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The governance turn in public health and regional planning





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The governance turn in public health and regional planning 1

Introduction

In regional planning there is an obvious turn form planning approaches based on government to governance. Government is used to refer to the formal institutional structure and location of authoritative decision-making in the modern state, like ministries, agencies, municipalities and counties. Governance is about governmental and non-governmental organisations working together in a new planning and implementing structure based on partnership between public, private and voluntary sector and between national, regional and local level. As fare as I can see, the same turning process is going on in public health work (Vega and Irwin 2004, Haines, Kuruvilla and Borchert 2004). The intention is seemingly to supplement the traditional government structure in public health with a governance structure. But from regional policy research we know that this turn form government to governance is not without problem and challenges.

In this paper my intention is to explore to what extant experiences from regional planning and development work can be transferred to public health work and become relevant knowledge for problem solving. In order to address this question, I first of all discuss the terms government and governance. Then I summarise some of the findings from research done on implementing governance in public health, and I compare this findings with the experiences from regional planning and development.

I believe the paper can be of interest for those who teach public health work and for those who are struggling with implementing the governance based public health policy in practice.

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The governance turn

In the western democracy we often talk about a shift in regional policy-making and planning characterised by a new process of governing. Regional *governance structure* has been added to the regional *government* structure. From the research into regional planning and development processes we know that the shift of regime started in the 1970's. It was then the dominating accumulation regime with its emphasis on large-scale enterprises and mass production, was hit by economic stagnation and staff reductions in the large companies. Focus than was placed on a more flexible accumulation regime with great emphasis on innovation and growth in employment in small and medium-sized companies in clusters (Støhr 1990).

In political theory the term government refers to the formal institutions of the state and their monopoly of legitimate coercive power. The concept of governance, in contrast, is wider and directs attention to the distribution of power both internally and externally to the state. The focus is on the interdependence of governmental and non-governmental forces in meeting economic and social challenges (Stoker 1997:10). Governance is always an interactive process because no single actor, public or private, has the knowledge and resource capacity to tackle problem unilaterally. The governance concept points to the creation of new structures that is a result of the interaction of different actors. Recognizing the power dependence in collective actions implies accepting that intentions do not always match outcomes (Stoker 1998:22).

In this article I will argue that there seem to be a parallel change of regime in the public health work as in the regional development work. The shift of regime has had consequences on our perspective on governing, planning, policy making, organisation etc. (Bukve and Amdam 2004). The discussion of the governance turn in public health and regional development in this paper is structured around five propositions as identified by Stoker (1998) in his paper on governance. The aim is to present a number of aspects of the governance and to discuss important challenges the public health work are facing when it turns from government to governance. The five positions are (Stoker 1998:18):

- 1. Governance refers to a set of institutions and actors that are drawn from but also beyond government.
- 2. Governance identifies the blurring of boundaries and responsibilities for tackling social and economic issues.

- 3. Governance identifies the power dependence involved in the relationship between institutions involved in collective action.
- 4. Governance is about autonomous self-governing network of actors.
- 5. Governance recognizes the capacity to get things done which does not rest on the power of government to command and use its authority. It sees government as able to use new tools and techniques to steer and guide.

Governance refers to a set of institutions and actors that are drawn from but also beyond government

Participation and empowerment for desired public health improvement

In the last three decades, health professionals, non-government agencies, government agencies etc. have increasingly turned to empowerment and community participation as major strategies for alleviating poverty and social exclusion and reducing health disparities. In 1978, the full participation of the community in the multidimensional work of health improvement became one of the pillars of the Health to all movement. In 1986, the Ottawa Charter, identifies strengthen community action as one of five key priorities for proactive health creation (WHO 2004). Thus empowerment strategies, participation, community development and other bottom-up approaches have become important in public health, this in contrast to the top-down strategies form the 1960s and 1970s.

From a review of literature the conclusions are that empowerment strategies are promising in their ability to produce both empowerment and health impacts, and that they are more likely to be successful if integrated within macro-economics and policy strategies aimed at creating greater equity (HEN 2006:14).

In public health work community empowerment interventions are regarded as complex, dynamic and comprehensive. It is a multilevel and multisector approach involving individuals, communities, stats etc and public, private and voluntary sector in governance structures and processes. Case studies seem to show that integrated programs with synergy between anti-poverty strategies, NGO and government collaboration, community participation, are probably most effective in improving health and development outcomes (HEN 2006:15).

Governance in the shadow of government in regional planning

In regional policy the term governance is used in a variety of ways, but there is baseline agreement that governance refers to the development of governing styles in which boundaries between and within public sector has become blurred. The concept of governance has gained widespread currency across many of the social sciences, and many disciplines have struggled to analyse the broad set of changes in the relationship between state, market and civil society - the conceptual trinity which has tended to dominate mainstream analysis of modern societies.

In the concept of governance, actors and institutions attempt to establish a capacity to act by blending their resources, skills and purposes into a viable and sustainable partnership. This co-ordination process has been characterised rather neatly as "managing a nobody-in-charge world" (Stoker 1997). Some authors warn that the growing obsession with governance mechanisms as a solution to *market failure* or *state failure* should not lead us to neglect the possibility of *governance failure*. We must avoid seeing governance as necessarily being a more efficient solution to problems of economic or political co-ordination than markets or states. We must ask critical questions about those institutions and networks that emerge in their place (Jessop 1997). Failures of leadership, differences in time scale and horizons among key partners, and the depth of social conflicts can all provide the seed for governance failures (Stoker 1998:24).

The New Public Management (NPM) reforms have been a significant driving force in the transformation of public sector from government to governance. The label new public management (NPM) was first used by Hood (1991) to describe a public sector modernisation wave. The NPM as a model for public sector reform has spread rapidly to many countries. However, the effects of NPM are often promised or expected but seldom much documented (Pollitt and Bouckaert 2000).

The main hypothesis in the NPM reforms is that more market, more management and greater autonomy will produce more efficiency without having negative side-effects on other public-sector values. But tensions arise from a hybrid character of NPM. The tensions result from the contradiction between the *centralising tendencies inherent in contractualism* (from economic organisation theory) and the *devolutionary tendencies of managerialism* (from management theory).

- The paradigm in economic organisation theory is that the power of political leaders must be reinforced against the bureaucracy. This implies centralisation, concentration of political power, co-ordination and control via contractual arrangements.
- The paradigm of management theory is that the primacy of managerial principles in the bureaucracy must be re-established. However, enhancing the capacity of managers to take actions requires attention to decentralisation, delegation and devolution, which, obviously must come in conflict with the political control end centralisation prescribed by the economic organisation theory (Christensen and Lægreid 2004:13).

From the above presentation of NPM we know the hybrid character of the public sector reform. This hybrid character creates a tension between contractualism and managerialism with the result that public sector organisations become more closed to their context, and more instrumental in their behaviour. However, in most countries the NPM reforms have synthesised and adopted a blend of the two models. The countries have tried to give managers and their subordinates more autonomy and to strengthen political control through contracts, monitoring and incentive systems at the same time (Christensen and Lægreid 2003). But, reduced political control is the most significant consequence from the New Public Management reform (Pollitt and Bouckaert 2000, Christensen 2004). There seem to be an anti-political trend that potentially can undermine political control, because the devolution has increased the distance between the political leadership and the subordinate units and lower levels of management. There is a tendency to define political involvement in public enterprises as "inappropriate" interference in business matters (Christensen and Lægreid 2002).

An important consequence from these conflicting processes, are increased vertically and horizontally specialisation and fragmentation. Authority is transferred downwards in the hierarchy, either between existing organisations or to new governmental organisations, both inside and outside the governmental administrative organisation. The idea is to separate politics form administrational and commercial functions, and to make public sector more like private sector. This vertical specialisation has often gone hand in hand with the horizontal specialisation. Here, functions that were traditionally organised together, such as policy advice, regulative tasks, ownership functions, control functions, and purchaser/provider functions, have now been separated into distinct units. Through this vertical and horizontal

specialisation, the NPM-modernised state has become more *fragmented* than the traditional integrated state model (Olsen 1988, Christensen and Lægreid 2004:15).

The NPM reforms are in line with the general modernization of the society, and means to seek objective knowledge that can enforce more cost efficient productions in the government structure. The NPM reforms have made marked competition an end in itself. Other values as democracy, participation, equality etc. normally become more or less neglected. Thus, the NPM reforms make public and voluntary organisations become more like private sector organisations with a dominance of instrumental rationality and internal focus. Therefore Jessop (1997) may be correct when he writes that governance still seems to exist in the shadow of governance.

Governance identifies the blurring of boundaries and responsibilities for tackling social and economic issues

From a dominant to a supportive health profession

With reference to the World Bank the WHO rapport on the effectiveness of empowerment, empowerment is defined as the process of increasing capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes, to build individual and collective assets, and to improve the efficiency and fairness of the organizational and institutional context which govern the use and assets, and the expansion of assets and capabilities of poor people to participate in, negotiate with, influence, control, and hold accountable institutions that affect their lives (HEN 2006:17).

Empowerment in public health is an action-orientated concept with a focus on removal of formal or informal barriers, and on transforming power relations between communities and institutions and government. It is based on the assumption of community cultural assts that can be strengthened through dialog and action (HEN 223).

The World Bank has identified four characteristics to ensure that participation is empowering (HEN 64):

- 1. People's access to information an public health issues,
- 2. their inclusion in decision making,

- 3. local organisational capacity to make demands on institutions and governing structures, and
- 4. accountability of institutions to the public.

Participation can make up the base of empowerment in public health, but is alone insufficient if the process does not build a capacity for further community actions. Participation is seen as a complex and interactive process, which can grove or diminish based on the unfolding of power relations and context of the project. Participation seems critical in reducing the dependency on health professionals and ensuring cultural and local sensitivity of programs. It is not predictable in its outcomes, and happens with or without professionals. Therefore professionals' role in community development process must shift from dominant to supportive or facilitative (HEN 2006:8).

Modernisation, NPM and the outcome-problem in regional planning

Our western societies suffer under the instrumental rationalities and the neglect of communicative rationalities and collective process, and New Public Management reforms in public sector have enforced this process. It can be said that the situation in general is a consequence of the modernization process in our societies. In this process instrumental rationality and top down policy seem to dominate over the communicative rationality and bottom up policy. When this modern logic becomes dominant, strong professions and their respective sector authorities, who base their existence on mainly instrumental rationality, can achieve a strong position in the society. In this process instrumental rationality and top down policy seem to dominate over the communicative rationality and bottom up policy (Habermas 1995, Giddens 1997).

In general modernization means to seek objective knowledge that can enforce more cost efficient productions in the government structure. In the NPM reform wave the marked competition has become an end in itself in the modernisation of public sector. Other values as democracy, participation, equality etc. normally become more or less neglected. But it is commonly recognised that public sector has a fare more complex and dynamic value and goal structure, than private sector. There is now a growing awareness that something is missing between the existing public service culture and the public interests. There seem to be a lack of dedication to fundamental values of public services such as separated powers, democracy,

transparency, accountability and efficiency. If these values shall guide the public sector actions, they must be embedded in the culture.

The first generation of NPM public reforms brought new thinking and processes into public sector, but much of them in the form of management borrowed from private sector. In this process the well-established terms public sector and public administration became discredited, and private sector was put forward as an example to follow. The term public sector became very much associated with an inefficient rule-bound system in contrast to the efficient private sector (Pollitt and Bouckaert 2000). Hence, the reforms focused on transforming the input managed rule-bund system to a more *output* and even *outcome* managed performance system. Management-by-objectives concepts and activity planning became central in the reforms. According to OECD (2003) this approach with emphasis on formal system of specification of ends and measurement of output and outcome failed decades ago, not only in private sector but also in the public sector in the command economies, because in could not address complex problems and because there are limits on how much information human beings can (or do) take into account when they make decisions. In addition, there is no area of activity more complex than the policy domain of government, and it has for a long time been recognised that public service production is controlled more by values and culture, than by rules, a situation that is likely to continue despite progress in performance measurement and contracts.

The NPM reforms have empowered customers through free chooses of services, free managers from detailed political instructions, and strengthen political steering through defining the long-term goals for the public sector and asserting the outcome (Christensen and Lægreid 2003). However, these three tings are difficult to achieve simultaneously, and the consequence is a fragmentation of the national stats and an increased sector thinking and acting. One of the main reasons is that the politicians are not able to hold the public sector managers responsible for the outcome or the results of the policy implementation, only the output. In addition, the monitoring system is so fare more developed to handle *output* than *outcome* because the lack of knowledge about the causalities between the public sector activities and the results on the society is enormous. I addition every activity and every effect that can be measured, tend to get most focus. As a consequence, organisations within public sector have become more instrumental, out-put-oriented at the same time as they are expected

to take part in partnerships and collaborative spatial planning and development within the governance structure.

Then the nearest solution should be more accountability, but then the problem is the lack of causality in production of public sector services. When there is no obvious logical relation between a public sector organisation activity or lack of activity and the outcome to the society, you can not hold the organisations and their leaders responsible.

Governance identifies the power dependence involved in the relationship between institutions involved in collective action

Mobilising for public health action through planning and partnership

The bringing together of health with social and economic development has been a recent phenomena. Barton and Tsourou (2000:158) conclude their discussion on healthy urban planning (in a holistic sense) that in European cities are still largely conceptual and many cities are working very traditional with disjointed sector activities, marginal projects and short time view of effects, especially in relation to economic benefits. However, an increasing number of cities are recognising the link between health and urban planning. They mention the WHO Healthy Cities as evidence of increasing level of collaboration between health and urban planning departments, not only for isolated projects but in a strategic way.

Mobilising for action through planning and partnership, the most resent planning tool in public health practice, is built upon a long history of planning by local public health agencies. Although the situation differs from country to country, must of the western world is highly influenced of the planning approaches in USA. Here the public health planning has evolved over half a century from the earliest problem/program-focused planning, through more comprehensive approaches like Planned Approach To Community Health (PATCH) and the Assessment Protocol for Excellence in Public Health (APEXPH) to strategic planning of to day. Mobilising for Action through Planning and Partnership (MAPP) introduces strategic thinking and system orientation into public health planning, and builds upon this legacy (Lenihan 2005). MAPP can be regarded as a concept that:

- 1. supplements the APEXPH Organisational Capacity Assessment indicators
- expands the concept of community capacity to address the public health system, so as to recognise the contributions off all organisations in improving the community's health
- 3. adopts principles of strategic planning as the mechanism for focusing the resources and actions of the public health system, and
- 4. creates a learning environment to generate an information flow among the work group, stakeholders, experts, and others in recognition that success of a new practical tool would depend on (Corso, Wiesner and Lenihan 2005: 388)

Through MAPP, public health planning has evolved from the more traditional needs assessment and program planning approaches, typical addressing single issues, to a model that is grounded in strategic planning concepts that tries to put the most important issues on the agenda and to include new and diverse partners in the process. Closely related to this is the dynamic systemic thinking including feed back processes and learning environment.

In the MAPP approach to planning, strategic planning evolves from a process that usually occurs within a single organisation to one that occurs within an entire community. This reflects contemporary public health theory and practice. Effective response to public health outcome needed in communities today requires collective actions, and collective action requires both meaningful public health partnership and an understanding of the resources in the community (Salem 2006: 379). But this new strategic approach to planning, which comes from private sector, is not easily applied to public sector (Bryson and Roering 1987).

A two-parallel system of regional planning

To illustrate this effort to apply private sector strategic planning approaches to public sector, I will use the regional planning in Norway as an example. Here we find an important and interesting difference between sectoral and territorial policies, and this difference is most clearly expressed in the two forms of regional planning (Amdam 2002).

1. Planning in regional organisations (sectoral regional planning)

The one form is regional planning which in the main is planning and development work that is restricted to the service production areas that are the responsibility of agencies, municipalities and counties. In effect this is planning and implementing of welfare state service productions in regionalised organisations. This is a form of activity planning that has many common features with private and voluntary sector planning. To the extent that these organisations refer to this form of planning as regional planning, I would characterise it as a sector-dominated and fragmented top down policy implementing form of regional planning.

2. Planning in the regional society (territorial regional planning)

The other form is the territorial regional planning that is carried out to a large extent across municipalities and counties, and is concerned with spatial development and themes like industrial development, transport, communications, land use planning and co-operation in the production of services. It is typical for this planning that it, in addition to include municipalities and counties, also attempts to involve other public authorities, as well as private and voluntary sectors, in forms of partnerships in planning and implementation. The actual regional planning would thus appear to take place to a great extent in more or less formal network organisations between delegates/representatives from public, private and voluntary sectors, and from the various levels of government. This is a cross sector and territorial bottom up policymaking form of regional planning.

The first is mainly a part of a top-down regime dominated by central planning and control of the welfare state production. The second is mainly a part of a territorial bottom-up regime of mobilisation, innovation and competition between regions. Until recently these regimes were integrated in the municipalities and counties, but today municipalities and counties engage in the new regional governance structures and processes because of the rigidity of the top down government structures, and the flexibility of the governance structures. They set up partnerships between public, private and voluntary sectors in order to influence policy outside the direct control of the local government structure. The government planning in municipalities and counties has the main focus on their part of the welfare state production, and the governance planning in inter municipality and inter county institutions have a focus

on the society as a whole. As a consequence, the two planning systems seem to get more and more separated, and this process is learning-by-doing driven.

These are processes that are known from other countries, cf. among others (Zoete 2000). The two-parallel system of regional planning seems to become both logical and desirable. It becomes logical that the territorial regional planning which in general emphasises spatial development and innovation, in the main is carried out in informal network organisations based on the public, private and voluntary sectors. Moreover, that the sector-based regional planning, which in general is a planning of sector activities, is carried out within the domains of the formal government organisations, but that this planning both receives and delivers premises for the territorial planning. Or to put it another way, the challenge of the territorial regional planning is to get organisations in the public, private and voluntary sectors to participate in the one or more network organisations or partnerships that the territorial regional planning manages to establish.

Thus, territorial regional planning needs to become an institutional capacity building process (Healey 1997, 1999). The regional planning and development organisations must be regarded as legitimate and have to be accepted by the public, private and voluntary sectors and by local, regional and national levels of government. In contrast to the sector organisations, these territorial partnership organisations cannot (will not) be given legitimacy from a superior institution in the political power structure, because no one seem to have the full and necessary cross-sector legitimacy in relation to the regional planning and development work. A regional political agency has to create its legitimacy through its work, i.e. in a political will-forming process (Habermas 1995). In the Norwegian political power structure the regional territorial and horizontal power is weak compared to the sectoral and vertical power. But I do not think this is a particular problem for Norway.

Governance is about autonomous self-governing network of actors

Networking in public health is an ongoing activity

It is now recognised that public health work is about multi-level empowerment approaches including governmental policies and actions in the legal, economical and political arenas. It is about coalitions and inter-sectoral partnership between academic institutions, government

agencies, NGOs and communities. Thus, building and sustaining formal and informal network become necessary for maintaining relationship and communication channels. If public health leaders do not view networking as an ongoing and essential activity in the agency's operation, they may find that once useful communication channels no longer exist when they are needed. The key to successful network is identifying and assessing the network structure that is in place and understanding the effect of the structure on available resources in public health (Nicola and Hatcher 2000:6).

Policy rhetoric promoting a broad partnership is now a cornerstone in public health work; however it can be argued that a good partnership depends on limiting the number of parties in the collaborative process. The number of members can not be so great that the process of partnership becomes unmanageable. The process of partnership must be inclusive as well as exclusive. In addition, a great number of parties involved in the partnerships, make the complexity of accountability higher. In different partnership working considerable thoughts have been given to ensuring an open and transparent process. But still, ensuring financial probity across organisational boundaries remains a sensitive area (Asthana, Richardson and Halliday 2002).

Regional partnership as network organisations

Government and governance can both be characterised by its ability to make decisions and its capacity to enforce them. The main difference between them is that organisations within government rest on resources under the authority and sanctions of the government. Governance is creation of a structure which cannot be externally imposed but is the outcome of the interaction of influencing actors in a multiactor system. For governance the ultimate partnership activity is to form self-governing network (Stoker 1998: 23).

Gualini (2005) argues that the emerging governance forms are highly context-dependent and located in specific institutional dynamics. However, the NPM reform is a world wide process that make public and voluntary organisations become more like private sector organisations with a dominance of instrumental rationality and internal focus. In addition, the lack of outcome accountability gives the public sector organisations the possibility to act in an egoistic way, and makes it extremely difficult to realise regional planning and development through governance and network organisations that require altruistic actions. This situation can actually reduce the existing and potential power of governance and partnership activity

because the creations of these are very dependent on trust between the participants and willingness to support the production of common good.

The term *network organisations* can be used as a collective term for partnership in regional planning and development, which covers multi-levels and multi-sectors co-operations, i.e. governing bodies that are comprised of actors from the vertical and the horizontal power structures. The term network organisations cover a collaboration of organisations of various types (Strand 2001:267). Common to all of them is the fact that the collaborating organisations can have a large degree of independence, and that they to a great extent can disappear from the network, either of their own free will or because the partners choose to exclude them. Actors in network organisations gain capacity to act by blending their resources, skills and purpose into a long term-coalition. Network organisations are therefore complex and dissolvable. They are *complex* because they are made up of organisations that are quite different, but which each contributes to the network with their own speciality. They are *dissolvable* in the sense that participating organisations can be replaced and the network itself can be completely disbanded its strength.

Network organisations are often regarded as more innovative and able to handle uncertainty than bureaucratic organisations, but this aught to be handled more as a hypothesis than an axiomatic fact (Olsen 2004). However, network organisations are normally loosely coupled organisations, and therefore obtain the power and legitimacy the different collaborating organisations wants to give them, and the power the context can accept (Strand 2001).

Participating in network organisations may be motivated on self-interest or on the basis of mutual usefulness and common values, and the collaboration is normally formalised through agreements and transaction control mechanisms between the participants. In theory the control mechanism in network organisations can be based on marked, bureaucracy or trust (Langfield-Smith and Smith 2003:286). But accountability deficit have become a problem, because network organisations have a significant degree of autonomy and are driven by self-interest of their members rather than a wider concern with the public interest or particularly those excluded from the network (Stoker 1998:24).

Network organisations in regional planning and development are to be understood as *interactive governance* based on partnership between actors across government levels and government sectors (Veggeland 2000). This means that the partnerships become a political

arena in the intersection between vertical and horizontal power, and between functional and territorial logic, but not in such a way that one dominates the other. If the power imbalance becomes a pattern, the losing actors in the network organisations will respond by withdrawing, and the multi-dimensional policy will fall apart. Here we find one of the greatest challenges facing regional planning in the new regional policy. This challenge is at the very core of the modernisation of society, and is associated with the comprehensive and serious criticism that in the modern society the vertical and instrumental logic *dominates* the horizontal and communicative logic.

Regional development agencies as network organisations operate initially in environments which are typical for trust-based transactions, i.e. control mechanism is characterised by low levels of task programmability, low levels of output measurability, high asset specificity and low repetitiveness. The initial selection of partners is based on perceptions of trust which arise through friendship, former contractual relationship and reputation. The contracts are broad frameworks, which tend to develop further in detail over time. The context is complex and changing, and the performance has low repetitiveness. The contracts tend to grow out of the need for formalisation of the co-operations. However, problems can arise when the participating organisations, which are most familiar with market based (private sector) and bureaucratic based (public sector) transaction control mechanism, shall form powerful network organisations based on trust. These problems have potentially arisen with the NPM reforms because the reforms seem to have transformed public sector organisations away from trust-based and relationships to more mistrust based transactions.

The legitimacy of network organisations is to all extent and purpose dependent on the productivity and efficiency they can demonstrate, and to what degree the actual process justifies their existence. Hence, the legitimacy of such an organisation will come both from inside and outside. The legitimacy from within will depend on how much power the participating organisations are willing to transfer to the network, at that is normally limited of what is in the interests of the participant at any time. In understanding the acceptance and legitimacy from outside, it is important to stress the fact that network organisations will be involved in a continual competition with other organisations, and that they will challenge the power that lies in the vertical and horizontal power structures in society. It is therefore vital

for the legitimacy of network organisations that the participating organisations act in the networks with powers of attorney that are well supported in their organisations.

Stoker (2004:27) now talks about the *network community governance* as an emerging new form of management. He concludes his discussion that network community governance marks a break from traditional public administration and New Public Management in its vision of the role of local government and its understanding of the context for governing and the core process of governance. In the network community governance the overarching goal is greater effectiveness in tackling the problem that public sector most care about, no one sector has the monopoly on public sector ethos and relationships are maintained through shared values.

Governance recognizes the capacity to get things done which does not rest on the power of government to command and use its authority

Public health work as a community capacity building process

In public health collective action is regarded as a community capacity building process, a process based on the principle of empowerment. Two attributes of empowerment are articulated by the World Bank: (1) the role of agencies of marginal communities to exercise choice and transform their lives, (2) and the role of opportunity structure, the institutional, political, economical and governmental context that allows or inhibits actors to create effective actions (HEN 2006:19).

Empowerment cannot be given to people or done to people, but come from processes where people empower themselves. External change agents may catalyze actions or help create arenas for people to learn, but empowerment occurs only if people create their own momentum, gains their own skills, and advocates their own changes. Collective action is regarded to be dependent on three stages: (1) the political, economical, social, informational, moral bases from which people start, (2) the communities' individual skills and collective action capacity, (3) and the result people are able to obtain. I addition, empowerment processes may lead to challenges of powerful forces, including governmental institutions. Local, state and national government, as major players in the opportunity structure, must have a focus on empowerment strategies that force improved responsiveness to constituents, enhance transparency, uncorrupted government, greater efficiency and more equitable distribution of resources and services to communities (HEN 2006:19).

Nicole and Hatcher (2000) discuss a framework and guidance on building effective public health constituencies to achieve community health improvement, and compare different planning approaches from a leadership perspective. They write that knowing the community is essential because social program tend to fail due to lack of appropriate management and an oversimplified view of constituent motivation. They argue that knowing the community and its constituents is more than epidemiological assessment, and if public health leaders view networking as an ongoing and essential activity in the agency's operations, constituency mobilisation can be productive and require minimal efforts.

Wilson (2004:409) argues that national health program need to be structured in a way that balances the advantages of regional approaches to public health challenges with the benefits of a coordinated central response, and the policy-makers need to address the unique challenges of the public health governance.

In the Norwegian public health work this bland of top down and bottom up policy has materialised the *public health chain* with partnership between national, regional and local level, and between private, public and voluntary sector on each level.

Regional planning as a political will forming and legitimating process

Friedmann (1992) has written an important contribution on *empowerment*. He joins the criticism of the modernisation of society and adds that a relative strengthening is taking place of the instrumental logic that now permeates private enterprises and public sector administration. He believes that this has a negative effect on the communicative common sense, which in the main is kept alive in the democratic governing bodies and in the civil society. Developing this thesis still further, he claims that the modernisation has lead to an increased emphasis on instrumental rationality and the promoting of self-interest, with less emphasis being placed on a fellowship that forms morals and on collective interests. Friedmann believes the key to further development now is to strengthen the relations between the social power in the civil society and the political power in the democratically elected governing bodies.

Furthermore, he maintains that politics should lead to the formation of a moral fellowship and that political activity cannot therefore be reduced to the economic calculation of the utilitarian value and sociological determinism. But Friedmann himself is aware that the strengthening of

relations between the civil society and the people's democratically elected representatives often meets strong opposition from the establishment. Seen in relation to regional planning, this will involve strengthening planning's territorial dimension at the expense of the sector dimension. To put it another way, cross-sector co-ordination can only be achieved by creating a territorial counterbalance to the vertical and sector-based governance structure.

Political strong and economical dynamic regions are often characterised by people participating in both professional and local communities, and by the integration of local horizontal and global vertical relationships. Many researchers see the community with a strong civil society and a strong democratic process as the main key to a dynamic regional development; see among others Dryzek (1990), Stöhr (1990), Friedmann (1992), Bennett and McCoshan (1993), Putnam (1993), Forester (1993) and Storper (1997). However, development work based on instrumental rationality is concentrated on strengthening the vertical power structure through seeking for cost effective organising and maximised utilisation of resources. This kind of development process can lead to bigger regional dependency on national level institutions and large companies. It can also weaken the local communities' capability to learn and to handle challenges (Giddens 1997, Habermas 1984, 1987, 1995 and Stöhr 1990).

From this perspective, it becomes logical to empower regional communities to oppose the dominating vertical and instrumental power structure (Friedmann and Weaver 1979). This involves a strengthening of the horizontal power structure through activating the civil society, the elected representatives, and through local embedding of private businesses. In this way, horizontal political power can be organised to supplement and oppose the sector dominated and vertical power structure. But dynamic regions cannot be seen as units that are more or less independent of central government and external companies. Nor are regions that lag behind necessarily units that are strongly dependent on superior governing institutions and external enterprises. The promotion of a regional development requires that the region itself take more responsibility for its development as a political actor (Keating 1996). This regional drive to create competitive advantages from place to place has the inevitable logic that there will be winners and losers (Dunford 1994). Thus the regions have a strong need for regional political institutions, which can work on a collective level to promote the region's needs,

interests and values in the mainly political power structure where the different sectors' knowledge and actions dominate.

In this perspective regions are not a fixed structure, and regional institutional capacity building is a process (Paasi 1986, Healey 1999, 2001). Regimes, partnership, networks, coalitions and institutional thickness have to be constructed and managed (Amin and Thrift 1995). Thus, the new regional political institutions need a political process to make them legitimate political actors. Historically the term region as a political actor has been used in two connections (Keating 1996, Baldersheim 2000):

- In a top down tradition regions are a part of the nation building process and a means to decentralise power and responsibility to territories within the nation. Rokkan and Urwin (1983) are talking about four phases in this process: territorial consolidation, cultural standardising, democratisation and creation of a welfare state.
- In a bottom up tradition the regions are arenas for social mobilisation. According to Paasi (1986:121) this is an institution building process. Elements or phases in this process are: localisation of organised social practices, formation of identity, emergence of institutions and the achievement of administrative status as an established spatial structure.

As a consequence, a legitimate regional political institution in the new regional policy must be a fruitful combination of nation building and local mobilisation, of top down and bottom up politics, of government and governance, and of instrumental and communicative rationality.

Habermas (1995) contribution to this discussion is the concept of the *political will-formation processes* based on dialogues between participants in the public sphere where there is a balance of power and where the pressure to state one's reasons is present. Inspired of Habermas' political will-formatting process and my own research in the field of regional planning and development, I have constructed the model of a *political legitimating planning process* (Amdam 1997, 2001, 2004). I shall write about that in the next paper for HEPRO.

Conclusions

In the western country the political power structure the regional territorial and horizontal power is weak compared to the sectoral and vertical power. It can be argued that the situation in general is a consequence of the modernization process in our societies (cf. Giddens 1997). In this process instrumental rationality and top down policy seem to dominate over the communicative rationality and bottom up policy. Modern societies suffer under the instrumental rationalities and the neglect of communicative rationalities and collective processes. Habermas (1995), Friedmann (1992), etc argue that the solution to the problem is to mobilize the territorial power to meet the sectoral power in a political process.

In a regional policy context this means that the bottom up and mainly communicative power is used to equalise the top down and mainly instrumental power and to build adequate regional development institutions. This can be called the governance turn in regional planning. The regional policy is now based on a governance regime, but in practice the new governance structure seems to exist in the shadow of the old governance structure. In fact regional planning and development work more and more seem to take the form of a two-parallel system; (1) a government dominated, highly sectorised and single organisation planning and (2) a governance based spatial planning that tries to foster collaboration and partnership. Regional development agencies are the key actors in the spatial planning, but they are often rather weak constructions that depend highly on the trust between the participants in the agencies, their willingness to collaborate, their commitment to the regional development work etc.

As fare as I can draw conclusions from my discussion, there seem to be a similar governance turn in public health work and the experiences from this turn seem to be similar to the experiences from regional policy. A common and overall experience is that governance is a complicated process. In order to make a territorial counterforce to the sectorised power that dominates modern societies, partnership in public health as well regional development needs to create legitimacy from inside the community and achieve legitimacy from outside. Then my conclusion becomes a kind of dilemma. Partnership within the governance structure need to be strong enough to influence their partners from the government structure, but is that possible in governance based partnerships where the participants from the government structure are free to leave.

References

- Amdam, R. 1997: "Empowerment planning in local communities", *International Planning Studies* 2(3), 329-345.
- Amdam, R. 2001: "Empowering new regional political institutions a Norwegian case", *Journal of Planning Theory and Practice* 2(2), 169-185.
- Amdam, R. 2002: "Sectoral versus territorial regional planning and development in Norway", *Journal of European Planning Studies*, 10(1), 99-112.
- Amdam, R. 2004: "Spatial County Planning as a Regional Legitimating process", *European Journal of Spatial Development*, Refereed Article Sept 2004 no 11. http://www.nordregio.se/EJSD/refereed11.pdf
- Amdam, R. 2005: Planlegging som handling. Oslo: Universitetsforlaget.
- Amin, A. og Thrift, N. 1995: "Globalization, institutional 'thickness" and the local economy' economy", i Healey, P. mfl: *Managing cities: the urban context*. London: John Wiley & Sons Ltd.
- Asthana, S., Richardson, S. and Halliday, J. 2002: "Partnership working in public policy provision. A framework of evaluation". *Social policy and administration*, 36(7), 780-795.
- Baldersheim, H. 2000: *Fylkeskommunen som utviklingsaktør: Handlingsrom og legitimitet*. Forskingsrapport 1/2000. Det samfunnsvitenskapelige fakultet. Oslo: Universitetet i Oslo.
- Barton, H. and Tsourou, C. 2000: *Healthy urban planning*. *A WHO guide to planning for people*. London and New York: The Spon Press.
- Bennett, R.J. and McCoshan, A. 1993: *Enterprise and human resource development. Local capacity building*. London: Paul Chapman Publishing.
- Bryson, J.N. and Roering, W.D. 1987: "Applying Private-Sector Strategic Planning in the Public Sector". *Journal of the American Planning Association* 53(1), 9-22.
- Bukve, O. and Amdam, R. 2004a: "Regionalpolitisk regimeendring og regional utvikling", i Amdam, R. og Bukve, O. (red.): *Det regionalpolitiske regimeskiftet tilfelle Norge*. Trondheim: Tapir akademisk forlag.
- Bukve, O. and Amdam, R. 2004b: "Regimeskifte på norsk", i Amdam, R. og Bukve, O. (red.): Det *regionalpolitiske regimeskiftet tilfelle Norge*. Trondheim: Tapir akademisk forlag
- Christensen, T. 2004: "Regionale og distriktspolitiske effekter av New Public Management".

 Underlagsdokument til NOU 2004:2: Effekter og effektivitet. Effekter av statlig innsats for regional utvikling og distriktspolitiske mål. Oslo: Kommunal- og regionaldepartementet.
- Christensen, T. and Lægreid, P. 2002: *Reformer og lederskap. Omstilling i den utøvende makt.* Oslo: Universitetsforlaget.
- Christensen, T. and Lægreid, P. 2003: "Transforming governance in the new millennium", in Christensen, T. and Lægreid, P. (eds.) *New public management. The transforming of ideas and practice.* Aldershot: Ashgate.
- Christensen, T. and Lægreid, P. 2004: *The fragmented state the challenges of combining efficiency, institutional norms and democracy.* Working paper 3 2004. Bergen: Stein Rokkan centre for social studies.
- Corso, L. C., Wiesner, P. J. and Lenihan, P. 2005: "Developing the MAPP community health improvement tool". *Public health management practice*, 11(5), 387-392.
- Dryzek, J. S. 1990: *Discursive Democracy. Politics, Policy, and Political Science*. Cambridge: Cambridge University Press.

- Dunford, M.F. 1994:"Winners and losers: the new map of economic inequality in the European Union", *European Urban and Regional Studies* 1(2), 95-114.
- Forester, J. 1993: *Critical Theory, Public Policy and Planning Practice*. Albany NY: University of New York Press.
- Friedmann, J. 1992: *Empowerment. The Politics of Alternative Development*. Cambridge MA and Oxford UK: Blackwell Publishers.
- Friedmann, J. and Weaver, C. 1979: *Territory and Function. The Evolution of Regional Planning*. London: Edward Arnold.
- Giddens, A. 1997: Modernitetens konsekvenser. Oslo: Pax Forlag.
- Habermas, J. 1984: *The Theory of Communicative Action. Volume 1: Reason and the Rationalization of Society.* London: Heinemann.
- Habermas, J. 1987: The Theory of Communicative Action. Volume 2: Lifeworld and System: A Critique of Functionalist Reason. Boston MA: Beacon Press.
- Habermas, J. 1995: *Between facts and norms: Contributions to a discourse theory of law and democracy.*Cambridge: Polity Press.
- Haines, A., Kuruvilla, S. and Borchert, M. 2004: "Bridging the implementation gap between knowledge and action for health". *Bulletin of the World Health Organization*, October 2004, 82 (10), 724-733.
- Healey, P. 1997. *Collaborative Planning. Shaping Places in Fragmented Societies*. LTD. London: Macmillan Press.
- Healey, P. 1999: *Institutional capacity-building, urban planning and urban regenerating projects.* Paper presented at the XII AESOP Congress. Aveiro: University of Aveiro.
- Healey, P. 2001: *Spatial planning as mediator for regional governance*. Paper for the EuroConference on Regional Governance: new modes of self-government in the European Community. Hannover 19-21 April
- HEN 2006: What is the evidence on effectiveness of empowerment to improve health? Health evidence network, World Health Organization, Europe. Copenhagen: WHO regional office for Europe.
- Hood, C. 1991: "A public management for all seasons?", Public Administration, 69 (Spring): 3-19.
- Jessop, B. 1997: "A neo-Gramscian approach to the regulation of urban regimes: accumulation strategies, hegemonic projects, and governance", i Lauria, M. (red.) *Reconstructing regime theory: regulating urban politics in a global economy*. London: Sage.
- Keating, M. 1996: *The invention of regions. Political restructuring and territorial government in western Europe*. Oslo: Norwegian Nobel Institute.
- Langfield-Smith, K. and Smith, D. 2003:"Management control systems and trust in outsourcing relationships". *Management accounting research* 14 (2003) 281-307.
- Lenihan, P. 2005: "MAPP and the evolution of planning in public health practice". *Public health management practice*, 11(5), 381-386.
- Nicola, R. M. and Hatcher, M. T. 2000: "A framework for building effective public health constituencies". *Public health management practice*, 6(2), 1-10.
- OECD 2003: "Public sector modernisation". *Policy brief* October 2003. Organisation for Economic Cooperation and Development.
- Olsen, J.P. 1988: *Administrative reforms and theories of organizations*. LOS-senter notat 88/31. Bergen: LOS-senteret.

- Olsen, J.P. 2004: *Innovasjon, politikk og institusjonell dynamikk*. Working paper 04/04. University of Oslo: Centre for European Studies.
- Paasi, A. 1986: "The Institutionalization of regions: a theoretical framework for understanding the emergence of regions and the constitution of regional identity", *Fennia* 164: 105-146.
- Pollitt, C. and Bouckaert, G. 2000: *Public Management Reform: A Comparative Analysis*. Oxford: University Press.
- Putnam, R.D. 1993: *Making democracy work: civic traditions in modern Italy*. Princeton, N.J.: Princeton University Press.
- Salem, E. 2005: "The promise of MAPP: a transformational tool for public health practice". *Public health management practice*, 11(5), 379-380.
- Stöhr, W.B. 1990: "Synthesis", "Introduction" og "On the theory and practice of local development in Europe", i Stöhr, W.B. (red.): *Global Challenge and Local Response*. London and New York: Mansell.
- Stoker, G. 1997: "Public-private partnership and urban governance", i Stoker, G. (red.) *Partners in urban governance: European and American experience*. London: MacMillan.
- Stoker, G. 1998: Governance as theory, five propositions. Social Science Journal, 50, 17-28.
- Stoker, G. 2004: *Transforming local governance. From Thatcherism to New Labour.* London: Palgrave Macmillan.
- Storper, M. 1997: *The regional world: Territorial development in a global economy*. New York: Guilford. Strand, T. 2001: *Ledelse, organisasjon og kultur*. Bergen: Fagbokforlaget.
- Vega, J. and Irwin, A. 2004: "Tackling health inequalities: new approaches in public policy". *Bulletin of the World Health Organization*, July 2004, 82 (7), 482-483.
- Veggeland, N. 2000: Den nye regionalismen. Bergen: Fagbokforlaget.
- Wilson, K. 2004: "The complexities of multi-level governance in public health". *Canadian journal of public health*, 95(6), 409-412.
- Zoete, P.R. 2000: *Towards informal levels in urban and regional planning*. Paper at the 14th AESOP congress, 18-23 July 2000. Brno, Chech Republic.