

## Can NGOs be Public Health Policy Entrepreneurs?

Can non-government organizations engage in, and implement, public policy? Or is their role restricted to raising awareness in the community, lobbying governments, and engaging with the media and other stakeholders within their areas of expertise?

At the global level, a defining feature of what is now called “global health governance” is the extension of the role of policy actor beyond national governments and international agencies to include private foundations, NGOs and the private sector.<sup>1</sup> Warren Buffett’s US\$37 billion gift to the Bill and Melinda Gates Foundation, for example, will enable the Foundation to donate \$3 billion annually to global health efforts, a substantial chunk of the entire annual global aid flowing from governments, international organizations and private sources, which stood at about \$12.7 billion in 2004.<sup>2</sup>

### ***What is “public” policy?***

There are important opportunities for not-for-profits to *create* new public health policies that have a significant impact on the ground. Inge Kaul, director of the Office of Development Studies at the United Nations Development Program (UNDP) writes that:

*Public* today no longer refers only to the state. Rather, it means bringing the public, with all its different elements, together for a joint exploration of concerns, a determination of common preferences, and a fair bargain for all – a task that apparently cannot be simply delegated to elected representatives or national and international bureaucracies.<sup>3</sup>

There may be a tendency, for some, to think that NGOs exist primarily to enhance the levels of service provided by a state which is reluctant to fully support the health and social sectors. On this view, the non-government sector is a gap-filler, filling the void left by the “hollowing out of the welfare state”. But the growth of new forms of governance is a complex phenomenon that is not simply a reflection of the ideology of the government of the day.

### ***Challenges to effective government regulation in public health***

There are several reasons why governments find it difficult to make effective public policy in certain areas, and why the opportunities that exist for both the not-for-profit and private sectors are important to the future health of Australians. In the health sector, the majority of health spending is directed towards clinical and medical services; in other words, the “sick care” system. The medicalisation of health has many critics, but the fact is that reactive, sick care will almost

certainly continue to dominate health policy in Australia, to the detriment of less visible, yet arguably more important preventive policies.

Another factor is the political, logistical and conceptual difficulty of effectively regulating all those factors that shape health outcomes and are therefore determinants of health and disease. Public health organizations well understand that the health of the community is the product of the dynamic relationship between our genetic endowment, our behaviours, and our environment. In the area of chronic diseases (which account for the majority of the illnesses that Australians get sick and die from), lifestyle choices and family factors are important, and tend to assume greatest significance in the public mind. But epidemiological research confirms that health is multi-causal: the product of the interaction of socioeconomic, environmental, behavioural and biological factors, partially modified by medical interventions.<sup>4</sup> Effective policies need to engage with these determinants.

One (narrow) approach to public health policy is through the frame of established risk factors, constructing policies that focus on individuals and high-risk groups. However, in so far as these policies are coercive, or are perceived to be discriminatory, they run the risk of offending civil liberties. Australians do not want a nanny state, and they want to be treated fairly. Not surprisingly, policies directed towards individuals tend to focus on informing, warning and advising. This is not to say that governments will never seek to directly regulate private behaviour. There are, however, strong disincentives to too much government-sponsored “behaviour modification”.<sup>5</sup>

Furthermore, in so far as public health policy efforts move “upstream”, and try to regulate the economic, environmental and cultural determinants of ill-health, as advocated by population health approaches, they risk interfering with the market economy. Although government has the power to regulate individuals, businesses, and sectors of the economy, the prevailing consensus in Australia is to avoid actions that could undermine free markets and competitive processes in the belief that a “free market economy is indispensable to a vibrant and prosperous society”.<sup>6</sup>

For all these reasons, public health policy is contested territory for governments, especially as it relates to chronic disease. It can be particularly difficult for governments to introduce effective and comprehensive policies around the prevention – as distinct from medical treatment – of chronic disease.

### ***Public health policy entrepreneurs***

Enter the not-for-profit and private sectors. Unlike governments, NGOs and private sector organizations lack both a democratic mandate and coercive legal powers. On the other hand, they have certain comparative advantages in the area of health governance. These may include independence from party politics, the capacity to engage effectively with government, the private sector and the

community, their technical expertise, a high degree of public goodwill and clear strategic vision. All of these features build public trust.

The “public” policies that health NGOs create cannot be implemented through legislation. Their legitimacy and implementation will rest on different foundations.

The Heart Foundation’s Tick Program provides one example of an organization with a strong convening power that enables it to provide a quality assurance function as a trusted source of health information. The Tick Program is the Heart Foundation’s most visible brand. In practical terms, the Tick functions as a policy intervention in the food industry, delivering both commercial advantages for food manufacturers offering Tick-approved products, and public health benefits, by tapping into consumers abiding interest in health and their desire to eat healthy food. By encouraging the development of a healthier food supply through market mechanisms (consumer demand), the Tick program delivers these benefits to the community at no extra cost to government. In August 2006, the tick was extended to everyday lunch and dinner meals eaten out.

In the United States, nearly one third of calories in the average diet are made up from food prepared away from home.<sup>7</sup> For all its controversy, the “reach” of the Tick Program into restaurants and “fast food” illustrates the potential, over time, for NGOs to inform and influence eating habits and to improve public health outcomes.

What other opportunities exist for Australia’s most innovative health NGOs to engage in public health policy entrepreneurialism?

While governments are keen to foster the development of *healthier public policies* (understood in Kaul’s sense, above), they are less willing, and perhaps less capable of growing healthy policies in workplaces, and local communities. Legislation is a blunt instrument. NGOs and the private sector may have a comparative advantage in building public health policies in this area, provided they are willing to embrace the role of policy entrepreneur.

In summary, the burden of chronic, non-communicable diseases in Australian society suggests an important need for innovation in public health policies that engage with the full range of determinants of chronic disease outcomes, and that draw on the potential for policy entrepreneurialism by NGOs and the private sector. Health is a “co-production of many actors at every level of society”<sup>8</sup>. Improvements in the health of all Australians might be achieved through the willingness of respected and capable organizations to become entrepreneurs in public health policy.

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## ENDNOTES

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<sup>1</sup> David P. Fidler, “A Globalized Theory of Public Health Law” *Journal of Law, Medicine & Ethics* 2002; **30**:150-161, at 157-158; Kelley Lee, Suzanne Fustukian, Kent Buse, “An Introduction to Global Health Policy”, in Lee, Buse & Fustukian, *Health Policy in a Globalising World*, Cambridge: Cambridge University Press, 2002, pp 3-17, at 4-6.

<sup>2</sup> Susan Okie, “Global Health – the Gates-Buffett Effect” *The New England Journal of Medicine* 2006; **355**: 1084-1088.

<sup>3</sup> Inge Kaul, “Global Public Goods: What Role for Civil Society?” *Nonprofit and Voluntary Sector Quarterly*, 2001; **30(3)**:588-602, at 594-595.

<sup>4</sup> Australian Institute of Health and Welfare (AIHW), *Australia’s Health 2006*, Canberra: AIHW, 2006 (Cat. No. AUS 73), p 141.

<sup>5</sup> See Rogan Kersh, James Morone, “The Politics of Obesity: Seven Steps to Government Action” *Health Affairs* 2002; **21**: 142-153.

<sup>6</sup> Lawrence O. Gostin, “Legal Foundations of Public Health Law and Its Role in Meeting Future Challenges” *Public Health*, 2006; **120**:8-15, at 13.

<sup>7</sup> Joanne F. Guthrie, Biing-Hwan Lin, Elizabeth Frazao, “The Role of Food Prepared Away from Home in the American Diet, 1977-78 Versus 1994-96: Changes and Consequences”, *Journal of Nutrition Education and Behavior* 2002; **34**:140-150.

<sup>8</sup> I. Kickbusch and G. Lister, eds., *European Perspectives on Global Health: A Policy Glossary*, Brussels: European Foundation Centre, 2006, p 7.