Halted Diffusion:
Epistemic Communities and the Non-Adoption of Health Technology Assessment Agencies in Central and Eastern Europe

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Submitted to
Central European University
Doctoral School of Political Science, Public Policy and International Relations

In Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy

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Budapest, Hungary
2016
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April 18, 2016
Abstract

International policy diffusion is often portrayed as a quasi-automatic process in which fashionable policy options spread from one country to another relatively unconstrained. This dissertation challenges this prevalent assumption and argues that variables mediating diffusion matter – not only as enablers of the process but also as potential hinderers. It studies the mediating role of domestic epistemic communities (groups of experts whose knowledge leads them to pursue a common policy goal) on the adoption of international policy trends. It finds that the central scope condition for the adoption of the communities’ preferred policies is decision-makers’ demand for their input. This is in contrast to existing scholarship, which assumes that decision-makers necessarily follow epistemic communities’ advice when facing complexity and uncertainty.

These findings result from a fresh look at the universe of cases of policy diffusion and epistemic communities’ influence that includes negative cases, often ignored in literature and policy debates, in addition to the well-analyzed positive ones. This dissertation studies the diffusion (and non-diffusion) of health technology assessment (HTA) agencies. HTA agencies are public bodies that evaluate available evidence on the medical, economic, ethical, legal, social and other aspects of health interventions – drugs, medical devices, diagnostic procedures, surgical interventions and the like. In a textbook case of policy diffusion, they have since the late 1980s spread from a handful of early adopters to most countries in Western Europe (leading to a “success bias” of the practitioner literature on HTA similar to the one prevalent in diffusion theory), but not to most Central and Eastern European countries.

The dissertation is composed of three independent papers which each examine the reasons for the halted diffusion of HTA agencies. Their findings are based on a set of 77 interviews with key health policy actors and document analysis. Paper I establishes a chronological taxonomy of HTA agencies
in the European Union. It finds structural variables unsatisfactory to explain the pattern of their diffusion, and proposes an alternative explanatory model focusing on the role of actors, more specifically domestic epistemic communities. Paper II tests this model empirically based on the Polish and Czech cases: Poland established an HTA agency in 2005, while the Czech Republic does not have one, despite a debate in 2011-2013. It finds a clear influence of the domestic epistemic community in both countries, which was, however, in the Czech Republic, moderated by a lack of policy-makers’ demand for expert input. Paper III studies health policy actors’ interests and policy positions regarding delegation of pricing and reimbursement competences to an HTA body in the Czech case, and confirms the key place of policy-makers’ demand. It concludes that interests of actors (including the epistemic community of “aspiring agents”) are close to irrelevant, as long as the principals do not perceive the need for expertise. Concluding remarks of the dissertation note the near non-existence of sound policy evaluation of HTA and suggest that policy-makers’ willingness to listen to HTA epistemic communities may have more to do with their modernizing ambitions than with HTA’s unclear achievements in improving the quality, equity or sustainability of health systems.
Acknowledgements

This dissertation would never have seen the light of day without the help of the many people who gave me advice, encouragement or criticism at the right point in time. I would like to thank my supervisor, Nick Sitter, who supported me through various academic and bureaucratic labyrinths, and who always managed to solve my analytical conundrums in two sentences. His well-targeted advice surely saved me months of staring at a blank page. I am grateful for the kind support of Marie-Pierre Granger, who has spent hours debating intricacies of post-communist health policy with me and who encouraged me to go further at a critical point in my first year. I owe thanks for similar encouragement and many interesting conversations about my topic to Achim Kemmerling.

My warmest thanks go to Scott Greer who has taught me more than he is probably aware of. Writing with Scott has been the best school of academic practice I could imagine: his email step-by-step explainers on the details of the publication process, or on where to find the best Brussels EXKI to kill time between interviews, were immensely helpful. For similar hands-on experience I would like to thank László Gulácsi, who generously took me in for numerous consultations and involved me in many interesting academic projects. László also introduced me to Petra Baji, who later became a regular part of my PhD life as a co-organizer of the Corvinus – CEU Health Research Group lecture series. Discussions and collaboration with László and Petra have been always very insightful and enjoyable.

I would like to thank Diane Stone, Roland Bal, Iris Wallenburg, Sara Svensson and Derek Beach for providing detailed feedback on parts of my project, and Robin Bellers for improving the clarity of my writing. Andrew Cartwright and Borbála Varga deserve an award for chairing and organizing with me the CEU Health Research Group. Igor Guardiancich, Ábel Bojár, Sebastian Gensior and Nikolay Vasev were there for me whenever I urgently needed a random piece of advice or information, and I
am very grateful to them for that. I am also immensely thankful to Kajsa Wilhelmsson who gave me the confidence to pursue my PhD project when I doubted myself, and who has since then gone out of her way to support me in instances too numerous to even recall.

My sincerest thanks go to my friends and colleagues from CEU. Dorota Szeligowska, Philipp Thaler, Daniel Izsak, Artak Galyan, András Szalai, Alex Moise, Imre Szabó, Vija Pakalkaite, Renáta Králiková, Stefan Roch, Karla Koutková and Felix Bender have all not only directly contributed to this dissertation with their sharp advice, but also supported me through thick and thin of the PhD. Without them, I would not be writing these lines today. I hope to always carry with me what I have learned from them. Friends from outside CEU also supported me in various ways throughout my PhD years: my thanks go to Daniel Hall, Anne Schäfer, Jan “Dudek” Štěpánek, Petra Schützová, Kateřina Kazbalová, Hana Diorová and Michaela Povolná. I am very grateful for the emotional and intellectual support of Zdeněk Holeček, who suffered with me through the first three years of the PhD, and Bára Jirková, who has been bearing with me for more than 25 years.

Finally, my deepest gratitude is to my mother, Olga Löblová. It is thanks to her hard work and unwavering love that I had the privilege of studying at several European universities for many, many long years. Without her absolute dedication to my academic and professional success I would not be where I am today. I can only imagine the kind of sacrifice supporting me, emotionally, financially, and practically, must have taken. I am profoundly thankful for it.

This research project was partially supported by the International Visegrad Fund, grant numbers 51300464 and 51400781.
To my mother.
And to Artak.