

Exploring how political economy analysis is understood by health policy and system researchers

SHaPeS crowd-sourcing collaboration

SHaPeS: social science approaches for research and engagement in health policy & systems

Health Systems Global Thematic Working Group

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Table of Contents

Background and rationale.....	2
Socio-demographic profile of respondents.....	2
Disciplinary training and theories of political economy.....	3
Definitions of political economy.....	3
Views on how political economy contributes to improved health policies and systems.....	4
Views on what should be done to support political economy analysis in health policy and systems.....	4
Resources regarding political economy.....	5
Annex.....	6
Table 1: Gender of Respondents (n=43).....	6
Table 2: Age of Respondents (n=43).....	6
Table 3: Primary Occupational Affiliations of Respondents (n=43).....	6
Table 4: Region of Residence of Respondents (n=43).....	6
Table 5: Respondents with Disciplinary Training that Informs their Thinking on Political Economy (n=43).....	6
Table 6: Types of Disciplinary Training that Informs Respondents' Thinking on Political Economy (n=28).....	7
Table 7: Theories or Schools of Thought that Guide Respondents' Thinking on Political Economy (n=26).....	7
Table 8: Respondent's Definitions of Political Economy.....	7
Table 9: How Political Economy Can Contribute to Better Health Policies and Systems.....	10
Table 10: Strategies Proposed by Respondents to Strengthen the Field of Political Economy Analysis.....	11
Table 11: Favorite three books or papers (those in bold mentioned more than once).....	13
Table 12: Journals that Respondents Would Refer to Someone on Political Economy in Health (n=41).....	15
Table 13: Websites and other Resources that Respondents Would Refer to Someone on Political Economy in Health (n=29).....	16
References:.....	16

Background and rationale

Health policy and systems research (HPSR) is an emerging field of study, with a recent emphasis on social science perspectives. These perspectives foreground the socio-political context of health systems, including how they are socially constructed by human agency and social structures (Sheikh et al. 2011, Gilson et al. 2011, 2012, Sheikh et al. 2014). This framing of HPSR implicitly draws from political economy analysis.

'Political economy' originally developed in the 18th century as a form of moral philosophy that examined the conditions that influenced the economic actions of states. It is today an interdisciplinary field with diverse academic influences, ranging from Marxist analysis, public choice theorists, and social scientists concerned with development. Most recently, it is also being mainstreamed into development agencies, as demonstrated by the range of guidance documents produced on how to undertake applied political economy analysis for furthering organizational objectives (DFID, Worldbank).

Despite the revival of interest in political economy by those in HPSR, it is unclear whether a common body of literature is being referred to, let alone which disciplines, theories and authors are included within the lexicon that could be identified as a 'political economy in health policy and systems'. We undertook a crowd-sourcing effort among the SHaPeS thematic working group members to better understand health policy and systems researcher's views on political economy analysis.

In this report, we present the results of how respondents to the survey monkey poll fielded to the SHAPES membership understand and conceptualize political economy, what disciplines, theories and resources guide their political economy thinking, and what they think would support further work on political economy in HPSR. The aim of undertaking such a crowd-sourcing collaboration is to stir discussion and reflection about this element of HSPR. It is not meant to be representative of any one particular school of thinking, geographic region or disciplinary point of view. We welcome feedback on the results summarized in this report via the SHAPES list serve or to the co-authors of the report.

Socio-demographic profile of respondents

Over two weeks, 47 SHaPeS members participated in the crowdsourcing poll. As 4 participants only filled out their socio-demographic details, we report results from the remaining 43 participants. Out of the 43 participants, just over half, 58.1% (n=25) were female (**Table 1**). While the age of the respondents ranged from 25 to 64 years old, the largest age category was under 34 and the majority of participants were under 44 years of age (**Table 2**). This could reflect comfort with responding to online polls. With regards to primary occupational affiliation, a significant majority, 83.7% (n=36), of the respondents classified themselves as an academic or researcher. Other affiliations of the participants include activist (4.7%), health provider (2.3%), program implementer/manager (2.3%) and technical advisor (7.0%) (**Table 3**). Respondents were relatively evenly spread across OECD (32.6%, n=14), Africa (27.9%, n=12), Asia (37.2%, n=16), but Latin America and the Caribbean was under represented, with only one respondent from Brazil responding (2.3%, 1) (**Table 4**). All African respondents were from Anglo-phone countries. With the exception of one respondent, all Asian respondents were from India. This may reflect SHaPeS membership, but may also be due to language biases.

Disciplinary training and theories of political economy

One of the questions in the poll asked respondents whether they had any political economy disciplinary training. Out of the 43 participants, 65.1% reported having training (**Table 5**). These 28 respondents were asked to specify what types of training they have received and they could select more than one response as seen in **Table 6**. Out of the 28 respondents, a large number had training in economics (35.7%), development studies (25%), political science (21.4%), anthropology (21.4%) and sociology (17.9%). Other types of training included international relations (14.3%), public health (14.3%), health policy (7.1%) and science and technology studies (3.6%). While this reflects a strong multi-disciplinary social science basis of political economy training, it is worth noting that a few respondents reported that public health and health policy training also contributed to political economy training.

We also asked what political theories or schools of thought informed respondents' definition and thinking of political economy. Twenty-six of the forty-eight respondents answered. While the theories most selected were those initially listed in the poll, Marxist (38.5%), followed by Institutional Economics (34.6%) and Public Choice theory (26.9%), several other theories or schools of thoughts were also listed under 'Other' (**Table 7**). While a three respondents listed 'a variety of theories' or 'philosophy' with no further specification, several mentioned specific social science theorists (Henry George, Michel Foucault, Anthony Giddens, Arjun Appadurai, Nancy Fraser, Jacques Lacan, Langdon Winner). Despite the dominance of training in economics among respondents, it is striking that many of the theorists listed come from sociology, anthropology, feminist critical thought and science and technology studies.

Definitions of political economy

Several respondents were unsure how to define political economy and one participant stated that it had been used 'too loosely'. Some felt that it is closely aligned with policy analysis, particularly if the latter is defined as an analysis of actors, institutions and decision-making. Indeed several also felt that 'political economy' underscored the primacy of politics in shaping economies, i.e. a one way relationship where politics determines the shape of economics and societies.

Nonetheless, a larger group of respondents had a more fluid understanding, where 'political economy' reflected a dynamic field where human activity, encompassing both politics and economics, interacts to influence laws, decision-making and the social context that determines health. Considering globalization, corporate dominance, technological and social innovation, including progressive and fundamentalist social movements, the nature of political economy today is possibly more complex than previous conceptualizations of political decision-making unilaterally shaping outcomes. Several respondents mentioned that 'political economy' was inter-disciplinary in nature and focused on examining underlying social relations or interests that influenced outcomes. The largest category of responses (n=16) also further specified that 'political economy' entailed **an analysis of power**, particularly with respect to how it influences resource allocation and subsequent societal inequalities (**Table 8**).

While geographic region and disciplinary training did not largely influence how respondents defined political economy, it was striking that references to the analysis of power were mentioned by a minority of respondents from OECD countries (3/17), in contrast to those from Africa, Asia or Brazil (13/31) (**Table 8**).

Views on how political economy contributes to improved health policies and systems

Respondents' views regarding how political economy might contribute to improved health policies and systems showed considerable consensus. The most common response suggested that political economy analysis helped provide **an understanding of the broader context**, particularly political and economic factors in the context and how these affected health policies and systems. A better understanding of contextual issues, it was argued, would contribute to better policies. However a considerable number of respondents focused in on one particular aspect of that context, namely **the distribution of power and the presence of vested interests** and suggested that by revealing the nature of power and interest political economy enabled them to be better addressed. **Many respondents who suggested this also argued that political economy could form the basis for challenging underlying power structures.**

Table 9 shows the main categories of responses for this question (omitting responses which were given by only one individual). In addition to the types of responses described above, three respondents highlighted the role of political economy in addressing the structural (or social) determinants of health, another three talked about challenging the popular conception of health as a technocratic field, and two spoke of the importance of institutions.

There did not appear to be any clear difference between responses coming from people in different regions, or with different disciplinary training.

Views on what should be done to support political economy analysis in health policy and systems

Respondents suggested a broad array of strategies to promote political economy analysis in health policy and systems research (**Table 10**). The most commonly mentioned interventions focused on **teaching**, particularly ensuring that political economy analysis is included in the curricula of health policy and systems research courses, however it was suggested that even students without a focus in this area should be taught some political economy. **Strengthening links between researchers and policy makers and practitioners**, was the next most commonly recommended strategy. Respondents had a variety of practical suggestions for this including developing short courses on political economy for practitioners, summarizing key political economy concepts and ideas in policy briefs and integrating political economy analysis into routine processes, such as project management. Respondents appeared to perceive that this strategy of engaging policy-makers and practitioners was important to **build broader ownership of and interest in the field, as well as help ensure that political economy analysis has actual on-the-ground impact.**

Respondents also suggested the need for more **networking** opportunities (through conferences etc.) among people working on political economy analysis, and, relatedly, argued for the development of more **inter-disciplinary teams** that brought together people who had specialized in political economy with more generalist health systems researchers. A few respondents argued for the need for more **theoretical or methodological development** in this field. One respondent (not included in **Table 10**) suggested that HPS researchers should seek to develop discussion sections in their reports and papers that address how political economy factors might obstruct the implementation of recommendations,

presumably with the intention of generating greater demand and/or awareness of the need for political economy research.

It was also (accurately) observed that the things that needed to be done to strengthen political economy analysis, were very similar to what was needed for HPSR as a whole (ie. better teaching, more networking opportunities, more interdisciplinary research etc.).

Resources regarding political economy

Resources listed by respondents spanned contributions by social analysts and theorists, broad social science analysis, as well as those specific to health, including one donor agency guideline (DFID) (Table 11). These books and papers reflect the multi-disciplinary background of what respondents viewed as important contributions to understanding political economy. While a few were mentioned more than once, the majority were unique recommendations, perhaps reflecting how diverse and broad this field can be.

In terms of journals, while *Social Science and Medicine* and *Health, Policy and Planning* were listed as those most accessed for political economy in health, a range of political science and development studies journals were also listed (Table 12). Unfortunately, the political science journals were not listed by name, a survey design flaw. Respondents also listed journals specific to political economy, anthropology and feminist perspectives (Table 12). One respondent also mentioned the *Lancet*. The Indian journal *Economic and Political Weekly* was also mentioned.

In terms of other resources and websites (Table 13), respondents cited the contributions of social movements such as the anti-apartheid struggle in South Africa, the People's Health Movement and those that support critical analysis; Medico Friends Circle in India, Global Health Watch and Equinet. Various organisations based in OECD countries that support political economy analysis were also listed: the IHP Newsletter from ITM Antwerp, IDS, ODI, CGD, IBP and the World Bank. Two resources specific to political economy included DFID's guideline and the *International Initiative for Promoting Political Economy*.

Concluding reflections

This crowd-sourcing effort may not be representative of the whole SHaPeS membership, or of health systems researchers more widely. It roughly includes 20% of the SHaPeS membership and only includes responses from those who were able to respond online in the space of the two weeks provided. Nonetheless, the profile of respondents is diverse in terms of gender, age, regions (with some qualifiers), and disciplinary training. The diversity of participants provides a foundation for an interdisciplinary discussion of how political economy is understood. Considering this foundation, it is striking that an overall coherent portrait of political economy emerged, even though a few respondents did struggle with the concepts and provided vague or a few outlier responses. Overall respondents framed political economy as an interdisciplinary field that is broader than policy or political analysis, in that it takes into consideration the contributions of fields such as anthropology, sociology, development studies, science and technology studies and feminist thought. Political economy was defined as examining the dynamic ways in which multiple social forces underpin power relations that mediate how resources are allocated and inequalities perpetuated or redressed. It was stressed as an essential element of health policy and systems research that needed strengthening through networking, further interaction between disciplines, but also with policy makers and practitioners in order to ground it in the challenges facing health systems today. Resources recommended reflect the breadth of the field and its diffuse boundaries, inclusive of social theorists from across several disciplines, social movements both global and local and development professionals.

Annex

Table 1: Gender of Respondents (n=43)

Gender	Percent	Count
Female	58.1%	25
Male	41.9%	18
Total	100%	43

Table 2: Age of Respondents (n=43)

Age	Percent	Count
18-24 years	0%	0
25-34 years	34.9%	15
35-44 years	30.2%	13
45-54 years	23.3%	10
55-64 years	11.6%	5
65-74 years	0%	0
75 years	0%	0
Total	100%	43

Table 3: Primary Occupational Affiliations of Respondents (n=43)

Primary occupational affiliation	Percent	Count
Activist	4.7%	2
Health Provider	2.3%	1
Program Implementer/Manager	2.3%	1
Technical Advisor	7.0%	3
Donor	0%	0
Academic / Researcher	83.7%	36
Total	100%	43

Table 4: Region of Residence of Respondents (n=43)

Region of Residence	Percent	Count
OECD	32.6%	14
Africa	27.9%	12
Asia	37.2%	16
LAC (Brazil)	2.3%	1
Total	100%	43

Table 5: Respondents with Disciplinary Training that Informs their Thinking on Political Economy (n=43)

Political economy disciplinary training	Percent	Count
Yes	65.1%	28
No	34.9%	15
Total	100%	43

Table 6: Types of Disciplinary Training that Informs Respondents' Thinking on Political Economy (n=28)

Types of disciplinary training (multiple responses)	Percent	Count
Political Science	21.4%	6
Economics	35.7%	11
Sociology	17.9%	5
Anthropology	21.4%	6
International Relations	14.3%	4
Science and Technology Studies	3.6%	1
Development Studies	25.0%	7
Health Policy	7.1%	2
Public Health	14.3%	4

Table 7: Theories or Schools of Thought that Guide Respondents' Thinking on Political Economy (n=26)

Political economy political theories or schools of thought	Percent	Count
Public Choice Theory	26.9%	7
Marxist Theory	38.5%	10
Institutional Economics	34.6%	9
Other	46.2%	16
Social Choice Theory		
Georgist curriculum		
Giddens		
Lacanian/Winnerian notions of autonomous technology and		
Appadurai's notion of cultural rights		
Broad social theory (Foucault)		
Feminist theorisation of gender & power		
Politics of difference		
Variety of capitalism theories		
Constructivists Approaches		
Philosophy		
A variety of theories		

(those in bold mentioned more than once)

Table 8: Respondent's Definitions of Political Economy

Defining elements	Specific quotations
No definition or unsure (n=5)	<ul style="list-style-type: none"> • Oiu! • This term is new for me • Not sure • Am not sure • That's my beef! How do YOU define it? I think it's a term that has recently been thrown around too loosely.
A part of policy or	<ul style="list-style-type: none"> • the black box of policy formulation and implementation – not necessarily the black box (discrepancy) between policy intentions and outcomes in practice but

<p>political analysis (n=5)</p>	<p>also the black boxes (what actually happens) within policy formulation, interpretation and implementation (not necessarily as a cycle)</p> <ul style="list-style-type: none"> • An understanding of both micro and macro-economic factors that have an impact of the making and implementation of health policy • the study of political influence and interplay (actors, institutions, legislation etc) which guides decision-making on a given subject • I think people in our field have a tendency to use the term but really mean policy or political analysis? I don't see many economic methods being used in what we consider 'political economy' research. But I don't know. • The study of incentives of institutions.
<p>The primacy of politics over economies (n=7)</p>	<ul style="list-style-type: none"> • The influence of politics • The political factors that shape economy... • It relates with the role of politics in shaping economics • The political structures and culture that define and shape economic activity within a given context. • Influence of politics on economy?? • Politics that determine the economic status of a country • An interdisciplinary approach; simply means production and consumption decisions in an economy are influenced by the prevailing political conditions within and outside the economy.
<p>Study of political and economic relations (n=13)</p>	<ul style="list-style-type: none"> • How political and economic forces structure societies and social relations • The political and economic process shaping the environment from within decision in various areas, such as health, are made • The relationship between economics and politics, governance, and laws • The study of how a country is managed and governed, accounting for both political and economic factors. (based on combination of definitions read online) • It is the dynamic intersection/interaction between politics (law, custom, and government) and economics (production and trade) which result in how societies function over space and time • I interpret it to mean, classically, as the political and economic forces that affect a certain problem (i.e., health) and how political and economic methodologies can be used to address that problem. • Political economy refers to interdisciplinary studies drawing upon economics, sociology, and political science in explaining how political institutions, the political environment, and the economic system—capitalist, socialist, or mixed—influence each other • Multi-disciplinary subject that combines economics, politics and social science theory and tools to understand relationships between people, society and the state. • An interdisciplinary approach focusing on relations between existing economic systems and political processes and environment • An examination of the underlying - and often unmentioned or unacknowledged - political and economic relations at work • Study of how political and economic factors interact to shape preferences of political actors, with particular emphasis on role of interests.

	<ul style="list-style-type: none"> • The consideration of how economic forces, policies, and practices, reflect, represent, and promote particular interests to the exclusion of others
<p>Study of power, resources and inequalities (n=16)</p>	<ul style="list-style-type: none"> • The study of how public policy and political power influence economic and social welfare of a society • The influence of combined political and economic forces over societal power structures and over interest groups, and how they, in turn, influence processes of societal change and policy decision making (across all of the classic 'stages' of decision-making, and including non-decision-making) • The study/assessment of how different actors, institutions influence public choices in society. Values, incentives, interests and power are key in this. • Understanding markets, production, trade and development of society in the context of institutions, social relationships and power • A critical understanding of socio-political processes - encompassing processes around livelihood, health, education, space, sustainable environment etc - that happen in society as strongly configured by local, regional, state and global political and economic forces that usurps the rights of vulnerable groups / regions / states. • A study which assess how power and resources are distributed and contested in different contexts, and how its impact outcomes. It specifically look at interests, incentives and institutions/organisations that bring about change. • It is the study of power (systemic/organisational/individual) and how it influences allocation and access to resources by class/gender/ethnicity • Political economy is the study of power structures that underlie the movement of resources among people, institutions, nations and regions. • It deliberates on the determinants of decisions on how the resources are distributed among different sections of society. Understanding the role of power held by individuals and institutions in arriving at these decisions are integral to political economy • A predominantly social science field that in terms of disciplinary orientation /interests intersects politics, economics and law; and studies of governance /stewardship, power, process, allocation and use of resources and within human /social systems societies • Judicious and rational distribution of resources. • The relationships and processes - closely intertwined with politics and culture- that affect the distribution and management of resources. • The interface between the rules that govern our societies (politics) and the resources available (economy) and how this affects the use and distribution of these resources. • My understanding of political economy is that it is the study of how the relationships between people and their institutions (society, organizations and other loose and narrow definitions of societal structures included) influence each other, and how this does (or does not) lead to the outcomes that we see in society. • The interaction of interests and power that affect how resources are distributed in a society.

	<ul style="list-style-type: none"> • Political economy, especially in health is basically a form of framework used to study health inequalities. Who/what informs skewed investment in health and its effects.
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Table 9: How Political Economy Can Contribute to Better Health Policies and Systems

Contribution	Specific Quotations
Draw attention to broader contextual questions (n=10)	<ul style="list-style-type: none"> • Helps us understand highly contextualized national, sub-national health systems, policy, and programme interventions • The political economy of a country determines very much which health problems are prioritized • Understanding the relations between political conditions, economic growth and improved health status • Understanding of political economy and the political landscape is quintessential to understanding why certain policies are framed the way they are and/or why they get implemented in a certain way • By clarifying how health systems, health policies and health services are structured within the broader political sphere • Vital for understanding CONTEXT. There are few scientific approaches to asses CONTEXT • Understanding of political and economic forces so as to increase success of policy making • Understand the context, particularly in terms of when and why some interventions work • A more critical lens on the role of economic actors/forces in health policies and systems design, implementation • Making clear the role of politics in building health systems and defining health policies
Helps to identify sources of power and vested interest that influence health policies and health systems (n=9)	<ul style="list-style-type: none"> • Making visible liminal sources of power • Shows how vested interests underlie many decisions and actions • Helps us examine how power is exercised, how decisions are made • Helps us identify and challenge the underlying power dynamics • Makes explicit the political interests that shape health policy decision-making; • Illustrating when policies promote particular ideas/interests to the exclusion of other • Better understanding of the critical forces that shape policy and systems and that influence inequity • Helps explain the architectures of power that influence health policy formulation, implementation, and change as well as the systems that undergird them • Helping us understand how people's interests are or are not represented in policy choices
Can form a basis for advocacy and challenging existing	<ul style="list-style-type: none"> • Allow for opportunities to address these sources [of power] in a systemic manner • Helps us identify and challenge the underlying power dynamics • Provides better insights and explanations which give more possibilities of action for change

power dynamics (n=8)	<ul style="list-style-type: none"> • Basis for advocacy work & important for policy 'management' • By constantly countering the profit driven models with equity based models of health care delivery • Identify points of action, protest, and in fact also inaction (those features that are recalcitrant!) for researchers, practitioners and decision-makers • How we can counteract the forces that prevent people's interests from being addressed • Understanding politically would assist one to influence
Offers a focus on the structural determinants of health (n=3)	<ul style="list-style-type: none"> • Focusing on overarching structural determinants • Issues of social and environmental determinants, equity and social inclusion, gender, choice of technology/drugs and laws related to pharmaceuticals are all inextricably linked to political economy • Focus attention on politics and economics affect and influence the health choices that people make; make health systems more people-centered
Health policies and systems as social constructs (n=3)	<ul style="list-style-type: none"> • It increases understanding and awareness that health policies and systems are human and social constructs • Challenges the view that evidence alone is sufficient to advance policy • Making the focus of health less about 'technical' solutions, and more about understanding power and influence
Helps in the understanding of how institutions shape health (n=2)	<ul style="list-style-type: none"> • Illustrating how institutions often take on lives of their own pursuing ends that are not well aligned with their ultimate goals • Political economy describes how rules are made about who gets what -- including with respect to health

Table 10: Strategies Proposed by Respondents to Strengthen the Field of Political Economy Analysis

Proposal	Select examples of specific suggestions
Strengthen teaching of PEA in public health (n=10)	<ul style="list-style-type: none"> • It should be taught as a major component in health systems courses • Encourage students studying public health to take economics and political science courses or better yet develop specific political economy and health courses for these students • Improve teaching and understanding of the issues to students of public health and health and development • Influence what is taught/curriculum in Schools of Public health • Making political science approaches as mandatory as research methods courses in HPSR • Create PhD tracks focused on political economy of health • All those who plan to work on health policy and systems should have foundational knowledge of political science and economics even if it is not their area of expertise • Offer political economy classes to PH students or encourage them to cross-register. Make classes in the History of PH mandatory

<p>Strengthen links with policy makers and practitioners/better orient policy makers and practitioners to PEA (n=9)</p>	<ul style="list-style-type: none"> ● PEA is still an academic exercise done by researchers. It needs to be linked to policy making ● Work on knowledge translation so that the research conducted on political economy analysis in health is conveyed to the public and policymakers, so that a broader base of people understand and value this research area ● It needs to be integrated into aspects of project management as a whole to have more visibility ● Translate key ideas into policy briefs easily accessible to policy-makers and practitioner ● There needs to be greater awareness of the linkages and influence of political economy on health policy and systems among implementors - and maybe even policy makers. Eg. Develop a course of study for mid level managers ● Engage politicians and policy makers actively in research and analyses with a focus on jointly identifying why otherwise successful interventions might not work for political and economic reasons in different settings
<p>Build diverse networks of researchers interested in PEA (n=7)</p>	<ul style="list-style-type: none"> ● A global network of researchers in this field & conferences exclusively on this topic ● Capacity building and networks between academia, research, policy and practice ● Make sure leadership has enough contributions from third world- do not limit it to a US- UK based leadership
<p>Build multidisciplinary teams (n=5)</p>	<ul style="list-style-type: none"> ● Engage more political scientists in the work as part of multi-disciplinary teams ● Support collaborations between HP&S researchers who touch on "political economy" in their work, and political scientists or economists who do that work as their bread and butter
<p>Make available resources to support PEA research (n=5)</p>	<ul style="list-style-type: none"> ● Resources for research need to be made available ● Ensure funding to support research on political economy and health policy ● Improve access to literature
<p>Build stronger theories and/or methods for PEA (n=4)</p>	<ul style="list-style-type: none"> ● Developing a more modern, post Marx/Durkheim etc. version of political economy analysis that takes into account other phenomena such as culture, globalisation etc ● Develop methods which are more relevant ● Development of methods and tools for better contextual understanding of the influence of political economy on health systems ● Put together what methods have been used to study pol-econ and seek to learn directly from those applying these methods how they may be extended in HPSR research
<p>Increase the number of PEA publications (n=3)</p>	<ul style="list-style-type: none"> ● Publication of political economy oriented analyses in peer-reviewed journals such as Lancet, Social Science and Medicine and Health Policy and Planning ● Bring out a [new] journal ● Journal supplements on the topic
<p>Acknowledge and/or explore</p>	<ul style="list-style-type: none"> ● Encourage health policy and systems analysts to speak truth to power

the role of researchers in changing political economy (n=3)	<ul style="list-style-type: none"> • Launch a debate about 1) the role of PH practitioners as advocates for certain segments of society, 2) perceived or actual conflicts with the scientist's "unbiased" viewpoint, 3) PH's current emphasis on technical instead of political solutions.
Do more research in this area (n=3)	<ul style="list-style-type: none"> • More cross-national studies. • Include in our existing research at least a section on political economic analysis
Take Stock (n=2)	<ul style="list-style-type: none"> • Conduct an evaluation (meta review?) to assess whether and how PE analysis so far has contributed to improved policies and systems • Take stock of what we already have (which is a great deal)

Table 11: Favorite three books or papers (those in bold mentioned more than once)

Type	Publication
Social analysts and theorists	<p>Foucault, M. (1963). <i>The Birth of the Clinic: An Archaeology of Medical Perception</i>. France: Presses Universitaires de France.</p> <p>Fraser, N. (1997). <i>Justice Interruptus: Critical Reflections on the "Postsocialist" Condition</i>. New York: Routledge.</p> <p>Gramsci, A. (2011). <i>Prison Notebooks</i>. (J.A Buttigieg & A. Callari, Trans). Columbia University Press.</p> <p>Sen, A. (1970). <i>Collective Choice and Social Welfare</i>. San Francisco: Holden Day.</p>
Broad social science analysis	<p>Bates, R.H. (1981). <i>Market and States in Tropical Africa: The Political Basis of Agricultural Policies</i>. Los Angeles: University of California Press.</p> <p>Batley, R., McCourt, W. & Mcloughlin C. (2012). The Politics and Governance of Public Services in Developing Countries, <i>Public Management Review</i>, 14(2).</p> <p>Becker, U. (2014). <i>The BRICs and Emerging Economies in Comparative Perspective: Political Economy, liberalisation and Institutional Change</i>. London: Routledge.</p> <p>Bharadwa, K. (1978). <i>Classical Political Economy and Rise to Dominance of Supply and Demand Theories</i>. Michigan: Centre for Studies in Social Sciences.</p> <p>de Waal. A. (2009). <i>Famine Crimes: Politics & Disaster Relief Industry in Africa</i>. Indiana: Indiana University Press</p> <p>Devarajan, S. & Widlund, I. (Eds.). (2007). <i>The Politics of Service Delivery in Democracies. Better Access for the Poor</i>. Stockholm: EGD.</p> <p>Grand, J. <i>Motivation, Agency, and Public Policy: Of Knights and Naves, Pawns and Queens</i>. London: Oxford University Press.</p> <p>Grindle, M.S. & Thomas, J.W. (1991). <i>Public Choices and Policy Change: The Political Economy of Reform in Developing Countries</i>. Baltimore: Johns Hopkins University Press.</p> <p>Harris, D. & Booth, D. (2013 January). <i>Applied Political Economy Analysis: Five Practical Issues</i>. Retrieved from: http://www.odi.org.uk/publications/7196-applied-political-economy-analysis-five-practical-issues</p>

	<p>Hill, M. & Hupe, P. (2002). <i>Implementing Public Policy: An Introduction to the Study of Operational Governance</i>. London: SAGE Publications.</p> <p>IDS Bulletins</p> <p>O'Brien, R. & William, M. (2013). <i>Global Political Economy: Evolution and Dynamics</i> (4th Ed). New York: Palgrave Macmillan</p> <p>Pontusson, J. (1995). From Comparative Public Policy to Political Economy: Putting Political Institutions in Their Place and Taking Interests Seriously. <i>Political Science</i>, 28(1), p.117-147.</p> <p>Tjosvold, D. & Wisse, B. (2009). <i>Power and Independence Organizations</i>. Cambridge: Cambridge University Press.</p>
Health specific	<p>Biehl J and Petryna A. (2013). <i>When People Come First: Critical Studies in Global Health</i>. Princeton University Press.</p> <p>Bloom G, Kanjilal K, Lucas H and Peters DH. (2012). <i>Transforming Health Markets in Asia and Africa: Improving Quality and Access for the Poor</i>. Routledge</p> <p>Buse, K., Mays, N. & Walt, G. (2005). <i>Making Health Policy</i>. Open University Press: New York.</p> <p>Croke, K. (2012). The Political Economy of Child Mortality Decline in Tanzania and Uganda, 1995-2007. <i>Studies in Comparative International Development</i>, 47(4), p. 441-463.</p> <p>Doyal, L. (1995). <i>What Makes Women Sick: Gender and the Political Economy of Health</i>. New Jersey: Rutgers University Press</p> <p>Doyal L. & Pennell, I. (1979). <i>Political Economy of Health</i>. London: Pluto Press</p> <p>Farmer, P. (2001). <i>Infections and Inequalities: The Modern Plague</i>. Los Angeles: University of California Press.</p> <p>Global Health Watch Series</p> <p>Hart, J.T. (2006). <i>The Political Economy of Health Care</i>. Bristol: Policy Press</p> <p>Kuhlmann. E & Annandale, E. (2010). <i>The Palgrave Handbook of Gender and Healthcare</i>. New York: Palgrave Macmillan.</p> <p>Lee, K., Buse, K. & Fustukian, S. (Ed.). (2002). <i>Health Policy in a Globalising World</i>. Cambridge: Cambridge University Press.</p> <p>Manderson, L. (1996). <i>Sickness and the State: Health and Illness in Colonial Malaya, 1870-1940</i>. Cambridge: Cambridge University Press.</p> <p>McIntyre, D. & Mooney, G. (2007). <i>The Economics of Health Equity</i>. Cambridge: Cambridge University Press.</p> <p>McKinlay, J.B. (2009). A Case for Refocusing Upstream: The Political Economy of Illness. In J. Gartley (Ed.), <i>Patients, Physicians and Illness: A Sourcebook in Behavioural Science and Health</i> (p. 9-25). New York: Free Press.</p> <p>Mooney, G. (2012). <i>The Health of Nations: Towards a New Political Economy</i>. London: Zed Books.</p> <p>Navarro, V. (Ed.) (2000). <i>The Political Economy of Social Inequalities: consequences for health and quality of life</i>. Baywood Pub Co.:New York</p> <p>Navarro, V. (2009). What we mean by social determinants of health. <i>International Journal Health Services</i>, 39(3), p. 423-41.</p> <p>Pisani, E. <i>The Wisdom of Whores: Bureaucrats, Brothels and the Business of AIDS</i>. London: Granta Publications</p> <p>Reich, M.R. work by him</p>

	<p>Sanders, D. (1985). <i>The Struggle for Health: Medicine and the Politics of Underdevelopment</i>. London: Macmillian Education</p> <p>Starfield, B. (2007). Pathways of influence on equity in health. <i>Social Science & Medicine</i>, 64(7), p. 1355-1362.</p> <p>Walt, G. & Gilson, L. (1994). Reforming the health sector in developing countries: the central role of policy analysis. <i>Health Policy and Planning</i>, 9, p. 353-70</p> <p>Walt, G. (1994). <i>Health Policy: An Introduction to Process & Power</i>. London: Zed</p> <p>Werner D; Sanders D; Weston J; Babb S; Rodriguez B. (1997). <i>Questioning the solution: the politics of primary health care and child survival, with an in-depth critique of oral rehydration therapy</i>. Palo Alto: HealthWrights</p> <p>Wilkinson, R. & Marmot, M. (Eds.) (2005). <i>Social Determinants of Health (2nd Ed.)</i>. London: Oxford University Press.</p>
Donor guidelines	<p>DFID. (2009). <i>Political Economy Analysis-How to Note</i>. Retrieved from: http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/events-documents/3797.pdf</p>

Table 12: Journals that Respondents Would Refer to Someone on Political Economy in Health (n=41)

Journals (multiple responses)	Percent	Count
Health Policy and Planning	58.5%	24
Social Science and Medicine	61.0%	25
Global Public Health	19.5%	8
Globalization and Health	36.6%	15
World Development	34.1%	14
Development and Change	14.6%	6
Journal of Development Studies	36.6%	15
Political Science Journals	46.8%	19
Other	34.1%	13
International Journal of Health Services Signs: Journal of Women in Culture and Society Feminist Economics Critical Medical Anthropology Journal of Health Economics Journal of Political Economy The Economic and Political Weekly Development Policy Review Public Management Review The Lancet		

(those in bold mentioned more than once)

Table 13: Websites and other Resources that Respondents Would Refer to Someone on Political Economy in Health (n=29)

Website (multiple responses)	Percent	Count
ODI	82.8%	24
Governance and Social Development Resource Center	24.1%	7
Other	34.5%	10
Peoples Health Movement International and in India http://www.phmovement.org/ http://www.ghwatch.org/ Medico Friends Circle India Monographs and Papers on apartheid health & healthcare EQUINET MedicusMundi Center for Global Development International Budget Partnership IDS Politics and Power Programme International Initiative for Promoting Political Economy, http://iippe.org/wp DFID Political Economy Analysis Tool World Bank Sites IHP newsletter from ITM Antwerp ODI Mwanachi Programme		

References:

Sheikh K, Gilson L, Agyepong IA, Hanson K, Ssenooba F, Bennett S: **Building the field of health policy and systems research: framing the questions.** *PLoS Med* 2011, **8**(8):e1001073.

Sheikh K, George A, Gilson L: **People-centred science: strengthening the practice of health policy and systems research.** *Health Research Policy and Systems* 2014 12:19.

Gilson L, Hanson K, Sheikh K, Agyepong IA, Ssenooba F, Bennett S: **Building the field of health policy and systems research: social science matters.** *PLoS Med* 2011, **8**(8):e1001079.

Gilson, L. (Ed.). (2012). **Health policy and systems research: a methodology reader.** Geneva: Alliance for Health Policy and Systems Research, World Health Organisation.