P06 / The political determinants of health: how health policies, health governance and institutional arrangements affect health systems organization and reform in the post pandemic era

Topic : HEALTH POLICY

Chair : Michele Castelli (Università degli Studi di Milano-Bicocca)

Second Chair : Federico Toth (Università di Bologna)

GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

The aim of this panel is to discuss how effective health policies, institutions and health governance could inform health systems improvements and health systems reforms in the post pandemic era.

Multiple challenges affect heath systems around the world, like (among others) the ageing of the population, the technological developments, the lack of health workforce and health inequalities. While an adequate level of health expenditure is essential to develop effective and resilient health systems, that's not enough: we need to better understand how other factors (like the roles and responsibilities of different actors, intersectoral collaborations, models of governance, regulation, etc.) contribute to build strong and effective health systems and what lessons could be shared between different countries.

The panel focuses in particular on the political determinants of health (the role of different actors, their interaction, the relation with other areas of public policies, the decision-making process, the impact of contextual factors, etc.) in order to understand and investigate which elements affect health systems' organization and which lessons have been learnt to improve health systems' reforms and health systems' governance around the world. The panel is also aimed at discussing and sharing experiences of health systems' reforms that have been developed/are currently developing to improve health care systems and health policymaking around the world.

While the panel is open to discuss the multiple dimensions of these lessons and experiences, its main focus is on their 'policy' implications and it is aimed at addressing the following questions:

- How do institutional arrangements and health systems' models of governance affect health systems reforms?

- Which has been the role of different actors in shaping, developing and implementing specific health policies?

- Which are the key aims of recent reforms and how these try to tackle current challenges affecting health systems?

This panel will provide public policy scholars from all over the world with the opportunity to share and discuss experiences, challenges and lessons on the health policymaking process (from its formulation to its implementation) and on its impact on health systems improvement and health systems reforms.

The panel welcomes papers with both a 'single country' or a comparative perspective, in order to facilitate reciprocal learning between different countries and to offer a contribution to the policy, societal and academic debates concerning health systems developments and health systems reforms. Papers focused on both developed and developing countries are welcome.

CALL FOR PAPERS

This panel aims at bringing together people with different disciplinary backgrounds and professional experiences to discuss how effective health policies, institutions and health governance could inform health systems improvements and health systems reforms in the post pandemic era.

In order to address this issue, the panel welcomes paper from different disciplines like (but not limited to) health policy, social policy, health economics and health management and with different focuses and aims

(theoretical, empirical, policy oriented).

The panel accepts papers based on both primary and secondary data a well as literature reviews and case studies.

Contributions could focus on areas like (but not limited to) the following:

- Models of governance and their impact on health systems

- The role of different actors within health systems and health policies

- The relation between policymakers, healthcare professional and scientific advisors in the decision making process

- The empirical experience and evidence of recent health systems reforms

- Evidence on how health systems address current challenges (like AI, workforce retention, integrated care, etc.)

- How to address and reduce health inequalities

- The role of supranational organizations (like the EU) and international organizations (like WHO) in driving health systems reform and their relation with policymakers and other relevant actors at country level

The panel especially welcomes papers that could contribute to better understand (theoretically and / or empirically) which factors are crucial for effective health systems improvements and how lessons could be shared between different contexts.

Papers with an international/comparative perspective are particularly welcome but papers focused on a single country case study are also welcome.

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Session 1

Wednesday, July 2nd 13:45 to 15:45 (C5)

Discussants

Adam Hannah (University of Queensland)

Fawziah Almalki (Umm Al-Qura University)

The Regional Determinants of Healthcare Services Centralization

Lisa Asticher (University of Bern)

The aim of this paper is to identify movements in the centralization of key hospital services (emergency, maternity and operating rooms) in Switzerland and to explores its local and regional economic and political causes as well as consequences.

There is a global trend towards the centralization of hospital services (Baier et al. 2019; Postma and Zuiderent-Jerak 2017). Centralization is not a self-evident issue, as it is not only a matter of public health, but also of economics and politics. The closure of regional hospitals services such as emergencies is often the subject of headlines in Switzerland, and of referendums and initiatives. It's a particularly topical and emotional issue. Despite the salience of the topic, few studies in Switzerland have focused on this phenomenon, and even fewer from a political, economic or social perspective. Using data from the Swiss Federal Statistical Office regarding services provided by each hospital in Switzerland, disaggregated to municipal level, and combining them with economic, political and socio-demographic data at municipal, regional and cantonal level, this paper aims to take some of the mystery out of the black-box of healthcare services centralization.

Baier, Natalie; Geissler, Alexander; Bech, Mickael; Bernstein, David; Cowling, Thomas E.; Jackson, Terri et al. (2019): Emergency and urgent care systems in Australia, Denmark, England, France, Germany and the Netherlands - Analyzing organization, payment and reforms. Health policy (Amsterdam, Netherlands) 123(1), pp. 1–10

Postma, Jeroen; Zuiderent-Jerak, Teun (2017): Beyond Volume Indicators and Centralization: Toward a Broad Perspective on Policy for Improving Quality of Emergency Care. Annals of emergency medicine 69(6), 689-697.

Access to Mental Health Services Among Palestinian Arab Citizens of Israel Following the Mental Health Reform: Attitudes, Barriers, and Facilitating Factors for Utilization

Nihaya Daoud (Ben-Gurion University of the Negev)

Background:
The mental health reform (MHR) in Israel came into effect in July 2015, transferring responsibility for mental health services (MHS) from the Ministry of Health to the health maintenance organizations (HMOs) and defining a mandatory service package. The reform aims to create a continuum of care by integrating physical and mental health treatment, improving quality of care, reducing stigma, and increasing the

availability and accessibility of services. It also seeks to reduce disparities by encouraging the use of MHS among populations with relatively low utilization rates, such as the Palestinian Arab population (here after Palestinian). The Palestinian citizens are an indigenous minoritized population that faces multiple barriers in accessing MHS.

Study Objectives:

This study aims to assess the prevalence of psychological distress, help-seeking behavior, utilization patterns, barriers, and facilitating factors in accessing MHS among Palestinian citizens following the implementation of the mental health reform (MHR).

Methods:
A mixed-methods study, both quantitative and qualitative, was conducted between 2020 and 2023 during the Covid-19 pandemic. The quantitative component included a population-based telephone survey with a sample of 507 participants, who were interviewed using a structured questionnaire in Arabic. The qualitative component involved 60 in-depth interviews with: 12 policymakers and senior officials from the Ministry of Health and HMOs, 8 mental health professionals, 40 patients from two mental health centers. The qualitative interviews underwent thematic analysis, while the quantitative data were subjected to statistical analysis.

Quantitative Findings: Among the 507 survey participants, 35.9% reported experiencing psychological distress, of whom 39% sought formal or informal assistance, but only 18 individuals utilized formal MHS. More than half (54.9%) reported barriers to seeking care, including: long waiting times, technical difficulties in scheduling appointments, logistical challenges in reaching clinics, cultural gaps, perceived intolerance, lack of empathy, and experiences of racism in MHS, low health literacy regarding MHS.

Qualitative Findings: The MHR brought into the expansion and greater distribution of community-based MHS, bringing them closer to the population, reducing stigma, and increasing service utilization. However, it also resulted in longer waiting times, although continuity of care within the community improved. In Palestinian community, the situation was more severe and complex. Due to the historical lack of development of MHS, the reform highlighted existing gaps in the MHS infrastructure. The prolonged waiting times led to a decline in the quality of care. Most Palestinian patients received medication-based treatment without supportive therapy, were not provided with rehabilitation services, and were unaware of their health rights. The MHR also created bureaucratic and systemic barriers imposed by the HMOs, which complicated access to care for patients and their families and ultimately reduced the quality of care.

Conclusions and Recommendations:
The reform improved accessibility and availability of MHS in Arab society, leading to better attitudes and increased utilization of these services. However, significant systemic, political, economic, organizational, and social barriers emerged. Addressing these barriers is crucial to enhancing the MHS framework within this community.

(Virtual) Applying Institutional Theory and Implementation Science to Address Policy Barriers in Combating Malaria and Dengue in Southeast Asia

Christopher Moore (University College London, University of London)

Communicable diseases account for 40% of the 14 million annual deaths across Southeast Asia, meaning it is highly vulnerable to outbreaks of emerging diseases including vector-borne diseases such as Dengue and Malaria. Consequently, healthcare demand is increasing rapidly, driven by factors like economic and population growth, whilst health systems remain underdeveloped to effectively address disease outbreaks. Therefore, understanding how the key actors in this space can exercise their position and authority to not just deliver activities, but to also innovate and expand upon them, is key to understanding how developing countries can most effectively evolve their responses to these endemic diseases and fluctuating outbreaks.

This paper incorporates outputs from a systematic review and accompanying research, that investigates the current and historic policy interventions in response to dengue and malaria in Southeast Asian countries. It looks specifically at the role of policymakers and street-level bureaucrats (SLB's) or community health workers specifically and discusses and assesses the impact and role of actors in these groups who respond to dengue and malaria, as well as those of community/voluntary healthcare workers. It also seeks to answer what role can and do these street-level bureaucrats have in the interplay between policy creation and delivery regionally and how can this be leveraged further for policy development and innovation diffusion. This is achieved via analysis through two theoretical lenses. Firstly, Institutional theory to explain the complex exogenous and endogenous sources of policy development and reform. Specifically, the role of "institutional entrepreneurship" and how actors can facilitate non-incremental health policy change in complex institutional settings where there are established traditions and practices. Secondly, implementation Science, which has an important role in promoting the uptake and implementation of evidence-based public health policies.

The initial literature search produced N=1656 publications that were screened for relevance to the search criteria, fielding N=46 papers for the final review. Analysis highlights the way that coercive, memetic and normative institutional practices influence the ability of actors to entrepreneurially enact change in response to health challenges. It also looks at the implementation challenges and enablers as set out within implementation science literature, to assess specific policy or programs discussed in the publications. This identifies common obstacles and how these were overcome, identifying common or disparate experiences across the healthcare sector in the Southeast Asia region.

This paper applies two novel theoretical approaches to health policy analysis, which not only highlights the institutional and implementation challenges of enacting health policy change in the region and associated lessons learned, but also the validity of using these theories in future health policy research.

(Virtual) The Politics of Collaborative Governance in Local Health Promotion in the Philippines: Determinants, Risks, and Institutional Reforms

Rizalino Cruz (University of the Philippines Diliman)

Reiou Regie Manuel (University of the Philippines Diliman)

Public health promotion at the local level is a critical yet often overlooked aspect of health governance in the Philippines. While health promotion initiatives have been studied, there is limited empirical analysis on how local governance structures, political dynamics, and institutional coordination shape health promotion implementation at the local level. Given the decentralized nature of health governance in the country, frontline health workers, local officials, formal and informal institutions play a pivotal role in health promotion. However, there are challenges and constraints that can hinder the effectiveness of various initiatives.

The paper tackles the factors shaping collaborative governance in health promotion by local government units (LGUs). Specifically, it raises the questions: What are the transaction costs operating in the political system that can impede collaboration among local stakeholders? How do collaboration risks affect local health promotion implementation? What are the institutional reforms undertaken to enhance stakeholder collaboration for health promotion?

The study applies the transaction-cost politics and the Institutional Collective Action (ICA) Framework to answer these questions. It employs a mixed-methods approach where a case study on Caloocan City is initially developed to identify relevant factors affecting collaborative governance. This qualitative component—through key informant interviews, focus group discussions—provides deeper insights into the governance challenges and enablers of local health promotion. Then, a quantitative analysis is conducted to test and validate the determinants of successful barangay health promotion, focusing on political support, inter-office collaboration, resource allocation, and community participation. Caloocan City has 188 barangays (the smallest administrative and political units in the country) under its jurisdictional supervision. The unit of analysis is the barangay health centers, where some barangays share the same health center, influencing inter-barangay collaboration and governance structures.

Preliminary findings suggest that barangay health promotion mirrors many governance challenges found at the city level, particularly in political influence, resource disparities, and bureaucratic misalignment. However, barangays also exhibit unique governance patterns, such as stronger reliance on informal networks, social capital, and community-driven initiatives to overcome institutional barriers. This study contributes to policy discussions on local health governance and decentralization, emphasizing the need for institutionalized collaborative mechanisms, evidence-based policymaking, and governance structures that support barangay health systems. The findings offer policy recommendations for enhancing LGU-led health promotion in the Philippines, ensuring that barangay-level initiatives remain resilient, sustainable, and politically adaptive in the post-pandemic era.

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Session 2

Wednesday, July 2nd 16:00 to 18:00 (C5)

Discussants

Nihaya Daoud (Ben-Gurion University of the Negev)

Michele Castelli (Università degli Studi di Milano-Bicocca)

(Virtual) Unleashing Australia's health politics: political capacity and the health workforce crisis

Adam Hannah (University of Queensland)

Access to health care is being undermined by ongoing shortages and maldistribution of health workers. While the COVID-19 pandemic has exacerbated retention issues, even wealthier countries have faced long-standing challenges in properly staffing their health systems. However, the political barriers to addressing workforce shortages are significant and require close examination if universal access to care is to be protected. This paper focuses on current efforts to address the crisis in Australia. It utilises a novel political capacity framework to analyse the strategies used by public agencies and health worker groups, such as medical associations, colleges and labour unions, in the presumed lead up to reform. In particular, it evaluates the Australian Government's emphasis on independent reviews to set the stage for policy change and highlights potential drivers of policy inaction.

Government Effectiveness of The Health System in Canada and Saudi Arabia.

Fawziah Almalki (Umm Al-Qura University)

Abe Oudshoorn (Western University)

The COVID-19 pandemic has highlighted critical challenges affecting health systems worldwide and underscored the need for essential reforms to enhance health system performance and optimize population health. Key issues include health workforce shortages, aging populations, and persistent health inequities. Effective health reforms go beyond financial investment in health expenditure; they offer a strategic approach to strengthening the health system's structure and functionality. A pivotal area for reform lies in understanding the diverse models of governance and their impact on health system outcomes.

Governance is a foundational concept in health systems, and a crucial sub-concept within governance is government effectiveness. This study aims to explore government effectiveness in the health systems of Canada and Saudi Arabia, focusing on how it manifests under two distinct governance models. The guiding research question is: How does the process of government effectiveness, in terms of health policy development and implementation, unfold within the health systems of Saudi Arabia and Canada?

A comparative case study methodology, as described by Stake (1995), was employed for this research. To account for system complexity, multiple data sources were used. Primary data included interviews with 32 participants (15 in Canada and 17 in Saudi Arabia) representing healthcare providers, managers, policymakers, academics, and researchers. Secondary data comprised health system documents and

analyses conducted using Critical Discourse Analysis (CDA) (Van Dijk, 1993). The analysis identified four themes that encapsulate key components of health sector governance:

-Health is Political
-Health System Privatization
-An Outdated System vs. A System Catching-Up
-Social Determinants of Health (SDoH) and Cross-Sectoral Collaboration

Based on these findings, we propose the following policy recommendations:

-Learning from and scaling up successful health plans and achievements is essential for both Canada and Saudi Arabia. Identifying and replicating effective practices within each health system is critical for broader application and generalization in their respective contexts.
-The Social Determinants of Health (SDoH) extend beyond the control of healthcare systems alone. Restoring optimal health requires a collective effort involving all stakeholders across the social and healthcare sectors. To operationalize SDoH initiatives effectively, an incentivized system should be implemented.
-Comprehensive data collection on health and social indicators must be prioritized across provinces, territories, and regions. A centralized national entity could oversee data collection processes to ensure uniformity and utility, while provincial and regional jurisdictions should focus on capturing local-level nuances to address community-specific needs.

By addressing these policy arrangements, health systems can better respond to areas of failure, avoid the pitfalls of unchecked privatization, and evolve into structures that are more responsive to the actual needs of populations.

Note: I have a fifth author whose name I was unable to add above.

Independence, Accountability, and Scope of Responsibilities: A Comparative Study on the Governance Model of Disease Control in China and Europe in the Post-COVID Era

Zhijia Tian (Nankai University)

The establishment of the National Disease Prevention and Control Bureau (NDPC) in 2021 marks a significant reform in China's public health governance following the COVID-19 pandemic. This newly established institution reflects China's efforts to synthesize lessons learned from the pandemic and implement reforms in disease prevention and emergency response. However, systematic academic analyses of its institutional logic, governance model, and functional scope remain limited. To bridge this gap, this study adopts the analytical framework proposed by García et al. (2020) and evaluates the NDPC from three key governance dimensions: political independence, social accountability, and scope of responsibilities.

This study employs a comparative approach by applying the same evaluation procedures and indicators to the European Centre for Disease Prevention and Control (ECDC), aiming to identify similarities and differences in governance logic between China and Europe. The three systematically assessed indicators are as follows:

Political independence: Examining the agency’s autonomy in personnel appointments, budget control, and decision-making authority, particularly during public health emergencies.
Social accountability: Analyzing transparency in decision-making processes, mechanisms for public participation, and stakeholder engagement (e.g., local governments, healthcare professionals, and the general public).
Scope of responsibilities: Assessing the agency’s responsibilities in disease surveillance, risk assessment, emergency response, and health education, as well as its coordination with national health administrative bodies.

The study draws upon law, governmental regulations, and relevant administrative documents as data sources. A standardized scoring method is employed to quantify the governance structures of both institutions, thereby revealing systemic differences. This research contributes to filling the academic gap in the analysis of China’s NDPC and enhances the understanding of China’s disease prevention governance logic in the post-COVID era. By comparing governance models in China and Europe, this study aims to provide policy recommendations for optimizing China’s disease prevention system and fostering global public health cooperation.

Juanatey, A. G., Jordana, J., Durán, I. P., & Royo, D. S. (2021). Independence, accountability and

responsibilities of quality assurance agencies in higher education: European and Latin American countries compared. *European Journal of Higher Education, 11*(2), 175-196.

Strategies to Promote Vaccine Uptake in the COVID-19 Pandemic: Exploring the "Ladder of Intrusiveness" in Three Countries

Michele Castelli (Università degli Studi di Milano-Bicocca)

Federico Toth (Università di Bologna)

Context: A key task for countries around the world facing the COVID-19 pandemic was to achieve high vaccination coverage of the population. To overcome "vaccination inertia," governments adopted a variety of policy instruments. These instruments can be placed along a "ladder of intrusiveness" based on their degree of constraint of individual freedoms. The aim of this study is to investigate how the governments of three European countries moved along the ladder of intrusiveness and how the choice of policy instruments was influenced by contextual factors.

Methods: The study draws on secondary data sources, including academic and gray literature, policy documents, and opinion polls, over an observation period from December 2020 to summer 2022. The study employs inductive logic to analyze data and identify the factors explaining similarities and differences across England, Germany, and Italy.

Findings: The study identifies similarities and differences in how the three countries advanced along the ladder of intrusiveness. Contextual factors such as policy legacy, social acceptability, and ideological orientation contribute to explain the observations.

Conclusions: Country-specific contextual factors play an important role in understanding the choice of policy instruments adopted by the three countries. Policy makers should carefully consider these factors when planning immunization strategies