P02 / The Role of Policy Actors in the Territorialization and Regionalization Processes of Healthcare Systems

Topic : HEALTH POLICY

Chair : Patrick Hassenteufel (Université Paris-Saclay)

Second Chair : Nils Bandelow (Technische Universität Carolo-Wilhelmina Braunschweig)

GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

Recent developments in health policy literature have increasingly highlighted the substantial role that local, regional, and national actors play in the structuring and adaptation of healthcare services (Terlizzi, 2019; Terlizzi & Esposito, 2021; Bandelow et al., 2024). These policies include not only the classic objectives for healthcare such as affordability, quality and equal access and provision of services for the entire population. They also address new health policy issues like shortage of skilled healthcare workers and strengthening of public health. Public health is especially of interest with the integration of the health system not only with regard to different parts of the health sector but also to other policy sectors such as education, food, environment, housing or transport, for which local authorities have some competencies. The perspectives of integrated care and public health also address the recent multiple crises such as the COVID 19 pandemic, populism and climate change.

Using the notion of territorialization to analyze these transformation processes is a way to go beyond the dominant comparative perspective on subnational dimensions of health systems based on the more institutional notions of regionalization, decentralization and federalism and less bottom-up oriented. Current research on regionalization in healthcare is dominated by health sciences and not by policy process research. The aim of this panel is to contribute to the development of policy process research on how territorial reforms are designed, circulate and are implemented.

This panel focuses on how policy actors—including political entrepreneurs, advocacy coalitions, and programmatic groups—drive the territorialization of health systems. Such policy studies perspectives offer insights into the conditions and processes shaping health reforms to address the unique social, economic, and political landscapes of different regions.
Programmatic groups, typically comprised of specialists and policymakers, can play an essential role in the design and implementation of local healthcare strategies. These groups leverage specialized expertise and resources to craft programs tailored to regional needs. Programmatic groups also facilitate the adaptation of national health directives by designing solutions specific to diverse political and social settings (Bandelow et al., 2021; Hassenteufel & Genieys, 2021). Policy entrepreneurs emerge as key actors in health policy, often driving regional reforms by capitalizing on "windows of opportunity" to adapt existing systems to better align with local demands. Entrepreneurs build coalitions and secure the backing of local authorities, making use of regional resources and aligning with interest groups to support their objectives (Petridou & Mintrom, 2020; Hand & Birkhead, 2023; Herweg et al., 2023). The Advocacy Coalition Framework (ACF) serves as a valuable lens for understanding cooperation and competition among interest groups advocating for regional health reforms (Bogumil-Uçan & Klenk, 2021; Nohrstedt et al., 2023).

This panel also aims to delve into both the substantive aspects and the contextual conditions underpinning the territorialization of health systems. Regarding the content of territorialization strategies, an important focus is on the discursive and narrative framing. Examining the conditions that frame territorialization processes, we also consider the institutional contexts of both political and healthcare systems.

CALL FOR PAPERS

This panel focuses on how actors—including political entrepreneurs, advocacy coalitions, and programmatic groups—drive the territorialization and regionalization of health systems. It also aims to delve into both the substantive aspects and the contextual conditions underpinning the territorialization of health systems. Regarding the content of territorialization strategies, an important focus is on the discursive and narrative framing: Are these strategies driven by a commitment to strengthening a public health perspective? Do they seek to enhance quality by targeting region-specific health needs? Territorialization might also aim to improve system efficiency, potentially enabling more seamless interactions across subsystems within local

healthcare delivery. Furthermore, do these discourses address external factors, such as regional autonomy movements?
Examining the conditions that frame territorialization processes, we consider the institutional contexts of both political and healthcare systems. How do territorialization strategies unfold within federal or centralized states? Are there differences between types of health systems?
These themes bridge the study of health system territorialization with broader public policy debates and allow for interdisciplinary inquiry that incorporates welfare state research and comparative politics.

This panel examines the complex interplay among diverse actors and theoretical perspectives related to health system territorialization. Policy process research delivers essential insights into how regional health policies are designed and implemented. These perspectives aim to deepen our understanding of actor dynamics and analyze how subnational bottom-up processes impact health system development across various territorial contexts.
We invite submissions to explore the territorial and regional aspects of health systems all over the world. Papers focusing on the role of programmatic groups, policy entrepreneurs, interest groups, political parties, advocacy coalitions, narratives and institutional dynamics as drivers or obstructors of regional health policy development are especially welcome. This panel seeks to understand how these actors shape the processes that allow healthcare systems to adapt to the distinct health, social, economic, and political realities of various regions.

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Session 1

Wednesday, July 2nd 16:00 to 18:00 (SME-G4)

Territorialization as reframing and alignment: the case of primary care in France

Patrick Hassenteufel (Université Paris-Saclay)

Daniel Benamouzig (Institut d'Etudes Politiques de Paris (Sciences Po))

The aim of this paper is to move forward in the conceptualization of the notion of territorialization, which is a way to go beyond the dominant comparative perspective on subnational dimensions of health systems based on the more institutional notions of regionalization, decentralization and federalism and less bottom-up oriented. It focuses more on two dimensions: the reframing of policy issues through territorial lenses and the horizontal connection of institutions, actors, processes and results to improve health on a subnational level by a better coordination in the health sector and with other sectors having an impact on the health of the population. These connections can be analyzed by using the notion of alignment which has a cognitive (sharing the definition of problems and of policy solutions), an institutional (transformation of institutional settings) and an organizational dimension (coordination of policy actors in the policy process). The way actors and institutions align (or not) is also a helpful sociological tool to compare different local territories.
The paper is based on empirical evidence in the case of France (ongoing comparison of local reorganization of primary care processes).

Belonging to a landscape of care supporting exiles - A self-analysis of a programmatic group in Brussels

Céline Mahieu (Université Libre de Bruxelles)

Jennifer Foucart (Université Libre de Bruxelles)

Ana Bengoetxea (Université Libre de Bruxelles)

In her book “Apprendre à bien parler des sciences. La Vierge et le neutrino” (2023), Isabelle Stengers rises the question: ”What potential do scientists hold because of their affiliations? She encourages those who “read the IPCC reports” (2022) “to learn how to build connections with those who have been marginalized”, and to “discover ways to allow themselves to be impacted by a scenario that demands they move beyond the role of the scientist who ‘presents the facts’ ”. The scenario she refers to is the climate crisis, but it is closely related to the topic we are discussing in this paper: the health of exiles. Through asylum processes, which involve local physicians assessing what has happened elsewhere, and through the troubled bodies and minds requesting a breaking down of care and support barriers, this issue connects the regions that these exiles have fled from, those they have traversed, and those they are attempting to settle in.

Exiles (refugees, asylum seekers, and others) are likely to face a multitude of social, legal, and health challenges, necessitating the collaboration of various professions, organizations, and sectors, which are often still sealed off from each other and poorly equipped by existing professional and academic training to address these vulnerabilities. Brussels, at the core of migratory patterns, is particularly impacted.

Building on our disciplinary expertise, while also aiming to surpass it, we, as teacher-researchers in public health, law, medicine, osteopathy, physiotherapy, pharmacy, psychology, nursing, social work, and midwifery at the Université libre de Bruxelles, have endeavored to go beyond the scientific approach that “presents the facts” and have tried to connect with key Brussels stakeholders who work with exiles: professionals (hospitals, medical centers, etc.), associations (le Ciré, Médecins du monde, Sister House,

Maison Babel), and judicial and administrative entities (Conseil du Contentieux des étrangers, Federal public planning service for Social Integration, etc.).

The territorial “teaching-action” project that we co-developed four years ago and continues to progress aims to cultivate, in actual practice, among students and educators in health, law, and social support, the mindsets, practices, and skills necessary to enhance both disciplinary and interdisciplinary support for vulnerable populations and to combat health-related social inequalities. Ensuring access to health care, as well as civil and social rights, by preparing future professionals to work collaboratively through interdisciplinary means and engaging with the associative network, aligns with the university's dedication to social responsibility.

This paper addresses the formation and evolution of a *programmatic group* rooted in the Brussels area and the actors impacting the health of exiles there. Through comprehensive reflexivity instruments, and utilizing resources from the Science studies (Callon 1986), we examine various stages (*problematisation, incentivization, enrolment, mobilization of allies,* and *dissidence*) in the development, setbacks, and successes of this group which we initiated ourselves.

In this context, we will explore the conditions under which a *landscape of care* –according to social geographers Milligan &Wiles (2010) “both a product and a creator of social and political-institutional frameworks for care [that] integrates contextualized politics and policies as well as resources for care provision, from local communities to the macro-global scale” – can or cannot be more effectively deployed to support the health of exiles. This analysis relies on a thorough examination of documents (project descriptions, meeting minutes, email excerpts, etc.) and individual interviews with the principal participants in the plan. This “self-analytical” approach and its implications will also be addressed.

Obstacles to multisectoral maternal and child healthcare financing in Uganda: insights from policy bureaucrats

Maureen Sylvia Kusiima (University of Pretoria)

Gerda Van Dijk (University of Pretoria)

Title: Obstacles to multisectoral maternal and child healthcare financing in Uganda: insights from policy bureaucrats

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Abstract

Maternal and child healthcare (MCH) financing is a global priority, and it is one of the core components of the health systems building blocks. Ensuring adequate MCH financing is critical for better MCH outcomes, but it remains a challenge for most developing countries, including Uganda. This research explores the obstacles to multisectoral MCH financing in Uganda. To deepen the understanding of MCH financing 8 in-depth interviews were held with MCH stakeholder which means that the study adopted a qualitative approach to collect data through interviews and document reviews. The study employed thematic analyses to comprehensively present the data. The study identifies several challenges to multisectoral MCH financing, including the absence of a specific and explicit MCH framework on MCH financing, poor understanding of the meaning of multisectoral collaboration in MCH financing, low acceptance of prepayment forms of financing, and failure to fulfill pledges and government commitments. Moreover, the lack of clear and streamlined stakeholders’ roles and responsibilities, failure to prioritise and include MCH issues in all national policies, and the fragmentation and vertical funding limit the leveraging of MCH resources. Delays in approving the financing frameworks have hindered the implementation of the financing instruments, thus affecting the pooling of MCH funds in Uganda. This study concludes that, considering the diminishing MCH financial resources due to gaps in current financing frameworks, the Government of Uganda should strengthen and enhance its legal and policy financing instruments.

Keywords: Collaboration, maternal and child health, healthcare financing, instruments, stakeholder

responsibilities and roles, policy bureaucrats

The territorial policies of healthcare coordination facing ageing issues in France

Marine Boisson (Institut d'Etudes Politiques de Paris (Sciences Po))

This paper presents the research carried out by the Health Chair of Sciences Po Paris since October 2023 on the territorialization and coordination of the French healthcare system in response to ageing issues. The French healthcare system is facing main challenges, linked to the ageing of the population and of medical professionals, especially GPs. They have led to the development of more coordinated practices between health professionals so as between the healthcare and the medico-social sectors. Observable on a national scale, these dynamics are also at work in sub-national territories. The study examines these dynamics and the relationships between the institutions involved, whether health insurance funds, healthcare professionals (CPTS, URPS) and institutions (ARS, local authorities, DAC, old-age insurance funds), in six metropolitan départements (Meurthe-et-Moselle, Lot, Seine-Saint-Denis, Yvelines, Ille-et-Vilaine and Cher). In this paper, we analyze the local issues of healthcare coordination, its levels of governance, its main policy players, its degree of structuring and its development or slowdown factors.