Health Policy 119 (2015) 1298–1308

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

Government, politics and health policy: A quantitative analysis of 30 European countries

Johan P. Mackenbach[a,*], Martin McKee[b]

[a] Department of Public Health, Erasmus MC, P.O. Box 2040, 3000 CA, Rotterdam, The Netherlands
[b] European Centre on Health of Societies in Transition, London School of Hygiene and Tropical Medicine, 15–17 Tavistock Place, London WC1H 9SH, United Kingdom

ARTICLE INFO

Article history:
Received 29 January 2015
Received in revised form 26 August 2015
Accepted 27 August 2015

Keywords:
Health policy
Politics
Democracy
Government effectiveness
Population health
Europe

ABSTRACT

Rationale: Public health policies are often dependent on political decision-making, but little is known of the impact of different forms of government on countries' health policies. In this exploratory study we studied the association between a wide range of process and outcome indicators of health policy and four groups of political factors (levels of democracy, e.g. voice and accountability; political representation, e.g. voter turnout; distribution of power, e.g. constraints on the executive; and quality of government, e.g. absence of corruption) in contemporary Europe.

Data and methods: Data on 15 aspects of government and 18 indicators of health policy as well as on potential confounders were extracted from harmonized international data sources, covering 30 European countries and the years 1990–2010. In a first step, multivariate regression analysis was used to relate cumulative measures of government to indicators of health policy, and in a second step panel regression with country fixed effects was used to relate changes in selected measures of government to changes in indicators of health policy.

Results: In multivariate regression analyses, measures of quality of democracy and quality of government had many positive associations with process and outcome indicators of health policy, while measures of distribution of power and political representation had few and inconsistent associations. Associations for quality of democracy were robust against more extensive control for confounding variables, including tests in panel regressions with country fixed effects, but associations for quality of government were not.

Conclusions: In this period in Europe, the predominant political influence on health policy has been the rise of levels of democracy in countries in the Central & Eastern part of the region. In contrast to other areas of public policy, health policy does not appear to be strongly influenced by institutional features of democracy determining the distribution of power, nor by aspects of political representation. The effect of quality of government on health policy warrants more study.

1. Introduction

There is an increasing body of research studying the impact of political factors, broadly defined, on population health [1–4]. The main reason for this increased interest in "political epidemiology" is the growing awareness

* Corresponding author. Department of Public Health, Erasmus MC, P.O. Box 2040, 3000 CA, Rotterdam, The Netherlands. Tel.: +31 107038460; fax: +31 107038475.
E-mail address: j.mackenbach@erasmusmc.nl (J.P. Mackenbach).

http://dx.doi.org/10.1016/j.healthpol.2015.08.017
0168-8510/

that public health successes are often dependent on political decision-making [5]. In order to better understand the opportunities and constraints to promote public health issues in the political arena, a deepened understanding of how politics work, and what political conditions facilitate or hamper decision-making in the interest of population health is important.

The political "determinant" that has received most attention in the health literature is that of the level of democracy [4]. This is probably due to the fact that over the last 50 years the governing systems in many countries have undergone profound changes, with a clear shift from authoritarian regimes to liberal democracies [6]. However, there are many other political conditions that potentially affect population health, such as the level of popular participation in the democratic process, the political complexion of governments, and the ability of those governments to actually implement policies. In this paper we report on an exploratory study of the association between a wide range of political conditions and the differing degrees to which European countries have adopted effective health policies. By choosing specific indicators of health policies as our outcome variables, we intend to capture more directly the influence of political conditions than if we would have analyzed general indicators of population health.

We were able to do this following the conclusion of a previous study that examined progress made by European countries in developing and implementing health policies in ten key areas of health policy: tobacco control; alcohol control; food policy; fertility, pregnancy, and childbirth policy; child health policies; infectious disease control; hypertension detection and treatment; cancer screening; road traffic safety; and air pollution control. While policies in all these areas have made significant contributions to advances in population health over the past decades, we also found substantial variations between European countries in their level of adoption and implementation and resulting population health outcomes [7,8]. We were also able to show how health policies varied according to factors such as national income and societal values [7,8], but although some of our analyses covered political determinants [7–9] we have so far not systematically assessed the influence of political conditions on health policy.

In seeking to understand the political determinants of health policy we draw on the political science literature, on the basis of which we have identified four categories of political conditions that can be expected to affect health policy, and that can be operationalized and consistently measured for a large number of European countries using existing data. Because of the scarcity of studies that explicitly apply political science theory to health policy [10,11], the identification of potentially important political conditions is by necessity somewhat tentative, and as a result our study is mainly exploratory in nature. We do, however, note that these four categories of political conditions can be linked to a well-known theoretical framework for public policy, the so-called "stages heuristic", which divides the public policy process into four stages: agenda setting, policy formulation, policy implementation, and policy evaluation [12]. Our first two categories of political conditions can be seen to shape the agenda setting process, while our second two categories mainly determine the policy implementation process.

The first category of political conditions in our analysis covers the extent to which citizens can give voice to their concerns and hold the government to account, i.e. the quality of the democratic structures and processes. This is the area that has so far been studied most extensively, typically using certain composite measures that combine several dimensions of democracy. On the basis of this existing literature [1,3,4,13–17] we hypothesize that countries scoring higher on the most commonly used measures of democracy will have made the most progress in health policies, e.g. because more democratic governments should be more likely to make decisions that reflect the public interest. We do however note that the existing evidence is not completely consistent, both in less developed countries where positive effects on mortality were found in some [18,19] but not all studies [19] and in Europe where recent democratization has coincided with diverse rapid societal changes and a temporary decrease of life expectancy [16].

The second category groups several aspects of political representation, i.e. voter turnout, female representation in parliament, and political orientation of the electorate. Voter turnout has been declining markedly in many countries in recent decades, and on the basis of the little research that exists on the relationship between voter turnout and health outcomes [2,20] we hypothesize that, where it is higher, politicians may be better connected to their electorates and thus may be more likely to adopt policies that improve their health. Equally, based on the limited research, mainly from low income countries showing that infant and under five mortality is lower in countries where either women form more than 20% of parliamentarians [21] or are more empowered according to a composite index including female parliamentary representation [22], we hypothesize that more equitable gender representation may be associated with stronger health policies. In democracies, the political orientation of the electorate determines the political complexion of their government. This in its turn will partly determine a country's health policies, because the development of health policy demands choices about the role of the individual and the state, the redistribution of resources, the role of regulation, and the willingness to challenge corporate interests, all of which are intensely political and more commonly associated with left wing parties [2,23,24]. Although previous research has not produced entirely consistent results [1,2,9,25], we therefore hypothesize that social-democratic governments may be associated with stronger health policies.

The third category relates to the distribution of power within democracies, i.e. the extent to which political power is concentrated or dispersed. It includes factors such as the proportionality of the electoral system, the number of political parties, the dominance of the executive (or cabinet) over parliament, and the mechanisms for interest group representation. Countries differ considerably [26]. Thus, the Westminster model is seen as the archetypal version of what is termed the "majoritarian" model, where a first past the post voting system usually leads to clear parliamentary majorities for a single party, even when they win much less than 50% of the popular vote, and where the