# Organizational learning in the development of comparative policy: A study of Mexico

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## Overview

*In policy regimes, within countries and at the international level, the conventional wisdom is that power, interests, and institutions drive observed outcomes with little regard for expert analysis and re-analysis. The case of Mexico and its policy indicates, however, that decision makers often develop and enact evidence-based policies. The policies can be derived from and driven by consistent and new flows of information — flows used for the evaluation and revision of measures to fight the epidemic.*

## Theory — Organizational Learning

My theory of organizational learning draws upon Huber (1991). While most theories of organizational learning argue that behavioral change *must* occur to deem that learning has taken place, I argue that an organization has learned *when its perceived options for action have expanded*.

Figure 1 illustrates the stages of my theory.

Actors that have learned will perceive their options to have increased. The set of choices that is possible becomes larger.
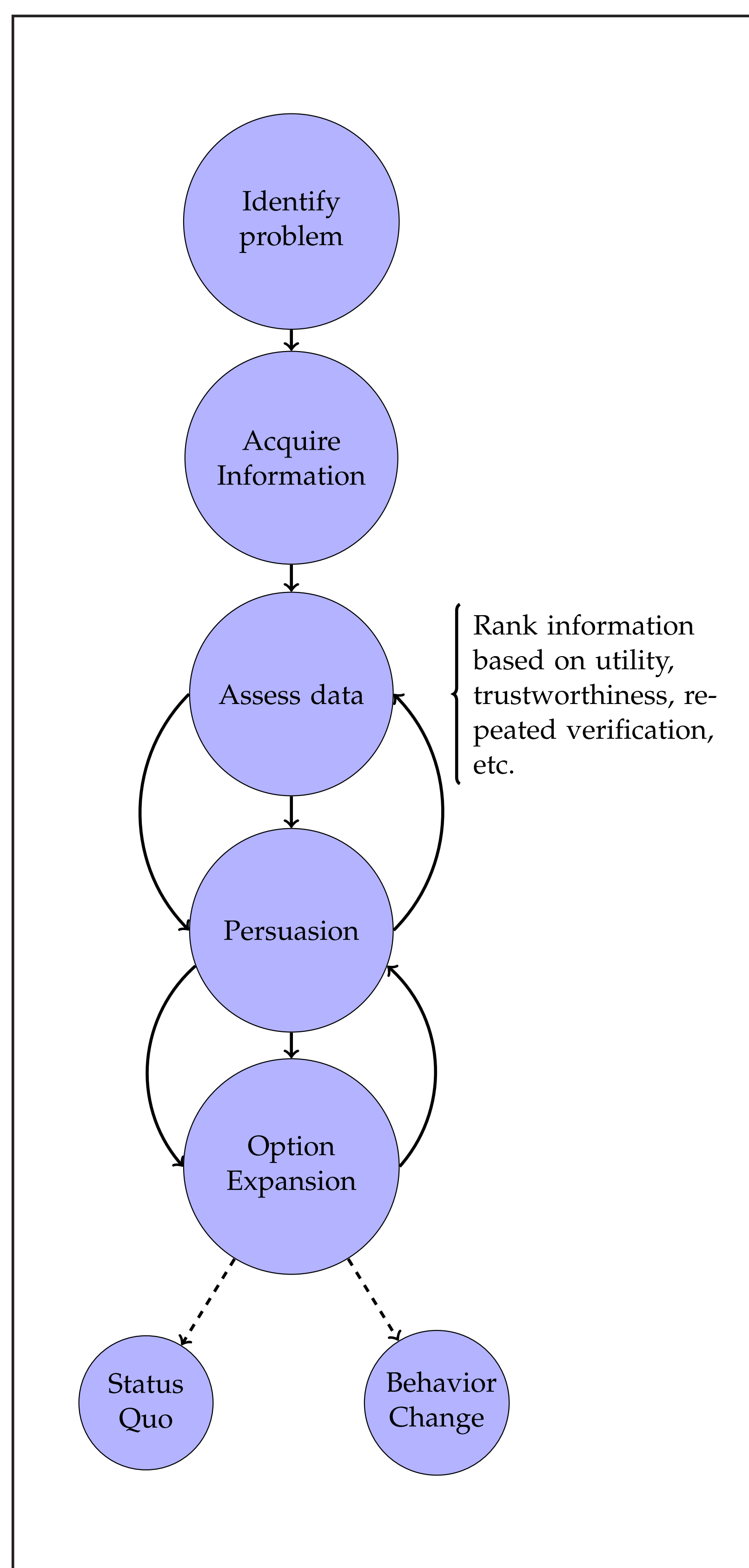


Figure 1: Representation of the organizational learning process proposed. Note that learning is completed at the point of expanded options, not in behavioral change.

## Method

*Process-tracing case studies* of different Mexican government responses to the country's epidemic. Drawing from:

- roughly 15 interviews with government officials, NGO representatives, and health policy researchers
- Spanish and English language scientific and historical articles;
- publicity and educational materials;
- government documents;
- and fieldwork observation.

## Data and results

The outcome of a policy learning process can vary with respect to goals, ends, means, and "settings" (Hall 1993). Two cases from Mexico's experience of addressing HIV show that policy solutions can vary from innovative, controversial media campaigns to creating new institutions.

### Creating an organization — CONASIDA/CENSIDA

*Mexico experienced an epidemic not just among blood-transfusion recipients, but also among blood donors. In response, the government set up a multisectoral National Committee on AIDS (CONASIDA) with some autonomy from the Ministry of Health.*

- In 1985, clusters of infected women and children begin to appear, spreading HIV beyond MSM. Not all can be traced to receiving blood or plasma that was infected. These cases grow to 10 percent of all HIV by 1988 (del Río and Sepúlveda 2002)
- Epidemiological tracing reveals that *blood donors* were at high risk: blood and plasma centers re-used their collection equipment and spread the virus.
- No system for integrated collection, inventory, and analysis of information coming to officials

- – Mexican officials *created a working group* to facilitate cross-flows of information between those collecting it and to provide that information to decision makers
- Epidemiology director Jaime Sepúlveda and Health Minister Guillermo Soberón crafted a response:
  - – First, a *mandatory blood testing* policy (May 1986)
  - – Moved to have the *commercial industry shut down* and placed under the control of national, state-approved laboratories.
- To better manage the various streams of information about HIV and to connect dissimilar constituencies, inside and outside of the health sector, *CONASIDA (permanent, semi-autonomous committee) created in 1988.*
  - – Converted to a consolidated policy "center" (CENSIDA) in 2001

### Policy innovation — Anti-homophobia campaign

*A new director for CONASIDA argues that continued growth among MSM is not due to lack of knowledge in the targeted group (gay men) but to not targeting another group (bisexual men who don't identify as gay).*



- Many MSM in Latin America also have sex with women (wives, partners, girlfriends). These bisexual men and the women are at increased HIV risk.
  - – MSM are the single largest group by category of transmission — 35 and 45 percent of all cases (Cáceres 2002, S25).
  - – Anti-HIV campaigns are traditionally aimed at "out" gay men. They have been less effective at reaching non-gay-identified MSM.
- CONASIDA director Jorge Saavedra argued for an anti-homophobia campaign as a public health strategy.
  - – Cultural homophobia made it difficult to reach out and closeted MSM.
  - – Media campaign designed to spur conversation, acceptance, and identification



- Ideas and evidence — and consequent learning — came from individual new to government organizations
  - – Saavedra persuaded by his own experience as physician and gay man.
  - – He marshalled evidence and analysis to persuade Health Ministry and Discrmination Commision to support the policy (Díez 2010)

## Conclusions

Organizational learning augments other political processes. When officials intentionally engaged in information prospecting and analysis, they generated more policy possibilities. The greater number of options provided for more flexible response regimes.

With much international focus on the implementation and monitoring of "best" practices and policies, organizational learning demonstrates that identifying and designing policy possibilities play an important role in the success and effectiveness of epidemic responses.

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