of the wave of study tours, PBF got framed in the language of South-South learning, whereby “flagship countries” would become the success stories from which any other SSA country could learn.

#### *4.2.2 Stimulating emulation around a PBF community*

Funding and ideas have both strongly developed a sense of community, thereby consolidating emulation around PBF. A range of networks – mostly informal ones – emerged around influential diffusion agents.

The HRITF-funded projects, which included a variety of activities for domestic actors across the African continent (see 4.2.3), sparked the development of a PBF community (Barnes, Brown, and Harman 2015). Consolidating this international network, the HRITF also has been organising gatherings on yearly basis of PBF implementers from all countries receiving HRITF funding, and World Bank researchers. The HRITF online platform (<http://www.rbfhealth.org>) provides a number of resources and online trainings.

Concurrently, another vocal, “practice-based” PBF network on the African continent emerged: the PBF *Community of Practice, CoP* (created in early 2010). Most of its members are Africa-based experts, consultants and civil servants. The network also has an online-based forum (<https://groups.google.com/forum/#!aboutgroup/performance-based-financing>) and two blogs (<https://performancebasedfinancing.org> and <http://www.healthfinancingafrica.org>) where members debate a variety of topics related to PBF. The main forum facilitator and blogger is A – one of the North-based individual diffusion agents described above. Under his leadership, face-to-face meetings and webinars around key PBF themes have been organised. The CoP’s goal is to value, produce, and share practice-based “experiential” knowledge resources (i.e., based on local experience of PBF) (Bertone et al. 2013). Altogether, these activities have contributed to expand the PBF community, and sparked subnetworks at the national level (Equipe de facilitation du hub “CoPs” Bénin 2015).

Besides, a private company providing regular training sessions on PBF in different SSA countries, has developed a network of former alumni that frequently communicate with each other (SINA Health 2017a). This company is headed by B. Some pioneering NGOs, such as Cordaid (RikuE 2009), also developed their own network of professionals and advocates.

#### *4.2.3 Producing and disseminating different types of PBF-related knowledge*

Once the networks are constituted, the common language that brings them together ought to be disseminated through the production and diffusion of PBF resources. A complete apparatus of strategies have been undertaken by diffusion agents to do so. First, as stated above, each project executed with HRITF funding required to implement an impact evaluation (P. Schneider 2014). This generated a collection of costly, lengthy, and complex randomised studies to investigate the effects of PBF. Both technical and issue biases may be numerous, especially given that the same institution is involved in technical assistance, funding, and evaluation. This aspect appears to share strong similarities with Common's study where the elite was controlling and directing the flow of knowledge (Common 1998a).

In addition, so as to ensure success of pilots, external actors financially and technically supported the training of waves of domestic actors from SSA countries. A wide range of training manuals were developed by diffusion agents – one by The World Bank in collaboration with a few independent consultants (Fritsche et al. 2014), another by the private company which specialises in PBF training in SSA countries (SINA Health 2017b), and others by a number of European and American NGOs. Besides, as mentioned above, PBF pioneers on the African continent (Rwanda and Burundi) served as particularly strong sources for learning country experience. This sparked a wave of study tours, that were actively promoted and funded by the HRITF and The World Bank itself (The World Bank Group 2014).

In countries, learning from PBF experience across different administrative levels (i.e., district or regional levels vs. central level) has been under-documented. Future analyses are needed on this particular issue.

#### *4.2.4 Facilitating country-level cooperation*

Health-sector financing, technical assistance, and trainings were offered to governments showing interest in PBF (P. Schneider 2014). The implementation of small- or middle-scale PBF pilot schemes was officially done in close collaboration with domestic actors. These pilots mobilised a wide range of actors: the ministry of health, decentralised authorities, health providers, NGOs, technical assistants (often: international consultants), and external funder(s). Cooperation between all these actors often proved to be challenging (Chimhutu et al. 2015; Paul et al. 2017). These challenges may linger should consensus-building strategies (for instance, in the form of informal lobbying between external and domestic actors) prove to be unsuccessful. We found little insights on this in the available literature: further empirical research would contribute to unpack this aspect.

Besides, as noted above, pilot schemes were fully funded by donors. When funding will be over, there are uncertainties about how countries will take over the implementation of PBF. For instance, independent evaluations of World Bank-funded PBF programmes point that: “[m]ost governments have not assumed financing responsibility in their recurrent budget for the cost of these programs” (P. Schneider 2014, xii). The ways through which domestic policymakers and diffusion agents cooperate to ensure financial sustainability should be further investigated.

#### *4.3 The critical success factor: a favourable opportunity structure*

We argue that a favourable opportunity structure is instrumental to achieve fast and sustainable policy diffusion. This opportunity structure was shaped by two major features stemming from globalisation. First, with globalisation came enhanced and faster ways of communication (e.g., online exchanges through the Internet, webinars, etc.). Second, the intensification of foreign exchanges combined with an increased competition between transportation providers both contributed to the rise of traveling (e.g., flying across the world becoming less costly, thereby increasing the opportunities of study tours across Africa). PBF diffusion was probably faster thanks to these two contextual features. Older HCF reforms did not benefit from the same enabling factors. In the case of PBF, because diffusion agents were able to bring their resources together and benefit from such facilitating opportunity structure, they had gathered all the conditions to enable a fast and successful diffusion.

### **5. Conclusion**

This is to our knowledge the first research that looks into the features of diffusion agents in such depth of detail. In-depth descriptions of actors' belief systems, motivations, types of authority – directly inspired from Hassenteufel's typology –, and strategies, may be useful to policy analysts, whether in global health or in other sectors involving a context of development cooperation in SSA countries. All of the components of our proposed framework – agents' characteristics based on their representation systems, motivations, and types of authority; and agents' strategies – were applied to the case of PBF diffusion in SSA countries. Based on preliminary findings from a literature review, an in-depth description of diffusion agents was obtained thanks to this promising framework.

Based on these theoretical reflections, propositions 1, 2, and 3 were tentatively tested using data from grey and scientific literatures. As per proposition 1, our preliminary investigation indicates that, in the case at hand, diffusion agents purportedly undertake strategies to secure policy diffusion. Also, the facilitating opportunity structure, which increased ways of communication and possibilities of cheaper traveling, was instrumental in fastening the diffusion process. The idea that an essential but not sufficient condition for a given policy to diffuse is that actors enjoying different categories of authority join their resources together (proposition 3) also appeared to be valid. Yet, individual efforts mattered the most: without them, it would have been neither possible to harness actors' mobilisation around an active network (such as the PBF community of practice) nor raise the necessary financial resources around the World Bank-coordinated HRITF (Vergeer and McCune 2013). Nor would have it been possible to bring the PBF community together, i.e. all the actors that promote, implement, or evaluate the approach.

However, PBF diffusion is still undergoing on the African continent, and the issues highlighted as to country-level cooperation raise many questions on the sustainability of the diffusion model. Future investigations are needed to understand the possible trajectories that PBF will take in the future on the African continent. Therefore, all three propositions remain to be confirmed by supplementary data. In particular, proposition 2 (representations, interests, and resources not matching fully may hamper diffusion) must be empirically tested with interview data.

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