

Critically Assess the Claim that Increased Engagement with Civil Society Organizations (CSOs) Has Enhanced Legitimacy and Representation in Health Policy

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Abstract

This paper investigates the role of Civil Society Organizations (CSOs) in enhancing the legitimacy and representation of health policy. Drawing on the definition of CSOs as voluntary associations representing various interests, the study examines their influence on global and national decision-making processes, as highlighted in academic and policy discussions. Specifically, it questions whether increased engagement with CSOs can bolster legitimacy and representation in health policy. Using the Chinese Association of STD and AIDS Prevention and Control as a case study, the paper analyzes both positive and negative impacts on policy representation and legitimacy in the context of HIV and AIDS. Findings suggest that while CSOs can enhance policy representation and legitimacy by advocating for marginalized groups and providing expertise, limitations such as organizational structure and political constraints may hinder their effectiveness.

Keywords: civil society organization, global health, legitimacy, representation

1. Introduction

In this thesis, Civil Society Organizations (CSOs) are the associations around which society voluntarily organizes itself and represent various interests and ties (Organisation for Economic Cooperation and Development, 2012, pp. 6). Representation is defined as substantive acting for others (Pitkin, 1967), and legitimacy implies the validity or legitimacy of an organization's claim to represent the interests of a group of people (Doyle & Patel, 2008). According to a World Bank report, "CSOs have become significant players in global

development finance, are increasingly influencing the shape of global and national public policy... Parliamentarians, media, and other opinion leaders increasingly rely on CSOs for information and policy advice" (Mandell et al., 2005). There is a fervent ongoing discussion in academic and policy domains regarding the influence of CSOs on international and national decision-making processes and outcomes. This investigation will focus on a specific question: Can augmented engagement of CSOs enhance the legitimacy and representation of health policy? This paper aims to examine this issue

critically. Firstly, increased engagement with CSOs could enhance representation and legitimacy in health policy. However, the extent of their success still needs to be determined, considering the constraints and challenging factors that hinder CSOs from promoting policy representation and legitimacy. The upcoming debate will contribute to the dialectic of the role of CSOs in health policy. This paper will use the example of the Chinese Association of STD and AIDS Prevention and Control (abbreviated in the text as “the association”), a CSO, to analyze its positive and negative impact on the representation and legitimacy of policies related to HIV and AIDS as a health area in a particular context. Finally, the thesis has found that while CSOs can represent the interests of marginalized groups and help increase the representation of policy, as well as increase the transparency of policy and provide policymakers with expertise on which to draw, both of these behaviors can help promote the legitimacy of the policy formulation process and the legitimacy of policy outcomes. In contrast, the neglect of other groups by CSOs, their internal organizational structure, the way the organization operates, and political constraints, among other things, have a negative impact on this.

2. Overview and Representation Effects of CSO Involvement

The paper will provide an overview of the national context in which a specific CSO is chosen for this dissertation, as well as the present status of HIV in the nation. Currently, HIV/AIDS remains a significant public health issue and the primary cause of death in China. (China CDC Weekly, 2021). By the end of 2020, 1,053,000 people were living with HIV (PLWH) in China, with a cumulative total of 351,000 reported deaths (China National Emergency Broadcasting, 2021). Moreover, AIDS in China is not only a medical problem but also a challenging and multifaceted social problem, as most people living with HIV face social stigma and discrimination. Although the Chinese government has an overwhelmingly dominant role in national governance, it is still unable to adequately or effectively address the challenges of HIV/AIDS prevention and care on its own. It needs to work in partnership with CSOs. In the early days, there was considerable ambiguity, uncertainty, ambivalence, and tension about the role of CSOs in the health sector in China, caused mainly by the instinctive skepticism of

the dominant Chinese government towards independent and pluralistic CSOs, which resulted in the primary resources, legitimacy and influence available to CSOs in China being limited to some extent. However, as the Chinese government's provision of social services has declined and its reliance on decentralized financing of social services has risen, CSOs have been seen as valuable assets by the government and have been used by the government to fill the gaps in the provision of social services (China University of Political Science and Law, 2016). Based on the Chinese government's political interests, the Global Fund's pressure on China to work with its CSOs (Parry, 2011), and the relevance of CSOs in the health sector, government officials are increasingly welcoming and encouraging the nascent development of CSOs. Thus, there is room for Chinese CSOs to evolve slowly into capable, respected, and sustainable entities. While it is undeniable that CSOs in China are essential in the fight against AIDS, it is also important to look critically at whether CSO participation can contribute to health policy representation and legitimacy.

CSOs promote representation by acting as intermediaries between various stakeholders, which include marginalized groups, communities, and policymakers. This guarantees they have a say and that their interests are represented (Pollard & Court, 2005). Firstly, enhanced engagement with CSOs promotes improved representation in health policy. CSOs typically serve as representatives of distinct community groups or issues. By collaborating with CSOs, policymakers can better represent the interests of diverse social groups and prevent specific interests or groups, such as large business groups, from steering decisions. In addition, CSOs are more likely to be sensitive to the concerns of vulnerable communities in their interactions with people living with HIV.

An example of this is the association, which provides specialized care for children orphaned by AIDS. The twelfth annual “Anti-Discrimination Lunch Programme” was held at the Red Ribbon School (China's only comprehensive school for children living with HIV; almost all of the pupils at Red Ribbon School are orphans who contracted HIV from their mothers at birth). Government officials and charitable organizations from various backgrounds dined with the children at the Red

Ribbon School, partaking in a shared pot of rice and a plate of food (China Daily, 2023) in a small gesture to dispel the social stigma attached to AIDS orphans, to educate the public about HIV prevention and treatment, and to fight discrimination based on AIDS. This initiative has aided the consideration of vulnerable groups' interests in policy formulation, prompting policymakers to prioritize social justice. These CSOs can strengthen the circulation between the state and society, and civic associations' autonomous and pluralistic activities provide maximum opportunities for individuals and social groups to have their diversity in public life (Young, 2000, pp. 153).

However, it is noteworthy that adolescents (aged 15-24) and middle-aged and older persons (50 and above) comprise the bulk of HIV patients in China. Approximately 3,000 cases of young students aged 15-24 acquire HIV annually. In 2020, 44% of patients were comprised of middle-aged and elderly individuals (China National Emergency Broadcasting, 2021). Due to this, the association has given considerable focus to these priority groups, albeit causing the exclusion of other groups from the ongoing dialogue. For instance, young females have a higher likelihood of acquiring HIV compared to young males (Casale et al., 2011); tens of thousands of children have contracted HIV since the beginning of the outbreak, with over 90% of infections attributed to mother-to-child transmission (MTCT); in certain provinces and regions of China, severe gender discrimination impedes women's capacity to negotiate sexual protection, placing them in danger of contracting the virus from their husbands or partners (Morison, 2001).

Nonetheless, the association must implement measures to cater to these three groups. This implies that while the CSOs align with the groups they purport to assist, there are still constraints concerning the representation of health promotion policies. CSOs should conduct regular self-evaluations and testing to ascertain whether their objectives and activities serve the group's interests and are mindful of potentially overlooked groups. Furthermore, they should monitor project implementation processes and outcomes to ensure positive effects on the group. It is crucial to ensure that the organization's leadership is attentive to the group's diversity, encompassing gender, age, ethnicity, region, and so on. This can aid in considering the more

comprehensive group when developing policies.

CSOs can also play a role in the decision-making process, thus promoting more representative policies. This occurs in domains where government officials engage in dialogue with other social actors to make complex and participatory decisions. CSOs act to defend specific policies, arguing that they are suitable for the people they represent and for society as a whole, and they can facilitate a communication process that takes into account the positions of all those who may be affected by a particular decision (Mendonça, 2023). For instance, the association can directly engage with government officials to provide advice on health policies. If CSOs operate "behind closed doors," on the other hand, it is difficult for the public to understand their specific interactions and recommendations with government officials. This may result in CSOs losing their effectiveness in representing the public. The public may not be able to ascertain whether CSOs genuinely reflect their wishes and concerns (Heywood, 2019), which may have a negative impact on representation. Thus, it is recommended that CSOs communicate frequently with their group members on organizational activities, project advancements, and accomplished results. The group can understand and support the organization's decisions and actions through transparent communication.

3. Legitimizing Effects of CSO Involvement

Normative research within global governance suggests that greater participation from CSOs can address a crucial legitimacy gap, the legitimacy gap referring to the perceived disparity between the actual effects of international policies on individuals or social groups and the chances that they can influence these international processes (Bernauer et al., 2016). The state structure analyzed in this paper has a very different relationship between government and society from that of liberal democracies. In China, CSOs are not separate from the government. In addition, many CSOs in China are established by the government itself or rely on government funding (Bernauer et al., 2016), and party and government officials are part of the leadership of many CSOs. In a political system such as China's, government officials will welcome CSOs when they offer services deemed valuable by the Chinese government (Salmenkari, 2008). For instance,

CSOs in China have been effective in addressing many sensitive areas of health education about HIV that government departments are reluctant to deal with directly; many of the people at risk of HIV infection are special populations, and it is relatively complex for government departments to carry out their work, whereas social organizations are easily accessible and flexible in the way they work (Guangming Online, 2022). In principle, the involvement of CSOs can impact enhancing the legitimacy of the policy formulation process and the legitimacy of policy outcomes.

First, CSOs can increase the transparency of policies by publicizing or promoting the publication of details of the decision-making process. It is conducive to making the negotiating positions of stakeholders and available policy options more transparent to the people (Grigorescu, 2007). In 2015, the National Health and Family Planning Commission, the Ministry of Finance, and the Ministry of Civil Affairs issued the Measures for the Management of Social Organizations Participating in the AIDS Prevention and Control Fund, stipulating that the fund will set up an advisory committee composed of experts in the fields of AIDS prevention and treatment, social management, health economics, law and other fields, and representatives of social organizations, to give constructive opinions on the development, management, and evaluation of the fund. It will also organize evaluation experts to assess funding applications and make public announcements of projects identified for funding, including the person in charge of the evaluation and the applicant organization (The Chinese People's Political Consultative Conference Daily, 2015). The participation of social organizations in the management of the fund helps monitor the project implementation, review the use of the funds, ensure that the funds are earmarked for specific purposes, and make the process of using the fund more open and transparent. This fund management approach involves members of CSOs in the project process of fund use, and the fund projects and persons in charge are bound to be made public, which serves as public advocacy, constraints, monitoring, and accountability for decisions on the awarding of the fund and other related policies.

However, conversely, this increase in transparency and accountability cannot be

guaranteed. This is because once CSOs choose to work with national government actors, they may reduce their demands for transparency in exchange for privileged access to decision-making venues or forgo transparency to effectively address problems (Gough & Shackley, 2001). Furthermore, regarding the internal structure of CSOs, the leadership of CSOs is not elected by the population and may not increase accountability. The legitimacy of CSOs may be undermined if the leadership's behavior is transparent, accountable, and contrary to the public interest (Heywood, 2019). If accountability is to be enhanced, CSOs ought to create internal oversight mechanisms to guarantee efficient resource usage and to monitor the conduct of leadership as a means of controlling misconduct within the organization. Furthermore, they can establish channels for community members, donors, and other stakeholders to lodge complaints, provide feedback, and offer suggestions. Finally, CSOs must enhance accountability and reporting standards for all aspects of their development cooperation. They are accountable for demonstrating outcomes, particularly to their constituencies (OECD, 2012, pp. 39).

The second point is that CSOs can improve their problem-solving capacity, which contributes to the legitimacy of the health policy outcome. Many issues are technically complex, and the government may need more professional knowledge and capacity to deal with them (Albin, 1999). CSOs, whose members primarily come from different fields, can provide policymakers with diverse expertise to make health policy more scientific and feasible. For example, the board of directors of the Chinese Association of STD and AIDS Prevention and Control from obstetricians and gynecologists from China's tertiary hospitals, the State Food and Drug Administration, the General Administration of Quality Supervision and Inspection of the People's Republic of China. The association regularly organizes "Capacity Building Training Courses for AIDS Prevention and Control," where the presidents of AIDS prevention and control associations in all provinces of China discuss policies on AIDS prevention and control with the WHO representative office in China and the UNAIDS office in China (Chinese Association of STD and AIDS Prevention and Control, 2023). It is worth reflecting that including a substantial number of

CSOs in the process may pose challenges in achieving consensus. (Böhmelt, 2013) Thereby reducing the efficiency of policy formulation.

4. Conclusion

This paper critically evaluates the notion that increased engagement with CSOs has enhanced legitimacy and representation in health policy. The findings suggest that CSOs' involvement can appropriately represent the interests of marginalized groups and aid government actors in developing policies, consequently reinforcing the representation and legitimacy of health policy. Nonetheless, there is a need to scrutinize what CSOs purport to be and to comprehensively examine their internal organizational structures and modus operandi to gain a fuller understanding of their influence on health policy matters. The study reveals that the association directs its attention towards critical HIV-infected demographics (i.e., young, middle-aged, and older adults) but neglects the interests of other groups and operates in a manner that obstructs transparency. While the endorsement of civil society groups advances the validity of the process by enhancing policy transparency and influencing the outcome through their proficiency to tackle the issue, the legitimacy of health policy is curtailed since the leaders of CSOs are not elected by the public and are restricted by political considerations. Also, there are limitations to analyzing the role of CSOs in enhancing the representation and legitimacy of health policies because evaluating the effectiveness of CSO involvement in the actual problem-solving of health policies is difficult.

Additionally, the debate illuminates a vital point: CSOs cannot be analyzed in isolation from a particular national context, and the impact of political factors on CSO development needs to be taken into account. Translating Western concepts of civil society into China is complex, and CSOs in China are not genuinely independent of governmental actors. Fear among CSOs that they may lose the privilege of engaging with policymakers if they express critical views on policy can negatively impact their objectivity and independence. Subsequently, public expectations of CSOs may decrease, resulting in a loss of credibility. As a result, there is still much room for developing CSOs in China.

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