

Policy Transfer and Bureaucratic Politics: Insights from Hospital Autonomy Reforms in Malawi

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ABSTRACT

The paper argues that the implementation of health sector reforms modelled on private sector based modularity approaches is mediated by country specific contextual factors. One of such factors is bureaucratic politics. To this end, paper advances that bureaucratic politics have a role to play in the effective implementation of reforms advocated within the international transfer of private sector-based health sector management models. Although, politicians are ultimately the decision makers in terms of which reforms are politically viable, bureaucrats have an input in the process and their behaviours can affect reform implementation. This is true even in the context of coercive transfer to developing countries. Using the case of Malawi's hospital autonomy reforms, the paper demonstrates that although the failure of hospital autonomy in Malawi has been attributed to political undesirability, bureaucratic politics has also played a pivotal role which cannot be ignored.

Keywords: Bureaucratic Politics, Hospital Autonomy, Malawi, Modularity, Policy Transfer

INTRODUCTION

The paper argues that the implementation of health sector reforms modelled on private sector based modularity approaches is mediated by country specific contextual factors. One of such factors is bureaucratic politics. To this end, the paper advances that bureaucratic politics have a role to play in the effective implementation of reforms advocated within the international transfer of private sector based management models. Although in many scenarios, politicians are ultimate decision makers in terms of

which reforms are ultimately viable, bureaucrats have an input in the process and their political behaviours can affect reform implementation. This is true even in the context of coercive transfer to developing countries as “politics... [becomes]... the battleground of people representing different values while the technical plans and modest ‘reforms’ that once seemed like the highest virtue leave most people dissatisfied” (Mervio & Vuori, 2011, p. ii). Therefore, using the case of Malawi's hospital autonomy reforms, the paper demonstrates that although the failure of hospital autonomy reform in Malawi has been attributed to political undesirability (Tambulasi, forthcoming), bureaucratic

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politics has also played a pivotal role. To this end, the study contributes to the understanding of contextual issues affecting policy transfer in a developing country environment which is not well covered in literature.

POLICY TRANSFER AND THE BUREAUCRATIC POLITICS MODEL

Amplified by globalisation processes, policy transfer is now becoming a growing subject within the subfield of public policy and management (Dolowitz, 2006; Pollitt, 2004; Common, 2001; Evans, 2009; Lynn, 2001). The basic philosophy about policy transfer is the importation of policy models for the development of policies at home. It highlights the importance of external sources of policy ideas. To this extent, studies of policy transfer settle for the Dolowitz and Marsh's (2000, p. 5) definition that regards it as a "process by which knowledge about policies, administrative arrangements, institutions and ideas in one political system (past or present) is used in the development of policies, administration arrangements, institutions and ideas in another political system". Policy transfer can occur through voluntary (lesson drawing) or coercive processes. Lesson-drawing or policy learning is "based on the idea that actors choose policy transfer as a rational response to perceived problems" (Dolowitz & Marsh, 2000, p. 14). It is a "rational, action oriented approach to deal with public policy problems" (Evans, 2006, p. 481). On the other hand, coercive transfer occurs where a "government or supranational institution encourages or even forces a government to adopt a policy" (James & Lodge, 2003, p. 182). In most cases, the "coercive pressures are caused by informal and formal pressures by other organizations upon which organizations are dependent" (DiMaggio & Powell, 1991). For developing countries, the coercive variant has been dominant as donor organizations have utilized their power of the purse to force these countries implement externally developed poli-

cies in the name of conditionalities (Minogue et al., 1998; Banik, 2010).

Mark Evans (2004, p. 41) observes that despite being a growing discipline, the problem with the studies on policy transfer is their "tendency to investigate 'perfect fit' and completed processes of policy transfer". In this respect, the studies have concentrated on voluntary type of policy transfer so that the dynamics of the coercive one have been largely ignored. It is not surprising therefore that the impacts of bureaucratic politics on policy transfer have been absent in the literature. This is the case since bureaucrats are regarded as "rational objects" (Dolowitz & Marsh, 1996, p. 355) that would behave in compatible with the efficiency gains advocated by the policy instrument (Street, 2004, p. 121). In this regard, the failure to implement the transferred policies is attributed to the rational thinking that "lessons do not require a change in behaviour as a condition of learning, [because] a programme elsewhere may be evaluated negatively or the conclusion may be that there is no way in which it could be transferred" (Rose, 1991, p. 7), rather than bureaucratic political behaviours. For coercive policy transfer occurrences in developing countries, the assumption has been that the bureaucrats would behave in tandem with the policy transfer instrument for the fear of losing the much needed developmental aid to the extent that they develop a "culture that requires that nobody be seen as a person who is blocking aid" (Hirschmann, 1993, p. 126).

Although not adequately pinpointing the bureaucratic politics at work, the only study that had the potential of highlighting such factors was Dolowitz and Marsh's (2000). They highlighted three instances of policy transfer failure which are: 'uninformed transfer' that concerns the unavailability of sufficient information by the borrowing country; 'incomplete transfer' which points to non transferability of critical elements that made the policy successful in the originating country; and 'inappropriate transfer' as there could be contextual mismatch between the transferring and the borrowing country. Much as the vitality of this framework cannot be ignored,

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