Chapter 8

Stakeholders Engagement and Agenda Setting in a Developing Context:
The Case of the Bangladesh Health Policy

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ABSTRACT

One area of focus in the study of policymaking in developing countries is the extent to which policymaking in the developing countries is similar to the interaction among stakeholder groups, including politicians, that occurs in developed countries. This paper explores this issue in the case of the development of the Bangladesh Health Policy 2011. It is found that the policymaking process has many well-organized actors with very clear and efficient roles in generating policy outputs. This study indicates that the distinctions between policymaking in western and eastern countries, at least in some countries, may be breaking down.

INTRODUCTION

Public policy making is not a simple function, but a process where different actors interact and try their best to influence the policy. The policy process and the dynamics of politics are interrelated. The main aim of this study is to uncover the

dynamics of politics in the agenda setting of the health policy of Bangladesh, through investigation of the role of deferent actors.

In every policy process[1] politics plays an important role in idea generation, formulation and implementation (Peterson, 1993; Cited in Reich 1995). Policy reform in the health sector is not different from other policy reforms. In the process of health policy making of any country, different actors try to make the policy favorable to them by playing a significant role in its development. This interaction of different actors in a policy process is known as the politics of public policy. In the complex political process of health sector reform, viability of special agenda, type of changes in policy reform, and vision of national politics play important role (Oberlander, 2003; Roper, 2007). Generally, different actors have their own choices and preferences which are shaped by interest group politics[2] and national politics. Yet this does not necessarily mean that only group politics play the dominant role in the policy making. Rather, public opinion and the demands of donors have a significant impact on public policy (Oliver & Dowell, 1994). The case of health policy making of Bangladesh[3] is not an exception.

In Bangladesh, health is one of the most important sectors since good health ensures more social and economic production and good quality of life. Beyond debate, priority of the health sector is forefront in the development discourse, even though, 'health sector' itself is associated with multi-sectoral factors and actors (Perry, 2000). Thus, implementation of health sector policy requires interplay of actors and factors from different sectors and levels (local, national, regional and international) (Talukder, Rob & Mahabub, 2007). Public policy making in third world countries is not merely a simple function (Rahman, 1995 cited in Panday, 2001). When it comes to making of health policy in a developing country, it is more multi-sectoral than any other policy. This is because of the huge number of health issues and associated issues which require urgent attention (CSG, 2008). Numerous actors and factors play a crucial role in the health policy process of Bangladesh (Osman, 2004). In the total policy process, agenda setting is more important since actors (individual or groups) come forward with their (policy actors) ideas and issues at this stage. Thus, different dynamics occur at this stage. Actors' expertise, access (including network), information, authoritative and influential positions and strategies to highlight the specific issues are main determinant factors in drawing serious attention by government. The main focus of this study is on the dynamics of agenda setting in making health policy in Bangladesh. In order to find out the dynamics of agenda setting, the roles of the different actors have been investigated. To make the study more specific, community health related agenda setting in developing context the National Health Policy, 2011[4]' was chosen as a case.

Osman (2004) studied the process of formulation and implementation of health sectors plans in Bangladesh up to 2000. The study finding presented a compre-

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