

GPH 527: DOCTORAL SEMINAR, POLITICAL ECONOMY AND ETHICS OF HEALTH REFORM

INSTRUCTORS' INFORMATION

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TIME AND LOCATION Wednesdays, 3:30-6:30pm
Rm 1110, Building 1

COURSE OBJECTIVES

The primary aim of this doctoral seminar course is to help doctoral students design research studies in the political economy of health system reforms. Sound theories and methods are necessary tools to design innovative and rigorous studies. Moreover, we need theories and concepts to conduct in-depth investigations into complex health systems and the policy processes that established these systems. This course begins by helping students gain a comprehensive knowledge of political economy theories/concepts and the strategic interactions of politics and economics. It then illustrates how these theories and concepts can be applied to explain past events and to design viable and successful reforms by taking into account political, economic, and institutional constraints. In addition, the seminar will take advantage of a current HSPH project to promote health reform in Malaysia. We will attempt to use political economy theory in a prospective way to provide guidance for the political feasibility of proposed reforms. There may be an opportunity for some students to do field research in Malaysia during the Spring Break.

This course identifies the fundamental theories/concepts of political economy that are most relevant to health system reforms, including: historical, political and rational choice institutionalisms. Doctoral students may consider research studies that utilize these political economy theories to:

- Explain why, how and when a health system reform took place.
- Explain why a selected health system reform succeeded or failed in the policy and/or implementation stages.
- Identify certain key political economy factors that would explain the relative outcomes of health system reforms among nations through comparative analysis or econometric models.
- Discover new insights (or develop new concepts/models) about the roles of state capacity in influencing the success or failure of health system reforms.

- Develop approaches to prospective research on political feasibility of reform proposals based on political economy theory.
- Apply what you have learned in this course to a reform topic for the final paper.

For most of you, Professor Reich's seminar course GHP 229, "Theories and Methods of Political Inquiry" has given you the fundamentals of research design, advantages and disadvantages of small-n and large-n study methods, and writing of research proposals. This course will deepen your knowledge in political economy and how it creates opportunities for reforms and shapes the reform measures. We also want you to apply the theory/concepts to your own research.

GRADING CRITERIA

Assignments to measure the students' competence in the course objectives above are:

- Weekly written assignments analyzing the current theories and methods of health system research. These will count for 35% of the grade.
- Student discussion and participation is emphasized. In class participation will count for 25% of the grade.
- Final Assignment (40% of grade).
 - A 15-25 page (double spaced) written **research proposal** which lays out a specific research question, a review of existing literature, a theory, empirical method, and data to answer the research question. Try to draw upon relevant political economy literature in your theory section and when formulating your hypotheses.

Week 1, Jan 28 Introduction (Bossert and Croke)

Introduce the goals and content of the course. Present and discuss the different schools of political economy (PE) theories/concepts that are most relevant to health system reforms. Discuss how PE theories explain why and how health system reforms come about? Why and how PE may explain the different outcomes when the same reform was adopted by several nations? Why and how political economy determines the design of HS reforms? How can we use political economy analysis in prospective ways to help make choices of technical reforms more politically feasible?

Readings:

We assigned papers and books for you to read over the summer, some of which are shown below. The majority of the assigned readings were required in other courses, particularly the doctoral seminar course taught by Professor Reich. Please review them again for this session and read the additional readings. Come prepared to be called on to introduce the new readings with critical analysis of the arguments in the readings.

Overviews:

- Roberts, M.J., Hsiao, W.C., Berman, P., and M.R. Reich. 2004. *Getting Health Reform Right: A Guide to Improving Performance and Equity*. Oxford: Oxford University Press
- Peter A. Hall and Rosemary C. R. Taylor. (1996). "Political Science and the Three New Institutionalisms." *Political Studies*, 44(5), 936—957.
- Fox, A. M. and M.R. Reich "Political Economy of Reform: Art of the Feasible", in A.S. Preker et

al., ed. *Scaling Up Affordable Health Insurance: Staying the Course*. Washington, DC: World Bank

Historical Institutionalism:

- Evan Lieberman. 2001. "Causal Inference in Historical Institutional Analysis: Specification of Periodization Strategies." *Comparative Political Studies*, 34(9):1011-35.
- Immergut, E.M. 1990. "Institutions, Veto Points, and Policy Results: A Comparative Analysis of Health Care." *Journal of Public Policy*, 10(4): 391-416.
- Hacker, Jacob. 1998. "The Historical Logic of National Health Insurance: Structure and Sequence in the Development of British, Canadian and U.S. Medical Policy," *Studies in American Political Development* 12 (Spring) 57-130.

New Readings:

- Bloom, Gerald. "History, Complexity and Health Systems Research," *Social Science and Medicine*. 117 (2014) pp. 160-61.
- Deverajan, Shanta and Ritva Reinikka. 2004. "Making Services Work for Poor People." *Journal of African Economies*. 13(1):142-166. (supplemental issue).
- Evan Lieberman, "The Comparative Politics of Service Delivery in Developing Countries" Forthcoming in *Handbook on Politics in Developing Countries*, (eds) Carol Lancaster and Nicolas Van de Walle.
- Carpenter, Daniel. 2012. "Is Health Politics Different?" *Annual Review of Political Science*. 15: 287-311.
- Bossert, Thomas. 2014. "Political Economy of Decentralization in El Salvador." Presented in *Third Global Health Systems Research Symposium*, Cape Town, South Africa. September 2014

Assignment

No written assignment for this first session.

Week 2, Feb.4 Historical and Political Institutionalism (Croke and Bossert)

You have been exposed to the basic literature on historical institutionalism in the Winter Term readings and the first seminar session. This session will focus on a deeper understanding of the framework, critiques, methods and application of authors who have been identified as using this approach. Our understanding of the approach is to first understand the basic argument that institutions are important (review Lieberman from the Summer Reading for this). We then analyze the definitions and mechanisms that are used in the concept "path dependency." The readings this week present some of the basics of path dependency (Pierson and Thelen as well as review of Hacker's definition from Summer readings). We then consider Page's critique of how path dependency has been used.

Next we consider the application of the basic approach by delving more deeply into Immergut's study of Sweden, France and Switzerland, paying attention to how she makes her argument – what approaches she rejects and how she uses a small N comparative method to argue that history and institutions embedded in that history affect outcomes. You might also compare Immergut's approach to that of Hacker (winter term reading) who also uses small N comparative method. Finally, we review Nunn whose recent doctoral thesis (turned into a book) uses historical institutional approach.

This session will also focus on how political institutionalists define and analyze political regimes (democracies and authoritarian regimes) and the overall structure of mainly democratic governments. It highlights the hypotheses about different electoral systems, different relationships between executive and legislative branches, and different types of legislative structures. We leave for a later session a discussion of the dynamics of legislatures where we will use a more in depth assessment of the role of interest groups and an approach to rational choice and game theory in legislatures.

Do these readings suggest approaches you might use in your papers/dissertation?

Each student will be assigned a reading to introduce briefly in class. The introduction should provide critical analysis to introduce discussion and NOT be a descriptive review of the reading.

Readings:

Historical Institutionalism

- Pierson, Paul. 2004. *Politics in Time: History, Institutions, and Social Analysis*. NJ: Princeton, Princeton University Press. Chapter 1
- Thelen, K (1999). "Historical Institutionalism in Comparative Politics." *Annual Review of Political Science* 2:369-404
- Page, S.E. 2006. "Path Dependence". *Quarterly Journal of Political Science*, 1, 87—115.
- Immergut, E. (1992). Chapters 1 and 2. "Doctors versus the state." In *Health Politics*. Cambridge University Press. P. 34-79.
- Amy Nunn. *The Politics and History of AIDS Treatment in Brazil* (Springer, 2009). Introduction & Ch. 2 & Conclusion.
- Kaufman, R. and Nelson, J. (2004). "Conclusions: the political dynamics of reform." In R. Kaufman and J. Nelson (eds). *Crucial Needs, Weak Incentives*. Woodrow Wilson Center Press; Ch. 16, p. 473-486 (rest of chapter is optional, more relevant for later sessions).
- Acemoglu, Daron and James A. Robinson. *Why National Fail: The Origins of Power, Prosperity, and Poverty*. Chapters 1-2.

If you have time also look at:

- McGuire, James. (2010). *Wealth, Health, and Democracy in East Asia and Latin America*. Chapters 1-2, pp. 1-64.
- Sven Steinmo and Jon Watts: "It's the Institutions, Stupid! Why Comprehensive National Health Insurance Always Fails in America" *Journal of Health Politics, Policy and Law*, Vol. 20, No. 2, Summer 1995.
- Pierson, P. (1996) "The New Politics of the Welfare State", *World Politics* 48, 2. Pp. 143-179
- Lieberman, Evan. 2009. *Boundaries of Contagion: How Ethnic Politics Have Shaped Government Responses to AIDS*. Princeton NJ: Princeton University Press. Chapter 1, pp.1-24.
- Falleti, Tulia G. 2010 "Infiltrating the State: The Evolution of Health Care Reforms in Brazil, 1964-1988." in James Mahoney and Kathleen Thelen (eds.) *Explaining Institutional Change: Ambiguity, Agency, and Power*, New York: Cambridge University Press, Chapter 2, 38-62.
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Assignment

- Write a brief paper reviewing and critiquing the general HI approach, "path dependency" and the

three examples of the application of HI.

or

1. What are the different ways that authors attempt to explain how the type of regime and the type of political institutions explain different outcomes in health systems?
2. Critically assess these approaches and explain the advantages and disadvantages of each.

Week 3: Feb. 11. Rational Choice Institutionalism (Croke)

What are institutions? How do they structure political life? What precipitates institutional change? In what ways can institutions explain health system performance? Is health systems reforms about changing policies for given institutions, or does it also require changing the institutions? Why?

Readings:

Definitions, repeated games and conventions

- North, Douglass, "Institutions." *The Journal of Economic Perspectives* 5, no. 1 (Winter 1991).
- Chapter 1. Bowles, Samuel. *Microeconomics: behavior, institutions, and evolution*. Russell Sage Foundation, 2006.

Applications

- Fujiwara, Thomas. (2014). Voting Technology, Political Responsiveness, and Infant Health: Evidence from Brazil." Forthcoming, *Econometrica*.
- Saad Gulzar, "Ruling Parties, Patronage, and Bureaucratic Performance in Democracies: Evidence from Punjab, Pakistan." Unpublished working paper, October 2014.
- Friedman, Willa (2014). "Corruption and Averting HIV Deaths." Draft Working paper, August 2014.
- Rogger, Daniel. 2014. "The Causes and Consequences of Political Interference in Bureaucratic Decisionmaking: Evidence from Nigeria." Working paper.
- Mobarak, Moshfiq, Cropper, Maureen and Rajkumar, Andrew. 2011. "The Political Economy of Health Services Provision in Brazil." *Economic Development and Cultural Change*. 59(4): 723-751.

Assignment

1. Think of a research problem you are interested in that has an institutional component. What kind of research design would enable you to study the effect of institutional variables? Can you think of naturally occurring variation in the institutions in question that you could exploit, along the lines of the applied readings from this week? If not, describe a qualitative research strategy that you could execute to learn about the effect of institutional factors on your outcome of interest. (1-2 pp).

Week 4, Feb. 18. Prospective Analysis of Political Economic Feasibility of a major health system reform: Malaysia (Croke and Bossert)

This week we pivot from theory to practice and consider the Malaysian health system in comparative

and prospective perspective. Several faculty members in GHP are working on a new Malaysian health system reform project, and this class will explore ways of integrating that work into classroom discussion and assignments. In this session, we will introduce the framework for considering health system reform that will be used in all three policy phases that we study (agenda setting and legislation, implementation, evaluation), and how this framework applies to the Malaysia case.

- Tangcharoensathien et al. “Health Financing Reforms in SE Asia: Challenges in Achieving Universal Coverage.” *The Lancet* 2011; 377: 863–73
- Chee Heng Leng “Ownership, control, and contention: Challenges for the future of healthcare in Malaysia.” *Social Science & Medicine* 66 (2008) 2145- 2156
- Slater, Dan. (2010). *Ordering Power: Contentious Politics and Authoritarian Leviathans in Southeast Asia*. New York: Cambridge University Pres. pp 116-123; 146-162; 211-225;
- Chee Heng Leng and Simon Barraclough. *Health care in Malaysia: the dynamics of provision, financing and access*. (London ; New York : Routledge, 2007). Introduction (pp 1-15) and chapter 3 (pp 59-71).
- Pathmanathan et al. “Investing in Maternal Health: Learning from Malaysia and Sri Lanka.” Washington DC: World Bank, 2003.

For further reading, review Bossert, “Political Economy of Decentralization in El Salvador” on challenge of prospective political economy analysis of health reforms. On the Malaysian health system, see the other chapters in *Health Care in Malaysia: The Dynamics of Provision, Financing, and Access*, Barraclough and Leng (eds.). For more on Malaysia’s political economy, see Thomas Pepinsky, *Economic Crises and the Breakdown of Authoritarian Regimes: Indonesia and Malaysia in Comparative Perspective*. (New York, Cambridge University Press, 2009), especially chapter 3.

Assignment

1. How would you analyze the political economy of the Malaysian health sector from the different perspectives of historical and political institutionalism and rational choice approaches?
2. What kinds of research would be useful to develop information needed to assess the political/economic feasibility of potential reforms in Malaysia?

Week 5, Feb.25. Informal institutions, clientelism, and health service delivery (Croke)

Clientelism is a fundamental concept in the study of politics and public service delivery in developing countries for political scientists, yet very little research on health systems addresses clientelism explicitly. In this week’s readings we consider seminal conceptual works about clientelism, old (Scott 1972) and new (Stokes et al 2013), review a synthesis of clientelism in Africa (Van de Walle 2001), as well as a range of recent empirical papers which attempt to estimate the relationships between patron-client politics and health service delivery.

Readings:

- James Scott. 1972. "Patron Client Politics and Political Change in Southeast Asia." *American Political Science Review*, 66(1).
- Franke, Raphael, and Ilya Reiner. 2012. "Does the Leader's Ethnicity Matter? Ethnic Favoritism, Education, and Health in sub-Saharan Africa." *American Political Science Review*, 106(2).
- Hodler, Roland, and Raschky, Paul. 2014. "Regional Favoritism." *Quarterly Journal of Economics*. 995-1033.
- Banerjee, Abhijit, Deaton, Angus, and Duflo, Esther. 2009. "Wealth, Health and Health Services in Rural Rajasthan." *American Economic Review*.
- Stokes, Susan, Dunning, Thad, Marcela Navareno, and Valeria Brusco. *Brokers, Voters, and Clientelism: The Puzzle of Distributive Politics*. Chapter 1.

Assignment

Write a two page essay on the following topic.

1. How does clientelism affect the delivery of health services in developing countries? Can you think of any examples where countries have made dramatic health system progress in despite having a clientelist political system? Alternatively, describe a promising health system project or reform that failed because of the dynamics of clientelism.
2. Reflecting on last week's and this week's readings, what appear to be the main channels of distributive politics / clientelism in Malaysia. How do these dynamics constrain the menu of choices facing policymakers designing health reforms? What additional information would you need to know about distributive politics in Malaysia in order to design a viable health sector reform?

Week 6, Mar. 4. State Capacity (Bossert and Croke)

What is state capacity? What makes a state capable? What is the relation between state capacity and bureaucratic reform? In what ways might state capacity be relevant for health systems reform?

Readings:

Theory

- Filmer Deon and Hammer, Jeffrey S and Pritchett, Lant H. 2000. "Weak Links in the Chain: A Diagnosis of Health Policy in Poor Countries. *World Bank Research Observer*, 15:199-224.
- Pritchett, Lant, and Michael Woolcock. 2002. "Solutions When the Solution is the Problem." *Center for Global Development Working Paper* 10.
- Grindle, Merilee. 2004. "Good Enough Governance: Poverty Reduction and Reform in Developing Countries," *Governance*, Vol. 17, no. 4: pp. 525-548.
- Wilson, James Q. *Bureaucracy: What Government Agencies Do and Why They Do It* (New York: Basic Books, 1989). chapters. 1, 2, 7, pp. 3-28, 113-136.

Applications

- Van de Walle, Nicholas. 2001. *African Economies and the Politics of Permanent Crisis, 1979-1999*. Cambridge UK: Cambridge University Press. Chapter 3: Decision Making in Post-Colonial

Africa, pp.113-151.

- Booth, David and Diana Cammack. 2013. *Governance for Development in Africa: Solving Collective Action Problems*. Chapter 3: “Maternal Health: Why is Rwanda doing better than Malawi, Niger, and Uganda.” Zed Books Ltd.
- Caldwell, John C (1986). “Routes to Low Mortality in Poor Countries.” *Population and Development Review*, 12(2): 171-220.

Assignment

1. “State X does not have the capacity to implement program Y. The international community ought to step in and help country X build its capacity” Discuss. [1 page]
2. Which functions of the health system are most achievable for weak states and what does this imply for health system strengthening efforts? [1 page].
3. How would you describe the state capacity of Malaysia? What was Malaysia’s “route to low mortality?” and can it be replicated in weaker states? Alternatively, discuss what kinds of research could be implemented to assess the current level of state capacity in Malaysia, in order to develop an effective and feasible reform?

Week 7, Mar. 11. Topics, theories, and methods in designing your own research (Bossert and Croke)

Presentation by students on their topics and preliminary design of their studies.

(No assigned readings or written assignment)

Week 8, Mar.19. Spring Break (No Class) Possible option for students with interest and availability to initiate a field research project in Malaysia

Week 9, Mar. 25. Political institutions and health outcomes: Applications (Bossert and Croke)

A central topic in the study of the political economy is the relationship between political institutions (such as democracy) and substantive outcomes such as mortality and life expectancy.

Quantitative approaches:

- Ross, Michael (2006). “Is Democracy Good for the Poor? *America Journal of Political Science*, 50(4): 860-874.
- Garcia Martel, Fernando. (2013). “Small, Slow, and Diminishing: The Effect of Democracy on the Under 5 Mortality Rate” Unpublished working paper.
- Kudamatsu, M (2012). "Has Democratization Reduced Infant Mortality in Sub-Saharan Africa?: Evidence from Micro Data." *Journal of the European Economic Association* 10 (6), 1294–1317.
- Miller, Grant. (2008). “Women’s Suffrage, Political Responsiveness, and Child Survival in American History.” *Quarterly Journal of Economics* 123(3): 1287-1327.
- Fried, Brian and Venkatarami, Atheen. “Does Saving Lives Win Votes? Examining Mexico’s

Programa de Agua Limpia.” APSA conference paper 2014.

Qualitative approaches:

- Bossert, T.J. 1983. “Can We Return to the Regime for Comparative Policy Analysis? Or, The State and Health Policy in Central America.” *Comparative Politics*, 15: 419-41.
- Croke, Kevin. 2012. “The Political Economy of Child Mortality Decline in Tanzania and Uganda 1995-2007.” *Studies in Comparative International Development*. 47(4):
- McGuire, James. (2001) “Social Policy and Mortality Decline in East Asia and Latin America.” *World Development*. 29(10): 1673-1697.

Assignment:

1. Is the effect of democracy on infant and/or under-5 mortality a promising avenue for further research, or is it a reasonably settled question in the literature? If it is settled, explain why. If it is not, explain what data and analytical strategies we could use to make progress on the question. (up to 2 pages).
2. Describe the current political regime of Malaysia, and offer a critical interpretation of Malaysia’s progress on reducing child and maternal mortality in light of this week’s readings. Looking forward, what opportunities and obstacles does the regime type pose for health reform proposals?

Week 9, April 1. Ethics (Daniels)

Problem: There are many possible goals of health reform. Political economic theory is aimed at explaining how we get to particular outcomes in a process of health reform. Ethics, and justice in particular, is concerned with what justifications we may give for pursuing certain goals in the design of our health system. But, assuming certain goals are justified in light of considerations of justice, an important issue for ethics is whether a specific reform effort actually achieves the goals it pursues. Does it yield a justifiable set of outcomes and therefore is a justifiable reform? How might we examine whether a health reform moves us toward achieving the goals it pursues? Is it in that sense a fair or just health policy? For example, suppose we think there is a solid justification for the following goals in health reform: improving access to interventions that reduce population health risks by preventing and treating health conditions; getting reasonable health effects for resources invested; enhancing accountability for features of the health system. How can we measure whether these goals are being achieved by reforms?

Readings:

- Roberts et al, 2008 Getting Health Reform Right, pp. 40-60
- Daniels 2008 Just Health, Ch 2, 9

Further reading:

- Daniels, N., Bryant, and J., Castano, R.A., Dantes, O.G., Khan, K.S., Pannarunothai, S. 2000. Benchmarks of fairness for health care reform: a policy tool for developing countries. *Bulletin of the World Health Organization* 78:740-50
- Daniels, N., Flores, W., Ndumbe, P., Pannarunothai, S., Bryant, J., Ngulube, T.J., and Wang, Y.

2005. An Evidence-Based Approach to Benchmarking the Fairness of Health Sector Reform in Developing Countries. *WHO Bulletin*: 83(7): 534-541

Assignment

1. A health system should include the goals of improving population health and distributing health equitably (leave aside for the task other goals, such as enhancing accountability). In two pages or less, why might both of these be justifiable goals of health reforms, and how would you assess whether a system is improving the achievement of these goals?
2. What ethical issues should be considered for research into the prospective feasibility of health reforms in Malaysia?

Week 10, Apr. 8. Windows of opportunities and policy choice, Ghana (Bossert and Croke)

Social sector reforms are undertaken because of the strategic choices of political actors. But health reform, like other types of reform, may be more likely to occur under certain circumstances than others. This week and next we consider several political economy theories about when and why reforms happen: power resources theory, agenda setting theory, the role of political institutions, democratization/electoral competition, international diffusion, etc. While there is a fairly large literature on when general social policy reform happens, there is considerable room for research that applies these theories to specific aspects of health reform and in a developing country context.

We will apply these theories to two cases: Ghana this week, and Mexico next week.

Readings:

Theory (required):

- Kingdon, J. W. (2003). *Agendas, Alternatives, and Public Policies*. New York, Longman, ch. 9, p. 196-230.
- Weyland, K. (2004). "Chapter 1: Learning from foreign models in Latin American policy reform." In K. Weyland (ed). *Learning from Foreign Models*.
- Weyland (2006). "Chapter 5: External pressures and international norms in health reform." In K. Weyland *Bounded Rationality and Policy Diffusion*. Princeton University Press.
- Baumgartner, Frank and Jones, Bryan. 2nd ed (2009). *Agendas and Instability in American Politics*. Chicago: University of Chicago Press. Skim Chapter 1.

Ghana Case (Required)

- Witter, S. and B. Garshong (2009). "Something old or something new? Social health insurance in Ghana." *BMC Int Health Hum Rights* 9: 20. Read p. 1-5 carefully to understand what the NHIS is; quickly skim p. 6-13.
- Coleman, N. (2010). "Universal Health Coverage: Ghana's transition to National Health Insurance." Working paper.
- Rajkotia, Y. (2007). "The Political Development of the Ghanaian National Health Insurance System: Lessons in Health Governance." Bethesda, MD: Health Systems 20/20 Project, Abt Associates Inc.
- Grépin, Karen and Kim Yi Dionne. 2013. "Democratization and Universal Health Coverage: A Case Comparison of Ghana, Kenya, and Senegal." *Global Health Governance*. Summer 2013

special issues, available at <http://blogs.shu.edu/ghg/2013/09/18/democratization-and-universal-health-coverage-a-case-comparison-of-ghana-kenya-and-senegal/>.

Assignment

1. Consider the following discussion questions while reading the theoretical papers:
 - a. What political economy theories can help us to predict when we are likely to see successful adoption of health policy reform?
 - b. What political and economic factors affect the likelihood of health reform being adopted or shape the content of the policy?
 - c. What is the role of domestic versus international forces in shaping health reform?
 - d. When and under what conditions are attempts at reform more likely to be successful?
 - e. If you were advising a country about specific elements of its proposed health system reform, what political and economic “constraints” would you take into account in designing the policy proposal? How can theories of political economy help us in providing this advice (what is the value added)?
 - f. Who are the most important actors in health policy reform?
2. Written assignment:
 - a. Write a two-page essay applying questions (a) and (c) above to the case of Ghana’s NHIS.
 - b. Write an additional one page essay on (a) and (c) above to the prospective case of reform in Malaysia.

Week 11, Apr. 15. Windows of opportunities and policy choice, Mexico (Frenk, Bossert and Croke)

In this session, we continue the discussion of applying various theories of policy reform on our third case study, Mexico. We would also explore the political, socioeconomic, and policy background prior to the reform. The core components of the Mexican health system as well as its previous health reform efforts are also examined.

We then compare the similarities and differences of economics and political conditions between Mexico and Ghana, and discuss how these differences affect our application of the theories to explain the emergence of health reform.

Readings:

- Frenk, J., Sepuvela, J., Gomex-Dantes, O and Knaul, F. (2003). “Evidence-based health policy: three generations of reform in Mexico.” *Lancet*. 362. 1667-71. [http://dx.doi.org.ezp-prod1.hul.harvard.edu/10.1016/S0140-6736\(03\)14803-9](http://dx.doi.org.ezp-prod1.hul.harvard.edu/10.1016/S0140-6736(03)14803-9)
- Frenk J, González-Pier E, Gómez-Dantés O, Lezana MA, Knaul FM. (2006). “Comprehensive reform to improve health system performance in Mexico.” *Lancet*. 368(9546):1524-34.
- Frenk J (2006). Bridging the divide: global lessons from evidence-based health policy in Mexico. *Lancet*. 368(9539):954-61.
- Knaul et al. The quest for universal health coverage: achieving social protection for all in Mexico. *Lancet* 2012; 380: 1259–79.

- Magaloni, B. (2006). "Structural Determinants of Mass Support for the PRI." *In Voting for Autocracy*. p 82-97. Cambridge University Press, p. 82-97.
- Shirk, D. (2005). Chapter 6. "The PAN in Power." *In Mexico's New Politics*. Lynne Rienner Publishers, p. 175-226.

Optional Further Reading:

- Middlebrook, K. (1995). Chapter 1. "Introduction: Mass Politics and Regime Formation in Postrevolutionary Mexico." *In The Paradox of Revolution*. The Johns Hopkins University Press.
- Levy, Santiago and Michael Walton, "Equity, Competition and Growth in Mexico: An Overview." *In No Growth Without Equity? Inequality, Interests, and Competition in Mexico*. Palgrave Macmillan and World Bank.
- Homedes, N. and Ugalde, A. (2006). Chapter 2. "Decentralization of Health Services in Mexico: A Historical Review". In N. Homedes and A. Ugalde (eds). *Decentralizing health services in Mexico, a case study in state reform*. U.S.-Mexico contemporary perspectives series; 25. Center for U.S.-Mexican Studies, UCSD, p. 45-91.
- Gonzalez-Rosetti and Mogollon. (2000). Chapter 2. "Enhancing the political feasibility of reform: the Mexico case." LAC.
- Ochoa-Reza, Enrique. "Multiple Arenas of Struggle: Federalism and Mexico's Transition to Democracy" in Edward Gibson, ed., *Federalism and Democracy in Latin America* (Johns Hopkins University Press, 2004), p. 255-298.

Assignment

1. Consider the following discussion questions:

- How do organizations like unions function in regimes like that of authoritarian Mexico?
- What changes occurred in the policy-making process in Mexico between the 1970s and the 1990s? Who or what are the "neoliberal technocrats"?
- How did democratization affect the relationship between the party and the state; and the executive and the legislature?
- How did the fragmented health system in Mexico develop?
- What specific kinds of reform were considered in 1980s and 1990s and why was it relatively easy or difficult to achieve them?

2. Written assignment:

In light of the readings, think how you might begin to formalize the problem abstractly, writing your answers in less than 2 pages:

- Who do you think were the key actors in Mexico's health reform?;
- How would you characterize the actions available to them to push/block reform? Were these constrained by institutions, e.g. institutional veto points?;
- We know the reform passed, now name some elements in your answers above that, if changed, would have prevented the passing of legislation. Could you test these predictions? How?

Week 12, Apr. 22. Legislatures (Croke)

This week we consider the politics of legislative bargaining, interest groups and lobbying. We probe more deeply into the broader structural questions of regime and political institutions to examine the interactions among executives and legislatures, the role of interest groups and lobbying and the different methods of examining these interactions through case studies and game theory.

We continue our detailed analysis of the reforms in Mexico, Ghana, and Malaysia while also bringing in other comparative cases. We move beyond the initial proposals by policymakers, and follow the path from planning to policy adoption and legislation. What changed and why did it change? What were the political, social or fiscal considerations that led to shifts at the policy adoption phase? How did these play out during legislative passage?

Readings:

Legislatures and lobbying

- Morrow, James D. *Game Theory for Political Scientists*. Princeton University Press, 1994 Pages 104-111. [Background on spatial preferences, median voter theorem]
- K. Krehbiel. *Pivotal politics: A theory of US lawmaking*. University of Chicago Press, 1998 Chapters 1—3,
- Gary Cox and Matthew McCubbins, “The Institutional Determinants of Economic Policy Outcomes” in in Haggard and McCubbins (eds.) *Presidents, Parliaments, and Policy*, Cambridge 2001, p. 21-63.
- Ansolabehere, Stephen, John M. de Figueiredo, and James M. Snyder Jr. 2003. “Why is There So Little Money in U.S. Politics?” *Journal of Economic Perspectives* 17: 105-130.
- Tsebelis, George. (1995). Decision Making in Political Systems: Veto players in Presidentialism, Parliamentarism, Multicameralism and Multipartyism, *British Journal of Political Science*, 25(3): 289-325. <http://www.jstor.org.ezp-prod1.hul.harvard.edu/stable/194257>.

Applications (choose to specialize in Mexico, Ghana, or Malaysia)

Mexico

- Diaz-Cayeros, A. 2004. Do Federal Institutions Matter? Rules and Political Practices in Regional Resource Allocation in Mexico, in Edward L. Gibson, *Federalism and Democracy in Latin America*, Johns Hopkins University Press, p. 297-322.
- Langston, J. “The Search for Principals in the Mexican Legislature: The PRI’s Federal Deputies.” CIDE Working Paper #175.
- Weldon, J.A. (2005). “Institutional and Political Factor for Party Discipline in Mexican Congress Since the End of PRI Hegemony.” Papers presented at Latin American Studies Association Meeting.

Ghana

- Assensoh, A.B., and H. Wahab. (2008). “A Historical-Cum-Political Overview of Ghana’s National Health Insurance Law.” *African and Asian Affairs*. Vol. 7: 289-306.
- Lindberg, S. I. (2010). "What accountability pressures do MPs in Africa face and how do they respond? Evidence from Ghana." *Journal of Modern African Studies* 48(1): 117-142.
- Carbone, G. (2011). "Democratic demands and social policies: the politics of health reform in Ghana." *The Journal of Modern African Studies* 49(03): 381-408.

Assignment:

1. Discussion questions:

- What is the accountability-representativeness trade-off and how is it related to institutional arrangements?
- What are the different incentives associated with open and closed list rules in proportional representation systems?
- What are the roles of the legislature in Mexico, Ghana, and/or Malaysia? How did this affect, if at all, the strategies pursued by executive branch policymakers interacting with legislators in these cases?
- Does bureaucracy have an enabling or constraining role on policy change? Does bureaucrats' role differ in different types of policy change?
- Do electoral institutions matter in explaining the legislator behavior? Why or why not?

2. Written Assignment:

This week you have read about a variety of incentives facing legislators. Many of these incentives derive from the institutional make-up of the legislature. How do different types of legislatures create different incentives structures for legislators? What effects, if any, might Ghana's or Mexico's legislative processes (over time) have had on the adoption of health reform and/or its implementation? What strategies do rational choice theories or historical institutionalist theories suggest might have been more effective? What strategies would you suggest for potential reform legislation in Malaysia? (students should choose to specialize in Ghana, Mexico or Malaysia).

Week 13, Apr. 29. Implementation: Bureaucracy and Administrative Capacity (Bossert, Croke, Harris)

Politicians legislate but seldom implement policies. This is typically delegated to federal, state, province or district level bureaucracies. In so far as bureaucrats and politicians have different information and conflicting interests, principal-agent problems will arise. In addition, the private sector may try to influence bureaucrats directly, leading to regulatory capture, or indirectly, via their political masters. Finally, international organizations also intervene in the process, either sidestepping the national bureaucracy via donor funded vertical programs, or injecting funds into it, or burdening it with onerous reporting requirements.

Readings:

Theory

- James Hollyer. Bureaucracy, rational choice models. International Encyclopedia of Political Science, 2011. <http://www.sage-ereference.com/view/intlpoliticalscience/n48.xml>
- Hsiao, et al. (2008). "The Politics and Practice of Implementation." Chapter 3. Mimeo
- Roberts, M. (2009). "Notes on Implementation." Mimeo.

Applications (Choose 3)

- Njau, Ritha, Don de Savigny, Lucy Gilson, Eleuther Mageni and Franklin W. Mosha. 2009. "Implementation of an insecticide-treated net subsidy scheme under a public private partnership for malaria control in Tanzania – some implementation challenges." *Malaria Journal*. 8(201).
- Don DeSavigny et al. "Introducing Vouchers for Malaria Prevention in Ghana and Tanzania: Context and Adoption of Innovation in Health Systems" *Health Policy and Planning*. 2012. 27 (supp 4). Iv32-iv42.

- Taryn Vian. Review of corruption in the health sector: theory, methods and interventions. Health Policy Plan., pages 0–48, 2008
- Tendler, J. (1997). “Good Government in the Tropics.” Chapter 2.. Johns Hopkins University Press.
- Lakin, J. “The End of Insurance? Mexico’s Seguro Popular 2001-2007.” Journal of Health Policy, Politics, and Law. 2010 35(3): 313-352.
- Joel Sawat Selway. 2011. “Electoral Reforms and Public Policy Outcomes in Thailand: The Politics of the 30 Baht Scheme.” World Politics 63(1): 165-202.
- Joseph Harris, “Developmental Capture of the State? Explaining Thailand’s Universal Health Coverage Policy.” Journal of Health Policy, Politics, and Law. (2015) 40(1): 165-193.

Assignment

1. Using one of the cases above (Tanzania, Brazil, Mexico, or Thailand), identify the chief political economy challenge, describe the way in which it was surmounted, and whether it is likely that this approach is generalizable to other settings. [1-2 pages]
2. What characteristics of Malaysia should be investigated to assess implementation obstacles that might be considered in the design and adoption of a reform package?

Week 14, May 6. Lessons from impact evaluations in the political economy of health (Bossert and Croke)

Thus far in the course we have examined the effect of institutions on health outcomes in rational choice, historical institutionalist, and political institutionalist perspectives. Now we turn to a recent frontier in the literature, which attempts to test theories of institutional change by developing a specific health systems intervention and testing it via randomized controlled trial.

Readings:

- Björkman, Martina Damien de Walque, and Jakob Svensson (2009). “Community-based Monitoring: When does it work even in the long run? Evidence from Uganda.” Working paper.
- Banerjee, Abhijit, Duflo, Esther, and Glennerster, Rachel (2008). “Putting a Band Aid on a Corpse: Incentives for Nurses in the Indian Public Health Care System.” *Journal of the European Economic Association*. 6(2–3):487–500.
- Basinga, Paulin et al. 2011. “Effect on maternal and child health services in Rwanda of payment to primary health-care providers for performance: an impact evaluation.” *The Lancet* 377(9775): 1421–1428.
- Ashraf, Nava, Oriana Bandiera, and Scott Lee. 2013. “Awards Unbundled: Evidence from a Natural Field Experiment.” Working paper.
- Andrews, Matt, Lant Pritchett and Michael Woolcock. 2012. “Escaping Capability Traps Through Problem Driven Iterative Adaptation.” Center for Global Development Working Paper 299.
- Hall, Margaux, Menzies, Nicholas, and Woolcock. 2014. “From HiPPOs to Best Fit in Justice Reform: Experimentalism in Sierra Leone.” In *The International Rule of Law*

Movement: A Crisis of Legitimacy and the Way Forward, ed. David Marshall. Harvard University Press. Human Rights Program. Cambridge, MA.

Assignment (choose one of the following.)

1. You have been put in charge of a pilot program which will train community health workers for management of febrile illness in an African country with high prevalence of malaria and acute respiratory infection and under-5 mortality rates of over 150 per 1,000 births. After an 18 month pilot period, the program will be scaled up nationally. What is the most important thing that you want to learn from the pilot, and how would you go about trying to learn it? Would a randomized controlled trial be the best method? Why or why not? [1-2 pages].
2. Developing a rigorous impact evaluation with a well-identified counterfactual for national health sector reforms is a challenging but critical task. Focusing on one component of the Malaysian health sector reforms that we have discussed, describe how the reform could be implemented in such a way that rigorous impact evaluation would be feasible. [1-2 pages]

Week 15, May 13. Student presentations

GHP doctoral students will have one hour each and others will have 45 minute each, with course evaluation following.