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To my mother

POLICY NETWORKS WITHIN THE TURKISH HEALTH SECTOR:

CAPACITY, INSTITUTIONALIZATION AND IMPACT

Graduate School of Economics and Social Sciences  
of  
İhsan Doğramacı Bilkent University

by

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in

THE DEPARTMENT OF  
POLITICAL SCIENCE AND PUBLIC ADMINISTRATION  
İHSAN DOĞRAMACI BİLKENT UNIVERSITY  
ANKARA  
September 2017

I certify that I have read this thesis and have found that it is fully adequate, in scope and in quality, as a thesis for the degree of Doctor of Philosophy in Political Science.

  
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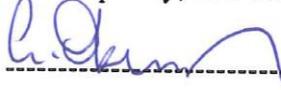
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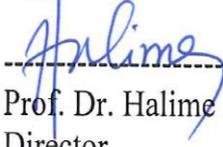
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## **ABSTRACT**

### **POLICY NETWORKS WITHIN THE TURKISH HEALTH SECTOR: CAPACITY, INSTITUTIONALIZATION AND IMPACT**

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September 2017

Policy networks refer to platforms that facilitate collaboration among public, private and voluntary actors with the purpose of public policy making. Despite the extensive research done on the issue, not much is known about the applicability of this concept outside the context of advanced democracies. The purpose of this thesis is to assess the theoretical significance and practical effectiveness of three policy networks within the health sector in Turkey – a crucial case study where conditions for network collaboration are least favorable considering its past record of centralized policy making. Content analysis of 24 semi-structured interview transcripts reveals that networks are relevant policy instruments that have an impact on policy making. Integrated networks with a symmetrical structure and trust among participants display high levels of collaborative capacity, which in turn can generate highly innovative policies, particularly in the early phases of policy making. Aggregate

networks have an indirect impact on policy making through ‘pockets’ of deliberation. Moreover, networks that serve as channels of interest mediation for already existing webs of actors such as business-based alliances, turn out to be resilient policy instruments that generate concrete outcomes and contribute to overall policy effectiveness. The findings indicate the importance of network institutional embeddedness in the broader political and economic environment—as a critical factor for the persistence as well as effectiveness of collaboration—particularly in those policy settings where networks represent a vulnerable practice of policy making. At the theoretical level, this study suggests the usefulness of incorporating neo-institutionalist approaches to network analysis.

Keywords: Collaborative Capacity, Governance, Health Policy, Institutionalization, Policy Networks

## ÖZET

### TÜRK SAĞLIK SEKTÖRÜNDE POLİTİKA AĞLARI: KAPASİTE, KURUMSALLAŞMA VE ETKİ

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Politika ağları, politika yapımı amacıyla, kamu, özel ve gönüllü kurum ve kuruluşların işbirliğini kolaylaştıran platformlardır. Konu hakkında derinlemesine araştırmalar yapılmasına rağmen, bu kavramın gelişmiş demokrasiler dışında uygulanılabilirliği hakkında fazla birşey bilinmemektedir. Bu tezin amacı ise Türkiye'deki sağlık sektörü içerisindeki üç politika ağının teorik önemini ve pratik etkinliğini değerlendirmektir-ki merkezi politika yapım geçmişi göz önüne alındığında, ağ işbirliği açısından koşulların pek de iyi olmadığı kritik bir vakadır. Bu çalışmadaki, 24 yarı yapılandırılmış görüşmenin dökümü, ağların politika yapımında etkisi olan önemli politika araçları olduğunu ortaya koymaktadır. Simetrik yapılı ve katılımcılar arası güvenin olduğu entegre ağlar, özellikle politika yapımının ilk aşamalarında, oldukça yenilikçi politikalar oluşturabilen yüksek bir işbirliği kapasitesi ortaya koymaktadır. Kümelenmiş ağlar ise, sektörlerarası mütaaların olduğu "küçük platformlar" üzerinden politika yapımını dolaylı olarak

etkilemektedir. Ek olarak, ıkar mzakerelerine birer kanal olarak hizmet eden, iř temelli birlikler gibi halihazırda mevcut olan aktrlerin ađları; somut sonular dođuran ve politikanın etkinliđine katkıda bulunan dayanıklı politika aralarına dnşmektedir. Bu alıřma, geniř politik ve ekonomik evredeki ađların kurumsal iie gemiřliđinin, iřbirliđinin srerliliđi ve etkinliđi aısından, zellikle de ađların kırılğan bir politika yapımını gsterdiđi durumlarda, kritik olduđunu gstermektedir. Teorik aıdan ise, bu alıřma ađ analizinde yeni-kurumsalcı bir yaklařımın yararlı olduđunu ne srmektedir.

Anahtar Kelimeler: Kurumsallařma, İřbirliđi Kapasitesi, Politika Ađları, Sađlık Politikası, Ynetiřim

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“To understand matters rightly we should understand their details; and as that knowledge is almost infinite, our knowledge is always superficial and imperfect.”

La Rouchefoucauld,  
(The Maxims, 1678)

When measured by its achievements, attainment of knowledge can only be partial in terms of scope and limited in terms of extent. Now that I have reached the endpoint, I realize that this dissertation, regardless of the initial expectations, has more limitations than strengths. Knowledge attainment though is much more productive and rewarding when perceived as a process of learning based on a series of conversations and discussions among people who share similar interests. We owe so much to these people, who sometimes through their help and motivation but even more so through their challenges and critique keep us moving forward in our knowledge seeking endeavours. Here, I can only mention but a few who had a direct influence on my work.

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# CHAPTER 1

## INTRODUCTION

### 1.1 The Significance of the Study

Networks, defined broadly as collaborative platforms that define public policy, have received a lot of attention by researchers in the field of Political Science and Public Administration. Many governance related phenomena have been re-visited and re-defined in light of the concept of network collaboration—a widespread phenomenon present in the social, economic and political spheres. Among others, the area of health policy development and implementation provides fertile ground for the emergence of networks, and as a result has become one of the main domains of research (Greenaway, Salter & Hart, 2007; Huang & Provan, 2006, 2007; Isset & Provan, 2005; Lewis, 2006; Provan & Kenis, 2008; Provan & Milward, 1995, 1999; Provan, Huang, & Milward, 2009; ; Provan, Isett & Milward, 2004; Provan, Milward & Isett, 2002; Raab & Milward, 2003; Tenbensen, Cumming, Ashton & Barnett, 2008; Tenbensen, Mays & Cumming, 2011).

Due to their prominence, policy networks have often been perceived as equivalent to the concept of governance itself. Following this logic, governance is ultimately “about

autonomous self-governing networks of actors” (Stoker, 1998: 23). As a result, there exists a huge body of literature which examines policy networks as a mode of governance next to hierarchical bureaucracies and competitive markets. Yet despite the extensive research done on the issue particularly in the 1980s and 1990s, policy networks have often been considered as inevitable occurrences in their country of origin and not many studies have paid attention to the mechanisms or conditions that lead to the emergence and development of networks in different policy settings.

The current debates and findings on policy networks are of course plausible in the context of advanced industrialized democracies. However, in order to make these findings translatable across research contexts, the causal pathways that make network collaboration possible should be examined. More studies should focus on the contextual conditions under which policy networks flourish and thrive in different policy settings across countries and even across policy sectors at the sub-national level. A fully-fledged comparative analysis should take into account the “social, economic and political parameters, including the nature of central and local state bureaucracy, strength of civil society, the organization of interests, and the traditions of state-society interaction” of the case under investigation (Kjaer, 2011: 111). That being the case, the challenge here is about the applicability of network analysis to political contexts other than these mature cases of network governance.

Considering the research gap mentioned above, the purpose of this thesis is to lay a theoretical foundation for investigating network collaboration from a comparative perspective, based on the investigation of four policy networks within the Turkish health sector (covering years 2003-2015). Turkey is a middle-income country, which aspires to join the club of developed economies by emulating their policy models. Generally speaking, middle income countries represent fertile ground for research

considering that they have fast developing economies, dynamic societies and governments that introduce major reform projects. Within the last fifteen years Turkey has undergone major structural transformations within the health system. The new health policies introduced since 2003 involve (a) multiple actors with a stake in policy making; (b) various complex issues that require high levels of expertise and information sharing in terms of policy design; (c) and high levels of risk both in terms of the cost of policy implementation as well as the impact of the policy outcomes.

This thesis is important to understand the transition from vertical and hierarchical to more horizontal and networked forms of policy making within the Turkish health sector. I attribute this transition primarily to the weak state capacity to design, implement and sustain effective health policies—a condition that triggered a general crisis in the delivery of health services in Turkey. In this context, increasing number of cross-sectorial collaboration in general, the formation of networks as policy instruments alternative to cumbersome bureaucratic structures, and failed market strategies in particular can be conceived as a governmental choice necessary to deal with the health system challenges.

In the period from 2003 onward, instances of collaboration that involve actors from the public, private and voluntary sectors with a stake in health policy, have increased significantly. The field research reveals many network configurations at the national, regional and local level. At the national level, cases such as the Program for Improving Multi-Sectoral Health Responsibility (Çok Paydaşlı Sağlık Sorumluluğunu Geliştirme Programı, ÇPSSGP), Health Tourism Coordination Council (Sağlık Turizm Koordinasyon Kurulu, SATURK), and health care construction projects based on the public-private partnership (PPP) model have been observed. At the regional level, the main form of cross-sectorial collaboration consists of clustering around the issue

health tourism. At the local level, projects on community based health and social services represent novel platforms of cross-sectorial collaboration. However, to date no studies have investigated the practical effectiveness and/or theoretical significance of these cases of collaboration. This thesis represents an attempt to investigate these cases focusing on three aspects of network collaboration: collaborative capacity, institutional resilience and policy impact.

From a comparative perspective, Turkey can be considered a crucial case study where conditions for network collaboration are least favourable considering the past policy records and a political culture of centralized/hierarchical policy making through state bureaucracies. The presence of policy networks in such a political environment compels the researchers to study the phenomenon of network collaboration as a significant pattern transferable across policy settings rather than practice exclusive to advanced democracies. Methodologically speaking, case studies are becoming increasingly important by providing “thick, rich descriptive accounts” which can be used to “triangulate the results of large-N studies that we are increasingly using in network research” (Berry, Brower, Choi, Goa, Jang, Kwon, & Word, 2004: 549). Following this logic, this thesis is expected to enrich and refine the debates about policy networks drawing from the comparison of different network configurations within one policy area at the sub-sectorial level. In addition, this study represents an attempt to incorporate Turkey into the debates of governance and serves the purpose of theory building based on a comparative case study investigation. Finally, the study of Turkey offers concrete policy implications for those middle and low income countries that are actively pursuing health system reforms.

The essence of comparison is to help researchers construct variation at different levels of analysis and, at the same time, locate the cases under consideration within a greater

picture or larger debate. In this study, comparison takes place primarily at the sub-sectorial level based on the investigation of network configurations found within four sub-areas of health policy: public health development, health tourism, medical industry and community based health and social services. The main purpose here is to carry out an in-depth analysis of the causal mechanisms that maximize collaborative capacity as well as institutionalization of network collaboration (network collaboration as a dependent variable). As a result a typology with different models of network collaboration will be constructed. Even though constructing typologies based upon sub-sectorial variation of policy networks is at the heart of this analysis, some degree of cross-national level comparison is also possible.

At the end of the analysis, the impact of network collaboration on policy making processes and/or outcomes within the Turkish health sector, as well as the political system at large<sup>1</sup> (network collaboration as an independent variable) has been assessed. Network impact is the third important aspect of network collaboration elaborated in this study next to capacity and institutionalization. Concerning the issue of impact, I am particularly interested in those cases of network collaboration that define public policy making. This means that policy networks do not simply influence policy making through indirect channels such as engaging in activism, presenting project reports to the government, lobbying through interest groups, or exerting leverage via political parties in the legislature but through collaborative platforms that facilitate some degree

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<sup>1</sup> It is important to emphasize here that network collaboration does not guarantee positive policy outcomes. Even though the intention is to do so, network collaboration is not always concluded with some decision that effects policy outcomes.

of symmetrical, trust-based interaction among actors at different stages of policy making from agenda building to policy evaluation.

Impact assessment is critical to properly understand state-society relations by investigating the channels through which societal actors (private and voluntary) contribute to public policy making. This type of research gains particular relevance in the context of Turkey, where societal actors have traditionally had minimum or no impact on public policy making due to impediments such as populism, clientelism and opportunism (Heper & Yıldırım, 2011). In this context, networks can be perceived as an important element of participatory governance. Beyond the Turkish context, the issue of impact is critical to understand the role of networks as instruments with a real effect on policy making rather than fashionable catch-words with more hype than substance. It seems like many scholars in the literature acknowledge the idea that networks emerge in turbulent policy environments in order to “manage uncertainty” and “smooth out operational flows” (Isset & Provan, 2005: 150). However, the specific ways through which networks have an impact on policy making have not been systematically evaluated through empirical research. As a result, starting from the second half of the 1990s several key aspects of policy networks have been called into question and have come under increasing scrutiny. The challenge here is to understand whether networks matter in the sense of being significant variables to helping understand, explain and predict policy outcomes (Howlett, 2000: 236).

## **1.2 Research Questions, Methods and Hypotheses**

This thesis has an explorative design tailored to shed light on three aspects of network collaboration in Turkey, namely—network collaborative capacity (internal network

dynamics), network institutionalization (external network dynamics) and network impact on policy making processes and/or outcomes (network consequences). Three major questions are asked to cover these research topics. Under what conditions is network collaborative capacity observed? Under what conditions is network institutionalization observed? What is the impact of the networks under investigation on the policy making processes and/or outcomes?

Moreover, three sets of sub-questions are crafted in order to address the overarching umbrella questions mentioned above, namely—descriptive, analytical and comparative questions. Descriptive questions are crucial to acquire basic information and insights on the phenomenon of network collaboration within the Turkish health sector. Descriptive questions are addressed at the beginning of any exploratory research prior to shifting to more analytical and comparative type of questions. Analytical and comparative questions, on the other hand, contribute to “more empirical and comparative case-study research”—considered to be a framework that should be followed by scholars of Turkish politics (Bölükbaşı, Ertuğal, & Özçürümez, 2010: 465).

**Descriptive Questions:** The purpose of these questions is to explore the Turkish health sector (including actors, issues, and policies) and provide descriptive narratives about the origins, nature and function of different forms of cross-sectorial collaboration. The major questions asked here are: What are the critical junctures that led to the establishment of collaborative platforms with the purpose of policy making in the aftermath of 2003 within the health sector in Turkey? Are policy networks as defined in this study relevant instruments of policy making? If yes, how can they be distinguished from other cooperative initiatives with no genuine collaborative

capacity? Information derived from both desk and field research was combined to answer these questions.

Analytical Questions: The purpose of these questions is to examine those pathways that shape collaboration in the policy networks under investigation. Under what conditions is network collaborative capacity observed (internal network dynamics)? Under what conditions is network institutionalization observed (external network dynamics)? Analytical questions in exploratory research are best addressed through propositions—i.e. general expectations about network attributes derived from the literature and refined during the process of empirical observation. The following expectations evaluate:

P1. The impact of symmetrical structure<sup>2</sup> measured through inclusiveness, connectedness, common decision making and interdependence on collaborative capacity within policy networks.

P2. The impact of trust-based interaction<sup>3</sup> measured through solidarity, team work and synergy on collaborative capacity within policy networks.

P.3. The impact of the external support<sup>4</sup> received from the surrounding economic and political environment on the institutionalization of network collaboration.

In an attempt to examine these propositions, semi-structured interviews have been conducted with policy experts from the public, private and voluntary sectors. The

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<sup>2</sup> Symmetrical structure is measured as a quantifiable cumulative index of four categories: inclusiveness, connectedness, common decision making, and interdependence.

<sup>3</sup> Here trust is measured at the inter-organizational rather than inter-personal level.

<sup>4</sup> There are three type of proxies for external support following an increasing order in terms of their impact on network institutionalization: (a) prevalent discourses, (b) prominent leaders, and (c) already existing business based alliances, political coalitions found in the broader economic and political environment.

interview texts have been analyzed through content analysis using both quantitative and qualitative techniques. In more concrete terms, some of the categories have been assigned numerical values (literal categories) and others have been constructed based on the explanations or opinions of the interviewees (interpretative categories).

Comparative questions: The third set of questions aims to understand the variation of network collaboration through comparison primarily at the sub-sectorial level and some implications for comparison at the cross-national level. The questions asked here are: Is it possible to construct a comparative typology based on different models of network collaboration? What does each type represent in terms of structure and nature of collaboration? Can the policy networks under investigation be compared to other cases of network collaboration witnessed in advanced democracies? In order to address these questions insights from field research, results of content analysis as well as documentary sources will be examined.

Last but not least, constructing a typology will be helpful to understand the comparative advantages that policy networks have over other instruments of policy making in terms of their overall impact. The goal here is to assess the impact that networks have on policy making processes and/or outcomes as well as the political system at large. To this end, the following question will be addressed: What is the impact of network collaboration on policy making processes and/or outcomes (policy level impact) and on the political system at large (system level impact)?

### **1.3 Organization of Chapters**

This section briefly summarizes the content of the chapters included in this thesis. This introduction, as the first chapter of this thesis, is followed by five main chapters and

one concluding chapter. The purpose of the second chapter is to construct a comprehensive, yet parsimonious comparative framework that can be utilized to study networks across policy settings. This framework incorporates various structural, relational and contextual mechanisms, which can be combined in different causal pathways of network collaboration depending on the case under investigation. The third chapter is an overview of the main political and economic factors that led to the emergence of network collaboration in the aftermath of the year 2003—a turning point that corresponds with the year when the Health Transformation Program was launched in Turkey. The fourth chapter explains in detail the methodological tools used during and after the field research by focusing on issues such as sampling, semi-structured interviewing and content analysis. In the fifth chapter, I present the findings of the field research conducted in the period between 2003 and 2015. Here I describe the structure and the nature of interaction within different network configurations existing within the Turkish health sector. This account is necessary to distinguish policy networks from other practices of cross-sectorial collaboration with no genuine network dynamics. In the consecutive chapter I construct a typology where each category represents a distinct model of policy making with varying levels of collaborative capacity and institutional resilience. Here, three distinct models of network collaboration are examined and some of their comparative advantages are highlighted. A parallel is also drawn between these three models of network collaboration and similar patterns of network governance witnessed in the advanced democracies. Finally, the concluding chapter offers a brief discussion of the three main aspects of network collaboration discussed in this study, i.e. capacity, institutionalization and impact of network collaboration in light of the field research findings. The purpose of

this last section is to highlight the main contributions, implications and suggestions for future research.

## CHAPTER 2

### THE MISSING LINK: MECHANISMS OF NETWORK COLLABORATION ACROSS COUNTRY CASES

*“...the dinosaur scenario, emphasizing ... an inevitable and irreversible paradigmatic shift toward market or network organization, is wrong or insufficient.”  
(Olsen, 2005: 17-18)*

The aim of this chapter is to present a comparative framework, which integrates those mechanisms that enable network collaboration among several stakeholders with different motivations, interests and preferences throughout different stages of policy making and in different policy settings. To this end, the previous studies on policy networks, with a particular emphasis on those mechanisms that foster collaboration at the network level have been reviewed. Based on the previous literature on policy networks, I argue that three sets of mechanisms are critical to understand network collaboration – i.e. structural, relational and contextual mechanisms. Structural and relational mechanisms explain the internal dynamics of a policy network, contributing to the overall collaborative capacity of that policy network. Contextual mechanisms, on the other hand, consists of all those external factors in the broader political and economic environment that influence network interaction. In this way, both internal

and external dimensions of network collaboration will be included in the analysis, resulting in a general comparative framework for the study of policy networks across country cases.

It is important to emphasize that mechanisms of network collaboration are not be treated as variables in a more conventional sense. This epistemological shift from variables to mechanisms corresponds to the recently discussed shift from *meta-theories* (of universal application) to contextually situated approaches (Falleti & Lynch, 2009). In the former case, the factors associated with policy collaboration at the network level (dependent variable) would be examined. The goal of this analysis would be to build a direct causal link between the independent variable that leads to higher levels of network collaboration (dependent variable). In the latter case, mechanisms gain validity depending on the contextual conditions being studied. In this case, the question becomes: Under what conditions is network collaboration maximized in different policy settings? In this context, different causal pathways (combination of different causal mechanisms) can lead to different types of network collaboration depending upon the policy setting under investigation.

The rest of the chapter is structured as follows: The first section is an overview of the two main approaches to policy networks. The second section is a critique of the literature focusing on the main gap in the study of policy networks. The third section introduces a comparative framework for the study of policy networks across different country cases and policy settings. The fourth, fifth and sixth sections unravel the structural, relational and contextual mechanisms of network collaboration respectively, based on the previous debates on policy networks. The final section provides some concluding remarks on the applicability of the suggested framework to different policy settings.

## **2.1 Policy Networks: Two Dominant Approaches**

The literature review shows that two approaches have been dominant in the study of policy networks, namely: 1) network governance approach (governance perspective to networks), and 2) institutionalist approach (policy perspective to networks). These two approaches are separated by different ontological and epistemological positions on policy networks.

### **2.1.1 Network Governance Approach: Comparative Advantages of Policy Networks**

As the name indicates, network governance approach refers to policy networks as a discrete form of governance. This approach focuses more on the internal dynamics of policy networks, with a particular attention on the nature of network interaction. Network governance approach itself can be divided into: 1) The normative approach and 2) The functionalist approach to networks.

To start with, the normative approach considers policy networks as the prominent governance paradigm. According to this approach, the conceptual distinction between policy networks and governance networks (and eventually network governance) can be rejected. Both these networks feed each other and are in a way both following the same logic of governing, same motive, same ethos, i.e. joint problem solving. Instead of “policy networks” one can as well use the terms “networked services” or “network system” (Rethemeyer and Hatmaker, 2007). Following this logic, policy networks constitute a pattern of governance which improves the relations between state and society through increased involvement of private and voluntary actors in policy making. This makes policy networks a desirable form of governing compared to other more traditional forms such as hierarchies or markets.

The notion of network governance has attracted a lot of attention among scholars of various disciplines due to its primary concern with the involvement of private and voluntary actors in policy-making. Mainly due to this feature policy networks constitute a substantial break from the traditional governing mechanisms and represent a new pattern of governance (Rhodes, 1996, 1997, 2007; Sorensen 2002, 2005, 2006; Sorensen & Torfing, 2005, 2007, 2009, 2016; Stoker, 1998, 2006). The debate on network governance has been spurred by the work of Rod Rhodes based on the changes that took place in British politics starting from the second half of the 1980s. Gerry Stoker develops this argument further by claiming that policy networks “involve not just influencing government policy but taking over the business of government” (1998: 23). Eva Sorensen and Jacob Torfing introduce a more elaborate definition of policy networks as “relatively institutionalized frameworks of negotiated interaction within which different actors struggle with each other, create opportunities for joint decisions, forge political compromises and coordinate concrete actions” (2007: 27).

For the purpose of this study, Rhodes’ definition of network governance is of highly significant. He defines policy networks as “self-organizing, inter-organizational networks characterized by 1) interdependence, 2) resource-exchange, 3) rules of the game, and 4) significant autonomy from the state” (1997: 15). First of all, network members involved in governance are dependent upon each other for resources. Secondly, network members involved in governance are in continuous interaction with each other in order to exchange resources and to achieve their shared policy goals. Thirdly, network members involved in governance employ strategies within the known rules of the game negotiated and decided by network participants. Finally, policy networks enjoy a significant degree of autonomy from the state (not accountable to the state), which gives these networks a self-governing nature.

What makes this approach essentially normative is the assumption that policy networks consist of multiple public, private and voluntary actors, which are distinct from other traditional forms of governance and they are better equipped to cope with the policy challenges of globalization. Such networks “complement markets and hierarchies as governing structures for authoritatively allocating resources and exercising control and co-ordination” (Rhodes, 1996: 652). Unlike markets and hierarchies, which are characterized by competition and authority, respectively, networks are characterized by relations of trust, interdependence and reciprocity (Rhodes, 1996). All these features make policy networks inherently a better instrument of policy making.

According to the functionalist or rationalist approach, the inclusive, interdependent and reciprocal nature of network interaction does not automatically make them a better form of governance. At the end of the day, policy networks are instruments of policy making and should be treated as such. The approach followed here merges network analysis and policy analysis. The assumption here is a functionalist one, i.e. networks are a useful instrument of governance because they contribute to collaborative policy making – namely, problem amelioration through improved coordination among actors, greater coherence and synergy. Networks are useful instruments of policy making rather than the best model of governance to be pursued.

The German school of thought follows the functionalist/rationalist approach to policy networks. In one of his research articles Jörg Raab hypothesizes that “comparative advantages of networks in specific situations” (2002: 582) is one factor that contributes to the development of policy networks. His findings suggest that networks offer better coping strategies under certain challenging circumstances. Such coping strategies involve “intense (informal) communication with a high information load, mobilization

of diverse knowledge, and trust relationships” among various actors (Raab, 2002: 619). Following this logic, networks emerge as necessary solutions in certain policy settings. Therefore, the study of policy networks entails a detailed study of policy making processes, actors and outcomes. Study of policy processes is usually carried out at the sectorial or sub-sectorial level – replacing those studies that focus on state-society relations in general.

Both normative and functionalist approaches highlight the comparative advantages of policy networks over other forms of governing, which has been very useful in the study of policy networks in those network pioneer countries. However, the network features that they discuss are not necessarily transferrable and applicable beyond the boundaries of those ideal cases of network governance, which, in my opinion, is the weakest point in these debates.

#### 2.1.2 Institutional Approach: A Critique of ‘New’ Governance Forms

According to Network Governance School (NGS), policy networks constitute a paradigm shift in the context of governance debates. This position has been criticized by some scholars for considering policy networks as a *sui generis* form of governance. Policy networks, as concepts and practices, are worth the attention of scholars. However, they do not necessarily represent a new stage of governance. Scholars following institutionalist approaches, advocate the argument that new forms of governance, including network governance, are not really ‘new’ (as they existed before in the form of policy networks) and they have not replaced the traditional forms of governing (Blanco, Lowndes, & Pratchett, 2011; Jordan, Wurzel, & Zito, 2005; Knill & Lehmkuhl, 2002; Olsen, 2005; Parker, 2007; Richardson, 2000).

The concern of institutionalists derives from their epistemological position, which pays particular attention to the emergence and maintenance of structures. The presence of various forms of policy networks does not necessarily indicate the emergence of new forms of governance (Parker, 2007; Blanco et al., 2011). For network governance to represent a “turn” in policy studies, networks should have specific structural characteristics that influence the behavior of their participants and result in the pursuit of collective goals (Parker 2007: 118). Otherwise, networks are simply neologisms for old forms of governing.

For instance, Jeremy Richardson notes that the process of governance has always involved using networks of some kind (i.e. policy network), so, we should not exclusively focus our attention on networks in our policy studies (2000: 1021). He argues that the concepts such as policy network and community are useful in studying recent developments of governance and policy-making. But the presence of policy networks or communities does not necessarily lead to the emergence of network governance. Richardson draws our attention to the malleability and flexibility of policy networks, which can in a way make them vulnerable structures. He argues that factors such as constantly changing ideas and knowledge often upset the structure of policy networks. To substantiate his argument, he gives the example of networks at the EU level (EU is providing new fora for networks and policy communities to get involved in policy-making) which he describes as uncertain agendas, shifting networks and complex coalitions (due to factors outside the network dynamics itself, i.e. external factors). He suggests that we pay particular attention to actors’ changing ideas over time because such changes are also reflected on the rules and power distribution of the networks and policy communities (Richardson, 2000: 1022).

Another type of research refers to policy networks as institutional arrangements that bring together actors who hold different interests and policy strategies at the domestic level. These institutional arrangements reflect the power relations between the involved actors. In this case, power is the defining criterion that distinguishes different governing types, which can vary from strong governance to strong government (Jordan et al., 2005). Governance and government are two ideal types, or “poles on a continuum of different governing types” (Jordan et.al. 2005: 480). The cases in between them are ‘hybrid types’ which consists of different network arrangement that serve as channels of interest intermediation between societal and governmental actors (see the typology suggested by Jordan et al., 2005). When defined as hybrid types, networks can at best serve as heuristical devices with no clear institutional properties.

According to institutionalist approaches discussed above, policy networks are fluid institutional arrangements where different actors, interests, and strategies meet. They can take different forms depending on the power distribution between governmental and non-governmental actors. However, they have no one distinct and stable structure that distinguishes them as a discrete pattern of governance. Therefore, institutionalist approaches make use of typologies as a technique for the study of policy networks. Surely, typologies are useful for comparing different forms of power distribution within a polity. For instance, the typology mentioned above has two opposite forms of strong government and strong governance as ideal cases and many hybrid cases falling in between. It goes without saying that most of the network instances are hybrid forms with no distinct structure and different degrees of institutionalization and power distribution, which makes comparison across countries quite challenging.

## **2.2 The Missing Element in Network Research**

As mentioned above, the study of networks has become an indispensable part of the research on policy-making. Regardless of representing a new stage in governance or not, the study of policy networks contributes to the understanding of the organizational or procedural dimension of policy making by investigating how relevant actors connect to each other from the stage of policy inception to the stage of policy implementation. Yet, understanding the conditions under which policy networks emerge and thrive has not proved to be that easy, let alone issues pertaining to network consequences, such as effectiveness, innovation, accountability or the contribution of networks to democratic decision-making (output side of policy making).

Besides the challenge mentioned above, the concept of network collaboration has only entered the political vocabulary of advanced industrialized economies such as Canada, the US, Europe, New Zealand and Australia. Most of the research done so far takes the form of single case studies of countries mentioned above or theoretical debates with no empirical evidence. To date, relatively few studies have chosen to utilize a comparative approach with implications at the cross-national level (Atkinson & Coleman, 1989; Coleman, Skogstad, & Atkinson, 1996; Considine & Lewis, 2003, 2007; Greenaway, Salter, & Hart, 2007; Haveri, Nyholm, Roiseland, & Vabo, 2009; Jordan, Wurzel, & Zito, 2003; Kenis, Marin, & Mayntz, 1991; Parker, 2007; Tenbenschel, Tim, Mays, & Cumming, 2011). Even fewer studies have examined policy networks outside the original context of advanced industrialized economies (Brass, 2012; Fulda, Li, & Song, 2012; Shrestha, 2012; Zheng, De Jong, & Koppenjan, 2010).

The sample of industrialized nations with an already pluralistic policy environment is far from being representative, as it excludes those developing countries with traditionally centralized policy making. So far, the British case is often considered to

be ideal or authoritative case for the study of policy networks in the wide literature. Other countries are either ‘close’ or ‘far’ from this ideal case, which means that analysis here is not based on standard criteria of comparison. The absence of clear standards of comparison results in the absence of comparative typologies – adding to the terminological confusion surrounding the concept of policy networks.

Limited empirical evidence and absence of variation in terms of case selection has certainly hampered scholars from yielding broader generalizations concerning policy networks. Present “research draws conclusions from empirical studies in particular temporal, spatial and political contexts” (Klijn & Skelcher, 2007: 605). The countries studied so far are characterized by consensual governmental norms and greater local autonomy. But conclusions drawn from these country studies should not be directly applied to countries with more antagonistic cultures and highly centralized policy making (Klijn & Skelcher: 605). Even if the organizing principles of governance have a global scope, application of findings on policy networks to multiple contexts can sharpen controversy (Robichau, 2011: 116). Obviously, scholars themselves are aware that the missing element in the literature on policy networks is the lack of a comparative framework that would enable the study of policy networks outside the context of industrialized and advanced democracies. The question naturally arises: What explains the lack of a comparative framework?

First, the lack of a comparative framework can be attributed to the difficulty of concurring with a general and abstract category or, perhaps, an “umbrella concept” that explains the instances of network collaboration researchers investigate. The confusion at the theoretical level is also partially due to the plethora of cases that researchers encounter in their empirical investigations. The studies show that there are diverse forms of policy networks experienced differently in different social, economic

and political contexts. It is possible to observe similar network configurations. However, conditions under which such networks emerge vary across policy settings. This compels us to go a step further and explore the factors that produce such variety by comparing different policy settings across country cases or within the same country but across policy areas. The question then becomes: What contextual factors / conditions are favorable to the emergence of network governance?

Second, by taking the phenomenon of network collaboration for granted, the primary goal in the existing literature has been to trace the evolution of the existing policy networks rather than explore the mechanisms that foster network collaboration in the first place. In the context of advanced democracies, researchers presume the presence of equal power relations among a web of politically and economically interdependent actors with a stake in policy making as well as the presence of organizational structures that facilitate a symmetrical or horizontal interaction among them. In addition, researchers presume the existence of high levels of social capital and autonomy that motivates non-state actors to get involved in cross-sectorial policy making processes. Such deeply seated structural factors or conditions are often lumped together and their presence is taken for granted in the context of developed countries - labelled by the literature as network governance pioneers.

Third, the lack of a comparative framework can be attributed to the fact that scholars have extensively studied policy network in the context of upper income countries. Most of these studies trace the trajectory of network collaboration in several policy areas, with not much attention directed toward the conditions under which policy networks emerge in the first place. This is partially due to the fact that most of the studies conducted so far are descriptive in nature, and partially due to the fact that scholars have been primarily preoccupied with studying upper income countries – a

sample of states with similar political, economic and social standards. By keeping the contextual factors for the emergence of network governance constant, existing studies do not provide much theoretical insight or policy implications for policy settings outside the advanced democracies.

In a nutshell, a comparative framework is helpful to study the shift to more networked forms of governance in those countries which do not fall within the category of developed democracies characterized by consensual, decentralized and pluralistic policy-making environment. To this end, scholars call for more empirically grounded and comparative research, particularly in those under-researched contexts characterized by antagonistic cultures and traditionally centralized policy-making environments. Turkey falls within this category of countries and consequently constitutes a crucial case study. Crucial cases “can be quite powerful tools to test and / unpack an existing theory and come up with new, better arguments about causal mechanisms” (Hancké, 2009: 61) and consequently contribute to theory building.

The purpose of this chapter is to examine the policy networks through a comparative framework, which incorporates structural, relational and contextual mechanisms that foster collaboration at the network level.

### **2.3 Introducing a Comparative Framework for Network Analysis**

Constructing a framework for the study of policy networks was by no means an easy task. Three studies have been particularly influential in helping me develop a theoretical approach and eventually construct a framework to study policy networks across policy settings. The titles of these articles are “Organizing Babylon- On the different conceptions of policy networks” (Börzel, 1998); “Toward a theory of

collaborative policy networks: Identifying structural tendencies” (DeLeon & Varda, 2009); and “The future of network governance research: Strength in diversity and synthesis” (Lewis, 2011). These articles—considered to be seminal works published in renowned journals within the field of political science and public administration—provide constructive critiques of the theory and research on policy networks and stimulate new research avenues by giving directions for prospective studies on the topic.

Generally speaking, these studies suggest that policy networks should no longer be treated as analytical tools to explain state-society relations (such approach has led to terminological confusion rather than clarity and provides no policy implications for practitioners) but rather as policy tools which are relevant to policy processes and outcomes, for instance by “enhancing or reducing the efficiency and legitimacy of policy-making” (Börzel, 1998: 267).

Besides taking networks to the policy level, researchers should empirically demonstrate the conditions that maximize network impact on policy processes and/or outcomes (effective policy networks approach, Börzel, 1998). Second, they should investigate the mechanisms that allow different stakeholders from the public, private and voluntary sectors participate in policy making processes from policy initiatives to policy termination (collaborative policy networks approach, DeLeon & Varda, 2009). Finally, researchers should combine “the structural and the processual aspects of networks [in order to] provide research space for interpretation without giving away causality” (the approach of networks as structures and cultures, Lewis 2011: 1232). Stated differently new research should be a synthesis of formal methods (causality oriented) and interpretive methods (process oriented).

After considering the epistemological approaches discussed above, the very first step is to define networks as the main unit of analysis. Do all patterns of collaborative policy-making qualify as policy networks? Networks influencing policy making have long existed, although in the form of “old boy networks” such as nepotism, cronyism or patronage (Hubert, 2014: 114). So, how can we tell if a case of collaboration constitutes a policy network? This question is not easy to answer, especially in the case of policy networks, which have often been perceived simply as a metaphor with a descriptive value (Dowding, 1995, 2001) or as a Weberian ideal category (alongside the state and the market) rather than a theoretically powerful and empirically grounded concept with an impact on policy making (Börzel, 2011).

The challenge here, I argue, is to add explanatory power to the concept so that it can be used to study those real world practices of network collaboration with the purpose of policy making. This entails constructing a measure, which would clearly draw the boundaries between policy networks (as a separate category based on collaboration) and other modes of governing (hierarchical bureaucracies and competitive markets) and, subsequently, contribute to the operational dynamics of the concept. Here, networks are defined as platforms that facilitate collaboration among actors from public, private and voluntary sectors with the purpose of public policy making.

According to this definition, policy networks refer to regularly arranged platforms that facilitate continuous interaction rather than sporadic occurrences or intermittent meetings among stakeholders. In addition, such interaction is regulated by the principle of collaboration rather than competition (markets) or hierarchy (bureaucracies). Finally, the ultimate goal of this collaboration is to define public policy processes and/or outcomes. Based on this definition, the primary goal of this chapter is to understand those causal mechanisms that maximize network

collaboration. Three sets of mechanisms will be elaborated as the main factors behind higher levels of network collaboration: structural, relational and contextual mechanisms.

Structural and relational mechanisms are network-level factors that explain the internal dynamics of policy networks (endogenous factors). These mechanisms explain the infrastructure upon which every policy network is built. Stated differently, every policy network is expected to facilitate some degree of symmetrical and trust based interaction among its participants. Values of symmetrical structure and trust both contribute to the overall collaborative capacity of policy networks. Policy networks can be put on a scale/continuum of network collaborative capacity. Previous research has highlighted the importance of treating networks as part of a continuum which encompasses sufficient diversity (Rhodes & Marsh, 1992; Bressers, O'Toole, & Richardson, 1994) and “identifying useful analytical touchstones that should enable researchers to differentiate various forms of governance” (Jordan et al., 2005: 478).

Contextual mechanisms refer to the environmental factors that influence network collaboration (exogenous factors). In this case institutional embeddedness of the network into the surrounding political and economic environment is the link that bridges the context and network institutionalization. In other words, contextual mechanisms contribute to the institutionalization of the network, i.e. the durability/persistence of network collaboration as a policy instrument over time. In this case I borrow largely from the neo-institutionalist approaches, which focus on contextual mechanisms as critical for institutionalization of different organizations (external network dynamics).

Contextual mechanisms pertain to the broader political and economic environment within which policy networks emerge. Contextual factors can take the form of discourses or prevailing political agenda, initiatives of individual leaders together with other salient actors within the system, or existing actor alliances in the form of business driven alliances or political collations with the power to bolster or hinder network collaboration. Incorporating contextual factors enriches our understanding of policy networks as sustained or persistent forms of collaboration.

#### **2.4 The Structural Mechanisms of Network Collaboration**

Policy networks presuppose the presence of some structural mechanisms that engender mutual exchange within a symmetrical setting. These structural mechanisms can also be perceived as leveling mechanisms that balance the positions of different actors and make mutual exchange among them possible in practice. Thus, symmetrical structure is literally about the form/geometry of collaboration, but in essence, it refers to all those mechanisms that facilitate reciprocal and mutual exchange among network participants, and, therefore contribute to higher levels of collaborative capacity.

Most of the previous studies define structure in terms of the alignment of the actors within the network. Therefore, the word 'structure' is used to examine the position of actors within network structure - studying links, nodes, centrality, density, hierarchy and other concepts concerning network structural characteristics (Provan & Kenis, 2008: 232). Networks do not have a fixed institutional structure as such. Instead of a rigid structure, networks are built upon linkages or bonds that connect actors within one framework of interaction, communication and exchange. The looseness/flexibility

of structure is due to intertwined nature of structure and agency at the network level (Marsh & Smith, 2000).

Previous studies do not directly refer to mechanisms of network collaboration as such. Instead the factors that bond network participants together are, in most of the cases, treated as constituting elements of policy networks. Among others, researchers discuss “intra-network exchange”, “symbiotic relationship”, “arrangements of interdependence”, “shared community of views”, “concerted co-ordination” (Bressers et al., 1994); “resource interdependence”, “game-like interaction”, “continuing interaction” (Rhodes, 1996); or “systemic co-ordination”, “games about rule”, “common purpose”, “joint-working capacity”, “exchange of resources” (Stoker, 1998); or “technical necessities” and “formal and informal institutions” of network governance (Raab, 2002). The seminal work by Rod Rhodes (1996) has become of paramount importance for the study of policy networks. Rhodes examines 1) resource interdependence 2) game-like interaction 3) continuing interaction and 4) norm convergence as the main characteristics of network governance.

Unlike previous research, I argue that the elements mentioned above may not be present in all policy settings, and, therefore, should not be treated as indispensable characteristics of networks. If we do accept the above factors as defining features of policy networks, there would be only one type of network collaboration and comparison across cases would be futile. Therefore, it makes more sense to treat the above ‘network features’ as ‘mechanisms’ which are used to assess and compare policy networks in different policy contexts. Hence, such mechanisms are open to empirical investigation. This approach sits well with the previous criticism directed to Rhodes’ approach, which has been criticized for its rigidity and inability to include diverse forms of network collaboration found in different institutional set-ups (Kjaer,

2011). For the sake of illustration and clarification, let's take the example of interdependence as an element of policy networks. Inter-dependence may not be present in all instances of network collaboration, and even if that is the case, inter-dependence is expected to show variations in terms of degree and form. A similar logic will be followed with other elements of policy networks listed above.

**Table 1.** Symmetrical Structure: Levelling Mechanisms of Network Collaboration

Symmetrical Structure	Levelling Mechanisms
Inclusiveness	Input-Related Mechanisms (broad, representative)
Connectedness	Effective Communication Mechanisms
Continuing Interaction	Frequent Communication Mechanisms (frequently, often)
Face-to-Face Communication	Close Communication Mechanisms (direct, physical)
Common Decision Making	Decision Making Mechanisms (versus consultative and operational processes)
Interdependence	Mutual Reliance Mechanisms
Resource Pooling	Benefit Sharing Mechanisms (exchange of tangible and intangible resources)
Organizational Rules	Enforcement Mechanisms (commonly agreed regularities, mutual understanding)
Horizontal Coordination	Equal Bargaining Mechanisms (mutual exchange of ideas regardless of status, position or organizational affiliation)

The main structural mechanisms that will be applied in this study are summarized in Table 1. These mechanisms can also be referred to as levelling mechanisms as they

contribute to actor alignment within a symmetrical structure of interaction. These mechanisms – namely, a) inclusiveness, b) connectedness, c) common decision making c) interdependence – will be discussed briefly in the following paragraphs.

#### 2.4.1 Inclusiveness

Network inclusiveness is about the breadth or scope of collaboration, referring to the range of actors involved in a cooperative project. A typical policy network would involve actors from different sectors, including public, private and voluntary organizations. The wider the range of actors, the more a network resembles to the ideal type policy network. For instance, a web of relations between public agencies only, for instance, inter-governmental collaboration does qualify as a network. However, a genuine policy network should incorporate a wide range of actors from different policy sectors. High levels of actor inclusiveness demonstrate that different sectors and organizations are equitably recognized. An inclusive structure serves the purpose of representation from a wide range of policy sectors. The argument here is that policy networks with collaborative capacity are inclusive platforms that represent various types of stakeholders from the public, private and voluntary sectors.

The concept of inclusiveness should not be conflated with network density, which is about the size of collaboration, i.e. density - referring to the number of possible linkages/potential relationships among organizations (n) participating in collaborative projects. Even though both these criteria pertain to the input side of network policy making, they are slightly different. Previous research has shown that there is no direct link between the number of linkages among organizations and network effectiveness.

#### 2.4.2 Connectedness

Connectedness refers to those effective communication mechanisms that bond network participants together within a collaborative structure. Connectedness consists of both continuing interaction and face-to-face communication is equally important in fostering network collaborative capacity.

#### *2.4.2.1 Continuing Interaction*

In this study, continuing interaction refers to the frequency of communication among network participants. Previous literature emphasizes continuing interaction as a critical component in policy networks. Network participants are expected to build a recurrent or continuing relationship amongst each-other. According to Rod Rhodes, continuing interaction is an attribute of governance networks (1996, 2007). He argues that a continuous flow of communication between network members is “caused by the need to exchange resources and negotiate shared purposes” (Rhodes, 1996:660; 2007:1246). Other following studies have also paid attention to the role of communication flow in a policy network. Communication ties are expected to maintain resource flows, reduce uncertainty and fulfill roles (Rethemeyer & Hatmaker, 2007: 635), which are tasks necessary for network operation.

However, we cannot expect all policy networks to be characterized by frequent, smooth and un-interrupted flow of communication. The degree and the impact of frequent communication on network effectiveness should be open to research. The argument here is that policy networks with collaborative capacity are platforms that facilitate frequent communication among their participants.

#### *2.4.2.2 Face-to-face communication*

Face-to-face communication is another mechanism that contributes to connectedness among participants in policy networks. Face-to-face communication involves direct

and physical communication, which is expected to be more effective than indirect communication via phone or internet. Previous research has shown that face-to-face communication makes network interaction more collaborative (Ansell and Gash, 2008). The argument here is that policy networks with collaborative capacity are platforms that facilitate face-to-face communication among their participants.

#### 2.4.3 Common decision making

Policy collaboration at the stage of policy design and formulation is expected to involve more common decision making among network participants compared to other stages of policy making such as agenda building (consultative nature), policy implementation (operational nature) or evaluation. Collaboration at the stage of policy implementation is most probably due to technical requisites rather than a product of genuine interdependence, which is most probably the case in earlier stages of policy making (Bressers et al., 1994:7). Even though policy formulation stage is expected to involve more common decision making, all policy stages involve some degree of common decision making. For instance, if network collaboration takes place from agenda building to policy evaluation stage of policy making, that network scores high in terms of common decision making compared to another case that involves network collaboration only at the policy implementation stage. The argument here is that policy networks with collaborative capacity are platforms that facilitate common decision making among their participants.

#### 2.4.4 Interdependence

Previous studies have considered interdependence as a defining attribute of policy networks. In the literature, interdependence is defined strictly as network participants' reliance on each other in terms of financial resources. In this study, interdependence is conceived as a multifaceted concept and is defined broadly in terms of those mutual

reliance mechanisms that enable coordination among network participants within a symmetrical structure. Interdependence is built upon three components: resource pooling, organizational rules and horizontal coordination. Resource pooling represents the financial or knowledge exchange side (resource interdependence); organizational rules represent the job division or the organizational side (task interdependence); whereas horizontal coordination represents the political or power side of interdependence (actor interdependence). The argument here is that policy networks with collaborative capacity are platforms that facilitate an interdependent relationship among their participants build upon resource interdependence, organizational rules, and horizontal coordination.

#### *2.4.4.1 Resource Pooling*

Resource interdependence is considered by many scholars to be the main feature of network structure (Rhodes, 1996; Park & Rethemeyer, 2012). In recent years, interdependence has grown due to the fact that “the boundaries between public, private and voluntary sectors became shifting and opaque” (Rhodes, 1996: 660; Rhodes, 2007: 1246). Interdependence is observed particularly in policy environments where resources are scarce. Research has shown that resource interdependence among cross-sectorial organizations is primarily financial in nature but also takes the form of “staff, premises, information, legitimacy, and legal authority” (Lundin, 2007). For the purpose of this study two broad categories of resource interdependence will be investigated: 1) material/financial and/or 2) knowledge-based interdependence (expertise or local knowledge) Material and knowledge based interdependence do not necessarily coexist at the same time, however, both of them could be present summing up to higher levels of inter-dependence among actors.

As indicated above, resource interdependence often entails financial interdependence, as that is the most commonly faced type of interdependence among network participants. Public policy in general and social policy in particular are characterized by dispersed costs and shared benefits. As a result, public policy costs and expenses are more prone to be shared by multiple actors. This could either mean that finances are shared by some organizations (system of dispersed or diffused costs) or that money financed by one organization/agency is used by some other organizations. The latter is usually the case in publicly funded projects where state agencies are the principal funders (governance networks can be solely publicly funded).

Knowledge based interdependence is either about the continuous sharing of expertise or about sharing local area knowledge. Expertise is about formal and technical competences of actors involved in the network. Public agencies collaborate with private agencies, which possess technical knowledge in one specific area. Expertise could also be shared through network-level competences (Provan & Kenis, 2007) which is a more advanced version of knowledge-based resource interdependence. As the name indicates, “coordinating skills and task-specific competences” (Provan & Kenis, 2007: 240) are at the network level, rather than one or two organizations possessing a certain skill and being responsible for one task.

Interdependence on local area knowledge, on the other hand, is usually studied the context of community based services within the health policy sector. Community-based human service sub-networks are largely non-profit and voluntary, i.e. interaction is not based on exchange of financial resources. In such cases, the tie that keeps community-based actors together is the “knowledge base that nonprofit organizations have developed in a particular service area” (Alexander, Nank & Stivers, 1999: 461). This type of ‘local knowledge’ could include social sources of information such as

information about the area where services are provided or information about social groups dwelling in that area. This kind of knowledge derives from the familiarity and legitimacy that the non-profit organizations should enjoy within the community they operate.<sup>5</sup> In this case, non-profit organizations use local knowledge as repository to build local-level networks.

Overall, resource interdependence between different actors is considered to be a central factor for the emergence and development of policy networks (Huang & Provan, 2006). Moreover, research has shown that mutual resource dependence increases cooperation at the inter-organizational level (Levine & White, 1961; Van de Ven & Walker, 1984). Building upon these findings, resource interdependence is expected to have a positive effect on actors' capacity to collaborate with the purpose of policy-making at the network level. The argument here is that policy networks with collaborative capacity are platforms built upon resource interdependence among their participants.

#### *2.4.4.2 Organizational Rules*

As briefly mentioned above, rules represent the organizational or coordination side of interdependence, which will be referred to as task interdependence here. In a way, what binds several actors together is task fulfilment regulated by commonly agreed rules. The closest concept to organizational rules is that of game-like interaction as described by Rhodes. According to Rhodes intra-network interaction is “rooted in trust and regulated by rules of the game negotiated and agreed by network participants”

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<sup>5</sup> One instance of this type of network could be community-based nonprofit / civil society organizations that provide services for people with mental illnesses or other children and family services (Huang and Provan, 2006).

(Rhodes, 1996:660; 2007:1246). Rules here do not refer to a strict and fixed set of regulations, it is network participants who decide about the rules. In a network there are no “rules of the game” but rather “games about rules” (Stoker, 1998). The underlying premise here is that network participants are rational actors, who can act strategically and adjust their behavior according to the constraints posed by the rules.

However, we can still talk about the presence or absence of coercive forms of power within policy networks, i.e. enforcement mechanisms. Rules constraint the action of network participants through ex-ante or ex-post controls. Ex-ante controls refer to administrative rules, guidelines, goals, mandates agreed at the beginning of network collaboration. They, in a way, preclude noncompliant decisions or actions. Ex-post controls punish the acts of noncompliance to the terms and conditions of the agreement or contract. Networks do not always have clear goals, rules or mandates that regulate the interactions among network members. Yet, many scholars have emphasized the importance of rules as an important dimension of network structure.

Previous research emphasize that rules give policy networks stability. Network participants “interact in rather similar ways and reproduce more or less the same set of rules and resources” (Klijn, 1996; 101). Following this logic, rules are particularly useful in creating a collaborative structure that furthers the interaction between network participants by paying the same game over and over (Klijn, 1996; 100). “Clear and accepted conflict-regulating mechanisms promote cooperation and interactions” (Klijn, 2001: 160). This approach pays special attention to steering or management as critical for policy collaboration at the network level. Based largely on this perspective, the argument here is that policy networks with collaborative capacity are platforms built upon organizational rules that regulate relations among their participants.

#### 2.4.4.3 *Horizontal Coordination*

From a political or power perspective, policy networks are platforms that facilitate close interaction between state and non-state actors. The premise here is that there are power differences between these actors, yet, they can be levelled or balanced through equal bargaining mechanisms, referred to as horizontal coordination in this study. Equal bargaining mechanisms allow actors to negotiate their position and ideas regardless of status, position or organizational affiliation.

Previous studies show that networks can be defined as “a relatively stable horizontal articulation of *interdependent*, but operationally *autonomous* actors.” (Sorensen & Torfing, 2005: 197). This definition of policy networks takes into account the role of power in network dynamics. Interdependence here is defined in a political sense, implying that power relations among actors are horizontal rather than vertical or centralized. Hence, this is often referred to as actor interdependence. Under normal circumstances, one would expect networks to be characterized by horizontal as opposed to vertical power relations. The power of the non-governmental elite actors is supposedly strengthened due to their participation in policy networks (Blanco et al., 2011).

This means that there should be no dominant position and all network participants should be able to express their ideas and advocate their positions equally, particularly during times of crises or under critical circumstances. The presence of equal bargaining mechanisms during critical times, or times of crisis serve as a good litmus test to investigate horizontal coordination in a policy network. It is under these conditions where confrontation is more likely and it is during such times when certain actors are more likely to dominate others through pressure, manipulation or other similar mechanisms of command and control. It is also during such times, when

relatively less powerful actors (i.e. non-state actors) show whether they are able to negotiate their position on an equal footing. The argument here is that policy networks with collaborative capacity are platforms built upon horizontal coordination among their participants.

## **2.5 Relational Mechanisms of Network Collaboration**

Relational mechanisms refer to the nature of interaction within networks by paying particular attention to the ways network participants are bonded to each other. The existing literature largely acknowledges that network relations are organized by the principle of trust. Several studies within the domain of policy making and public management have found that trust among network participants serves as a bridge or mechanism that fosters collaboration (Agranoff & McGuire 2001; Bardach, 1998; Fulda et al., 2012; Isett & Provan, 2005; Lundin, 2007; McGuire, 2006; Provan & Kenis, 2007). Trust is one of the most essential characteristic that distinguishes networks from markets and hierarchies. “Trust is essential for co-operative behavior and, therefore, the existence of the network.” (Sorensen & Torfing, 2007: 79). However, relatively scant effort has been directed towards empirically measuring the effect of trust on the collaborative capacity of policy networks, which is a subject matter of this study. The aim of this study is to examine trust as a mechanism that fosters collaboration across different organizations with a stake in policy making at the network level.

Conceptualization and operationalization of trust are both challenging tasks. Trust is a truly multifaceted and interdisciplinary concept studied for variously different research purposes. But, at the same time, is one of the least tangible and intelligible concepts,

which cannot be easily studied through quantifiable measures. The network perspective of trust focuses on the idea of collective action takes place in a situation of risk (Berardo, 2009). In other words, network participants engage in collective action despite the risk associated with the opportunistic behavior of other network participants. The risk of opportunistic behavior refers to the possible occurrence that other network participants will not work towards common goals but towards their particularistic interests. One of the main arguments in the literature is that trust emerges when network participants approach each other as partners that will fulfill their own commitments and work towards common goals despite the risk factors associated with network collaboration. Trust can emerge at both the inter-personal and inter-organizational level. Different levels and forms of trust are summarized in Table 2 and explained in a more detailed fashion in the following paragraphs.

#### 2.5.1 Trust at the Inter-Personal Level

Previous studies suggest that trust within networks can be measured at the inter-personal level in the form of inter-personal credibility, or trust between people. Inter-personal level trust is essentially about trust between individuals who represent organizations, because, in reality, “it is not an organization that trusts, but rather the individuals who constitute it” (Janowicz & Noorderhaven, 2006: 265). A useful approach is that provided by Curral & Judge (1995), who define inter-organizational trust as the individual’s behavioral reliance on another person under a condition of risk. According to this study, which was conducted in the United States, inter-organizational trust can best be measured at the individual level, as “trust between the individuals who provide the linking mechanism across organizational boundaries, namely, boundary role persons” (Curral & Judge, 1995: 151-152).

Inter-personal level relations often arise in the absence of formal rules and regulations, and therefore, can be perceived as a proxy for informal relations. There seems to be a perception that absence of formal rules and regulations implies the presence of inter-personal trust, as there is no need for external mechanisms to buttress trust between individuals. The reasoning behind this approach is that formal rules check against the risks coming from an untrustworthy organization or individual. Previous studies have considered informal agreements between organizations as a measure of trust (Carral and Judge, 1995) and, moreover, have found that rising levels of informality over time lead to increased levels of trust (Gulati, 1995). Therefore, an understanding that “informality breeds trust” (Gulati, 1995) is already present in the literature. This perspective on trust would be applicable in cases where intra-network relations involve some degree of informality through strong inter-personal relations or the presence spoken rules instead of written rules of agreement or contract enforcement.

For the sake of clarification, here, I do not argue that informal relations are intrinsically better than formal relations within a policy network. Neither do I argue that there is a trade-off between informality and formality. The rise of informal ties does not necessarily imply diminishing formal i.e. contractual ties. In practice, network relationships involve a mix of formal and informal ties, with contribute to the development of trust within networks in different ways. Previous research on intra-organizational culture has shown that there is a close connection between trust and informal relations. Successful leaders are expected to be caring, responsive and close to their employees as well as maintain a “family-like atmosphere” within the organization (Fikret Pasa, Kabasakal, & Bodur, 2001). Overall, inter-personal level trust takes the form of credibility, loyalty, informal relations, social ties, family-like atmosphere or friendliness.

**Table 2.** Trust: Relational Mechanisms of Network Collaboration

Trust		
Bonding Mechanisms		
<p>Inter-Personal Level Nodes: Individuals</p> <p>Credibility, loyalty, informal relations, social ties, Family-like atmosphere, friendliness...</p>		
<p>Inter-Organizational Level Nodes: Organizations</p> <p>a) Reputation-Based Form of Trust Trust is present from the beginning of network collaboration Organization’s status, reputation, credibility, and legitimacy</p> <p>b) Task-Oriented Form of Trust Trust evolves during the process of network collaboration Solidarity, teamwork, synergy</p>		
<p>Low.....Medium.....High</p>		
<p>Solidarity Goal convergence despite organizational differences Low levels of cohesiveness</p>	<p>Teamwork Productive group work Effective division of labour Medium levels of cohesiveness</p>	<p>Synergy Innovative group work Motivating work environment High levels of cohesiveness</p>

2.5.2 Trust at the Inter-Organizational Level

Organization studies within the field of management pay particular attention to trust at the inter-organizational level. Inter-organizational level trust could be a function of an organization’s reputation and status but could also be a task based form of trust that

takes the form of solidarity, teamwork or synergy. In the former case, network participants display a trusting behavior early in the process of network collaboration in a more automatic fashion, whereas in the latter case, trust is expected to evolve during the process of collaboration depending upon several criteria of task performance and commitment.

#### *2.5.2.1 Reputation-Based Forms of Trust*

Reputation is about the credibility that an organization enjoys within its own sector. Organizational attributes such as reputation or legitimacy are crucial for the analysis of inter-organizational trust (Ganesan & Hess, 1997, Van de Ven & Ring, 2006). Technically speaking, it is top level managers or organizational representatives who decide whether an organization is reputable/credible/trustworthy enough to collaborate with. This dimension of trust is a “strategic-level trust”, which is “crucially important in partner selection and alliance formation stages of collaboration, thus finding manifestation primarily in the collaborative policies of the firm and the collaborative arrangements of the particular alliances” (Janowicz & Noorderhaven, 2006: 273).

Reputation-based forms of trust are more likely to emerge in strategic partnerships as mentioned above or in recurring network relations where there is a certain amount of trust accumulated by previous experience of policy collaboration. In such cases, trust is present from the beginning of the collaborative process. Based on this logic, here, trust emerges in more or less automatic fashion. This argument, however, requires some qualification. In reality, partner selection and alliance formation stages of collaboration, mentioned above, do not always reveal much about the sentiment of trust in the long run. Stated differently, the emergence of trust in early stages of network collaboration does not guarantee its persistence throughout the process of network collaboration. Collaboration could start with a trust vacuum and develop

into very good working relationship, or, the very opposite could be the case. So, the way relations evolve during the process of network collaboration matters as well.

#### *2.5.2.2 Task-Oriented Forms of Trust*

Task-oriented forms of trust do not emerge automatically. They are a function of process of collaboration among network participants depending on their contribution and commitment to overall network goals. This conceptualization of trust is similar to James Coleman's (1988) definition of social capital – considered as the network-based approach to social capital. Coleman highlights that “like other forms of capital, social capital is productive, making possible the achievement of certain ends that in its absence would not be possible” (Coleman, 1988: 98). “Productiveness”, which is defined as goal achievement, is the most important aspect of social capital. Following this logic, one way to define social capital is the enhancement of goal achievement through social interaction. Drawing a parallel to social capital, task-oriented form of trust can be conceptualized as the willingness of network participants to participate in collaborative policy making and contribute to overall goal achievement. This definition implies that network participants are competent enough to offer a valuable contribution to network's overall productiveness and goal achievement.

In order to fully comprehend the notion of trust one should also calculate the time dimension and the way trust evolves. Trust can develop over time. In some cases, some exchange prior to network formation among stakeholders is necessary to build trust. In some other cases, trust among network participants is already there, but, it strengthens or weakens during the process of collaboration. However, the assumption is that trust improves over time in the context of network collaboration. To illustrate this point, high levels of trust-based interaction can even be perceived as an advanced form of network collaboration. This situation is best described by integration theories

of network governance, which defend the idea that “[o]ver time, governance networks develop their own logic of appropriateness, which is often influenced by isomorphic pressures... The network actors become normatively and cognitively integrated through the construction of solidarity and common identities and frames of reference” (Sorensen and Torfing, 2007: 19).

Following this logic, trust-building is a process which consists of different steps starting from goal convergence (solidarity) to team work (productiveness) and synergetic relationship (innovation). Each of these steps serves as a proxy for different levels of trust ranging from low to medium and high levels. Goal convergence is a critical and basic process that bonds network participants together. Previous studies have found that diverging goals and objectives may hamper cooperation (O’Toole, 2003). Moreover, goal congruence promotes joint action and policy collaboration if bolstered by mutual trust between organizations (Lundin, 2007). Provan and Kenis argue that goal-directed networks, which have a specific purpose and mandate, are essential mechanisms for achieving multi-organizational outcomes (2008: 231). Other studies have highlighted of goal consensus as a mechanisms that regulates network level interaction. In this sense, goal consensus does not require all network participants to have the same goals, instead is about agreeing on broad network level goals.

What really matters here is the degree those network participants agree on common goals despite their differing preferences, interests and motivations. This level of trust can also be defined as solidarity, which is necessary to prevent network participants from exhibiting conflict. Lack of a solidarity among network participants can lead to contentious competition and conflict. However at this stage one cannot talk about a fully developed form of trust or a very cohesive policy network. This type of trust is

witnessed in so-called American variant of issue networks (Bressers et al., 1994: 12), which are relatively less cohesive networks.

Teamwork and synergetic relations reflect more developed forms of trust. Productive team work is characterized by effective division of labor, where each network participant contributes towards common goals in a specific way. At the same time, network participants are well-connected to each other through high levels of information exchange. This type of network resembles the dense and tightly connected groups described by Coleman in his study (1988), which are likely to develop trust among their participants. Here, teamwork represents medium levels of trust and is expected to be observed in well-connected and cohesive policy networks. Finally, synergetic relationship refer to separate contributions that reinforce each other towards commonly shared goals. These type of interaction is characterized by high levels of trust which is translated into positive synergy among network participants.

## **2.6 Contextual Mechanisms of Network Collaboration**

Contextual mechanisms refer to factors external to network structure with a power to influence network collaboration. The study of internal mechanisms of network collaboration have been extensively covered in the literature. Yet, the study of external contextual factors shaping network dynamics, such as the broader political and economic institutions, remains underdeveloped. Network governance approaches do not emphasize the role of the broader institutional framework where the policy networks are situated. According to these approaches, ideal type policy networks are often conceived as “autonomous” and “self-regulating” entities (Rhodes, 1996; Rhodes, 1997). Such definition gives rise to the misperception that networks are

policy instruments isolated from their surrounding political environment. This could hold true in those political environments which are favourable to the network logic and pattern of governance. In such cases the broader political environment within which networks come into being is taken for granted.

The study of surrounding institutional environment helps us look at policy networks as entities that operate within a larger system. No policy making environment illustrates power relations more vividly than policy networks, which are found at the intersection of various policy preferences, interests and power games. Policy networks consist of a variety of actors, who presumably have some degree of power and “interact through negotiations that involve bargaining, deliberation and intensive power struggles” (Sorensen & Torfing, 2005: 197).

Following this logic, policy networks are often shaped by different contextual factors pertaining to the surrounding political and economic environment. In this way, policy networks cannot be exempted neither from the political and economic interests nor from the power relations underlying formal policy networks. Networks can even be defined as platforms where “different actors struggle with each other, create opportunities for joint decisions, forge political compromises and coordinate concrete actions” (Sorensen & Torfing, 2007: 27).

A mix of contextual factors will be investigated in this study. Depending on the policy subarea and the timing of the study these factors could be a) prevailing discourses (media discourses, EU/WHO discourses, pre-election discourses); b) prominent political leaders or high level state officials c) political or business based alignments (alliances or coalitions among elites involved in policy-making). Firstly, ideas and discourses are critical in shaping the political agenda. For instance, media discourses

often shape policy making by framing, shifting, or legitimizing political and policy agenda. Thus, they are indirectly influential in the legitimization and persistence of certain policy networks. Secondly, lead political actors with an impact on decision making and high level state officials initiate policies (create new institutions or political agenda) or introduce policy changes (transform existing institutions)<sup>6</sup>. In some political contexts, prominent politicians and state officials, in spite of being outside the formal policy network, play an extremely important role in the formation and maintenance of those networks. Thirdly, political coalitions or business based alliances are existing webs relations which are not often in the public eye but are powerful enough to indirectly influence policy networks – namely implicit power relations. In that sense, it is possible to consider them as “background actors” (Bressers et al., 1994), or actors who are not directly involved in policy networks.

Clearly, policy networks reflect different power relations among actors in the broader political and economic institutional environment. However, the ways that these political and economic institutions affect policy networks (as an institution by its own right) is not clearly explained in the literature. Neo-institutionalist approach is particularly important to understand the link between contextual factors and policy networks. Generally speaking, neo-intuitionalist approach expands the scope of institutional analysis by adding contextual factors into the picture. According to this approach, the broader political and economic institutions, i.e. contextual factors, are critical for the institutionalization of different political and economic structures.

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<sup>6</sup> Institutional Entrepreneurship literature offers a wide variety of studies on lead actors.

Drawing from this approach, institutionalization of policy networks is a function of the surrounding political and economic institutions, which are external to network structure. This argument is closely linked to the notion of ‘institutional embeddedness’, i.e. the degree to which policy networks are immersed in the surrounding political and economic environment.

Based on the premises of the neo-institutionalist approach, two different definitions of network institutionalization will be put forward in this study: 1) institutional resilience and 2) institutional consolidation (see Table 3). In the former case, institutional sustainability/persistence of policy networks depends on external support from prevailing discourses/ideas, prominent political leaders/high level state officials, and solid business alliances/political coalitions (these policy networks exhibit a high degree of institutional embeddedness). In the latter case, institutional sustainability/persistence of policy networks occurs despite decreasing external support (these policy networks exhibit a low degree of institutional embeddedness).

**Table 3.** Institutional Embeddedness: Contextual Mechanisms of Network Collaboration

Institutional Embeddedness	
High	Low
Institutional persistence depends on increasing external support	Institutional sustainability despite decreasing external support
↓	↓
Short/medium term institutionalization	Long term institutionalization

The assumption here is that external support is critical for the institutionalization of policy networks particularly in the short and medium terms. The argument here is that institutionalized policy networks are platforms that receive external support from prevalent discourses, prominent actors, and alliances/coalitions in the broader political and economic environment.

## **2.7 Conclusion**

Despite becoming a widespread mode of governance, particularly in the advanced industrialized countries, an approach for the study of policy networks outside the context of advanced democracies is largely missing in the literature. Asserting the value of universality to certain concepts which are specific to political environments found in the advanced democracies, weakens not only the comparative dimension but also the overall plausibility of those concepts.

I argue that the lack of a comparative framework is the root problem in current debates on policy networks, where researchers find themselves either studying ideal cases often perceived as desirable cases of governance or less than ideal cases without any theoretical or policy implications. These latter cases constitute unique and often unrelated practices that cannot be assessed in accordance with standard criteria of comparison.

This chapter is an attempt to overcome this epistemological challenge by constructing a comparative framework that enables comparison across different country cases and policy settings at the sub-national level. A comparative theoretical framework should integrate all those components/elements associated with a concept or phenomenon to be studied. Yet, at the same time, it should be as neutral and parsimonious as possible

in order to be applicable and transferrable across country cases. Ultimately, the framework introduced here is expected to add comparative value to the concept of policy networks.

The comparative framework introduced here integrates factors that foster collaboration at the network level - drawing primarily from the discussions made so far in the literature. In more concrete terms, this framework integrates three sets of mechanisms that are defined broadly – encompassing several explanations and interpretations from different authors. These mechanisms are classified as the structural, relational and contextual factors of policy networks.

When it comes to application, these mechanisms are very much contingent upon the context under investigation. For instance, the same mechanisms can be operationalized differently, depending upon contextual conditions. This means that some of the explanations may be ruled out whereas some others may become more prominent depending upon the context of the empirical research. As Lynn et al. (Lynn, Heinrich, & Hill, 2000: 246) have pointed it out:

*Theory-based empirical research should seek to identify the most parsimonious model for estimating key causal relationships that can be generalized beyond the specific context of analysis...Furthermore many possible causal explanations might be ruled out in particular research contexts on the basis of a priori reasoning or on the basis of well-designed empirical research.*

The underlying assumption here is that “credible causal explanation can occur if and only if researchers are attentive to the interaction between causal mechanisms and context, regardless of whether the methods employed are small-sample, formal, statistical, or interpretive.” (Falletti and Lynch, 2009:1). In this study, the mechanisms of network collaboration are constructed early in the research based on previous

findings and insights from the literature. Then, they will be revised and refined during the process of the field research, based upon the interpretations of the interviewees.

## CHAPTER 3

### NETWORKS AS A NECESSARY CHOICE: A RETROSPECTIVE ANALYSIS OF HEALTH POLICIES IN TURKEY

*“Thinking in terms of policy networks makes us see them everywhere. It can disguise the fact that in at least some instances network collaboration is not an inevitable course of action for modern government, but a choice.”*

*(Bresser, 2009: 124)*

This chapter aims to understand the conditions under which policy networks turn into a necessary choice for the government by reviewing those critical junctures within the Turkish health system from its inception to the present time. For the purpose of this study, the post-2003 period holds particular importance, because it is during this time that instances of cross-sectorial collaboration or ‘network collaboration’ within the health sector can be observed. Four policy sub-areas within the health sector that involve practices of ‘network collaboration’, are suggested based on some preliminary research.

Yet, the question naturally arises: Why Turkey? Turkey - a country where policy making processes have traditionally been centrally orchestrated by the executive branch of the government - represents a critical case study to test the mechanisms

network collaboration described in the previous chapter. Presence of policy networks in such a policy environment indicates that policy networks are a choice, or, rather a necessary choice which is supposed to replace a failed policy model or meet new policy challenges that systems face in different political and economic junctures. Moreover, the presence of policy networks in the case of Turkey, indicates that networks are not an inevitable course of action as often presented in advanced democracies but an institutional arrangement often managed by the government itself. In order to understand whether policy networks have indeed turned into a necessary choice of policy making over the years, one has to look deeply into the past records of health policy making. A retrospective or historical approach is necessary to understand the triggered the establishment of policy networks in the first place.

This chapter is divided into four consecutive sub-sections. The first section traces the health policy making processes up to 2003. Here, the main decision making actors, processes and respective policy outcomes will be discussed. The second section explains why the year 2003 is a turning point in health policy making including emergence of new network arrangements. This year is critical to understand the emergence of new policy priorities and programs. The third section discusses some of the policy areas that serve as a fertile ground for the study of policy networks within the Turkish healthcare sector. The insights offered in this section are based on preliminary desk research. Finally, the chapter is concluded with some questions that should be considered during the field research of the policy networks in the Turkish health sector.

### **3.1 Pre-2003 Period: A Health Care System Moving Toward Collapse**

Prior to the major reforms introduced in 2003, Turkey's health system was centrally planned and financed, with the officials working in Ministry of Health (MoH) holding top positions in decision making. Three social security institutions – namely the Social Insurance Organization or SSK (founded in 1945), Emekli Sandığı (founded in 1949) and Bağ-Kur (founded in 1971) served as intermediary channels between state funds and health service providers (hospitals and health centers, i.e. sağlık ocakları). Two main early developments defined the central government, specifically the Ministry of Health and Social Affairs (MHOSA)<sup>7</sup>, as the main responsible entities for planning and providing the necessary health services. First, in 1954 health services in the provinces were all placed under the authority of the MHOSA, which took over the former role of the municipalities. Second, the 1961 Law on the Socialization of Health promoted an integrated health scheme again managed by MHOSA. In addition to heavy central government intervention, private sector investments were practically missing. Research shows that “between 1976 and 1983 the share of the private sector within total investment in both education and health [as two main public policy sectors] rarely exceeded ten percent” (Boratav, Yeldan, & Köse, 2000: 29).

In the 1990s the system was clearly moving toward total collapse. In 1998, Organization for Economic Cooperation and Development (OECD) published data on health system status and outcomes in twenty-nine member countries<sup>8</sup>. Turkey was one of the three OECD countries to lack universal coverage (together with Mexico and the United States). According to the OECD data only 66 percent of the population had

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<sup>7</sup> The former name of the Ministry of Health (MoH)

<sup>8</sup> OECD Health Data 98: A Comparative Analysis of Twenty-Nine Countries (Paris: Organization for Economic Cooperation and Development, 1998).

health insurance in 1997. The inpatient rate increased significantly in the 1990s, but the hospitals had no capacity to meet the constantly increasing demand. Health spending on hospital services was the lowest among all OECD countries (67 \$ per person, 1998) compared to the average hospital spending among twenty-nine OECD countries (692 \$ per person). Turkey recorded the lowest supply of physicians with a ratio of 1.1 physicians per thousand of population. The country's overall health status, often measured in terms of citizens' longevity and infant mortality, was extremely low compared to other OECD countries. Concerning longevity, Turkey recorded the shortest life expectancy among all OECD countries for both males (65.9 years) and females (70.5 years). In year 1996, infant mortality, was the highest among OECD countries with a ratio of 42 infants per thousand live births (OECD median is 5 infants per thousand live births).

The picture presented above describes the main symptoms of a malfunctioning health system, but does not really reveal why such problems occurred in the first place. To understand the root causes of these enduring problems requires us to go beyond a simple analysis of the outcomes of the health system and study the system-level factors that produce such outcomes, which is the focus of this study. At the system level, state funding could no longer be sustained, especially after the introduction of liberal policies to the Turkish economy in the 1980s. Structural adjustment of the 1980s led to financial cuts particularly in social policy sectors, i.e. health care and education. Eventually, Turkey's health sector entered a state of crisis in the 1990s. According to data provided by the OECD, the ratio spent on health care over gross domestic product (GDP) in 1997 was as low as 4.0 percent. This is a drastically low figure when compared to median OECD country, which had a value of 7.5 percent. In the same year Turkey scored the lowest per capita health spending (260 \$ per person) among

twenty-nine OECD countries as opposed to generous spenders such as the US (3,925 \$ per person) and the OECD median (1, 728 \$ per person). Overall, the state lacked the financial means necessary to meet the healthcare challenges in Turkey.

In addition reforms undertaken by consecutive governments to strengthen the private sector turned out to be unproductive. The idea of reform was introduced as early as the 1980s. According to Filiz Kartal two main legal provisions were particularly important during this time. First, “in the 1982 Constitution the state was defined as regulator of, but not responsible for health care services, which marked a shift in comprehension of the social state in Turkey” (Kartal, 2009: 36). Second, “the fifth Five-Year Development Plan (DPT, 1984: 152) listed the fundamental principles of national health policy as follows: incentivizing private health institutions; the liberalization of the cost of services provided by those facilities; outsourcing of the public service provision” (ibid). Yet, these legal provisions were not followed by concrete policy arrangements and did not bring any substantial changes in health care practices. The attempts to restrict the role of the state and liberalize the health system in general through a *Basic Health Law* prescribing a narrower role for the Ministry of Health, were hampered by a Constitutional Court ruling in 1987. Therefore, the 1980s did not introduce a substantial change in terms of the logic and instruments of policy making.

The idea of reform was restated more strongly in the 1990s consisting mainly of liberalization incentives, put forward by the World Bank (WB) as the leading actor pushing for health care transformation all over the world. Due to the active involvement of WB, domestic health system restructuring became a global trend during this period. In 1990 Turkey and the WB signed the Health Transition Project-

Loan Agreement. Back then, liberalization was narrowly defined in terms of marketization, referring to the transition from a centrally planned to a market oriented health system. A full-fledged model that would bring a complete restructuring of the health system was lacking. Nevertheless, in the 1990s some concrete steps were taken in the direction of marketization. Based on previous research “[f]rom 1994 onwards, thanks to the generous incentives extended to private investors in education and health, entrepreneurs started to move into health and education at a significant rate, and the private sector’s share in these sectors reached the 50 percent benchmark by 1996-97” (Borotav et al., 2000: 30).

All in all, the reforms carried out in the 1990s were at best limited, failing to bring any substantial change to the health system. I argue that reforms were: 1) limited by definition or scope (liberalization was understood as marketization) 2) limited by implementation (concrete steps toward marketization started in 1994 but implementation was largely lacking; private sector was characterized by informalities and irregularities) 3) limited by impact (reforms with no transformative power of the whole system). Overall, despite the attempts to involve the private sector in health care service provision, no major transformations of the system were achieved during the 1990s. State had no capacity to regulate or even formally supervise the private sector. This vacuum in state coordination led to huge tax leakage and inefficiencies in the health care system.

During this time, “the private health and life insurance sectors [were] characterized by cases of irregularities, high lapses, and unaccounted policy cancellations” (Borotav et al., 2000: 31). The relationship between the public and the private sectors can best be defined as lack of institutionalization i.e. lack of a system that enables regular communication and coordination between major stakeholders within the health care

sector. Absence of institutionalization was partially due to the lack of clear policies and regulations and partially due to the lack of capacity to enforce those regulations. As a result, a large sector of informal health care emerged during this period.

Another factor that contributed to the lack of institutionalization was the instability in the Turkish political environment. The 1990s is defined as a period of “extreme multipartisim with no dominant party” (Sayari & Esmer, 2002: 22). In the 1990s Turkey was led by coalition parties that did not share similar programs. Ironically, parties with similar programs and ideological positions were deliberately prevented from forming coalition governments due to the animosity and rivalry between their leaders (Sayari & Esmer, 2002: 29). Coalition governments, composed of ideologically distant political parties, lacked any clear position on health policy as well as other policies. Besides, the debates taking place in the Turkish Grand National Assembly were constantly characterized by stalemate. Therefore, in spite of the attempts to liberalize the system and the incentives given to the private investors in the 1990s, the private sector operated in a clientelistic and opportunistic fashion that hindered its own growth and did not generate financial resources for the health care system in general. As a result, private sector actors never became powerful and reliable enough to get involved in health policy making by entering into collaborative relations with other public actors.

Up to 2000s, Turkey can be characterized as an under-achiever or weak performer in the health sector. Turkey’s health system was virtually moving toward breakdown, a point where the system would not be able to meet the demands of the employers, employees as well as patients anymore. So what is the root cause of this malfunctioning health system that could not deliver even some of the basic services to its citizens? Despite the seemingly social nature of Turkey’s health model, the

centrally organized system fell short of providing good quality services to all the segments of the society. 1) Complete reliance on the planning and the funding of the state, which lacked the capacity to maintain an effectively functioning health system coupled with 2) minimal contribution from the private sector which operated in a chaotic environment without clear rules and regulations were the two main handicaps of the system. The combination of these two system level shortcomings – namely, weak state capacity and lack of institutionalized cooperation with non-state actors - had a disastrous effect on health care in Turkey.

### **3.2 2003 as a Critical Juncture: Reconfiguration of the Healthcare System**

Since 2003, the Turkish health sector has undergone major reforms, which were initiated by the adoption of the Health Transformation Program (HTP) by the Ministry of Health (“MoH”) in 2003<sup>9</sup>. The year 2003 can be perceived as a critical juncture mainly due to the new changes that have been introduced in many areas policy areas since then. Transformation of the healthcare system required immediate action. On the one hand, new healthcare needs were becoming increasingly challenging. Health issues were becoming more and more complex and multi-faceted (aging population, preventive health etc.), existing hospital infrastructure remained insufficient, and there were more and more international standards to follow. On the other hand, the national and centralized model of policy making had failed to deliver the expected outcomes mainly due to weak state capacity. In addition, past records show that previously

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<sup>9</sup> See Atun, R., Aydın, S., Chakraborty, S., Sümer, S., Aran, M., Gürol, I., & Akdağ, R., 2013; Ökem & Çakar, 2015; and Yasar, 2011 for a detailed account on and appraisal of HTP in Turkey.

utilized policy instruments, such as privatization, failed to solve health related problems over the years.

It was not until the implementation of HTP that the ideas of systemic change were translated into concrete health policy goals and directives. The goal of this program was not to reform but transform the healthcare system, therefore, it is possible to talk about the reconfiguration of the health care system as a whole. Turkey is one of those few countries that have implemented “broad multifaceted health system reforms” in an attempt to “develop their own reform model” (Bossert, 2012: 9)<sup>10</sup>. Since 2003 Turkey’s health care sector has undergone major transformations including the implementation of Health Transformation Program in 2003 (increasing MoH’s capacity for stewardship, introducing universal health insurance, reorganizing health service delivery with particular attention given to family medicine and primary health care services, developing human resources and introducing national health information system), development of health care tourism, construction of ‘healthy cities’ within the World Health Organization (WHO) framework, introduction of public-private partnerships (PPPs) and decentralization of health care services at the neighborhood level (followed by increasing levels of municipality, non-governmental organization (NGO) and private firm involvement in health care service provision). Therefore, year 2003 can be considered as a *critical juncture* that aimed at the transformation of the health sector.

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<sup>10</sup> In his research Bossert lists other countries including Chile, China, Colombia, Ghana, Taiwan and some Eastern European states.

Relatively few studies analyze the broad systemic changes associated with the reconfiguration of the health care system in Turkey, particularly the respective policy instruments and actors involved in policy making processes. In the existing studies, scholars focus primarily on the social, economic and political consequences of health care system transformation. While doing this, the majority of the researchers utilize the privatization or marketization perspectives (political economy view), without paying much attention to the institutional mechanisms of transformation (policy studies).

Stated differently, the concern has been to unravel the output rather than the input side of health policy making, which has often been taken for granted. For instance, Faruk Ataay recognizes that the so-called ‘liberal’ health policy reforms introduced in 2003 led to fundamental transformations in the structure and function of the organizations involved in health policy making and health care services (2008: 170). Yet, he is primarily concerned only with the consequences that such changes (such as equity and gap between socio-economic classes), particularly the new health insurance system, will bring to the Turkish society. Similarly, Filiz Kartal (2009) perceives the transformation of the health system only as a small part of a larger wave of marketization and privatization and discusses the consequences of such processes.

Stating that the health sector is moving in the direction of marketization is a misleading oversimplification. This conclusion is obtained as a result of a linear-logic based analysis, in which health care can move either in the direction of state-controlled or in the direction of market-controlled policy making. Following this logic, policy-making is a zero sum game; it is either the state or the market interests that define the (health) status of the citizens. It is true that such extremely opposite policy making patterns or trends are still present particularly in the planning and management of health service

delivery. To make this point clear two opposite trends will be discussed. On the one hand, marketization is present particularly in the context of access to health services and personal health insurance. For instance, issues such as out-of-pocket payments, commodification (prices are determined by markets), encouragement of private hospital provision, competition among service providers, shifting decision-making and financial responsibility from the Ministry of Health to service providers have been considered as clear signs of marketization (Agartan 2012, 458-459).

*Since 2003, within the framework drawn by the Health Transformation Programme, market elements, like competition and choice, have been introduced into the Turkish healthcare system. Within this context, patients have been assigned new responsibilities as shoppers in the marketplace who can 'choose' among public and private facilities (Agartan, 2012, 467).*

On the other hand, some health policies are still made in a hierarchical and centralized fashion, i.e. the more traditional form of governing through executive leadership especially by the Ministry of Health (in this case non-state actors are left voiceless or excluded). For instance, Ministry of Health (MoH) initiatives like the “Full Workday Law” (Tam Gün Yasası, 2010) were fiercely criticized by doctors, health associations and opposition parties for being undemocratic. The 2010 law introduced a ban on medical professors working in private clinics during business hours. Thousands of physicians resigned from state universities due to the huge gap in incomes between public and private sectors. Many other physicians who felt alienated from the new policy processes quit their jobs as a sign of political protest directed to the government.

These developments led to a huge deficit in the number of qualified medical personnel and eventually a crisis in the public health service. Public service reforms together with other top-down policies in the health care sector, which did not take into account the interests of all stakeholders, proved to be counterproductive. Despite his many achievements in the health sector, the former Minister of Health, Recep Akdağ,

became rather unpopular among health practitioners for his top-down policy moves which were perceived as autocratic and illegitimate.

Even though state-market duality remained even after the introduction of the HTP, the reality of policy making in the post-2003 period has been much more dynamic especially if one considers the complexity of issues and proliferation of actors with a stake in policy making. The majority of the policy initiatives and programs introduced in the aftermath of 2003 reforms involve compromises, multi-agent negotiations, multi-layered agreements, and different forms of interactions among a multitude of actors. The lesson drawn from the past reform processes was that substantial positive change in Turkey's health care could never be achieved by only 'patching' the system. Clearly, the health system was in dire need of immediate reform with the power of transformative change.

A truly structural reform entailed 1) increasing state capacity to deal with the challenges confronting public health through steering and management and 2) fragmenting state responsibilities (in terms of finance and service provision), and sharing them with other stakeholders within the healthcare sector (private and voluntary) through various network arrangements at different stages of policy making. Under such circumstances, network collaboration turned into a strategic policy instrument that could be utilized to overcome the problem of weak state capacity. Considering the above, network collaboration was not an inevitable course of action due to the increasing levels of social capital (empowerment of non-state actors) or interdependence in the political system. Network collaboration was a necessary policy choice introduced by the government itself to deal with the new health related challenges.

Without falling into the trap of linear logic analysis, it is possible to argue that the post-2003 system reconfiguration led to the following systemic changes: 1) transformation of the role, function and structure of the existing actors 2) proliferation of new actors (especially in new areas such as health digitalization, biomedical technology, medical industry, public health development, health tourism, community based health services etc.) and as a natural consequence 3) redefinition of the relations between actors in the health sector. The issue here becomes what is the structure, nature and impact of these multi-actor interactions and what do these they signify when analyzed from a comparative perspective?

The following section will focus on those policy sub-areas within the health sector that involve multi-actor interactions with cooperative or collaborative tendencies within the health sector. For the purpose of this research I call these policy sub-areas ‘network domains’. At this stage the words ‘network’ and ‘network collaboration’ are used as generic terms rather than as a concrete policy instruments or patterns of governance. For the purpose of this research, I consider only those collaborative multi-actor interactions launched after the introduction of HTP in 2003. These developments show that network collaboration as a generic term has already been incorporated into the jargon of policy making in Turkey’s health sector and has become a phenomenon worth studying.

### **3.3 Network Domains: Breaking the Vicious Policy Circle**

As discussed in the previous section, the Turkish health sector was not only going through a crisis period, it was immersed in a vicious cycle, where more governmental involvement did not lead to a more effective health policy, on the contrary.

Governmental withdrawal through increased marketization was not a solution either considering the high levels of inefficiencies and fiscal evasion caused by the private sector. New policy issues and challenges made the establishment of collaborative structures a compelling imperative. Under such circumstances, policy networks turned into strategic instruments with some advantages over earlier forms of governing. Since 2003 Turkey's healthcare system has undergone major transformations associated with new policy priorities and challenges that render cross-sectorial collaboration not only a *choice* but rather a *necessary choice*. The rest of the chapter is an attempt to explore those policy sub-areas within the health sector that serve as fertile grounds for the emergence of policy networks as policy instruments with some *comparative advantage* over cumbersome bureaucracies and rivalry-driven markets.

Based on some preliminary research (literature review, close reading of the reforms under HTP and desk research of reports, newspaper articles and other published documents), four network domains can be identified, namely: 1) Public health development 2) Medical industry 3) Health tourism and 4) Development of community based health and social services. Each policy sub-area involves different actor constellations. These four sub-areas have three common attributes, which make them all network prone domains to be studied further:

Multidisciplinary nature: The four network domains cut across policy areas, levels of governance, sectors and organizations. For instance, health tourism is at the intersection of two main policies, namely health and tourism and also has an impact on other policy areas such as culture, economic development, education, labor and social security. Moreover, multiple organizations from the public, private and voluntary sectors are concerned with the issue of health tourism at the national, regional and local levels of governance. Another example is that of public health

policy, the definition of which has shifted from absence of disease (curative health) to general wellbeing (preventive health). The former is covered by hospital services, whereas the latter is much more comprehensive including issues such as clean water, transportation, housing, community services etc. that cannot be managed by a single governmental body. Eventually, public health has turned into a truly multifaceted policy issue that involves multiple stakeholders from different policy sectors and organizations.

Inherently complex: Another attribute of the four network domains chosen for this study is issue complexity. Existing institutions are not equipped to deal separately with high levels of complexity, therefore, multiple actors are involved in cross sectorial collaborative projects. For instance, new policies are necessary for the application and management of health technologies in hospitals, bio-technological developments, pharmaceutical and medical device innovations, etc. All these application spheres require new innovative techniques and assessment methods, as well as the involvement of highly qualified teams including governmental experts, private sector specialists, and university researchers.

Politically salient: Policy-sub areas under investigation have been brought to the political agenda in the recent years and have attracted lots of attention among policy makers due to both internal and external influences. Some of the policy issues are previously ungoverned areas that involve new institutional arrangements such as the public-private partnerships in the healthcare construction sector. Some of the policy issues are projects that promote Turkey's image abroad (projects on health tourism or projects on healthy cities initiated by WHO). Such projects serve the Turkey's goal of catching up with the life standards of the advanced industrialized countries and attracting more and more foreign patients. Some other projects have gained

prominence due to the increasing returns on investments in respective policy sub-areas such as medical industry or health tourism. All these policy sub-areas require collective efforts that cut across different issue and organizational boundaries, thereby becoming network prone domains.

### 3.3.1 Public Health Development

The recent global trends on public health development favor preventive health or general wellbeing, which is supposed to keep the citizens away from overloaded hospital services. EU and WHO have provided new health policy directives, standards and guidelines on public health development as well as funds for collaborative projects that promote the involvement of municipalities, non-governmental organizations and other local actors in the development of a healthier lifestyle. According to the document titled “European Healthy Cities Network” (Tsouros, 2009: 2):

*Health in all policies is based on a recognition that population health is not merely a product of health sector activities but largely determined by policies and actions beyond the health sector. Health and well-being are increasingly becoming shared values across societal sectors. Solid evidence shows that the actions of other sectors beyond the boundaries of the health sector significantly influence the risk factors of major diseases and the determinants of health. Health in all policies addresses all policies such as those influencing transport, housing and urban development, the environment, education, agriculture, fiscal policies, tax policies and economic policies.*

The WHO calls the 21st century vision of healthy cities as a process and even a movement which goes well beyond the strict definition of government-led public policy (WHO, 2009: 30). Arguably, the implementation of this over-sweeping project initiated by the WHO depends on the collective effort of citizens, politicians, public sector officials, private sector firms, and other agencies interested in addressing health challenges at the local level. Construction of healthy cities, as envisioned by the WHO, is a globally spread but locally implemented movement of urban lifestyle transformation. Actually, municipalities are the key drivers behind Healthy Cities

Project. The WHO project aims at improving the cities' health profile by reorganizing urban space, redefining citizen lifestyle, revisiting human developmental goals, and introducing a new logic of network governance to the health sector. Twelve healthy cities are designated to be developed in Turkey, which at the moment has the highest possible quota given by the WHO along with five other countries: France, Germany, Italy, Russian Federation and the United Kingdom.

Actually, Turkey is one of the fast developing countries in the sphere of healthy cities construction. Some municipalities have already been involved in the project through WHO Healthy Cities Project Coordinators. On June 2013, the Municipality of Izmir hosted the fifth Annual Business and Technical Conference of the WHO European Healthy Cities Network and the Network of European National Healthy Cities Networks. The overarching theme of the conference was innovation and *shared governance* for health and well-being. Healthy cities network is based on the principle of multi-sectoral involvement by promoting investments that are the foundation of healthy societies, e.g. water and sanitation, agriculture, education, social protection, transport, gender, environment, etc. Construction of healthy cities is a clear example that illustrates how health care policy can go beyond one single policy area, which requires more cross-sectorial collaboration. In addition, projects like the "European Healthy Cities" are meant to be bottom-up transformations that require higher local government involvement.

Besides the impact of international institutions and global trends, the governmental attention on public health has also increased. Immediately after the implementation of the 2003 reforms, the public health issues did not rank high on the political agenda. This was due to the large number of pressing health issues that had to be addressed, such as the reformation of the social security system. However, since 2010 new

institutional arrangements have been founded and more financial resources have been directed towards public health related issues. In the year 2011, the Turkish Public Health Institute affiliated to the Ministry of Health has been the primary agency established at the national level for training, research and policy expertise in the field of public health. Many local level bodies operate under the supervision of this agency. According to some documents retrieved from the websites of the ministerial departments, many collaborative platforms have been established at the national level for the purpose of public health development.

Public-health development platforms are established at the national level focusing on relatively new policy fields, which among others require sharing research evidence and professional expertise.<sup>11</sup> Collaboration within the area of national health policy development takes the form of specialized committees or roundtable work groups/workshops, where highly specialized/professional organizations interact with the purpose of health policy development at the national level. These platforms take the form of *health research hubs* or *strategic health hubs*. They usually emerge at the early phases of policy making and involve shared decision making with the purpose of policy design or policy formulation. Strategic health hubs have a twofold purpose: 1) policy innovation and 2) methodological policy development. Innovation is expected to take place particularly in the fields of preventive disease, medical devices and other areas of cutting edge technology that have an impact on public health. Policy innovation is particularly important in policy subareas which are problem driven and

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<sup>11</sup> For more information see [https://webgate.ec.europa.eu/fpfis/mwikis/eurydice/images/f/f4/206\\_EN\\_Evidence\\_based\\_policy\\_making.pdf](https://webgate.ec.europa.eu/fpfis/mwikis/eurydice/images/f/f4/206_EN_Evidence_based_policy_making.pdf)

require strategic health solutions. Methodological development, on the other hand, is about policy development based upon scientific/statistical data and latest technological advancements within the health sector in Turkey (see Kahveci, & Meads, 2008). In scientific terms, methodological policy development is known as evidence based approach to public health.

Both external (WHO/EU initiatives) and internal development (new specialized institutional arrangements and collaborative policy instruments) mentioned above are expected to trigger the formation of new actor constellations and collaborative tendencies within the field of public health. Therefore, the public health policy area is considered to be a fertile ground for the emergence and the study of policy networks in this study.

### 3.3.2 Health Tourism

One of the most recent trends in the health care sector all over the world is the globalization of health services. Globalization refers to the patient movement beyond national borders to benefit from health services of other countries, widely discussed in the literature as ‘health tourism’. Health tourism as a patient-centered global phenomenon is essentially about the globalization of the healthcare marketplace with patients moving across borders to benefit from health services of other countries. Advanced industrialized countries such as Germany, Singapore, Switzerland, UK and the US have long been actors of global health tourism. However, recently, the reputation of countries such as, Hungary, India, Macedonia, Malaysia and Malta, Thailand, Turkey is growing rapidly due to relatively low service prices coupled by increasing quality of the health sector.

In Turkey, health tourism sector is expanding and prospering enormously with health care facilitators turning into accredited health centers for patients from all over the world. Health tourism in Turkey is divided into three types of services: 1) Medical tourism includes services such as surgeries (particularly plastic surgeries), transplantations, ocular and dental treatments, etc., 2) Thermal tourism includes thermos-water baths, mud therapy, SPA and other types of wellness tourism, and, 3) Geriatrics and disabled tourism includes rehabilitation and nursing services for the elderly as well as sightseeing tours for the third age and special care people. This study focuses mainly on the activities of the stakeholders involved in service provision and policy development of health tourism in Turkey. Health tourism is a very broad policy area in terms of the range of actors and issues. Health tourism covers a vast number of actors which operate at different levels –namely public, private and voluntary; as well as different policy domains such as health, tourism, culture, economy, development and social issues.

A multitude of public, private and voluntary actors institutions are interested in the promotion of health tourism in Turkey and are directly involved in related policy initiatives. So far many cross-sectorial health tourism conferences have been arranged with a national and global scope. The main public institution responsible for the development of health tourism in Turkey is the Department of Health Tourism (2010) that was established under the Directorate of General Health Services, Ministry of Health. However, health tourism is not the policy domain of the Ministry of Health only. Ministry of Culture and Tourism, Ministry of Economy, Ministry of Family and Social Policy, Ministry of Development, Ministry of Labour and Social Security are the main public agencies responsible for the development of health tourism policies at

the national level. In addition to the above, semi-public development agencies have been delegated the authority to promote health tourism at the regional level.

Particularly important for the purpose of this study is the development of health tourism clusters. Clusters have broadly been defined as “a geographically proximate group of interconnected companies and associated institutions in a particular field, linked by commonalities and complementarities” (Porter, 2000). The idea is that a group of inter-connected firms both compete and cooperate with each other at the regional level. For instance, Antalya Health Tourism Clustering Association (Antalya Sağlık Turizmi İş Kümesi Derneği) is an attempt to integrate health tourism sector in the region through the coordination of public, private and voluntary parties. Other examples of health tourism clustering can be observed in the cities of Izmir (under the leadership of Izmir Kalkınma Ajansı) and Adana (under the leadership of Çukurova Kalkınma Ajansı and Adana Sağlık Turizmi Derneği). Clusters play an important role for the integration and coordination among various actors, which is essential for the effective management of health tourism policy (Pocock and Phua, 2011). The questions raised here are: What motivates the actors at the regional level to go beyond the normal competitive conditions of the market and enter a collaborative relationship through clusters? Do companies prefer formal cluster network collaboration over more traditional forms of network collaboration such as company-to-company deals or informal linkages based on the personal affinity of the managers? In other words, what makes these clusters appealing to the regional actors?

Overall, considering the large number of involved actors at the national, regional and local level of policy making, health tourism as a policy sub-area represents a fertile ground for the study of policy networks.

### 3.3.3 Medical Industry

Based on some preliminary research, collaboration under this policy sub-area includes network collaboration with the purpose of 1) *healthcare production* including pharmaceuticals and medical device production (organized in the form of medical industry clusters that collaborate with public actors) and 2) *healthcare construction* (big construction investments known as City Hospital Projects carried out under the partnership of the public and private sector, PPP). As the name ‘industry’ indicates, these type of network arrangements are very much business oriented consisting of profit-driven projects. Healthcare production takes place mostly in the fields of pharmaceutical, medical device and biotechnology. Healthcare construction projects are about building integrated health campuses in many cities in Turkey through close partnership of public (national and local decision makers), and private actors. Both of these fields and their respective actor constellations will be briefly described below.

To start with, the field of healthcare production involves many actors who interact in different collaborative platforms. For instance, policy oriented research hubs specialized in the strategic planning and production of medical devices and pharmaceuticals bring together a multitude of actors such as public organizations (technocrats from various ministerial departments), universities (medical doctors, engineers etc.), individual private firms and private sector representatives Arařtırmacı İlaç Firmaları Derneđi (AİFD), İlaç Endüstrisi İşverenler Sendikası (İEİS), Türkiye İlaç Sanayicileri Derneđi (TİSD), Geliřimci İlaç Firmaları Derneđi (GİFD), Türkiye Sađlık Endüstrisi İşverenleri Sendikası (SEİS), Tüm Tıbbi Cihaz Üretici ve Tedarikçi (TÜMDEF), Tıbbi Malzeme ve Cihaz Üreticileri Derneđi (TÜDER), Türk Eczacılar Birliđi (TEB), Türkiye İhracatçılar Meclisi (TİM), Samsun Medikal Sanayi Kümelenme Derneđi (MEDİKÜM), Ostim Medikal Sanayi Kümelenmesi. The main

public institution specialized in the field of healthcare production is Medicines and Medical Devices Agency (TMMDA), affiliated to the Ministry of Health since its establishment in 2011. The role of the TMMDA is to regulate, evaluate and monitor the pharmaceutical and medical device production through different channels of interaction with private companies and private sector representatives.

For the purpose of this study, three medical industry clusters are especially important. These are 1. OSTİM – Ankara Medical Industry Cluster 2. İSEK - İstanbul Health Industry Cluster 3. MEDİKÜM - Samsun Medical Industry Cluster. These clusters are associations of SMEs with the purpose of regulating competition among companies within a specific industry with the purpose of enhancing productivity; organizing and representing the interests of the member firms; finding solution to common problems in a coordinated manner; building partnerships and connections with universities, civil society organizations and government; developing new technologies and driving innovation; reaching the international standards and building competitive advantage of the Turkish firms in the global market (Çetin, Erenler Tekmen, Karahmetoğlu, & Tuğrul Torun, 2016). Clusters are particularly important for the purpose of this study because they represent a case of network collaboration that can be studied separately.

Clusters have been defined as “geographic concentrations of interconnected companies and institutions in a particular field” (Porter, 1998: 78). One could go a step further and consider clusters as agglomerations of innovative firms with innovation being the distinguishing feature of clusters. Switzerland is a country well known for cluster network collaboration, innovation and contribution to policy making in the field of healthcare industry. Clusters that function in this way have the potential to turn into modes of governance as they represent common avenues where companies,

universities and government share equal responsibility for the development of a specific sector of economy, in this case, healthcare industry. But this can only be achieved if all stakeholders act collectively in a constructive and systematic manner with an impact on policy making processes.

Collaboration within the field of healthcare construction consists primarily of the partnership between the public and private sector actors. Public-private partnership (PPP) is one of the most recent policy frameworks initiated by the Ministry of Health in Turkey and triggered by the EU and WHO to facilitate the construction of healthy cities in the country. Hence, PPP based healthcare projects are products of a national level policy applied at the city level. The purpose of such partnerships is to build huge integrated hospital campuses in some of the main cities in Turkey including Istanbul, Ankara, Kayseri, Samsun, Mersin, Manisa and Konya.

The construction and renovation of integrated health facilities through the public private partnership (“PPP”) model constituted a crucial part of such reform package introduced in 2003. Since 2009, the MoH has been conducting tenders and contract negotiations for 18 health PPP projects with an estimated investment in the amount of approximately USD 5 billion. These projects are currently at different stages varying from pre-qualification to financing. The Turkish Parliament enacted Law No. 6428, effective as of 9 March 2013, with the aim of ensuring the continuation as well as providing further support and stronger legal ground for the PPP projects within the field of health<sup>12</sup>.

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<sup>12</sup> For more detailed information on the legal ground of the PPP based model see [The New Health PPP Law In Turkey. Document published by Çakmak Avukatlık Bürosu \(2003\).](#)

To sum up, policy oriented research hubs, medical industry clusters and PPP based construction projects are all institutional arrangements with collaborative tendencies that will serve as fertile ground for the study of policy networks in this study.

#### 3.3.4 Community Based Health Services<sup>13</sup>

Due to trends such as aging population and rising hospital service costs, community based health and social services have become one of the most prominent issues within the field of health recently. Many scholars have focused exclusively on community-based health care and social services as a fertile ground for the study of network governance (Chaskin, 2001; Freudenberg, Eng, Flay, Parcel, Rogers, & Wallerstein, 1994; Isett & Provan, 2005; Keast, Mandell, Brown, & Woolcock, 2004; Mandell, 1999; Provan et al., 2004; Provan & Milward, 1995; Roussos & Fawcett, 2000). Most of these studies investigate health care and social services in the U.S. cities, with a particular focus on community *mental health networks*. In such cases, public, private and voluntary local level actors take advantage of community linkages and social sources of knowledge to build action networks at the neighborhood level.

Generally speaking, community level health and social services involve a multitude of actors including public, private and voluntary sectors. In the rest of the world, particularly in the US, community level health services are the one of the most fertile grounds for the emergence of policy networks. Local government (rather than central/federal government) works closely with private firms and voluntary organizations. The rationale behind network emergence is sharing local or community,

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<sup>13</sup> Community based health services are in most of the cases provided by so-called implementation networks in the Western countries. For a more detailed account see O'Toole (implementation structures, inter-organizational cooperation networks)

information about vulnerable groups (children, the elderly, individuals with mental health problems etc.); sharing infrastructure i.e. providing in-home care/services through specialized private firms and voluntary organizations operating at the local level; and finally sharing the responsibility to help under difficult conditions (recovering after hospital treatment, palliative treatment etc.).

Research on community health initiatives has shown that the most effective type of cooperation at the community level takes place when interaction among actors is integrated and systematically organized (Provan & Milward, 1995; Provan et al., 2009). It is such integration that contributes significantly to the formation of community capacity (Chaskin et al., 2001). Actually, networks are a way of enhancing community capacity, which is defined as the participation of community members in processes, programs or institutions that foster and sustain positive neighborhood change (Chaskin, 2001). Therefore, in the advanced democracies policy networks in the field of community based health and social services are often associated with high levels of community capacity.

Similar to other countries, the need for community-based health care and social services has constantly increased in Turkey. Since 2004 the amount of funds allocated for social services at the local level has increased significantly through channels such as Social Aid and Solidarity Foundations (SASFs) under the direct supervision of the Prime Minister. Following the establishment of the Ministry of Family and Social Policies in 2011 (MoFSP), SASFs were supervised by the MoFSP, General Directorate of Social Assistance. MoFSP contains other departments responsible for community level social services such as Directorate General for Child Services, Directorate General for Persons with Disabilities and Elderly Services and Directorate General for Family and Community Services. Local health services were regulated by the 663

Sayı Kanun Hükümünde Kararname (2011) which specifies three main public institutions are responsible for health service provision at the local level. These are: 1) Local Health Directorates vertically accountable to the Ministry of Health, 2) Local Public Hospital Associations are vertically accountable to Turkey's Public Hospitals Institution, and 3) Local Public Health Directorates vertically accountable to the Public Health Institution in Turkey.

The increase in health and social services/aid at the community level is an important part of the Justice and Development Party's party profile. So, in this case, we observe some institutional arrangements and political initiatives of the governing political party. Yet, it remains to be studied whether these centrally orchestrated local institutions are adequate to build and maintain social momentum for collaboration at the community level. Are local level decision makers as well as NGOs and citizens actively involved in community change through health and social services? At a more abstract level, this goes as far as questioning whether community capacity is nurtured from above or it flourishes from below?

So far, scholars have studied the involvement of local actors, particularly non-state actors in community level health services such as antenatal education (Turan & Say, 2003), mental health services (Alataş, Karaoğlan, Arslan, & Yanık, 2009), and social services and aid (Danis, 2008; Daniş & Albayraktarogl, 2009). The first legal arrangement on community health services was the "Regulation on the Delivery of Home Care Services" issued by the Ministry of Health in 2005. This regulation transferred service delivery of home care from central to local government, which was a form of health care decentralization. For instance, it has become a common practice for the local government to contract out some of its primary health care services at the

district level. One study has shown that in Istanbul's Umraniye District 11 percent of immunization services are provided by the private sector (Topuzoglu, Ozaydin, Cali, Cebeci, Kalaca, Harmanci. 2005).

Despite recent developments, private sector involvement in community health care services is still low in Turkey. Until 2008, the number of the private agencies which were officially authorized by the Ministry of Health for this purpose was around twenty (Danis, 2008: 100). In most of the cases, municipalities and non-governmental, non-profit actors are involved in the management of rehabilitation centers, homecare, daycare services in Turkey.

The removal of the central government from service implementation stage does not mean that the government has its hands off the provision of health care and social services. The central government has a crucial role in the design and initiation of relevant policies and projects. For instance, the initiatives on community-based mental health care services are in line with the ideas incorporated in the National Mental Health Policy (Ulusal Ruh Sağlığı Politikası) published in 2006 by the Ministry of Health. Moreover, most of the provisions at the community level are dependent on funding provided by the central government and also the EU. So far, a great deal of community-based services has been carried out under the umbrella of the General Directorate of Social Services and Child Protection Agency Disabled Care Services (SHÇEK), a central government office under the authority of Ministry of Family and Social Policies. Some services associated with SHÇEK are provided through voluntary contributions and/or by volunteers, or through *cooperation protocols* signed with public agencies and organizations, universities, and non-governmental organizations.

The question here is which non-governmental actors are involved in such collaborative platforms? Civil society organizations have traditionally been perceived with skepticism by the government in Turkey. A recent study shows that the relationship between public and voluntary actors is marked by “prevalence of patronage networks [and] state skepticism towards and underestimation of civil society” (Özçetin & Özer, 2015: 16). Therefore, the interaction between these actors at the community level should be approached with caution. Nevertheless, despite the nature of interaction, community-based health and social services in Turkey represent a promising area for the study of policy networks due to the large number of involved actors and multi-faceted nature of issues at stake.

### **3.4 Conclusion**

The study of Turkey as a case for policy network research is justified for two main reasons: First of all, Turkey is a country where policies have been planned, designed and implemented by the central government for years with not much bottom up input from non-state actors. Thus the presence of networks in such a policy space, makes Turkey a critical case for the study of policy networks. Secondly, policy networks are expected to emerge in a policy setting where the state’s capacity to face new policy challenges independently is weak and the capacity to regulate and manage the activities of the private and voluntary sector actors is inadequate. Under such circumstances, networks turn into strategic policy instruments that serve channels of interaction and venues of cross-sectorial policy collaboration between different actors. Therefore, the transformation of the health system in Turkey after 2003 should be considered as an experimentation stage for the study of policy networks.

The preliminary desk research shows that since 2003, and particularly after 2010, the health policy environment is characterized by rising complexity, proliferation of actors, and also a tendency to build network ties as a relatively new logic of governance. Such trends signal that network cooperation is possible even in most adverse policy environments, traditionally characterized by centralized and hierarchical decision making. A genuine transformation would come only with new ways of policy making, new models, new paradigms, which would truly involve all concerned parties. During the first years of HTP, case conferences, where policy communities would gather to tackle different policy issues from different perspectives, became very popular. Especially since 2010, new institutional arrangements have been established by the state itself to steer and manage the interaction with other non-state actors in policy sub-areas such public health development, medical industry, health tourism and community based health and social services. These policy sub-areas share at least three common attributes. They are multidisciplinary, inherently complex and politically salient issues.

The following questions should be considered in the study of these policy sub-areas: Which actors choose to collaborate and for what reasons? Which institutional settings promote collaboration? What is the nature of interaction among network participants in practice? Do we observe genuine network collaboration i.e. symmetrical (structure of collaboration) and integrated (trust based) system of cooperation among network participants? Or do we observe self-interested actors constantly competing for funding and other resources in the form of occasional, shallow, loose and fragmented cooperation without a common vision and shared goals? Are these networks institutionalized practices of policy making? Are these policy networks effective tools of policy making.

## CHAPTER 4

### DOING FIELD RESEARCH IN AN UNEXPLORED TERRITORY: SAMPLING, INTERVIEWING AND DATA ANALYSIS

*“Policy is not made in the electoral arena or in the gladiatorial confrontations of Parliament, but in the netherworld of committees, civil servants, professions, and interest groups.”<sup>14</sup>*

*(Marsh & Rhodes, 1992: Abstract)*

Chapter 4 describes the field research process and the consecutive data analysis carried out to investigate cross-sectorial collaboration within four health policy sub-areas in Turkey. This was a relatively long process which consisted of creating contacts, meeting with experts and finally interviewing those organizational representatives that were most informed about the policy networks under consideration. Immediately after the field research the interviews were transcribed, coded and analysis utilizing both

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<sup>14</sup> Here, David Marsh and Rod Rhodes refer to policy networks in the British government. For more a more extensive account see Marsh, David, and Roderick Arthur William Rhodes. Policy networks in British government. Clarendon Press, 1992.

qualitative and quantitative tools of measurement. The field research itself was divided into two phases that were carried out within a time span of nine months starting from February 2015 to November 2015.

The first phase of the field research was about constructing a sample of network involved actors (NIAs), i.e. organizational representatives actually involved in cases of cross-sectorial collaborative projects (collaboration between public, private and voluntary organizations) that define policy-making. This phase consists of conducting pilot interviews, participating in conferences and multi-stakeholder meetings held within the health sector. Pilot interviews conducted with policy experts from the Ministry of Health are of crucial importance 1) to collect information on respondents' views and impressions, 2) to review the interview questions, and 3) to receive some information about which organizations should be included or excluded from the sample of actors to be investigated, i.e. modified snowballing. (Provan & Milward, 1995). Participating in the annual conference on healthcare management (March 2015) and the monthly meeting within the area of medical industry were particularly helpful to build connections and reach network involved actors within the health sector.

The second phase of the field research was more focused. Formal interviews (semi-structured) with policy experts working in public, private and voluntary organizations were conducted. Twenty four out of twenty seven interviews were audiotaped. Therefore, twenty four interviews transcripts were included in the dataset and were closely scrutinized through content analysis. Content analysis can be considered as a form of text analysis, which is becoming increasingly important in providing a richer understanding of networks (Bevir & Richards, 2009).

In this thesis, content analysis consists of both qualitative and quantitative tools, which are used to examine three main dimensions of network governance: 1) Symmetrical structure (structural dimension) 2) Trust-based interaction (relational dimension) and 3) Institutionalization (contextual dimension).<sup>15</sup> These are the three main categories of the content analysis which are further divided into subcategories that will be described in the section on coding. I regard these three categories as the defining criteria that collectively distinguish networked forms of governance from other traditional forms such as hierarchical bureaucracies and competitive markets.

Chapter 4 describes all the steps of field research process from the phase of sampling to the phase of interviewing and data analysis. The rest of the chapter is organized as follows: Section 1 presents the techniques utilized in targeting the right set of actors eligible for interviewing (data collection methods). Section 2 describes the interviewing processes focusing on the advantages and challenges of conducting semi-structured, expert interviews in Turkey (data collection process). Section 3 explains the methods used for data analysis, with a particular emphasis on the coding of the interview transcripts (data analysis). The chapter is finalized with a brief conclusion.

#### **4.1 Data Collection Methods: Identifying the Key Actors**

An accurate network analysis requires a careful sample design which will target the right constellation of actors. Interviews will be conducted with experts whom have been or are still involved in networks in their respective fields of policy making.

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<sup>15</sup> These three dimensions of network governance are discussed at length in Chapter 2 of this thesis.

Therefore, the first step of the field research is to clarify the definition of policy networks, which is necessary to reach the right set of experts and target them as network participants. In the literature, policy networks are often described as a generic term that covers different practices of collaborative policy making in policy areas characterized by dispersed costs and benefits, complexity in terms of the challenges being faced, innovation in terms of policy design, and uncertainty in terms of the outcomes. In order to be more specific, here, policy networks refer to platforms that facilitate collaboration among actors from public, private and voluntary sectors with the purpose of shaping public policy (for a more detailed account see Chapter 2).

Based on the above definition, sample design is about identifying and selecting those key actors involved in policy networks with the two main components as described above. Purposive, non-random sampling techniques suit best this type of research. In this case, the researcher is not interested in the whole population but only in those professionals or experts who a) represent organizations that have been actively involved in networks of cross-sectorial collaboration and b) who are competent enough to give rich information on those networks. Similarly to previous research “[i]f the goal is not to generalize to a population but to obtain insights into a phenomenon, individuals, or events... then the researcher purposefully selects individuals, groups, and settings that maximize understanding of the phenomenon” (Onwuegbuzie & Leech, 2007: 111).

In order to identify key network actors I decided to make use of a multi-stage purposeful sampling, in which selection of actors is a process of two or more stages rather than a one-time decision. Here, sampling involves selection of actors in two stages. The objective of the first stage is to select those actors who are willing to contribute to health policy making (sample of politically relevant actors) amidst

numerous actors operating within the health sector. The objective of the second stage is to filter actors from the first sample based on their concrete involvement into cross-sectorial collaborative projects with the purpose of policy making (sample of network involved actors). In other words, these are actors who are actually participating in policy networks, i.e. they are active at the practical level<sup>16</sup>. Below I briefly discuss these two stages.

#### 4.1.1. Sample of Politically Relevant Actors

Politically relevant actors refer to those private/voluntary organizations and public/semi-public agencies that identify themselves declared as politically active and literally state on their websites that they are interested in/willing to contribute to the development of health policy making. Nevertheless, this willingness does not necessarily mean that they play a role in policy related decision making process and that they are in practice involved in any cross sectorial projects. Therefore, the real impact of these organizations on policy making is not known. The organizations are selected through coding of mission, vision and value statements, statutes and other organizational documents available on respective organizations' websites. Therefore, the sample of politically relevant actors is a product of desk research.

At the end of this stage, I built a relatively large dataset of politically relevant actors. In addition, I had a vague idea on what possible policy networks could be, at least, which health policy subareas were richer in terms of the number of politically relevant

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<sup>16</sup> A similar classification is done in the study of advocacy networks within the area of democracy and human rights in Turkey (Sahin & Yildiz, 2010). Here NGOs are divided into those active at the normative level (limited network interaction in the field) and those active at the practical level.

public, private and voluntary organizations (Chapter 3). Yet, I had no clear idea about which organizations I was going to choose for interviewing.

#### 4.1.2. Sample of Network Involved Actors

Network involved actors are those organizations that have been or are currently involved in policy networks. This stage of sampling is itself a process. The objective of the second stage of sampling is to find those actors that are involved in policy networks as defined above. This will be done by filtering actors from the first sample of politically relevant actors according to their record of participation in cross-sectorial network collaboration. Therefore, the sample of network involved actors is a subset of the first sample of politically relevant actors. As an outsider to the health sector, I found this stage of the field research to be particularly challenging. I realized that in order to access network involved actors one must get familiar the main players operating within the health sector and understand which organizations are included and excluded from the processes of policy making. I started the interview process in the area of healthcare industry focusing on Public-Private Partnership (PPP) - a case of network collaboration between primarily public and private actors.

PPP projects are particularly important in the construction of new integrated health facilities. These projects are much publicized in the media as one of the policy items in the AKP's electoral campaign and policy agenda. The first interviews (formal and informal) were held with bureaucrats from the Health Investments Directorate, at the Ministry of Health in March 2015. These pilot interviews provided rich information about the projects of public-private partnership (PPP). I learned about actors involved in such projects and received their research contacts. Yet, pilot interviews were too narrowly focused and were not particularly helpful in providing information on cases

of collaboration within the health sector other than PPPs. Yet, they were very helpful in shaping the structure of the questions to be used in the following interviews.

Besides the pilot interviews, I was very fortunate to attend two events: 1) The annual conference on health management organized in Ankara from April 13 to April 16, 2015 and 2) The monthly meeting between public, private and voluntary organization representatives within the area of healthcare or medical industry in May 2015. The latter can be considered a case of non-participant observation where interaction between different actors could be observed closely. Even though this meeting was very informative, the first event on health management was particularly helpful to reach the affiliation networks within the health sector. The title of the conference was “3<sup>rd</sup> Convention on Healthcare Management”. This conference is an important annually held event where health policy makers, scholars, civil society and private organizations operating in the healthcare sector attend. The purpose of the convention is threefold: 1) Present the current state of healthcare policies in Turkey 2) Deliberate on several issues under the umbrella of healthcare management 3) Conclude with some policy implications and suggestions for future health policies in Turkey.

During the course of the event I recorded speeches and had informal unrecorded talks with health professionals working in the public, private and voluntary sectors during coffee and lunch breaks. The conference was particularly useful to learn about the health policies at the national level, including issues such as legislation, implementation, stakeholder interests and patient satisfaction; and also about the relations between decision makers at the central (governmental) level and the local governmental level. In this way, the conference helped me to determine the main issues of concern and enhance access to the main affiliation networks within the health sector. Actually, getting access to affiliation networks is considered to be one the first methods

used in the study of policy networks. Attending the convention on health care management was the most critical step in determining the policy sub-areas where cross-sectorial collaboration is present and build a sample of network involved actors.

Based on such information, a series of semi-structured interviews with individuals working in the public sector was launched. The public sector interviewees have been asked to name other organizations they consider to be important in their network. The assumption here is that the experts working in the public sector, particularly those working in ministerial offices, have a more complete information about the policy networks and corresponding actors. Therefore, even though the process of interviewing was started with a pre-conceived idea on who the network involved actors are, the interviewees were still asked about significant other actors to make sure the right connections are identified and the right network participants are interviewed. The advantage of analysing policy networks is that such study presupposes that interviewees are networked individuals who would naturally name other significant actors or colleagues participating in the same network.

#### 4.1.3. Sample size

One of the biggest challenges of this study was to estimate a sufficient sample size, which would fulfil both criteria of data saturation and in-depth information. This study is essentially an exploratory research for policy analysis, which means that the sample should be large enough to give us adequate information but, at the same time, small enough to provide rich, in depth information (Onwuegbuzie & Leech, 2007: 116). Existing methodological studies recommend interviewing between 15-20 people, 20-30 people, 30-50 people in grounded theory research, which is the closest category to this type of research (Creswell, 1998; Morse, 1994, 2000). The target in this study was to reach out to an average of 20-30 people, which I think is both feasible in terms of

time arrangements and sufficient in terms of data saturation. Another criterion was to keep an equal number of participants between state actors (public and semi-public actors) on the one hand and non-state actors (private and voluntary actors) on the other hand. In total, 27 interviews were conducted, out of which 24 were audio-taped. These 24 interviews were transcribed and included in the analysis.

#### **4.2. Conducting Semi-Structured Interviews: Challenges and Opportunities**

The second stage of the field research consists of conducting a total of 27 semi-structured interviews. The individuals interviewed were representatives or informants of those governmental and non-governmental organizations active in each of the four chosen policy sub-areas. The most important criterion was that interviewees were experts in their fields with sufficient knowledge on their organizations' collaborative projects or cases of network collaboration with the purpose of health policy making (February 2015-November 2015). 24 out of 27 interviews were audio-taped. These 24 interviews were transcribed and included in the analysis (6 interviews for each policy sub-area). The sample includes 12 interviewees working in the ministerial or other government related offices. 12 other interviewees represent non-governmental organizations from the private and voluntary sectors.

Initially, a list of questions in the form of a survey where the interviewees were supposed to choose from a fixed set of answers was outlined. In this way standardized answers (with interviewees choosing from a list of responses) would be received. These answers which would be converted to quantifiable items and incorporated to some type of quantitative analysis. However, the pilot interviews revealed that this type of data collection method was not suitable particularly for categories such as trust

that gauge the relational component of policy networks and can hardly be quantified. Standardized questions did not apply to many cases under investigation and often did not arouse interest in the interviewees. Reading the questions and the possible answers out loud in the form of a strict script was not very stimulating and energizing for the interviewees. In addition, interviewees were not always able to keep track of the questions especially in cases when the questions were technical in nature.

Generally speaking, close ended survey questions are preferably used with nonspecialist populations (Druckman, 2005: 131). This is not the case in this study where experts or organization representatives working within the health sector are being interrogated and answering the questions requires a certain level of expertise. Questions are relatively easy and straight forward, such as “Which other organizations have you collaborated with?” or “At which stage of policy making did collaboration take place?” Yet, questions require technical and process related knowledge that can better be provided by policy experts through open ended questions.

To sum up, a conventional survey research with close ended questions was not really feasible. But even if that was the case, the data gathered would be limited. This type of survey research would be concealing the dynamic of the policy networks under investigation rather than revealing it. It is important to emphasize here that this research is explorative in nature, meaning that the researcher is supposed to read through the data and generate new ideas and propositions rather than test out some clearly stated hypotheses derived from the literature. Therefore, open-ended interview questions are the best suited technique to this type of research. In this cases, answers to the questions were collected, analysed and categorized in their own terms.

In addition, in order to increase the internal validity of the study, the interview questions were tailored according to the policy sub-area and the type of cross-sectorial collaboration under investigation. In order to do this, the technique of *priming effects* was applied. This technique consists of giving details (names, years...etc.) pertaining to the specific project under consideration. First of all, this technique prompted the interviewees to amplify their answers by giving more factual information as well as sharing their personal opinions, motives and beliefs. In addition, the priming technique was useful to let the interviewees know that the interviewer is knowledgeable enough about the collaborative process being discussed and is looking for more extensive information. In most of the cases, priming stimulated the interviewees to share their insights freely and provide in-depth information. In this way, the process of interviewing took the form of a conversation flowing naturally around the specific project under investigation rather than a question and answer procedure following a standardized list of survey items.

The biggest challenge of the field research was to communicate the concept of policy networks to the interviewees. Policy networks constitute a fairly sophisticated concept for both scholars and policy practitioners. There is hardly any theoretical framework, methodology or technique that is consistently used to study this phenomenon across various country cases. Recent debates on policy networks have highlighted the lack of conceptual clarity and lack of agreement in terms of network conceptualization (Dal Molin & Masella, 2016; Lecy, Mergel & Schmitz, 2014). Therefore, being able to operationalize the concept and study its practical applications is not an easy task. This task becomes particularly challenging when one tries to communicate this concept surrounded by terminological confusion to an environment where networks are a relatively new practice of policy making.

Interviewees mentioned various common platforms as examples for policy networks. For instance, educational seminars arranged by the Ministry of Health targeting some civil society organizations or private sector representatives were often considered to be policy networks. It is the duty of the researcher to filter the projects mentioned by the interviewees according to research criteria and channel the conversation accordingly. Thus no two interviews were the same and standardization of network practices was not really possible. This turned out to be the biggest challenge of the field research.

Even though the concept of ‘policy networks’ is the focus of this study, its Turkish equivalent it is not used much during the field research. In academic texts there is no agreement about the translation of this concept in the Turkish language. The concept does not have an equivalent in the Turkish language which is widely used by scholars and policy practitioners. Even though policy networks can be translated as ‘*yönetişim ağları*’, ‘*politika ağları*’, or ‘*siyasa ağları*’, these concepts are often accompanied with their original versions in the English language (usually within parenthesis) in order to avoid any confusion among scholarly circles.

When it comes to its usage in the field, policy experts hesitated to use the term ‘*politika ağları*’, which has a political connotation in the Turkish language. Bureaucrats are experts that hold administrative positions and they are not expected to be affiliated with political parties and/or support a specific political ideology. This is particularly the case in Turkey where the word ‘politika’ stands for both policy and politics. The interviewees preferred using the term ‘cross-sectorial collaboration’ translated as ‘*sektörler arası işbirliği*’ or ‘*çok paydaşlı /sektörlü işbirliği modeli*’, which is relatively generic and broad concept over ‘*politika ağları*’ or ‘*ağ yönetişimi*’.

'*Sektörler arası işbirliği*' is widely perceived to be a policy-making model to be followed - echoed throughout the annual conference on health management (2015).

Despite challenges of terminology and the lack of a common experiential ground for network collaboration, interviewees endorsed the idea of networks as important components of policy making and were enthusiastic to share their opinions on the issue. Such conceptual awareness signals that policy networks are increasingly becoming popular in the Turkish health sector, even if only at the abstract or theoretical level. The question is what hides behind such popularity. Is this rhetoric used just for demonstrative purposes or is a new logic of governing shaping the policy making processes? Either way, policy networks have the potential to turn into the spotlight of the Turkish policy environment in the future.

#### **4.3 Data Analysis Techniques: Coding Literal and Interpretative Categories**

The data collected consist of a) semi-structured interview transcripts, b) field notes gathered from informal talks with healthcare practitioners and policy makers, c) audio-recordings of the speeches delivered in the annual Healthcare Management Conference, d) audio-recording from the monthly meeting organized by the *Turkish Medicines and Medical Devices Agency*, and e) some written documents concerning issues being investigated such as healthcare industry or health tourism accessed on the internet or provided by the interviewees. The majority of the information was derived from the interview transcripts, however, other sources also turned out to be important in providing complementary information and in substantiating the evidence derived from interviewing.

Content analysis has been utilized to examine interview transcripts. This method allows the researcher to combine both quantitative and qualitative techniques in order to measure categories that can be both literal and interpretative. The same set of categories are applied across the whole dataset based on the principle cross-sectional categorical indexing. The purpose of cross-sectorial categorical indexing is to analyse text based data in a consistent, systematic, and comparable fashion (Mason, 2002: 150–151).

Quantitative techniques are used to measure those literal (descriptive) categories included in the study. Literal reading reflects descriptive, straightforward information without any need for interpretation on the side of the researcher. Interview questions used to measure these categories are focused, direct, and inquire relatively more technical information. For instance “organizational rules” represent a literal category measured by two questions: “Did all participants agree on the goals of the project from the start?” or “Were there any measures taken in cases when the terms of the contract, if any, were broken?” The answer to the first question is quantified as a numerical value in the form of discrete variables (either 0 or 1); whereas the answer to the second question is a continuous variable varying from 0 to 1. In this way, the category of “organizational rules” can as well be considered as a variable in a more conventional sense.

Qualitative techniques, on the other hand, are best suited to the assessment of interpretative categories which can hardly be measured through fixed criteria. Interpretative categories are built upon explanations or personal beliefs of the interviewees. Similarly to literal categories described above, they can still be applied across data, yet, they represent themes or patterns to be explored rather than quantifiable values. Therefore, open ended questions were asked to capture these

categories. For instance, “long-term institutionalization” represents an interpretative category gauged by the following questions: “Do you think that network collaboration under consideration will be sustained in the long term?” or “Do you think a shift from hierarchical to more networked forms of governance is taking place?”

Qualitative techniques, turn out to be more sophisticated and require the researcher to be more cautious. Nevertheless, qualitative analysis is triggering more and more interest among policy researchers recently. This is mostly due to the growing complexity of issues and phenomena being investigated. The account below show how qualitative research is regaining prominence in the field of social sciences and particularly policy analysis (Ritchie & Spencer, 1993: 173):

*The last two decades have seen a notable growth in the use of qualitative methods for applied social policy research. Qualitative research is now used to explore and understand a diversity of social and public policy issues, either as an independent research strategy or in combination with some form of statistical inquiry. The wider use of qualitative methods has come about for a number of reasons but is underpinned by the persistent requirement in social policy fields to understand complex behaviours, needs, systems and cultures.*

Coding is considered to be a critical process of a content analysis as it represents not only the categorization or classification of data (in this case text based manifest content), but also the link between collected data and conceptualization (Bryman & Burgess, 1994: 5). Mechanisms that maximize network collaboration were defined as generic factors to be tested across different policy sectors or country cases in Chapter 2. When it comes to application, these mechanisms can be malleable and interpretable in different ways contingent upon the policy context under consideration. Here, these mechanisms will be operationalized as measures or codes used to analyse interview transcripts. The transcripts were coded based on three main sets of codes a) symmetrical structure (structural component) b) trust (relational component) and c)

institutionalization (contextual component). Each of these categories represents a dimension of network collaboration as discussed in Chapter 2.

Symmetrical structure and trust, both contributing to higher levels of network collaborative capacity, represent the inner dynamics of policy networks. Defined and operationalized in a variety of different forms, they are considered to be critical by network governance theories. A policy network possessing both symmetrical structure and trust represents a case with high levels of collaborative capacity. Symmetrical structure is a literal category and quantifiable index which is measured as the average value of four sub-categories: 1) inclusiveness 2) connectedness 3) common decision making 4) interdependence. The latter is further divided into three sub-categories: 1) resource pooling 2) organizational rules, and 3) horizontal coordination. Trust is an interpretative category evaluated through qualitative tools. Institutionalization is also an interpretative category which captures the sustenance of policy networks as patterns of governance in the long run.

The majority of the categories/codes were constructed after considering the theoretical debates on network governance (for a more detailed discussion on the theoretical framework used in this study please check Chapter 2). Yet, some of them were inductively constructed considering the Turkish political context and the policy settings under consideration. The definition and operationalization of these categories were refined by the researcher during the processes of the field research and content analysis. In this sense, this study applies both a deductive and inductive reasoning. Below a more detailed account on the coding of each and every category will be provided.

#### 4.3.1 Symmetrical Structure

Symmetrical structure refers to the institutional setting within which network collaboration takes place. This institutional setting is characterized by a) inclusiveness, b) connectedness, c) common decision making, and d) interdependence. Symmetrical structure as defined above presupposes some form of reciprocal interaction and mutual exchange, generating higher levels of network collaborative capacity. This specific type of interaction distinguishes network governance from other modes of governing such as bureaucracies (hierarchies) and markets (competition). In terms of operationalization, symmetrical structure is a quantifiable index which is measured as an average of four sub-categories described below. These categories are descriptive in nature and can be measured quantitatively as either discrete values (0, 1) or continuous values within a 0 to 1 interval. The higher the value of these categories the higher the score of symmetrical structure, and, therefore, network collaborative capacity.

*Inclusiveness:* Networks are by definition heterogeneous groups. The wide variety of actors involved in policy networks safeguards the plurality of viewpoints and a wide range of interest representation (including public actors at the central and local levels, universities, private sector representatives or simply private companies, voluntary actors including non-profit associations and professional associations). Broad network composition is supposed to generate higher level of reciprocal interaction and mutual exchange and, therefore, a more symmetrical structure. The proposition here is that higher levels of actor inclusiveness, make network structure more symmetrical and contribute to higher levels of network collaborative capacity. It is worth clarifying that a wide variety of actors should not be confused with a large number of actors within a policy networks, which refers to network density. The question used to measure this category is: *Which other organizations have you collaborated with?*

*Connectedness:* This category refers to those aspects of interaction that make network structure more symmetrical including frequency of interaction and face-to-face communication. Previous studies have put emphasis on frequent interaction - namely “continuing interaction” as one of the defining features of network governance (Rhodes, 1997). Face-to-face communication is another aspect of connectedness in policy networks, which makes interaction more collaborative (Ansell & Gash, 2008). The proposition here is that frequent interaction and face-to-face communication contribute to a more symmetrical structure and, therefore, higher levels of network collaborative capacity. The questions used to measure frequent interaction and face-to-face communication were: *How frequently do you communicate with representatives of other organizations? Does your interaction take the form of face-to-face communication?*

*Common Decision Making:* The proposition here is that policy networks that involve some degree of common decision making have a more symmetrical structure than those policy networks with a deliberative or consultative nature or any other type of network collaboration with no decision making mechanisms at all. The more decision making is involved the more symmetrical and, therefore, collaborative a policy networks is expected to be. The assumption here is that the more stages of policy making involve network collaboration, the higher is the level of common decision making. Particularly important in this context is the policy design and formulation stage which involves more common decision making compared to agenda setting that is relatively more consultative/deliberative in nature; and implementation that is more operational in nature. The question used to measure the degree of common decision making is: *At which stage(s) of policy-making did you collaborate?*

*Interdependence*: This category refers to those mechanisms that bond various actors within a symmetrical and, therefore, collaborative network structure. This is a slightly more complicated category compared to the categories described above, which were measured in a relatively straightforward fashion. In this study, interdependence is measured as an index of three sub-categories:

a. *Resource Pooling*: This category covers all those resources, tangible or intangible (including money, information or expertise) shared by network participants. According to this logic of interaction, resource pooling could also be perceived as *benefit sharing mechanisms* that trigger network collaboration. The proposition here is that the higher the level of resource pooling, the more symmetrical and collaborative network structure is. The question asked to measure this category contains the following items: *What form did collaboration take?* Answers include items such as a) subcontracting b) multi-stake holder consultation meeting, c) expert workshop with some level of common decision making in the form of evidence based policy making, d) cross-sectorial project based on co-investment, and e) cross-sectorial project based on co-investment with co-funding. The level of resource pooling is put in an increasing order.

b. *Organizational Rules*: Agreed rules diminish the possibility that decision-making is arbitrary or one-sided and generate higher level of reciprocal interaction and mutual exchange and, therefore, a more symmetrical and collaborative network structure. Organizational rules can be both *ex ante* and *ex post* in the form of *enforcement mechanisms* that shape the behaviour of the network participants towards more collaboration and keep conflict at bay. Two yes-no questions were asked to gauge *ex ante* and *ex post* rules respectively: *Did all participants agree on*

*the terms and conditions of the collaborative project from the start? Were there any measures taken in cases when the terms of the contract, if any, were broken?*

c. *Horizontal Coordination:* Horizontal coordination refers to those *equal bargaining mechanisms* that bond network participants within a symmetrical network structure. The proposition here is that flatter network structures that perpetuate equal bargaining make interaction among network participants more symmetrical contributing to higher levels of network collaborative capacity. In this case the perception of equal influence will serve as a proxy for horizontal coordination within networks.<sup>17</sup> The interview question used to capture this category is: *Do you think all project participants had a chance to voice and promote their own preferences/positions equally during the collaborative process?* Answers to this question are put in a descending order from “all the time” to “never”.

#### 4.3.1 Trust-Based Interaction

Trust can be perceived as the engine beyond network collaboration or the glue that bonds network participants together in a supportive fashion within a solid professional relationship. Previous works discuss integrated forms of governance networks based on trust at the abstract level with not many implications for practical cases of network collaboration (see Chapter 2 for a discussion of the concept of trust in network analysis). This study represents an effort to conceptualize and operationalize trust as one important dimension of policy networks. Similarly to symmetrical structure, higher the levels of trust lead to higher levels of network collaborative capacity.

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<sup>17</sup> Previous studies have emphasized the role of perceptions, especially the perception of equal influence, as a measure of power within collaborative policy networks. See Henry, 2011.

In term of operationalization, trust is an interpretative category, which means that it is hard to provide the exact criteria of measurement from the out-set. The concept of trust should be broad enough to encompass different manifestations or interpretations trust. One can even refer to this category as an ‘unfinished resource’ (Mason, 2002: 157). The reason is that categories such as trust are relatively loose and flexible and they do not take absolute numerical values. Such flexibility allows the researcher to fine-tune the category during the process of field research and data analysis. In addition, trust can hardly be expressed in numerical values, and therefore, it can hardly be quantified. However, it is still possible to put trust on a continuum of values ranging from “low, medium, high” depending on the interpretation of trust in the case under consideration.

The notion of inter-organizational level trust is best suitable to the scope and purpose of this study. This type of trust is manifested in task oriented and reputation based forms of trust. The field research that the cases where trust was present from the beginning reputation were completely missing (reputation based trust). The only type of trust applicable to this study is task-oriented forms of trust which are largely based upon the concept of recognition of productiveness (see Chapter 2). Thus, for the purpose of this analysis, trust is defined as an inter-organizational level factor that drives/fosters collaboration among network participants through mutual recognition of productiveness.

Recognition of productiveness, is particularly important to understand trust within a policy setting characterized by high levels of professionalism and competence. The notion of trust applied here draws mostly from the concept of *productiveness* as defined in the field of sociology, and particularly from the seminal work of James S. Coleman (see Coleman, 1988). When an organization is productive – namely capable to offer a valuable contribution to network aims and goals – it gains credibility in the

eyes of other organizations. Trust is neither an agreed norm from the beginning of network collaboration nor an assumption that other parties have good intentions (see Klijn et. al., 2010). In such policy settings, trust can only be attained after network participants demonstrate their skills, expertise and level of competence, which serve as proxies for productiveness. It is the recognition of productiveness in the eyes of other network participants which develops an awareness of trustworthiness and eventually an atmosphere of trust.

Even though there are no strict criteria or categories of measurement, it is still possible to look for different interpretations that fall under the definition of inter-organizational level trust as mutual recognition of productiveness. In this case, I started with an educated guess and then refined different interpretations of trust during the field research. Such items could be different manifestations of trust at the inter-organizational level such as solidarity, team work, or synergy, which serve as bonding mechanisms that enhance productiveness at the network level. Interviewees were asked open ended questions in order to understand their perception of trust within their respective policy networks:

- a) *What makes possible the collaboration of organizations with different strategies, objectives, and interests in a mutually supportive manner (solidarity)? Do we observe this situation in the case under consideration? (low)*
- b) *Under what conditions do the network participants engage in effective/productive teamwork (teamwork)? Do we observe this situation in the case under consideration? (medium)*
- c) *If yes, would you define the team-work among network participants as a highly synergetic relationship? (high)*

#### 4.3.1 Institutionalization

Networks are instruments utilized to reach certain policy outcomes. Institutionalization, on the other hand, refers to the persistence of policy networks or their re-production (or perhaps re-institutionalization) within the social, political and economic institutions surrounding those networks. Thus, while symmetrical structure and trust based interaction explain how policy networks become collaborative, institutionalization, explains why those policy networks persist over time leading to resilience and consolidation of policy networks within the broader political and economic environment. In this way, policy networks are not just a passing fad but a durable and legitimate policy tool. Within this context, one can consider policy networks as an alternative pattern of governance next to hierarchies and markets. This is a substantial or paradigmatic change – namely a shift to more networked modes of governance.

As mentioned in Chapter 2, network institutionalization can be manifested in two different forms: network resilience and network consolidation. Network resilience refers to the short/medium term institutionalization of policy networks due to some degree of external support. Network consolidation, on the other hand, refers to the long term institutionalization of networks despite decreasing external support. As a result, policy networks turn into a successful model of policy collaboration that is reproduced over time.

The notion of institutional consolidation is not applicable to this study because the policy networks under investigation are relatively new practices of policy making still in the early phases of collaboration. In addition, the argument made here is that policy networks are embedded in the broader institutional framework within which they come into being. In other words, external (or exogenous) factors that bolster or hinder

network collaboration are critical for the institutionalization of policy networks. Therefore, network resilience will be used to measure the degree of network institutionalization.

In terms of operationalization, institutional resilience represents an interpretative category, i.e. a category that cannot be expressed in numerical values. As mentioned above, institutional resilience depends on the degree a network is embedded in the surrounding political, economic and social environment. The more a policy network is embedded in the surrounding environment, the higher is the level of institutional resilience. In this context, policy networks are considered to be institutionally resilient under three circumstances. In these cases, policy networks serve as channels for 1) prevailing discourses or ideas, 2) prominent political leaders or high level officials or 3) already existing political coalitions or business based alliances. In other words, the more a policy network serve as channels of interest intermediation by reflecting certain agenda, discourses or interests the higher is the level of institutionalization. The following questions are asked to gauge the level of institutionalization as network resilience (short and medium term institutionalization):

- a) *Is the policy network legitimated by prevailing discourses and ideas such as media discourses, EU/WHO discourses or pre-election discourses? (low level of institutionalization) (external and domestic legitimation)*
- b) *Is the policy network supported by prominent political leaders or high level state officials with decision making power in the executive? (medium level of institutionalization) (political support)*
- c) *Is the policy network a product of a political coalition, business alliance or any other already existing web of relations? (high level of institutionalization) (both financial and political support)*

#### **4.4 Conclusion**

For the purpose of this study 24 expert interviews were transcribed and analysed based on the coding schema described in this chapter. The interviewees were selected based on their area of expertise and educational background. Doing expert interviews for policy network research is justified for two main reasons:

First and foremost, the subject of the research makes expert interviews to some extent inevitable. Policy networks are composed of organizational representatives whose interaction has some impact on policy making processes and/or outcomes. Goes without saying that these representatives are decision makers who have specialized knowledge and expertise in their policy fields. Therefore, the study of policy networks requires meeting with highly trained individuals who at the same time have some accumulated professional experience.

Secondly, the nature of the items included in the questionnaire is more suitable for experts trained at the masters and doctoral level. The questions remain too technical for bureaucrats or professionals with no academic background or extended professional experience. Some of the terms frequently used during the interviews were policy networks, governance, institutionalization, decision making mechanisms etc. Experts not only address but also problematize by providing their own opinions. This is particularly important for the purpose of this research, which has an exploratory nature.

## **CHAPTER 5**

# **CROWDED POLICY SPACES: A EXPLORATION OF NETWORK COLLABORATION WITHIN THE TURKISH HEALTH SECTOR**

“...the existence of plural governance modes, the overlaying of “old” institutions, processes and actors with new arrangements leads to a crowded and even contested institutional arena...”

(Keast, Mandell & Brown, 2006: 28)

This chapter clarifies the findings of the field research by showing qualitative and quantitative evidence. These findings are the product of the field research process and a close reading of the 24 semi-structured interview transcripts, which is based on the coding of the categories described in the previous chapter – namely symmetrical structure, trust-based interaction and institutionalization. The field research reveals that there are many instances of cross-sectorial collaboration within the policy sub-areas under investigation: 1) Public Health Development, 2) Medical Industry, 3) Health Tourism, and 4) Community-Based Health Services. In each of these policy sub-areas, cross- sectorial collaborative projects are divided into two groups: a) empty networks with no collaborative capacity (established for perfunctory or simply

demonstrative purposes) and impact on policy making and, b) policy networks with some degree of collaborative capacity (some degree of symmetrical structure and trust) and impact on policy making (impact on the policy making process, policy outcomes or both).

The field research reveals that cross-sectorial collaboration is a widespread practice within the Turkish health sector. However, only a few cases qualify as policy networks with a symmetrical structure characterized by inclusiveness, connectedness, common decision making and interdependence and some degree of trust. Policy networks are present in three under four policy sub-areas investigated in this study: 1) Evidence-Based Health Policy Making (*Çok Paydaşlı Sağlık Sorumluluğunu Geliştirme Programı, ÇPSSGP*), 2) Medical Industry (*Public-Private Partnerships, PPPs*), 3) Health Tourism (*Sağlık Turizmi Koordinasyon Kurulu, SATURK*). Lastly, the criterion of institutionalization is met only by PPP-based common investment projects, which are deeply embedded in the Turkish political-economic environment backed by resilient business alliances and supportive political institutions.

The presence of such cases shows that policy networks are relevant instruments of policy making within the Turkish health sector. This finding challenges the widely accepted idea that policy networks are completely lacking in Turkey or go as far as being an imaginary phenomenon with no concrete policy implications. However, each of the three policy networks mentioned above takes a different form, has a different function and produces different outcomes. Therefore structure-wise, it is not possible to talk about networks as a monolithic/uniform concept or a single practice of policy-making. The goal of this chapter is to investigate these policy networks on a case-by-case basis and contextualise the findings by illustrating statements from the interview texts.

Chapter 5 is organized as follows: Section 1 presents the results of the content analysis. Section 2, 3, 4 and 5 provide an in-depth analysis of the four policy sub-areas under investigation, i.e. public health development, medical industry, health tourism, and community level health and social services respectively. Section 6 concludes the chapter with some general remarks on the network configurations observed within the health policy environment in Turkey.

### **5.1 Many Empty Networks, Few Policy Networks**

The field research reveals a plethora of cross-sectorial collaborative platforms in the form of consultative multi-stakeholder meetings, multi-level working groups, clustering at the national and regional levels, co-investment projects, or community network collaboration. Based on the definition provided in this study, only three collaborative platforms qualify as policy networks with a symmetrical structure and trust-based interaction.

In most of the cases, actors participating in collaborative platforms continue to meet solely for perfunctory or demonstrative purposes. Table 4 summarizes all the cases of cross-sectorial collaboration that do not qualify as policy networks, i.e. empty networks. Empty networks do not have a genuine structure of collaboration as defined in this study. Similar practices have been encountered in previous research on NGO involvement in policy making processes. Such practices have been described as cases of “participation on paper” or cases of participation only in appearance and discourse without any genuine impact on decision making (Paker, Adaman, Kadirbeyoğlu, & Özkaynak, 2003: 766)

**Table 4.** ‘Empty Networks’ and ‘Patronage Networks’

Policy Sub-Area	Involved Actors	Format of Collaboration	Nature of Interaction
Public Health Development (empty networks)	<i>Central Government, NGO-Professional Associations, Universities</i>	<i>Setting: Policy Innovation Hubs Function: Contribute to evidence-based policy making through expertise sharing</i>	<i>Centralized Asymmetrical Missing Bottom-Up Input to Policy Making</i>
Medical Industry (empty networks)	<i>Central Government, Private Sector - Small Medium Size Enterprises (SMEs), NGO-Professional Associations, Universities</i>	<i>Setting: 1) Medical Industry Clusters 2) Specialized Committees Function: Enhance productivity and spur innovation</i>	<i>1) Fragmented Mistrustful Self-Interested<sup>18</sup> 2) Occasional Selective Politicized</i>

<sup>18</sup> Groups/companies pursue self-interested aims. Firms compete for funding. Central government finds them incompetent enough. Firms perceive central government as unsupportive enough.

Table 4 (cont'd)

Health Tourism (empty networks)	<i>Local Government, RDAs, Private Sector Representatives, NGO-Professional Associations, Universities</i>	<i>Setting: Regional Tourism Clusters Function: Promote regional comparative advantages through cross-sectorial coordination</i>	<i>Shallow Loose Uncoordinated</i>
Community-Based Health and Social Services (patronage networks)	<i>Central Government, Local Government, Service Oriented Non-Governmental Organizations, Universities</i>	<i>Setting: Community-Based Service Channels Function: Increase the quality of health and social services through community level collaboration</i>	<i>Clientelistic Selective Politically Expedient</i>

Initially, all the instances of collaboration are compared and contrasted in order to distinguish policy networks as relevant instruments of policy making from empty networks those case where network collaboration is done simply demonstrative purposes. The overview of all the cases, is then followed by a comparison of the three policy networks under investigation. A summary of these three cases and the results of the content analysis of the respective interview transcripts are presented in Table 5. All cases of cross-sectorial collaboration briefly mentioned here will be discussed at length in the rest of this chapter.

**Table 5.** Symmetrical Structure Values: Comparing Three Policy Networks

	ÇPSSGP	PPP	SATURK	Average Values
Inclusiveness	0.60	0.40	0.80	0.60
Connectedness	0.90	0.40	0.40	0.57
a)Continuing Interaction	0.70	0.50	0.50	0.57
b)Face-to-Face Communication	1.00	0.25	0.25	0.50
Common Decision Making	0.60	0.20	0.20	0.33
Interdependence	0.67	0.61	0.38	0.55
a)Resource Pooling	0.50	0.75	0.25	0.50
b)Organizational Rules	0.50	1.00	0.50	0.67
c)Horizontal Coordination	1.00	0.10	0.40	0.50
<b>Symmetrical Structure</b>	<b>0.7</b> High	<b>0.4</b> Low	<b>0.5</b> Medium	<b>0.5</b> Medium

## 5.2 Knowledge-Based Cross-Sectorial Collaboration

Insights from the field research as well as the analysis of the interview texts reveals that cross-sectorial collaboration with the purpose of public health development takes two forms: *Empty networks*: The cases of cross-sectorial policy collaboration which are centralized, asymmetrical, and with minimum or no bottom up input. Most of the platforms gathered within this policy sub-area fall under this type of cross-sectorial collaboration. *Policy network*: A cross-sectorial collaborative project in the form of inter-governmental network with close relations to university representatives - namely *Çok Paydaşlı Sağlık Sorumluluğunu Geliştirme Programı (ÇPSSGP)*. This is a case where state intervention is critical for finance and coordination. Yet, this does not preclude the formation of a policy network with a symmetrical structure and trust-based interaction.

Empty networks refer to those ‘collaborative’ platforms, which are on paper established to add scientific and professional evidence to public health policies. However, the field research shows that these platforms have several handicaps. They lack a genuine structure of collaboration and also trust based interaction among

stakeholders. In reality such meetings end up as ad-hoc, sporadic, and ‘decorative’ platforms that cover hierarchical and centralized forms of governing.

First of all, there is no sufficient bottom up input to policy making through such platforms. The number of professional associations (non-governmental) that can in reality contribute to policy making at the national level is still very limited. Note that these associations must be highly specialized, they must operate at the national level, and they also must have the necessary tools to translate professional expertise to policy know how. Only a few professional associations possess all such qualities. Yet, even when such associations are present, bottom up input is missing. NGOs must be incorporated into the very early stages of policy formulation in order to account for high levels of bottom up input or inclusiveness. Yet, this is not really the case in Turkey. One of the interviewees admits that NGO are invited by the central government and they are presented with already formulated policy proposals. Decision making concerning such policies takes place within a fast-paced process. Hence, NGO representatives go to such meetings unprepared to contribute with concrete research based policy recommendations.

Second, such platforms do not have any impact on policy making other than general consultancy, which is not all the time taken into account. Such platforms take the form of consultative expert meetings (often on WHO health policy directives, standards and guidelines), roundtable workshop series and forums, commissions for healthcare research and quality, health technology assessment networks co-funded by the EU as part of the cross-border health development (these networks serve the function of health technology assessment from a public health perspective), etc. In these cases, the participating actors are selected by the central government. Moreover, these platforms do not involve common decision making as defined in this study. Despite the efforts

to incorporate non-governmental actors, the central government has the final say on policy formulation. NGOs present research based evidence and policy recommendations which are not translated into concrete policies. One of the NGO representatives argues that the majority of the efforts that involve cross-sectorial collaboration result in “dead projects” which are never materialized into concrete policies and implemented on the ground.

Thirdly, interviews reveal that there are no direct communication channels between network participants involved in this type of cross-sectorial collaboration. Non-governmental actors do not communicate among themselves other than their work group interaction arranged by the ministerial offices. Therefore, the bonds that link network participants are not fully developed, meaning that it is not really possible to talk about network attributes such as connectedness. All in all, in terms of the nature of interaction these platforms are at most consultative, whereas in terms of structure they are asymmetrical and centralized. As such they do not qualify for the study of policy networks as practices that shape or define policy making.

Unlike the collaborative platforms mentioned above, ÇPSSGP qualifies as a policy network with a symmetrical structure (inclusiveness, common decision making, connectedness, resource pooling, organizational rules and horizontal coordination) and trust-based interaction. ÇPSSGP is essentially a public health development project, which lasted from 2011 to 2014. These three years served the purpose of policy formulation. ÇPSSGP is an inclusive network composed of representatives from institutions such as: Türkiye Halk Sağlığı Kurumu (particularly Çevre Sağlığı Dairesi), Kalkınma Bakanlığı (particularly Sağlık ve Sosyal Güvenlik Dairesi), Sağlık Bakanlığı (particularly Temel Sağlık Hizmetleri Genel Müdürlüğü ve Dış İlişkiler ve Avrupa Birliği Genel Müdürlüğü), Düzce Üniversitesi Tıp Fakültesi Halk Sağlığı

Anabilim Dalı, Dışkapı Yıldırım Beyazıt Eğitim ve Araştırma Hastanesi, Karadeniz Teknik Üniversitesi Tıp Fakültesi Halk Sağlığı Anabilim Dalı, Ankara İl Sağlık Müdürlüğü, Ankara Halk Sağlığı Müdürlüğü. Network participants are mainly professionals working in ministerial departments, local government and universities. Considering the actor composition of the network, ÇPSSGP constitutes a state-university partnership.

One key feature of this broad policy network is that it operates within the state structure; meaning that, the collaborative project is led, financed and coordinated by the central government. In Turkey, the central government is responsible for launching projects on public health development, which is considered to be legitimate even in the context of such highly specialized research hubs. Yet, even within this context, none of the central government departments acts as an organizational hegemon. Regardless of their organizational affiliation, network participants share equal responsibility for public policy making and are able to exercise it through mechanisms of common decision making.

Even though ÇPSSGP is a broad network in terms of actor inclusiveness, operation wise it is divided into small and focused work groups. Being small contributes to the close and frequent communication between group participants; being focused minimizes the incompatibilities or conflicts that emerge in such settings. Despite being separated into specialized work groups, network participants are not completely detached from each other. Sometimes, one network participant is involved in more than one work group that adds to the information exchange across work groups. However, participants are primarily focused on the policy goals of their own work groups. In this way, group members focus on practical and technical issues instead of engaging in unnecessary and counterproductive political debates.

Particularly important for the purpose of this study, are the workshops which took place in neutral locations outside Ankara. Such workshops were very fruitful contributing to higher levels of brainstorming. Above all, they were great venues where participants could spend time together and engage in face-to-face communication - an effective mode of communication which was practiced a lot in the case of ÇPSSGP. Interviewees themselves emphasized the role of face-to-face communication within small group settings in increasing the effectiveness of the decision making process and engendering network cohesiveness and integrity.

Moreover, the interviewees reveal that network participants were bonded by a close yet professional relationship with each other, which continued even after the project was completed. Here, close relationship does not entail the presence of informal relations among network participants. Actually network interaction within the ÇPSSGP teams was carried out in a semi-formal fashion. One of the interviewees substantiates this point by arguing that too much informality among network participants can be detrimental to network effectiveness. The assumption here is that too much informality kills proximity necessary for professional interaction.

What makes network participants dependent on each other? In this case, material resource sharing is lacking, yet, the bond that links actors together is expertise sharing. Here, expertise sharing is not simply consultative, instead it is expected to result in a national policy on public health. In reality, network participants make use of their full knowledge and expertise on the issue, work professionally, and do not follow any specific organizational rules or predetermined policy positions. Under such conditions, network participants stop pursuing their organizational mission over time, acknowledging the benefits of expertise sharing and team work. Thus, ÇPSSGP as a policy network consists of specialized and knowledge intensive work groups which

are composed of professionally autonomous actors that depend on each other for achieving common policy goals.

Surely, the presence of team environment means that collaboration is not marked by constant friction or rivalry between organizations. Yet, this does not guarantee the lack of confrontation among network participants. The bottom line here though is that confrontation does not turn into irresolvable conflict. Clear organizational rules agreed at the beginning of collaboration are helpful to keep conflict at bay. In addition, thanks to their occupational similarity, network participants can connect more easily with each other. It is worth mentioning here that ÇPSSGP is a relatively homogenous policy network in terms of actor profile. This quality allows the participants to negotiate their positions equally contributing to high levels of horizontal coordination.

ÇPSSGP, represents a typical case of trust-based interaction. Interviews reveal that shared vision and team environment were both present in the case of ÇPSSGP. These two words were constantly reiterated by the interviewees as the engine behind collaboration in the ÇPSSGP program. Naturally, shared vision is necessary to kindle some enthusiasm and solidarity among participants and motivate them to work together from the very beginning of cooperation. Team environment is also necessary to foster synergy among network participants and eventually lead to brainstorming and policy innovation. Network participants trust their colleagues and engage in a collaborative learning process with the belief that this will result in a win-win situation. Interviewees reveal that team environment was not present from the onset of collaboration, instead it was developed gradually due to the work and constant efforts of project coordinators who were credible individuals with high reputation in their fields of expertise. The interviews revealed that project coordinators played a critical

role in cultivating collaboration and building an environment of trust around network participants.

Finally, ÇPSSGP exhibits a low score of institutional resilience. The program follows the WHO and EU health standards and, therefore, serves as a legitimate platform for public health development. However, it lacks the political and economic support necessary to move it forward. As a result, the collaborative momentum of the network was stalled and the network operation was suspended prior to the policy implementation stage. The interviewees themselves are sceptical about the persistence of the project in the long run unless a separate institution responsible for the maintenance of the project is set up by the central government. The caveat here though, according to one of the interviewees, is that the institution should not be a political body but a specialized standing committee that will professionally manage and supervise the network and, at the same time, acknowledge the decisions taken so far. However, all the interviews share the belief that the political will to sustain this policy network is largely lacking at the moment, which means that ÇPSSGP as a network might as well be prone to disintegration.

### **5.3 Interest-Driven Cross-Sectorial Collaboration**

Cross-sectorial collaborative platforms within the policy sub-area of medical industry have a twofold purpose, i.e. healthcare production and healthcare construction. *Empty networks*: Cross-sectorial collaboration that focuses on the production of pharmaceuticals and medical devices. These collaborative platforms take the form of medical industry clusters or more specialized committees. The function of these platforms is to serve as a bridges of cooperation among central government, business representatives (professional associations), private companies (mainly SMEs) and

universities in order to enhance performance and productivity at the sectorial level. *Policy networks*: Public-private partnership based healthcare construction projects discussed widely in the media as city hospital projects. These co-investments partnerships possesses some of the attributes of policy networks.

Generally speaking, the present interaction between government, medical industry (mainly Small and Medium Size Enterprises, SMEs focused on the production of pharmaceuticals and medical devices) and universities in Turkey goes as far as organizing meetings, seminars and roundtable workshops with a broad scope. Network interaction between cluster members is limited to platforms of opinion exchange rather than avenues of common decision making. For instance, the monthly meeting hosting the representatives from the pharmaceutical sector organized by the Turkish Medicines and Medical Devices Agency illustrates this argument. During the meeting the business association representatives openly questioned the role of the multi-stakeholder platforms if they do not really contribute to policy making. Such meetings are broad and inclusive in terms of actor participation, yet, fragmented in terms of nature of interaction among those actors.

SME interaction in regional medical industry clusters is relatively more organized. The advantage of medical industry clusters is that they bring together private firms operating in the medical industry sector and establish linkages between them through various channels of communication and dialogue including face to face contact (made possible by geographical proximity). Interviewing shows there is already network collaboration among private firms through clusters at the regional level centred in

cities such as Istanbul, Ankara, and Samsun.<sup>19</sup> However, the question is whether such coordination produces a bottom-up impulse, which can contribute to the development of policy making at the national level.

The interviews reveal that the relation between the central government and the cluster representatives is particularly tension driven. The parties consider each other as self-interested, unsupportive and uncooperative. The relations between the medical industry cluster and the university representatives seem to be healthier and more cooperative. From time to time they engage in common projects about the development of a product. Yet, what is missing here is the presence of an active channel of communication between these actors.<sup>20</sup>

What is the root cause that keeps these clusters away from turning into truly collaborative policy networks? Most of the criticisms are directed towards the central government. According to one private sector representative, the central government prefers foreign corporations over national companies, as a cheaper and more profitable alternative in the area of healthcare production. The interviewee also argues that governmental choices are made to pursue the interest of certain groups without any regard for the common good. When in practice the central government is posed with

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<sup>19</sup> Most of the findings in this study are based on the field research of OSTIM Medical Industry Cluster based in Ankara. Additional data on two other medical industry clusters were collected from the Health Management Conference and empirical studies that evaluate the cluster activities.

<sup>20</sup> OSTIM Medical Industry Cluster is expected to have better working relations with the central government considering its location. However, the field research shows that the relation between the central government and the cluster is mistrustful and uncooperative. Similar findings were revealed by the study of the Medical Industry Cluster in Samsun (see Cetin et al., 2016). Conference participants also argued that despite the recent developments the link between the central government and the medical industry has not yet been fully developed.

the dilemma of choosing between local firms and international companies - they always choose the latter.

Consequently, SMEs operating within the health sector have not been offered adequate subsidies by the state through offset applications and the import of the medical products has not been restricted. The interviewee argues that the lack of support from the central government does not harm the local SMEs only, but the national productivity in general. As a result, national policy in the field of medical industry is counterproductive harming the overall economic development of Turkey in the long run.

Another private sector representative claims that the central government intentionally keeps them distant from the mechanisms of policy making as it prefers to keep close working relations with big corporations who offer much greater returns. Arguably, SMEs and their associations operating within the sector of healthcare production, cannot realistically expect to play a role in decision making concerning healthcare industry policies. He argues that local firms collectively do not make much profit or add much value to the economy compared to big holdings or international corporations. Thus, SMEs cannot be considered as equal partners by the central government. According to the interviewee, it should be no surprise that the government has declared big holdings and international corporations as partners in the field of healthcare construction rather than SMEs. SMEs can only realistically expect to collaborate with the central government in small scope common projects which are launched occasionally and for short term policy purposes.

High level bureaucrats working in the public sector argue that SMEs operating within the field of healthcare production do not have sufficient know how to innovate and produce. As a result they are not competitive in the global market. Public sector

representatives argue that they are willing to support these companies through offset applications, yet, SMEs do not fulfil the basic criteria of healthcare production, including international competitiveness. Public sector representatives perceive these companies as lacking the necessary expertise, competence, know-how and spirit of innovation. They are perceived as self-interested (competing for government funds) and uncooperative (do not follow the guideline and directives of the government carefully). All in all, interviews with public and private sector representatives reveal that there is lack of mutual trust and mutual recognition of expertise. Central government and private sector associations do not recognize each other as legitimate partners. Thus, medical industry clusters do not qualify as policy networks in the way they are defined in this study.

The field research also reveals that some of the collaborative platforms within the policy sub-area of medical industry are narrower in terms of actor participation, and more focused in terms of issues being treated. Structure-wise these collaborative platforms take the form of policy oriented specialized committees. In practice, these platforms turn into politicized venues based upon the close relationship between the central government and a selected group of business associations. For instance, governmental initiatives such as Ilactek or specialized committees on medicine and medical devices are characterized by high degree of politicization. Here, non-governmental actors (usually in the form of umbrella organizations who are in regular correspondence with the public offices) are carefully selected by the government.

Most of the interviewees admit that the central government has to be selective when it comes to choosing NGOs considering the large number of NGOs active in these areas. However, not much is said about the criteria and standards which should be used to select these NGOs. One of the interviewees argues that the arbitrary selection of non-

state actors in such platforms hides more than reveals anything about collaborative governance. Stated differently, such platforms, often arranged for demonstrative purposes, conceal centralized and hierarchical forms of governing. Under such circumstances, one cannot really talk about network structures marked by horizontal coordination, where participants can deliberate and negotiate at an equal level.

*Healthcare construction* represents a success story of collaborative partnership between public and private actors within the sector of healthcare industry in Turkey. Public-Private Partnership (PPP) based healthcare construction projects are not just another form of market enterprise, instead they represent a policy network with dispersed cost and shared benefits and some degree of interdependence between the parties. PPP based projects go beyond the profit of one or a group of companies, they are expected to have an enormous effect on health service delivery in Turkey. Hence, such collaborative partnerships involve many stakeholders including the society itself.

However, when analysed in the context of policy making processes, a PPP based policy network consists primarily of linkages between public actors (from both the central and local government) and big construction holdings, i.e. private companies operating in the healthcare construction sector. According to the information provided the Ministry of Health - Health Investments Directorate, some of the main private corporations involved in such partnerships are: YDA - Ronesans - Emsas – NKY, and Apco Meg. The main ongoing projects are: Kayseri Integrated Health Campus is the first PPP project in Turkey, Ankara Etlik Integrated Health Campus Project, Ankara Bilkent Integrated Health Campus Project and Elazig Integrated Health Campus Project.

As mentioned above, PPPs are essentially profit-driven common investment projects regulated by the provisions of the private law. In Turkey, PPP based healthcare

construction projects are applied in areas characterized by high costs and eventually high risks. Yet, due to such cooperation both sides find themselves within a win-win situation. The glue that brings actors together consists of sharing material as well as knowledge based resources - contributing to high levels of resource pooling. Private companies are responsible for the construction of health campuses and for the management of the hospitals for a specified number of years after the buildings are ready for use; whereas the state is primarily responsible for financing the construction projects and it is also responsible for doctor, nurse and technician recruitment after the construction period is over.

The presence of long term contracting (both at the construction and management level) entails that this policy network is highly regularized and structured. Regulations and directives are communicated to network participants through clearly defined legislations. Such institutional arrangement shows that PPPs as collaborative platforms display high levels of organizational rules. These include both ex ante and ex post rules that ensure the enforcement of the contract in the context of long term capital deployment. According to the information retrieved from the Ministry of Health, punishment measures were taken very rarely - consisting only in 10 % of the cases. Such a low score shows that the terms of the contract agreed at the inception of the collaboration are rarely broken during the implementation stage. Yet, the public sector representatives admit that long-term contracting involves many challenges associated with management and enforcement. Thus, the establishment of a contract management team was being considered at the time of the interviewing.

PPP based network collaboration between public and private actors emerges at the operational stage, i.e. policy implementation stage. Sharing investment responsibilities involves day to day strategic decision making which requires careful cost and benefit

calculations from all network participants. Therefore, a solid structure that facilitates some degree of common decision making is essential for the success if not survival of such projects. Based on the analysis of the interview transcripts, such projects do not involve much common decision making though on a frequent basis. Project activities are based on long-term contracts (at least 10 year contracts) that regulate the behaviour of network participants in a way that each actor has clear responsibilities from the onset of the project. The contact between partners at most takes the form of consultation rather than genuine negotiation. Eventually, this policy network does not display high levels of horizontal coordination and common decision making.

As mentioned above, network interaction takes the form of strict contract enforcement. The interviews reveal that the communication between network participants takes place occasionally, in certain agreed days a month. Face-to-face communication among network participants on a daily basis is largely lacking. Thus, overall connectedness values turn out to be low. In addition, the analysis of the interview texts shows that trust levels, as defined in this study, seems to be very low in PPP based projects, manifested in the form of solidarity rather than team work or synergy.

According to one interview with the public sector representative, collaborative partnerships should be based on a synergic model where the parties must act as a whole, yet, such model is missing in the context PPP based health construction projects. In addition, the insistence of public actors on establishing a contract management team as soon as possible implies the current inability of the state to control and manage the private sector services on a daily basis and also the lack of a close relationship between the parties. Private sector representatives, on the other side, seem to lack the enthusiasm to share their opinions on PPP based construction projects. Many of them even turned down the interview request. Overall, relatively low levels

of trust among parties can be partially explained by the nature of relations (formal relations regulated by terms and conditions of the contract), and partially by the lack of frequent, face-to-face communication between network participants.

Lastly, PPP based health construction investments are on-going projects with concrete policy outcomes. Persistence of these projects in spite of the changing political environment and economic conditions is a clear evidence for the institutional resilience of this policy network. In addition, a separate department specialized in PPP operations has already been established under the Ministry of Health, General Directorate on Investments. The interviews reveal that the PPP model is constantly being revised and refined by experts working in this institution. Besides, there are on-going efforts to create a management team in order to maintain, supervise and evaluate the workings of the partners in the current PPP based construction projects.

PPP based model already has a solid legal framework that shields it from third party attempts to sue or annul the projects. Legal provisions introduced in 2013 were an attempt to curtail if not eliminate the administrative and bureaucratic control on public-private partnerships. Since then, the contracts that regulate public-private partnerships have not been subject to public administrative court revisions. The next challenge is to build a solid institutional framework, which will eventually contribute to the consolidation of the PPP model as a policy instrument within the health sector in the long run.

Overall, PPP based partnerships constitute a policy network characterized by relatively low levels of symmetrical structure and absence of trust as defined in this study. Yet, despite having weak intra-network ties and a not very solid symmetrical structure, PPP based investment projects are deeply embedded in the surrounding political-economic environment receiving high levels of political and financial support. PPP projects are

largely covered and presented in the media as success stories of the ruling AK Party. In addition they are built upon a supportive legal framework and solid business based alliance which account for the on-going collaboration with concrete policy outcomes.

#### **5.4 Issue-Focused Cross-Sectorial Collaboration**

Health tourism is both a national policy priority and a regional development goal. Thus, network collaboration within this policy sub-area requires multiple stakeholders including government representatives from the central and local levels, private business representatives, and civil society organizations to come together and take collective action both at the national and regional level.

The field research reveals two types of cross-sectorial collaboration in Turkey within this relatively new policy area. *Empty networks*: These are mainly about health tourism clusters at the regional level, which did not go beyond the stage of goal setting and did not become collaborative in the true sense of the word. Cluster collaboration could not be maintained in the long run due to competing channels of authority, role confusion, lack of coordination and on-going rivalries within the private sector at the regional level. *Policy networks*: The Health Tourism Coordination Council (SATURK) is a policy network with collaborative platforms that provide mechanisms for some degree of negotiation among representatives from the public, private and voluntary sectors. However, this structure of collaboration, despite being symmetrical to some extent, is not well integrated lacking inter-organizational level trust.

Starting with health tourism clusters, all the interviewees perceive these institutional arrangements to be critical platforms of collaboration at the regional level. However, these platforms have largely failed to meet their initial goals. According to one

interview, health tourism clustering represents a “right” but not a “serious” institutional arrangement. Actor-wise, these clusters were composed mainly of representatives from the local government, Regional Development Agencies (RDAs) and private sector. Content analysis reveals that the role of the local government authorities is not clear at all. In one of the cases under investigation, the local government, namely the Provincial Directorate of Health (İl Sağlık Müdürlüğü) did not play a particular role in building communication channels among network participants. Hence, due to lack of intervention from any of the public actors general coordination problems arouse. The meetings were focused on the problems and demands of the private sector while common issues and interests were overshadowed. Another case of clustering shows a completely different reality. The presence of local health authority represented by the governor’s office (Vali) turned the meetings into hierarchical settings characterized by shallow exchange of ideas rather than interactive discussions on substantial issues of interest. In the first case there is minimal intervention whereas in the second case there is too much intervention by the public actors.

Both arrangements lost their *raison d'être* leading to low levels of discussion and rivalries within the private sector. One of the interviews argued that one way to overcome such problems is to set a common, overarching goal concerning health tourism development at the regional level, which will eventually increase the individual benefits of all network participants. Another interviewee argued that the cluster meetings must spark interest among participants from the start, especially by giving concrete examples of successful collaborative projects and practices abroad. Such efforts will trigger the participants to contribute in a synergetic fashion towards common goals. Otherwise, some actors would feel alienated from the whole process,

which happened in the case under consideration. According to the above statements health tourism clustering could not even go beyond the point of common goal setting. Stated differently, the participants were not clear about the reason why they attended such supposedly collaborative platforms.

Besides the ability to find a common ground, the role of the Regional Development Agencies (RDAs), as important stakeholders within the framework of regional health tourism development, has not been clear adding to the overall ambiguity of these platforms. RDAs have been established as part of the process of devolution of political authority from the central to the regional levels of governance. RDAs are structurally linked to the central government, yet, they are expected to be operationally independent, which contributes to their semi-public status.

Theoretically speaking, RDAs serve as bridges between national policy priorities set by the central government and local interests. RDAs must address the needs of the locally owned small and medium size enterprises (SMEs) and encourage network collaboration at the regional level. Yet, in practice, RDAs do not seem to play a very active role in coordinating network collaboration at the regional level. Moreover, their degree of autonomy from the government (both central and local) is disputable. Instead of minimizing the role of the government in the region, these agencies seem to promote it. During the interviews, RDAs representatives themselves call for more governmental involvement in regional health clusters emphasizing the critical role of public actors in coordinating network participants. For instance, in one of the interviews the governor is perceived as the “elder brother” who has the necessary qualities to keep the balance among all the stakeholders.

Considering all the above factors, health tourism clustering represents a case with deep structural problems such as competing channels of authority, role confusion, lack of

coordination and on-going rivalries among the private firms at the regional level. As a result, regional clustering did not lead to the formation of policy networks but rather to a series of counterproductive meetings with no concrete policy outcomes.

Certainly, the most successful cross-sectorial collaborative project in the field of health tourism so far is the establishment of the Health Tourism Coordination Council (SATURK). SATURK was established in 2015 after a series of meetings among stakeholders from the public, private and voluntary sectors. SATURK is policy network composed of various organizations that are responsible for different aspects of health tourism such as, Ministry of Health, Ministry of Culture and Tourism, Ministry of Economy, Ministry of Family and Social Policy, Ministry of Development, Ministry of Labour and Social Security, representatives from representatives from the Council of Higher Education (YÖK), the Union of Chambers and Commodity Exchanges of Turkey (TOBB), the Foreign Economic Relations Board (DEİK) and the Turkish Cooperation and Coordination Agency (TİKA).

In addition, SATURK supervises three work groups: 1) Advertising and Pricing Commission (Tanıtım ve Fiyatlandırma, 2) Education and Planning Commission (Eğitim ve Planlama), 3) The Regulations and Accreditation Commission (Mevzuat ve Akreditasyon). These are joint work groups composed of actors from the public, private and voluntary sectors. Many service delivery institutions within the field of health tourism are linked to SATURK including health care suppliers, insurance companies, hotel and hospitality enterprises, travel agencies, tourist information centres, logistics firms etc.

Network actors are jointly responsible for a) building business relations with other countries on the issue of health tourism and also for b) planning and coordinating the movement of foreign patients to Turkey and c) preparing the ground for patient

hospitalization in healthcare facilities in Turkey. Health tourism is comprehensive, multifaceted and dynamic policy area where every stakeholder is responsible for one aspect of policy making. Considering the number and the type of organizations involved, SATURK represents an inclusive and multi-tiered policy network. For this reason, SATURK scores particularly high in terms of inclusiveness.

The biggest challenge of such an inclusive network is the alignment of several actors within a functioning structure, which, among others, requires continuous interaction among network participants. At the time of the interview, SATURK displays average levels of connectedness among actors. The interviews reveal that the work group meetings were planned to be more frequent, however, they were interrupted by the election campaign. Moreover, up to the point of the interview, communication was mostly carried out online and on the phone rather than face-to-face.

SATURK scores particularly low in terms of two network attributes: common decision making and resource pooling. Common decision making levels turn out to be particularly low due to the fact that the formation of SATURK was mainly orchestrated by the central government, with the former Prime Minister Ahmet Davutoglu considered to be the primary decision-making authority. Despite the fact that many multi-stakeholder meetings were held, SATURK as an institution is the end product of the decision making process that took part within the cabinet; particularly between the Ministry of Health and the Prime Minister's Office. SATURK displays a low score also in terms of resource pooling. Nature of collaboration under the umbrella of SATURK is more about effort sharing rather than capital sharing. Thus, up to the point of the interviewing mutual sharing of material resources was not observed. Besides, no genuine expertise sharing was observed either.

Meetings prior to the formation of SATURK take the form of multi-stakeholder consultation platforms, which are deliberative in nature. The advantage of these platforms is that they facilitate the regular exchange of ideas among different parties in the form of cross-sectorial deliberation. Yet, they do not involve systematic exchange of expertise and common decision making. One of the network participants illustrate this point with a critical attitude towards the meeting. He argues that such meetings must turn into platforms of high quality information exchange, otherwise, they stop being multi-stakeholder policy networks and turn into shallow meetings with merely large numbers of attendants.

SATURK displays an average score in terms of organizational rules, with only ex-ante rules of operation. At the point of the interview, not much could be said about ex post rules taking into account the fact that network collaboration had not yet reached the stage of policy implementation. Concerning horizontal coordination, SATURK has a relatively low score of 0.4. Regular meetings at the commission level provide a space for feedback, discussion and negotiation among actors. The presence of negotiation mechanisms accounts for some degree of horizontal coordination at the network level. However, the interviewees admit that in most of the times, it is the ministerial cabinet, particularly the Ministry of Health, Directorate of Healthcare Service Improvement with its role as the secretariat of SATURK that provides the general directives to other network participants, including other ministerial departments and civil society actors. Using the words of one of the interviewees, “most of the times the government “cooks the decisions in its kitchen and serves them ready to other actors”.

Trust levels seem to be very low within this policy network. Words such as teamwork or synergy were not mentioned during the interviews. The interviews reveal that genuine expertise sharing was absent from the multi-stakeholder meetings which did

not generate productive teamwork, groupthink, or synergy. Even though synergetic team work is absent, solidarity among actors on some shared goals concerning the development of health tourism exists, contributing to relatively low levels of trust.

Low levels of trust could as well be a normal occurrence considering that the project has been launched recently (2015). It is possible that trust develops over time and takes the form of mutual recognition of productiveness where network participants consider each other as equals. In order to truly bond and produce high quality work at the group level each actor should be able to contribute towards common network goals. In the case of SATURK, network participants are expected to provide each other with valuable information depending on their specific area of expertise.

In terms of the institutionalization, SATURK exhibits medium levels of network resilience. SATURK receives the necessary political support from prominent political leaders and high level state officials responsible for the development of health tourism at the national level. Health tourism development as a policy goal ranks very high in the political agenda of the ruling AK party, with tourism being one of the primary sources of income for Turkey in the recent years. Moreover, health tourism is a high ranking issue in the global political agenda. However, so far, no cross-sectorial business alliance between stakeholders or broad political coalition that bolsters the activities of this collaborative platform has been observed. Therefore, SATURK does not qualify as a case of high level institutionalization.

Even though it is possible to offer to insights, the issue of institutionalization in the context of SATURK should be subject to further research. At the time of the interview, SATURK was only at its inception stage where one can hardly talk about high levels of institutionalization. SATURK and its related commissions, had not yet entered the operational stage. According to the interviewees, being a new application field requires

preliminary pilot action, which consists of planning, developing a collaborative structure at the intergovernmental level, establishing logistics firms that will operate in the field and training the personnel.

### **5.5 Service-Oriented Cross-Sectorial Collaboration**

The area of community level health and social services is very rich in terms of number and stakeholders, multitude of issues of concern, and variety of related projects. However, the field research shows that the ability of these stakeholders to have a real impact on policy making processes is marginal if not absent. Local government institutions, which are primarily responsible for the provision of health and social services at the community level, do not have the necessary capacity to coordinate the activity of other stakeholders. Collaboration with private sector firms in this area is missing, both in terms of policy formulation and policy implementation. Most of the non-governmental organizations (NGOs), which in this case hold the status of service oriented voluntary organizations, are completely excluded from collaborative projects. Only some NGOs get involved in collaborative projects through grant mechanisms. Yet, even under such circumstances, most of these projects have no impact on policy making other than providing policy recommendations. In midst of such an institutional vacuum, collaboration at the community level is dominated by personal connections the central government (and their institutional extension at the local level) with a handful of NGOs, which often take the form of clientelist webs.

Theoretically, non-governmental organizations should play a critical role with regards to the provision of health and social services at the community level. The interviews reveal that NGOs are an irreplaceable source of information, which can provide critical information about local communities. One NGO representative argues that community

based services should be focused on the specific needs and experiences of the individuals— namely the elderly, the poor, children etc. If the individuals are not at the centre of such services, then, the latter remain utopic projects, i.e. projects that do not address the needs of the individuals and remain limited in their scope and real life implications.

The role of the service oriented non-governmental organizations is to serve as a bridge between the government and the society by reflecting the needs and demands of the latter. However, in reality, non-governmental organizations are not approached through open, transparent, and fair processes. Most of the interviewees agree on the fact that governmental authorities favour some non-governmental organizations over others and builds relations in an unprofessional manner. The chosen voluntary organizations have privileged access to funding on community-based projects in return for political support and loyalty. Such webs of relations are conceptually and practically different from policy networks as defined in this study.

In order to illustrate this point better I focus on one collaborative project which can be considered as the most inclusive in terms of actors involved and the most significant in terms of the impact on policy making. Here, I refer to the collaborative project on in-home aide services at the community level where a small number of voluntary organizations, serve as indirect and extended party channels to reach citizens through selective services. In this case, collaboration again takes place within a clientelistic structure of relations where informal, inter-personal relations prevail upon formal channels of communications. Thus, this platform of collaboration does not qualify as a policy network as defined in this study. However, the common project on in-home aide services deserves some attention as an interesting case of cross-sectorial

collaboration with concrete policy outcomes that operates within a primordial structure of relations.

This project has been designed at the national level and applied at the community level. Thus, implementation wise, this project consists of multiple local level platforms located in geographically dispersed regions of Turkey. This first pilot project was launched in Bolu through an implementation plan which will also be transferred to other cities in Turkey. The actors involved in this collaborative project are Bolu Valiliği, Bolu Belediye Başkanlığı, İl Sağlık Müdürlüğü, Türk Kızılayı Bolu Şube Başkanlığı, Sosyal Yardımlaşma ve Dayanışma Vakfı Başkanlığı ile Aile ve Sosyal Politikalar İl Müdürlüğü, and Evde Sağlık Hizmeti Derneği. This is a case where central government is not directly involved giving more policy-making discretion to voluntary organizations and local government institutions.

Such network configuration is expected to increase the effectiveness of community level health services. The assumption here is that local level government and voluntary organization are better equipped to provide healthcare services at the community level. Transferring policy making authority from the central government to local level government and voluntary organizations is exceptional, particularly in the case of Turkey where the latter have traditionally been excluded from the mechanisms of policy making. Then, why does this cross-sectorial arrangement not qualify as a policy network?

The field research reveals that beneath these projects lies a clientelistic structure of relations based upon close linkages between the central government and involved civil society organizations, which will be referred to here as ancillary organizations. The role of these ancillary organizations, specialized in service provision at the community level, ensure that the ruling party preserves its legitimacy and popularity within its

constituency. This collaborative platform can best be described as social network where informal, inter-personal relations are nurtured by close links to the ruling party rather than formal and transparent channels of cooperation. For instance, we do not observe a regular platform of communication, common decision making, and negotiation at the national or local level.

Civil society organizations involved in this cross-sectorial collaboration are selected by the central government on the basis of allegiance to the ruling party and serve their political agenda by offering health and social services at the local level. The role of the central government and local government institutions within this network is to legitimize the essentially clientelistic relationship by financing such projects through state funds and arranging the institutional platforms necessary for collaboration. In this context we cannot really talk about a formal structure of collaboration or a policy network.

Over the years, the AK party has promulgated itself as a service oriented party and has been directly involved in the provision of social and health services at the community level through intra-party links that favoured selected segments of society. This approach has led to protective and selective policies rather than policies that promote the general public good. The field research confirms such arguing by showing that community level health and social services are dominated by pork and barrel politics, informal interpersonal relations and clientelism. How does the clientelistic structure prevail though? The root cause of the problem is the malfunctioning local level institutional structure with loopholes for external infiltration and intervention. It is within this institutional framework, in which clientelism and party based patronage prevail at the local level

First of all, local level institutions have weak administrative capacity in the area of health and social services. The municipalities are completely absent from health and social provisions at the community level, even though all interviewees agree that it is the municipalities that should bear the main responsibility and play the primary role in this direction. The general view presented in the interviews is that the current municipalities lack the necessary awareness, motivation, knowledge and governance capacity to manage health and social services at the local level. Besides, one of the interviewees argues that devolution of powers to the municipalities is not practically possible due to security concerns. Different provinces in Turkey have different demands and priorities. Such local deviations might jeopardize the unitary state powers. Similarly, another interviewee notes that the Turkish state is *de jure* a unitary state, thus, administrative decentralization is not legally possible.

Therefore, the only way of decentralization is through delegating some authority to institutions which are accountable to the central government. In more concrete terms, local government institutions mainly responsible for health and social services are the Provincial Governor's Office, the Local Health Directorate (under the Ministry of Health), the Public Health Directorate (under the Public Health Institute) and the local level institutions of the Ministry of Family and Social Policies. In addition, Social Assistance and Solidarity Foundations (SASFs, 2004), which function under the direct supervision of the Prime Minister's Office and Ministry of Family and Social Policies (since 2011) play a critical role in social service provision at the community level. However, all these local offices are centrally orchestrated and serve as institutional extensions of the central government without much decision making discretion.

Secondly, the mechanisms of coordination among institutions at the local level are lacking. 663 Sayılı Kanun Hükmünde Kararname (KHK) has provisions for vertical

relations (the way local government institutions are accountable to central government institutions in Ankara) rather than horizontal relations at the local level (the way local government institutions interact with each other and their responsibility toward their respective communities). This malfunctioning structure was harshly criticized in the conference on health management. According to the conference participants, local level triangular structure (*üçlü yapı*) has many anomalies. Three main institutions are responsible for health service provision at the local level. These are: 1) Local Health Directorates vertically accountable to the Ministry of Health, 2) Local Public Hospital Associations are vertically accountable to Turkey's Public Hospitals Institution, and 3) Local Public Health Directorates vertically accountable to the Public Health Institution in Turkey. This new structure is marked by overlapping roles, job confusion, lack of checks and balances etc.

The interviews illustrate the above 'institutional confusion' better. For instance, according to one interview, the pilot projects on in-home aide services lack clear coordination mechanisms. The coordinating institution can be the Provincial Governor, the Local Health Directorate, or the Ministry of Family and Social Policies depending on the situation of the province under consideration<sup>21</sup>. Similarly, another interviewee highlighted the coordination problems among institutions at the local level and illustrated it by saying that "Three people can't possibly hold an egg without breaking it in the end!"

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<sup>21</sup> The Local Public Health Directorate and Local Public Hospital Associations appear to be less active in leadership roles at the local level. The reason for this might be that they are accountable to national agencies that are affiliated to the ministry of health rather than directly accountable to the Ministry of Health as in the case of Local Health Directorates.

How are voluntary organizations involved in cross-sectorial projects at the local level? The interviewees reveal that NGO involvement in the area of health and social services at the local level is not a common practice. One interviewee argues that NGOs do not possess the necessary academic and administrative skills to get involved in service oriented cross-sectorial projects. According to another interview, NGOs in Turkey pursue their own interests rather than the common good of the society. Besides, there are too many NGOs operating within the field of health and social services and there are no standardized procedures of involvement in collaborative projects. One of the interviewees argues that in case several NGOs are involved in collaborative projects the state offices will be left with no voice/authority (söz hakkı) over them, which is apparently an undesirable situation. Under such circumstances, the central government is supposed to give directives and instructions about which NGOs should be involved in the collaboration process.

Then, how are these NGOs selected? The majority of the interviews concur with the opinion that NGOs are selected by the central government based on purely political criteria. With respect to the project on in-home aide services, some of the members of the voluntary organizations are individuals who have worked or are still working in public offices and who have the necessary connections with the ruling party as well as expertise to manage such projects. It is due to the presence of such individuals that projects like these are put into life. They play a significant role as project initiators and interest mediators, who go beyond organizational boundaries and serve as connecting bridges between organizations. Moreover, the organizations they represent are perceived as legitimate in the eyes of the public actors who are largely sceptical about NGO involvement in policy making processes.

Yet, in the end of the day, these voluntary organizations are indirect and extended channels of the ruling party rather than autonomous entities that contribute to policy making through bottom up impulse. In this context, it makes no sense to talk about a symmetrical structure of interaction based on horizontal coordination, common decision making, or resource pooling. Instead, such NGOs operate within a clientelistic structure that achieves the short-term interests of the involved actors, particularly the ruling political party. This finding confirms previous research on political patronage in Turkey. For instance Heper and Keyman argue that "...the party system became extremely responsive to the localized and particularistic demands of its constituencies...the increased scope of the public sector facilitated to meet the localized and particular demands of the constituencies through political patronage" (Heper & Keyman, 1998: 262).

Despite the absence of a genuine structure of collaboration, community level cross-sectorial projects represent an interesting case of small scale network collaboration where relations are inter-personal rather than inter-organizational. One of the interviewees argues that correspondence between institutions at the local level is maintained through strong inter-personal relations, which often take the form of relations between siblings (ağabey-kardeş ilişkisi). Another example is that of linkages which are built and maintained by individuals who have worked or are still working in public offices and voluntary organizations at the same time mentioned above. In the case in pilot projects on in-home aide services these individuals serve as contact points and agents of trust between organizations. The persistence of inter-personal and to some degree informal relations implies the presence of some degree of primordial trust between actors at the local level. However, this is not the kind of inter-organizational trust referred to as solidarity, synergy or team work in this study.

The significance of the above case of network collaboration is that it can transform into a truly collaborative policy network in the near future – in the form of service oriented policy network consisting of actors operating at the local level such as local government, NGOs, hospitals and citizens.<sup>22</sup> The applicability of the projects on in-home aide services will depend on factors such as community capacity, which refers to the willingness of the local level actors including citizens to invest in acts of kindness through social and health services. The interviews reveal that Turkish society does not really represent a successful case of voluntarism. However, the project on in-home aide services are expected to promote neighbour volunteering opportunities, which can in turn give rise to the formation of policy networks with broad citizen participation. Such networks require further attention and investigation as truly participatory networks.

## **5.6 Conclusion**

The field research reveals a multitude of platforms of cross-sectorial collaboration within the Turkish health sector. Among a broad array of collaborative platforms, only three cases of cross-sectorial collaboration qualify as policy networks with a symmetrical structure (with some degree of inclusiveness, common decision making, actor connectedness and interdependence) and some degree of trust. The bottom line of this chapter is that policy networks are relevant policy instruments utilized to design, formulate and implement health related policies.

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<sup>22</sup> Cases of public service networks operating at the community level are widespread in the advanced industrialized economies. For a more detailed account see Martin, Currie & Finn, 2009.

Among the three policy networks under investigation, ÇPSSGP represents a case with high levels of symmetrical structure and trust manifested in the form of solidarity, team work and synergy. Regardless of having a robust internal network dynamics, ÇPSSGP exhibits low levels of institutional resilience. Network collaboration has temporarily been suspended without going through the phase of policy implementation and without being able to deliver concrete policy results. The program has entered a stagnation phase since 2015 and has shown no signs of revival so far. Unlike ÇPSSGP, PPP-based co-investment projects represent less than ideal policy networks, which displays low levels of symmetrical structure and trust based interaction. Despite having weak network ties, PPP-based collaborative partnerships exhibit high levels of network resilience and they have been able to yield positive outcomes.

However, the majority of the network configurations lack the necessary attributes of policy networks - namely a symmetrical structure of collaboration and trust-based interaction. According to previous research “the emergence of new forms of governance in local spaces may be exaggerated if all types of network arrangements are taken as evidence of a transformation from government to governance” (Parker 2007). Following a similar logic, network arrangements that lack the necessary mechanisms of policy networks are referred to as “empty networks” in this study. These arrangements appear as networks due to the multitude of actors and issues involved, yet, they lack the mechanisms of symmetrical and trust based network collaboration.

There are several reasons why these network arrangements fall short of turning into policy networks. Sometimes these platforms become politicized instruments with no real bottom up input to policy making. In this context, centralized patterns of policy making and asymmetrical power relations are maintained behind the façade of network

collaboration. In some other cases, actors participating in collaborative platforms do not perceive each other as legitimate partners mostly due to fragmented communication, lack of mutual recognition of expertise and accumulated mistrust.

Another scenario is that in which venues of collaboration remain shallow and loosely constituted due to factors such as competing channels of authority, role confusion and lack of coordination. Finally, some other cases of collaboration are built upon a primordial clientelistic structure of relations at the community level. Despite lacking a genuine collaborative structure, the above cases should not be seen in a completely negative light, given that these network arrangements serve as venues that promote consultation and solidarity at the cross-sectorial level and have the potential to turn into policy networks.

Overall, the Turkish health sector represents a crowded policy space, which contains a mix of hierarchical, market, and network forms of governance as well as various network arrangements with different actor configurations, structures, functions and policy outcomes. Some of these networks reflect old patterns of governing, such as networks with a hierarchical nature. Therefore structure-wise, it is not possible to talk about networks as a monolithic/uniform concept or a single practice of policy-making. Nevertheless, the field research reveal that policy networks that facilitate symmetrical and trust based interaction exist with the Turkish health sector. The following chapter will focus on these specific practices of policy making—addressing both their theoretical significance and practical effectiveness. What do the above cases represent at a more theoretical level? Which policy network can be considered as an effective model of policy making? Based upon the existing cases of network collaboration, is it possible to talk about a trend towards more networked forms of governance as a new logic of governing within the Turkish health sector?

## CHAPTER 6

### ASSESSING NETWORK COLLABORATION: CAPACITY, INSTITUTIONALIZATION, AND IMPACT

*“Despite contrary sentiments and certain efforts to unwind the network spring, the emergence of networks in public management is not a passing fad.”*

*(O’Toole, 1997: 47)*

The previous chapter explores all cases of cross-sectorial collaboration existing within four sub-areas of health policy under consideration. Practically, a plethora of platforms of cross-sectorial policy collaboration are present within these sub-areas, which means that stakeholders from the public, private and voluntary sector are expected to produce policies that go beyond the confines of one specific policy domain, field of expertise or organization. The purpose of this chapter was to draw a line between the genuine cases of network collaboration and those cases done only for demonstrative purpose, i.e. empty networks. Chapter 6, on the other hand, focuses on three ‘success stories’ of network collaboration within the Turkish health sector. The purpose here is to assess these policy networks by paying special attention to three main aspects of network collaboration: collaborative capacity, institutional resilience and policy impact.

At a more theoretical level, the main question raised here is whether policy networks represent a discrete pattern of governance or a distinct model of policy making. To this end, this chapter will focus on the theoretical significance as well as the practical effectiveness of the policy networks under consideration in an attempt to link local practice of network collaboration with more general theories of governance. The main challenge here is that policy networks investigated in this study are all dissimilar and not one of them prevails over others as a commonly used policy instrument. Therefore, a monolithic model that applies to all policy networks within the Turkish health sector cannot possibly be constructed.

Instead, a typology of different network configurations is built based on the combination of symmetrical structure and trust, which both amount to the collaborative capacity of the policy networks. Collaborative capacity is an index that represents the internal dynamics of policy networks (internally focused network analysis). Institutional resilience is the other parameter that measures the degree that networks are embedded in and receive support from the institutions in the external environment (externally focused network analysis). Both capacity and resilience take values that range from low to high. Collaborative capacity together with institutional resilience, will serve as criteria to compare and contrast policy networks existing within the health sector.

The following questions will be considered while assessing and comparing different policy networks: Which of the policy networks scores high/low in terms of collaborative capacity? Which policy networks exhibit high scores of institutional resilience? What is the impact of these networks on policy making processes and/or outcomes? Do these policy networks collectively represent a shift at the system/polity level towards more networked modes of governance?

This chapter is structured as follows: The first section presents a typology of network collaborative capacity (symmetrical structure and trust) and offers an in-depth discussion of the three models of network collaboration (integrated, aggregate and disaggregated). The second section is devoted to the notion of institutionalization and the crucial role it plays in network analysis by generating two propositions that can be used in future research. The third section focuses on the impact of three respective networks on policy making processes and/or outcomes. The chapter concludes with some brief remarks on the theoretical significance and practical effectiveness of the policy networks under consideration.

### **6.1 Network Collaborative Capacity: Building a Two-Dimensional Typology**

Network collaborative capacity is an index which is measured based upon symmetrical structure (structural mechanisms) and trust (relational mechanisms) as two necessary dimensions of policy networks. Collaborative capacity refers to the internal dynamics of policy networks, which distinguishes them from other cooperative settings with no genuine network dynamics. According to the field research, networks display different levels of collaborative capacity ranging from low to high. This study shows that it is impossible to build a monolithic model of network collaboration. Three diverse policy networks that exhibit different levels of collaborative capacity have been observed within the Turkish health policy space.

Instead of a monolithic model, a typology which covers all three network types investigated in this study can be constructed. Building a typology is necessary considering the diversity of network configurations under investigation. The typology presented here is a two-dimensional typology built upon the values of 1) symmetrical

structure and 2) trust. Typologies are effective tools of comparison which can be both empirically derived (each type is a network practice) and theoretically based (each type is an analytical category).<sup>23</sup>

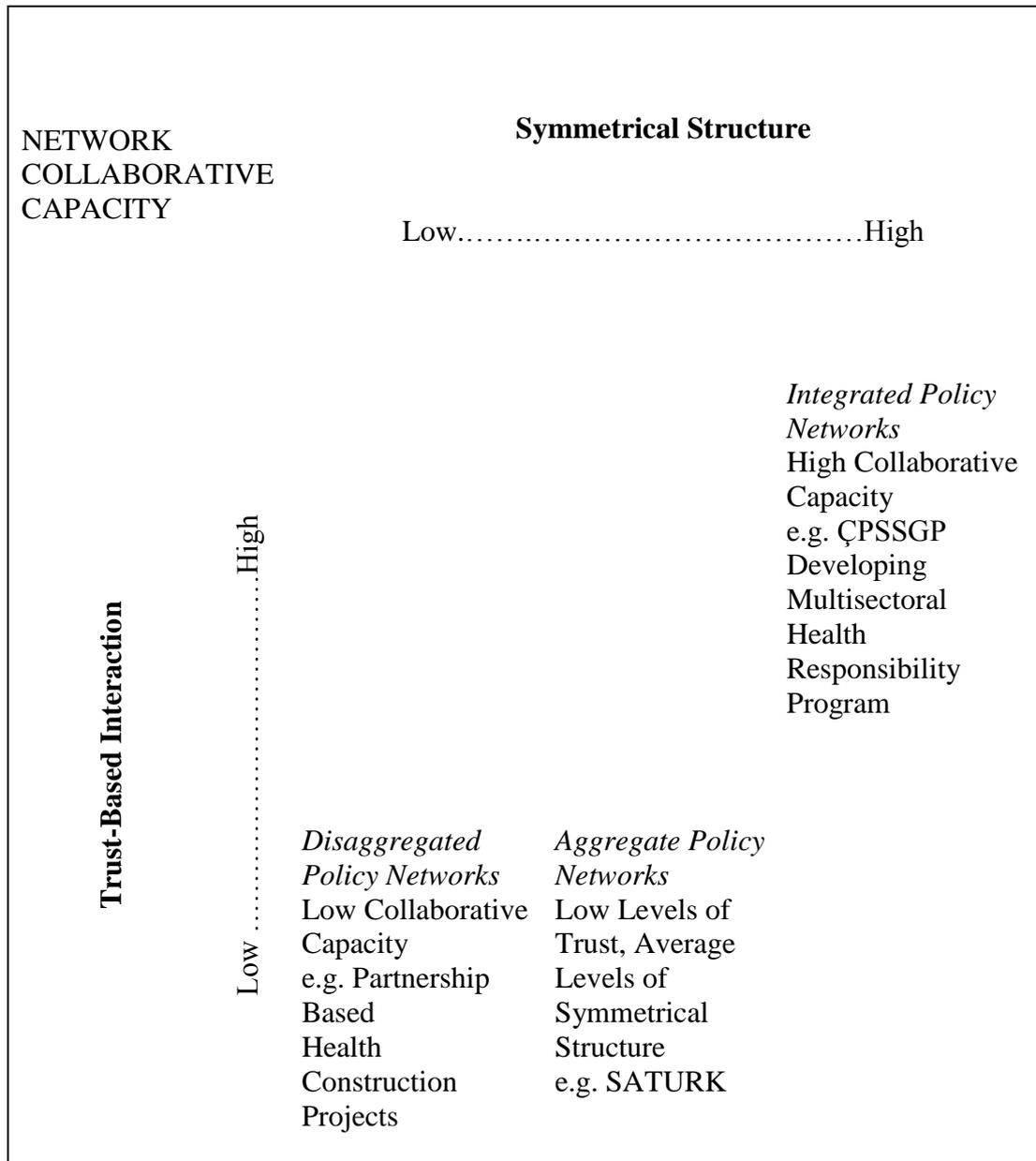
In this study, each category in the typology represents a model of collaborative policy-making on its own. As shown in Table 6, ÇPSSGP is a policy network with high levels of symmetrical structure (0.7) and high levels of trust (synergetic team work). Overall, CPPSSGP is a case with high levels of collaborative capacity and strong network ties. In this study, cases of network collaboration that hold such attributes will be named as ‘integrated policy networks’. On the other hand, policy networks operating within the framework of public private partnerships represent a case with low levels of symmetrical structure (0.4) and low levels of trust. This is a case with low network collaborative capacity and loose network ties which will be referred to as

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<sup>23</sup> Prior to building a two dimensional typology, an effort was made to understand whether a statistically significant difference exists between the three quantitative values of symmetrical structure. To this end, two-tailed t-tests comparing network level values of symmetrical structure were utilized. ÇPSSGP, SATURK and PPP cases of network collaboration possess relatively high (0.7), moderate (0.5) and relatively low (0.4) values of symmetrical structure respectively. According to test results, only the difference between ÇPSSGP and PPP turns out to be statistically significant at the 95% level of confidence. However, the difference between ÇPSSGP and SATURK as well as the difference between PPP and SATURK is not statistically significant. Unfortunately, these quantitative tests do not offer a clear picture about the qualitative difference between policy networks. Trust, the other dimension of network collaborative capacity, should be incorporated in the comparison between policy networks, which makes the two-dimensional typology the most suitable tool of comparison.

‘disaggregated policy networks’. CPPSSGP and PPP appear as two diametrically opposed cases of network collaboration.

**Table 6.** Two Dimensional Typology: A Static Representation of Network Collaborative Capacity



Another case is that of SATURK – a policy network with medium levels of symmetrical structure and low levels of trust. These values show that structure wise

SATURK involves some mechanisms of horizontal coordination, yet, the bonds between participants are still weak. In this study, SATURK represents an ‘aggregate policy network’ with too many actors yet not enough mechanisms to align them into a collaborative structure.

Even though they are shown as categories, these network types are not fixed patterns of governance. According to the analytical framework applied here, policy networks are flexible and continuously changing patterns that are expected to move along the continuum of collaborative capacity. For instance trust among network participants can evolve over time. Similarly, face to face interaction might become more frequent leading to higher levels of connectedness, and, therefore, higher levels of symmetrical structure, etc. For the purpose of this study, three types of policy networks will be identified based: 1) Integrated policy networks 2) Disaggregated policy networks 3) Aggregate policy networks. Some of the attributes of these policy networks are illustrated in Table 6 in a static fashion.

The following questions naturally arises: What are some of the attributes of ‘integrated policy networks’, ‘disaggregated policy networks’ and ‘aggregate policy networks’ that distinguish them from each other? What are the strengths and limits of each specific type of network collaboration? Are integrated policy networks, as cases with higher collaborative capacity among their participants, more effective instruments of policy making? The following sections provide a detailed assessment of three policy networks representing three types of collaborative policy making. The purpose of these sections is to assess the strengths and limits of three policy networks under investigation based upon the values of symmetrical structure, trust, and institutionalization.

### 6.1.1 Integrated Policy Networks: The Paradox of Internal Strength and External Weakness

ÇPSSGP is a task driven, innovation centered, issue-focused and highly professional policy network. Here, ÇPSSGP represents an integrated policy network due to its symmetrical collaborative structure built upon strong trust based ties among its participants. The attributes of this policy network as an advanced model of policy making by its own right will be discussed below. In the end, the strengths and limits of this policy network will be assessed.

To start with, ÇPSSGP is a relatively inclusive policy network where the participants from different policy sectors and levels of governance are closely connected to each other. The primary participating actors are governmental experts (from the central and local government) and university professors interested in similar health-related issues. Here NGOs are of secondary importance and almost non-existent at the decision-making stage. In the case of ÇPSSGP, NGOs regain importance as critical policy making actors only at the implementation stage, which has not yet been launched. ÇPSSGP has relatively high levels of connectedness (frequent interaction, often face-to-face communication) among network participants who interact with each other in a professional, semi-formal fashion.

Above all others, ÇPSSGP is a platform that operates on the principle of common decision making, which makes this policy network well-integrated. In the case of ÇPSSGP, the critical decisions are made by the network participants themselves. The degree of interdependence between participating actors is also high. In other words, network members are able to maintain strong reciprocal relations nourished by mutual exchange of tangible and intangible resources (resource pooling), mutual understanding of rules of operation (organizational rules), and mutual exchange of

ideas regardless of their position, status and organizational affiliation (horizontal coordination).

In the case of ÇPSSGP, network participants are constantly exchanging high quality information (expertise) and they are to a great extent able to negotiate with each other on an equal level contributing to relatively high levels of horizontal coordination (decentered interaction). Even though it includes public sector representatives, ÇPSSGP is immune from external executive control or legislative political control. Hence, the network has its own internal dynamics which takes the form of synergetic team work with the purpose of expertise and quality information sharing. Finally, actor interaction in the case of ÇPSSGP is shaped by trust based relations. Trust manifests itself in the form of solidarity, teamwork, and synergy as the highest form of group cohesiveness. Yet, it is worth mentioning that even in this case network interaction started with a trust vacuum that gradually developed during the collaborative process.

How did ÇPSSGP turn into an integrated policy network? In order to answer this question one has to look closely at the group dynamics within this policy network. ÇPSSGP is a large network which is further structured into small professional teams that function similarly to task or focus groups. These small professional teams have the inherent potential to become well-integrated environments. Small group size facilitates face-to-face and close interaction which is largely lacking in large policy communities. Eventually, small groups turn into ideal settings for team work and expertise sharing among professionals over time. They are usually moderated groups with coordinators who have a key role in developing trust, bridging organizational divides, building a team environment and maintaining group solidarity.

Overall, what are the strengths and weaknesses of ÇPSSGP as an integrated policy network? The strength of these networks is that they display high levels of collaborative capacity. They represent advanced forms of policy collaboration, where members are bonded to each other by strong network ties manifested in the form of synergy. At a more theoretical level, integrated policy networks have a robust internal structure contributing to higher levels of collaborative capacity among network participants. Highly integrated networks have the potential to produce innovative policies. ÇPSSGP, for instance, is a good example of an integrated policy network that has generated a highly innovative policy of public health at the national level (applicable at the local level) with no other precedent within the health sector. As mentioned in the conference on health management, ÇPSSGP is a successful model of collaboration, which sets a standard of policy making for the future.

For comparison purposes, a parallel can be drawn between ÇPSSGP as a policy network with high levels of collaborative capacity and the ideal type of network interaction elaborated largely by Rod Rhodes in his seminal works (see Rhodes, 1992, 1997, and 2007). In his study, Rhodes refers mainly to the British model of policy making. Policy networks, according to Rhodes are highly integrated policy communities, where actors with shared interests work towards common goals. An integrated policy network takes the form of an inter-governmental network that is highly professional. Similarly to the model described by Rhodes, ÇPSSGP is restricted in terms of actor membership - composed of governmental experts and academics with similar professional backgrounds (public health development) that constitute an integrated policy community. Yet, contrary to the British model of network collaboration, ÇPSSGP falls short in terms of its practical effectiveness.

Paradoxically, in the case of ÇPSSGP, the internal strength turns out to be the very weakness of this policy network. Even though ÇPSSGP is a critical policy tool for the promotion of public health, ÇPSSGP neither receives strong political support and financial backing from the upper levels of decision making in the executive branch of the government nor is the product of a business alliance or political coalition. The weakness of ÇPSSGP is that it does not serve as a medium of interest mediation, which would strengthen its institutional resilience and justify its endurance in the long run. As a result, network collaboration has been suspended and policy making process has been stalled. The lack of external anchorage in the political and economic environment actually explains the short life of ÇPSSGP – a network which regardless of its success in terms of policy design and formulation at the national level has failed to produce practical results through policy implementation.

The CPPSSGP case once more proves the argument of network dependence on external support put forward early in this thesis. Policy networks without external anchorage in the surrounding political and economic environment turn out to be too costly and with no immediate rewards. Therefore, at some point of policy making they become unsustainable leading to network disintegration. External support turns out to be critical particularly prior to the policy implementation stage where policy networks are faced with a loss in collaborative momentum.

It goes without saying that this phase of policy making requires some extra efforts from the participants as well as external support through funding and additional institutional bodies that will manage and supervise the process of implementation. The interviewees admit that it is often the case in Turkey that the early stages of policy making are based upon network collaboration up to the stage of policy implementation, which is often procrastinated. Dependence on external support is partially due to the

fact that the central government still plays a central role in policy making processes in Turkey. Therefore, the sustenance of cross sector collaboration through all the policy making stages is very much a function of the political support and the financial backing received from the central government.

Besides the lack of support from the above, i.e. central government (in this case this role is played by the Ministry of Health), the bottom up advocacy mechanisms that would lead to the adoption of a certain policies are largely lacking adding further to the procrastination of policy implementation. Action networks that would push for the implementation of certain policies and achievement of certain goals and health standards are largely lacking in Turkey. As a result, the policy implementation is constantly procrastinated. In the meanwhile, the linkages between network participants loosen to the point of network disintegration. CPPSGP best illustrates this phenomenon. In a nutshell, ÇPSSGP is a policy network that best illustrates the paradox of high collaborative capacity (internal strength) and low institutional resilience (external weakness).

#### 6.1.2 Disaggregated Policy Networks: The Strength of Weak Ties?

In this study, PPP based health construction projects best illustrate the category of disaggregated policy networks, which, as the name indicates, have opposite attributes to the integrated policy networks discussed above. They refer to those cases of network collaboration that are built upon weak and loose ties among their participants, i.e. policy networks with low levels of symmetrical structure and low levels of trust.

PPP based partnerships are production networks built upon state business linkages. Hence, actor interaction within these networks is basically a profit driven contractual relationship regulated by formal organizational rules. PPP based collaborative model

is composed of mainly public (central and local levels of governance) and private sector representatives, whose interaction is regulated by strict job division that does not require much face-to-face contact. In this case, network participants function/operate as separate entities and the policy effects of each organization can be isolated. Naturally, this type of network collaboration exhibits relatively low scores of actor inclusiveness and connectedness at the network level.

Under such circumstances, benefit sharing mechanisms represent the rationale that bonds actors together within the network structure. Benefit sharing mechanisms can be material / tangible resources (material, technological or financial resources) or/and intangible / knowledge based resources (information or expertise). The more resources are being shared the more interdependent the networks are. PPP based collaborative projects score particularly high in this respect due to the fact that the involved stakeholders share almost all the type of resources mentioned above. PPP collaborative model represents a logic of network collaboration with particularly high levels of resource pooling contributing to relatively high levels of interdependence among network participants.

Despite having a highly interdependent structure, PPP based policy networks do not have the necessary mechanisms for negotiating substantive issues among stakeholders during the processes of collaboration (low levels of horizontal coordination). Technically speaking, PPP based network collaboration has an operational nature and does not involve much common decision making (low levels of common decision making). In the absence of equal bargaining and common decision making mechanisms, intra-network operation is regulated by enforcement mechanisms that are specified in the contract in the form of rules of procedure. Enforcement mechanisms include ex-ante and ex-post rules that bond network participants in a contractual

relationship. It is such rules, rather than strong ties of trust that bond actors together. Surely, interaction between actors is shaped by some sense of solidarity that account for low levels of trust, yet, such platforms are primarily channels of interest intermediation.

Policy networks similar to the PPP based partnerships have previously been discussed in the literature. For instance, “heterogeneous policy networks” are similar network arrangements where involved actors mediate their interests and exchange their resources (Borzel, 1997). Such networks of interest intermediation have previously been a subject of neo-corporatist approaches, which focus on the relations between the state and the businesses. From a comparative perspective, PPP based collaborative model investigated in this study resembles the policy networks described by Stephen Wilks in some of his seminal studies (Wilks, 1987, 2013; Wilks & Wright, 1989). These networks have a disaggregated nature reflecting the government-industry relations at the sectorial level. From a network governance approach, government industry networks would represent a fragile structure of interaction, particularly if one considers the weak ties between network participants who in practice operate as almost independent actors.

Overall, largely lacking mechanisms of common decision making and horizontal coordination coupled with low levels of connectedness and trust among actors all contribute to low levels of collaborative capacity. For this reason they are referred to as disaggregated policy networks in this study. In such cases, strict contract enforcement and strong organizational rules serve as a substitute for loose network ties, which bond network participants under an overarching goal and make interaction possible on a daily basis.

Two potential problems may emerge in disaggregated policy networks illustrated by the PPP based collaborative model. Both of these problems are linked to the issue of long term management of collaboration<sup>24</sup>. Firstly, important decisions are taken early in the policy making process by high level bureaucrats in the ministerial departments. Experts who are expected to deal with contract enforcement and project management on a daily basis are excluded from substantive decision making processes. In this way, network participants involved in procedural elements of decision making at the implementation stage may become passive actors who are constantly faced with implementing rules and directives written in the contract. In time, such networks may turn into hierarchical structures that lose their truly collaborative spirit.

A second problem is that of network productiveness in the long run. Despite strict job division, isolation from substantive decision making mechanisms may diminish the productiveness of network participants in the long run. This in turn may increase the possibility of freeriding (actors reap the benefits of collaboration but do not work towards common goals) or prompt the actors to work towards their own goals rather than collective goals. In both scenarios, the deepening of the relationship between the stakeholders does not take place. Therefore, the long term applicability of the PPP based project depends on the effective use of contract enforcement mechanisms as well as incentives that would enhance credibility between parties (see Bertelli & Smith, 2009).

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<sup>24</sup> Public management is a recurring theme in network analysis which goes beyond the scope of this study. Below are some important overview works that deal with the issue: Agranoff, 2006, Agranoff & McGuire, 1999, 2001; Agranoff, & Yildiz, 2007; Kickert, & Koppenjan, 1997; McGuire & Agranoff, 2011.

Despite having a weak internal structure and weak ties among parties, health care construction projects are still running in Turkey currently yielding policy outcomes in the field of health construction. In this light, PPP based production networks can be perceived as effective policy instruments that exhibit high levels of institutional resilience. As mentioned above, PPP based partnerships emerge mostly within profitable policy areas such as medical industry - especially health care construction in the case of Turkey - representing interests of powerful political elites as well as big construction corporations.

The PPP based collaborative model is the only case with a high score of institutional resilience. PPP based healthcare construction projects have been one of the most publicized items in the agenda of the ruling AK Party. These projects have gained political and economic prominence for various reasons. On the one hand, construction of healthy cities is a grand project promoted by the WHO and at the same time a globally spread movement, which aims at increasing the health standards of many cities in the world through urban lifestyle transformation. On the other side, and most importantly, PPP projects do fit into the AK Party governing agenda. AKP has focused on hospital centered services as one of the priorities of health policy development in Turkey.

The strength of PPP model does not come from its weak ties *per se*<sup>25</sup>. The strongest aspect of the PPP based collaborative model is that it reflects and promotes the interests of some important players from the public and private sectors and the strategic alliances between them. Such policy networks receive full political support and can

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<sup>25</sup> For a more detailed account see the seminal work written by Mark S. Granovetter, M. (1983). The strength of weak ties: A network theory revisited. *Sociological Theory*, 201-233.

easily adapt to the surrounding business environment. Such flexibility maintains collaboration despite fluctuating economic and political conditions. Above all, AKP has built strong and durable alliances with capital factions in the field of non-tradables, especially in the construction sector. Interviews reveal that the PPP based co-investments are built upon strong business alliances, which are a natural consequence of AKP's policies over the years. The presence of a business alliance between the central government and private sector is the main reason behind the institutional resilience of PPP based projects within the Turkish policy environment.

To sum up, PPP based partnerships represent institutionally resilient network arrangements. They constitute an effective model of collaboration that crosses the divides between the state and the businesses within the Turkish health policy space. The interviews reaffirm that PPP based partnerships already represent a policy making model that is expected to be reproduced in the future.

### 6.1.3 Aggregate Policy Networks: Too Many Actors, Not Enough Structure!

The case of Health Tourism Council (SATURK) is a policy network that represents a specific model of policy making, which will be referred to as an aggregate policy network. The main rationale behind this name is that SATURK is a very broad institutional arrangement incorporating actors from all the sectors of policy making. This policy network exhibits moderate levels of symmetrical structure (0.5) and low levels of trust. SATURK as a policy network is still at the inception stage facing many challenges in terms of its development. The alignment of actors within a network structure becomes when the number of involved stakeholders is very large representing a variety of interests, preferences and motivations, and, on the other hand, there are not enough institutional mechanisms to bond these stakeholders within a structure of continuous exchange.

In terms of network composition, SATURK is very heterogeneous. SATURK is the broadest policy network compared to other cases under investigation including governmental organizations (central and local level), private sector representatives and NGOs operating within the field of health tourism. SATURK comprises intergovernmental relations (multiple ministerial departments and offices at different levels of government), state-society relations (multiple NGOs) and state business relations (private sector representatives). In other policy networks under investigation, core decision making takes place within a narrower set of actors. For instance, PPP based construction projects are carried out by production networks that comprise primarily state-business relations. ÇPSSGP is primarily an inter-governmental network with close linkages to universities.

SATURK displays a medium score of connectedness among involved stakeholders. This score shows that there are already channels of communication including face to face encounters. However, this communication channels take the form of consultation or deliberation rather than negotiation or common decision making. As described in the previous chapter, SATURK scores particularly low in terms of common decision making and resource pooling, which serve as critical mechanisms that link network participants together within a reciprocal structure of interaction. Some degree of horizontal coordination is present, resulting from the participant's perception of equal influence on network decisions. Yet, the interviews reveal that substantive issues are not negotiated. It is worth mentioning here that SATURK has developed many channels of communication between governmental and non-governmental actors. These channels contribute to SATURK as a broad and flexible space of exchange

between different actors. However, the channels of communication developed so far remain consultative in nature without many mechanisms for common decision making.

Moreover, the level of trust between network participants also appears to be low in the case of SATURK, which represents a loose rather than a focused policy network. It consists of a broad constellation of actors (comprising public, private and voluntary sectors) gathered around an umbrella issue at the early stages of policy making. In terms of structure, SATURK is a broad but not structured network. In terms of linkages, SATURK is an aggregate but not integrated network. In terms of issues tackled, SATURK is a representative but not a focused web of actors. Thus, SATURK has the form of loose knots of actors, which makes the development of trust in the near future a remote possibility.

Overall, high levels of actor inclusiveness turn out to be both a blessing and a curse for policy networks such as SATURK. On the one hand, SATURK is a broad policy network with representatives from all the policy sectors (public, private and voluntary). Thus, SATURK is a relatively open space that facilitates exchange of ideas between various actors and contributes to some degree of deliberation at the cross-sectorial level. Yet, on the other hand, this policy network largely lacks common decision making mechanisms as well as reciprocity mechanisms including benefit sharing, enforcement and equal bargaining mechanisms that bond actors together within a truly collaborative structure. Lack of adequate structure coupled with relatively low levels of trust can lead to collective action problems often encountered at the network level in the medium and long terms.

The challenge here stands in linking all the actors from different sectors and levels of governance within a functioning network structure. Can SATURK ever turn into an

integrated policy network such as the ÇPSSGP case? ÇPSSGP is relatively restricted and homogeneous in terms of actor membership (the profile of the involved actors is similar) and very focused in terms of activities carried out during the process of network collaboration (innovation oriented small task groups). Unlike ÇPSSGP, SATURK is a highly heterogeneous network in terms of variety of stakeholders, number of activities, and also policy effects. Such inherent qualities make it difficult for SATURK to turn into an integrated policy network as defined in this study.

Structure wise, SATURK represents an issue network as defined by Rhodes in his analysis of policy networks in the British policy environment. Issue networks often serve as institutional mechanisms to raise awareness, build a certain policy agenda, promote a common cause or develop a common strategy around a policy issue. Such networks are particularly important to promote cross-sectorial deliberation and develop common strategies at the early stages of policy making. However, issue networks are composed of actors from different policy sectors who are loosely connected to each other. As the name indicates, what brings these actors together is the umbrella issue under which they operate. (Umbrella) issue networks are built upon heterogeneous webs of relationships, which can hardly become well-integrated institutions of collaborative policy making.

Another, very similar network category is that introduced by Niamh Hardiman in his analysis of flexible network governance (2006). Hardiman describes Irish policy networks as social partnerships centered around policy issues not contained to one strict policy area. Social partnerships incorporate diverse actors such as “civil servants as well as by unions, employers, and representatives of the community sector of voluntary organizations, advocacy groups, and special interest bodies with some form of statutory basis” (Hardiman, 2006: 344). Policy networks according to Hardiman,

are very dynamic, fluid and diffuse structures. Similarly to SATURK, the “ultimate decisions in “flexible network governance” rest with the government” (Hardiman, 2006; 348). Despite being essentially deliberative in nature, these networks are very effective in terms of shaping the policy making processes through interaction with key leaders from the government. Therefore, even though the structure is diffuse, there are mechanisms that enables continuous communication between the government and social partnerships.

SATURK is built upon the same philosophy of collaboration as flexible networks described above. The problem with SATURK is that it has too many actors and not enough mechanisms to bond them together within an interdependent structure (not much resource sharing and few organizational rules). SATURK can be considered a truly “multisectoral network” – a case where management and coordination become a very challenging issues Herranz, 2008). According to one possible scenario, a policy network may gradually disintegrate due to unfavourable political circumstances, lack of interest from the stakeholders or ceasing political support from high levels of decision making in the central government.

According to another scenario, a policy network may reverse back to market forms of governance. For instance, in the case of SATURK, NGOs can specialize in providing logistical support only. In the meanwhile, these NGOs may be completely excluded from decision making and may serve the role of subcontracted organizations. Under such circumstances, the government may change the subcontracted NGOs frequently based on the quality of the service provision. This will prompt the marketization of the non-profit service providers within the health tourism sector, which runs contrary to

the logic of network governance built upon a symmetrical and reciprocal structure of relatively stable relations among stakeholders<sup>26</sup>.

Against the backdrops mentioned above, SATURK exhibits a medium score of institutional resilience. The interviews reveal that SATURK is largely recognized and accepted as a collaborative institutional arrangement that promotes health tourism policy. Moreover, the interviews show that SATURK has the support of high level officials in the executive. Yet, SATURK is not established upon a solid and already existing business alliance or political coalition in the field of health tourism. Besides, SATURK led collaboration has not yet proved to be a successful and effective model of collaboration so far. The interviewees admit that there is still uncertainty surrounding SATURK and the development of health tourism as a new area of policy making. Despite the recent developments, SATURK is still in a state of limbo. SATURK has not yet generated a new policy at the national level like ÇPSSGP nor has it delivered any concrete policy results like PPP. Therefore, strengthening the resilience capabilities is critical for further institutionalization of SATURK as a policy network.

## **6.2 Network Institutionalization: Generating New Propositions**

The above discussion shows that collaborative capacity alone is not adequate to analyze policy networks. Collaborative capacity is necessary to understand the *formation of policy networks* as well as distinguish them from other networks with no collaborative essence, i.e. empty networks. Yet, network collaborative capacity does

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<sup>26</sup> For a detailed account on NGO marketization or commercialization see Eikenberry & Kluver, 2004.

not reveal much about the *durability of policy networks* over time. As discussed in the previous chapters, institutionalization is another dimension that refers to the *durability of policy networks* over time. Institutionalization of policy networks can take the form of 1) institutional resilience and 2) institutional consolidation.<sup>27</sup>

The notion of institutional resilience refers to the sustainability of policy networks due to the support received from the surrounding political and economic institutions (contextual dimension) in the short/medium terms. Institutional resilience is a specific type of institutionalization that best suits the purpose and scope of this study considering that policy networks under investigation are still at their early phases of collaboration and are very much dependent on external support.

Institutional consolidation, on the other hand, refers to the sustainability of network collaboration in the long run despite decreasing external support. No one of the policy networks under investigation is by any means close to the stage of institutional consolidation. What does the presence of the former and the absence of the latter tell us about policy networks in Turkey in particular and network analysis more generally?

#### 6.2.1 Institutional Resilience and Network Effectiveness

The underlying assumption in this study is that networks do not emerge in vacuum. Relations within policy networks are embedded in and supported by prevailing discourses (low institutional resilience), prominent political actors and high level officials (medium institutional resilience) and already existing relations in the broader political and economic environment (high institutional resilience), which can take the

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<sup>27</sup> In this study network institutionalization is defined based on the premises of neo-institutionalist approaches. See Chapter 2 for a more detailed discussion on the issue of institutionalization.

form of business based alliances, political coalitions or any other form of interest mediation. Within this framework, external support is key for institutionalization in the short- and medium-term.

In a nutshell, institutional resilience becomes a function of the capacity that networks have to reflect and align various interest from the external political and economic environment. Policy networks that serve as channels of interest mediation reflecting existing alliances and coalitions, exemplified by the PPP based health construction projects, turn out to be more resilient compared to those policy networks which are relatively isolated from the broader political environment. Yet, it is worth mentioning here that even high levels of network resilience do not guarantee network sustainability in the long run, i.e. institutional consolidation as an another dimension of network institutionalization that goes beyond the scope of this study.

How does the notion of institutional resilience contribute to network analysis? Above all this concept is critical to understand the practical effectiveness of policy networks. Networks have often been problematized in terms of their effectiveness as policy instruments. Here, effectiveness is defined as the capacity that networks have to achieve policy outcomes (goal achievement) i.e. policy results that meet concrete healthcare needs (rather than just policy output that affects policy making processes in general).

Most of the previous studies tend to link internal structure of networks with policy outcomes (Chen, 2008; Howlett, 2002; Oliver & Acuto, 2015; Peterson, 2003; Sandström & Carlsson, 2008; Skogstad, 2003). In this study, both internal network structure (symmetrical structure and trust) and external environmental factors (components of network resilience such as external political support, existing business

alliance underpinning formal policy networks etc.) are included in the assessment of policy effectiveness (see Table 7).

**Table 7.** Establishing a Link: Network Institutional Resilience and Policy Effectiveness

	ÇPSSGP	PPP	SATURK
Symmetrical Structure	High	Low	Medium
Trust-Based Interaction	High	Low	Low
Collaborative Capacity	High	Low	Low to Medium
Institutional Resilience	Low	High	Medium
Achieved Policy Outcomes	No	Yes	No

Policy networks with higher values of symmetrical structure and trust (internal network structure) – amounting to higher levels of collaborative capacity - are expected to be effective in terms of achieved policy outcomes. According to Table 7, the experience contradicts the initial expectations. High collaborative capacity, exemplified by the ÇPSSGP case, is not associated with policy effectiveness in terms of achieved policy outcomes. Despite having low levels of network collaborative capacity, the PPP based network proves to be a resilient policy instrument that delivers policy outcomes. Even though ÇPSSGP is an internally robust network with a well-

integrated structure of collaboration, it could not pass through the policy implementation stage.

The findings signal a close link between effective policy making and institutional resilience of policy networks. The paradox here is that the high levels of collaborative capacity do not ensure effective policy making defined in terms of achieving desired policy outcomes. In other words, internal network dynamics fails to explain the likelihood these policy networks have to produce policy outcomes as well as the sustenance of these policy networks in the long run. Instead, factors exogenous to network structure seem to be closely associated with network effectiveness. This finding concurs with the work introduced by Kenis and Provan (2009) on the relation between network performance and exogenous factors. They argue that “the performance of a network is a function of the external criteria used to assess the network, and that network participants and managers may have little control over these criteria” (Kenis & Provan, 2009: 444)

Overall, the findings suggest that the way the process of collaboration evolves and is terminated are two different issues. This is especially in policy environments such as the Turkish healthcare sector, where exogenous factors (external to network structure) matter more than the internal dynamics (network structure and nature of interaction) in terms of explaining the effective policy outcomes. External factors have the power to bolster as well as disrupt network collaboration, and eventually affect overall network effectiveness. This finding contradicts the previous studies that emphasize the internal structure of policy networks as a determinant for successful policy outcomes.

#### 6.2.2. Institutional Consolidation and the Shift to Network Governance

Going back to the beginning of this chapter, the question raised was whether policy networks under investigation represent a discrete pattern of governance. In order to address this questions one should focus on the concept of institutional consolidation, which refers to the persistence of policy networks in the long run despite decreasing levels of external support. Institutionally consolidated policy networks represents a paradigmatic shift from sporadic, ad hoc and isolated instances of collaboration towards more stable, long-standing and legitimate patterns of network governance. This study shows that policy networks under investigation do not collectively represent a discrete pattern of governance or a shift towards networked forms of governance. Lack of long term network institutionalization prevents us from drawing any conclusions in this direction.

The argument put forward in this study is that policy networks, regardless of their robust internal dynamics, do not represent a shift towards network governance unless they reach the stage of institutional consolidation. Absence or low levels of institutional consolidation can hamper the capacity of policy networks to turn into stable patterns of governance. In the absence of a supportive institutional environment, policy networks are not re-produced or re-institutionalized as policy instruments, and, they may as well disintegrate regardless of having high levels of collaborative capacity. Under such circumstances, ad-hoc, isolated and temporary policy networks which fail to turn into discrete, permanent and stable forms of governance are encountered more often.

The question naturally arises: What hampers the institutional consolidation of policy networks? An analysis of interview texts, reveals four institutional barriers, or maladies if you will, that inhibit institutionalization of policy networks. These are *a) political instability, b) network dependence on external support, c) bureaucratic*

*inertia, and d) absence of institutional memory.* All these factors are detrimental to the institutional sustainability of policy networks both in the medium and in the long term.

Political instability: According to one scenario, policy making within the health sector is often carried out in piecemeal fashion, which means that it is often fragmented both time- and actor-wise. The policy making process is interrupted due to changing political agenda, changing policy priorities and eventually ending political support. For instance, some of the network participants may simply withdraw due to their involvement in the election campaign. In other cases, certain policy issues simply cease to be important for the central government. While policy making process is constantly being interrupted, the ties among network participants may loosen leading to the disintegration of the network in the long run.

Dependence on external support: According to another scenario, while moving from the stage of policy formulation to policy implementation, networks naturally require additional resources and management strategies. Such moments can be defined as situations of network fatigue, where the external support becomes indispensable for network persistence<sup>28</sup>. Network management during such critical junctures is important in order to receive the necessary support from the executive and develop policy options and strategies which would drive network interaction further into the following phases of policy making. Such management can be carried out by separate bodies/offices or network coordinators that serve as brokers/mediators between

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<sup>28</sup> This argument can also be substantiated by the premises of the Resource Dependency Theory, a sociological theory which became popular in the 1980s. Future studies can look at the role of resource dependence on policy networks within the Turkish context. Previous studies have already examined policy networks via the resource dependence model (Henry, 2011).

network participants and public actors in the executive branch of government. Absence of external support coupled with lack of management can harm network internal dynamics and can lead to procrastination of policy implementation. Actually, the interview texts reveal that the procrastination of implementation has already turned into some sort of ‘counterproductive policy habit’ or ‘tradition’ within the health policy sector.

Bureaucratic inertia: Another similar scenario is that in which high level bureaucrats hesitate to get involved in ‘long-term’ cross-sectorial collaboration taking place at the network level, especially before the implementation stage; referred to as “bureaucratic inertia”. In the absence of bottom-up impulse and action-oriented networks pushing for policy change, public actors often prefer to withdraw their support and the policy making process is stalled without reaching the implementation stage. In this context, networks become less relevant, too costly, too difficult to manage, and with no clear immediate outcomes. Therefore, rather than turning into policy instruments that facilitate exchange between involved parties they turn into conundrums that themselves add to the complexity of the policy issues at hand. Eventually, the likelihood that networks become sustainable institutions of policy making is very low.

Absence of institutional memory: The other factor that hampers network institutionalization particularly in the long run is absence of institutional memory. Interviewees highlighted phenomena such as the frequent change of high level bureaucrats who are usually politically appointed in an arbitrary fashion, lack of specialized agencies accountable for the management of cross-sectorial projects, inadequate number of trained policy experts or technical staff in the ministerial departments. The above factors, collectively account for the absence of institutional memory in governmental bodies. Under such circumstances, cross-sectorial projects

are often initiated and later terminated without turning into re-producible and sustainable models of policy making. To sum up, not one of the cases under investigation has reached the stage of institutional consolidation and Turkey is still far from being a case of network governance.

### **6.3 Network Impact: Enhancing Policy Leverage**

The previous sections focused primarily on the differences between three policy networks under investigation, in order to highlight the sub-sectorial variations in network collaboration. The tools of comparison between these three models of network policy making are summarized in Table 8. Policy networks turn out to be diverse practices of policy making at the sub-sectorial level. At a more theoretical level, policy networks under consideration, represent three analytical models of network collaboration that should be studied separately. This once more concurs with the argument that it is not feasible to come up with a monolithic model that explains all instances of network collaboration within a policy setting.

Each policy network displays different levels of symmetrical structure, trust and institutionalization. This study suggests that each policy network represents a model of policy making on its own with a distinct *modus operandi*. This finding reflects the heterogeneity of network configurations contingent upon the context under investigation. Such variation in terms of structure, nature of interaction, and durability of collaboration indicates that policy networks are not a ‘one size fits all’ spaces of collaborative policy making. Table 8 presents three models of network policy making: 1) Integrated (ÇPSSGP) 2) Disaggregated (PPP based construction projects) and 3) Aggregate (SATURK) models.

**Table 8.** Sub-Sectorial Variation: Integrated, Disaggregated and Aggregate Networks

	ÇPSSGP Program for Improvement of Multi-Sectoral Health	PPP Public-Private Partnership Based Healthcare Projects	SATURK Health Tourism Coordination Council
	<b>Integrated Network</b>	<b>Disaggregated Network</b>	<b>Aggregate Network</b>
Actor Membership	<i>Restricted</i>  Governmental experts and academics working in similar policy areas, Relatively homogeneous	<i>Strategic</i>  Government and industry representatives involved in public- private partnerships	<i>Broad</i>  Various actors from the public, private and voluntary sectors, Highly heterogeneous
Functionality	<i>Innovation Centred</i>  Serving as knowledge exchange hubs for policy making through evidence- based policy making	<i>Interest Centred</i>  Serving as channels of interest intermediation through co- investment in public construction projects	<i>Issue Centred</i>  Building a common strategy and infrastructure for health tourism development through regular consultation

Table 8 (cont'd)

Internal Dynamics	<i>Robust</i>  Symmetrical structure based on cohesive ties and trust-based relations, High levels of network collaborative capacity	<i>Fragile</i>  Loosely organized structure, Relationship based on the exchange of mostly tangible resources and long-term contract enforcement, Low levels of trust	<i>Unstable</i>  Diffuse policy space with fluid relations, Exchange mostly at the ideational level, Low levels of trust
External Support	<i>Weak</i>  Widely recognized policy issue, No political support currently, No business alliance or political coalition	<i>Strong</i>  Widely recognized policy issue, Political Support, Supported by an alliance between political and corporate elites	<i>Average</i>  Widely recognized policy issue, Political support, No business alliance or political coalition
Comparative Advantage	<i>Innovative</i>  Small professional groups have successfully attained teamwork synergy and have generated innovative policy solutions	<i>Effective</i>  Collaboration has persisted producing concrete policy outcomes: the construction of integrated health campuses	<i>Deliberative</i>  Channels of ideational exchange have been developed between governmental and non-governmental actors at the pre-operational stage
Closest Comparative Category	<i>Network Governance</i>  Inter-governmental network: integrated policy community, collaboration contained in one policy sub-area Rod Rhodes	<i>Corporate Governance</i>  Industry-specific network: public policy partnership, production network based on state-business alliance Stephen Wilks	<i>Flexible Network Governance</i>  Issue network: underlying social partnership, multi-disciplinary, dynamic, deliberative Niamh Hardiman

These categories, which can be compared to similar practices of network collaboration in other policy settings, highlight the importance of sub-sectorial and sectorial variation (or within-country variation) in network analysis in addition to country variation. Each of these models has a distinct set of attributes concerning actor membership, functionality, policy effectiveness, as well as internal and external dynamics of network interaction.

However, these networks have one commonality; they can all be considered as success stories of cross-sectorial collaboration within the Turkish health sector. The reason why they are considered success stories is due to their *impact* on policy making processes and/or outcomes. As mentioned above, each policy network represents a distinct model of collaborative policy making worthy of examination. Therefore, the policy impact of these networks should be assessed separately. The findings reveal three channels of impact associated with each policy network: *innovation, effectiveness, and deliberation*. These forms of policy impact can also be perceived as comparative advantages of network collaboration, which can be transferred to other policy settings by exploring the conditions under which they flourish in different institutional contexts. I must state here that the impact of network collaboration on policy making is conditional rather than automatic. The conditions that maximize policy impact in each model of network collaboration will be discussed below.

To start with, policy networks can serve as instruments of policy innovation. Innovation within the domain of public policy is broadly defined as a means that brings policy/political change, by improving performance and providing pay offs for its stakeholders, including citizens and users (Considine, Lewis, & Alexander, 2009: 6). ÇPSSGP is the best example to illustrate this definition in this study. Under what conditions does policy innovation flourish? Generally speaking, ÇPSSGP displays

high values of collaborative capacity with strong ties among network participants, which makes it an internally robust policy network. ÇPSSGP brings together experts from different sectors and levels of policy making who share technical knowledge and design policies at the national level. Using Rhode's jargon, ÇPSSGP represents an integrated policy community consisting of mainly governmental experts and academics (restricted in terms of actor membership). ÇPSSGP can be perceived as an ideal setting that enables network collaboration with the purpose of evidence-based policy making.

In more concrete terms, ÇPSSGP generates innovative policies via synergetic decision-making in small professional teams. At a more theoretical level, policy innovation is maximized under circumstances of symmetrical structure and trust, which both add to higher levels of network collaborative capacity. The ÇPSSGP case shows that innovation-driven network collaboration is possible even in least favorable policy environments, such as the Turkish health policy sector, which has for a long time been centrally orchestrated by the executive branch of the government.

One qualification here though is that policy innovation is not a default outcome of network collaboration, as it is often presented in the literature (Berry & Berry, 1990, 1992; Walker, 1969; Sørensen & Torfing, 2016)<sup>29</sup>. Networks are often described as instruments that deal with complex or 'wicked' problems through innovative solutions

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<sup>29</sup> Rhodes and Marsh (1992) have previously drawn our attention to the misleading assumption often made among scholars approaching networks as innovation driven policy making practices. Theoretical debates describe networks as tools of policy innovation, yet, separate case studies reveal that networks are often utilized by policy communities as tools of policy inertia (p. 196). The authors suggest that this contradiction should be resolved through further research on the issue (p. 203). So far a few studies have empirically examined the link between innovation and policy networks in areas such as legislative (Mintrom & Vergari, 1998) and regional policies (Tödtling & Trippel, 2005).

(Keast, Mandell, Brown, & Woolcock, 2004). This study shows that innovation is a policy output associated with certain network attributes rather than an exclusive domain or natural outcome of network collaboration. In this case, policy innovation is generated in small, cohesive, professional teams that display high levels of symmetrical and trust based interaction.

Particularly important in this equation is the role of trust on policy innovation. A previous empirical study has established an empirical relations between trust and policy outcomes in the context of networks (Klijn, Edelenbos, & Steijn, 2010). However, it is not clear whether the impact of trust on policy outcomes is due to “trust’s ability to sustain relationships and facilitate network management or its promotion of knowledge transfer and the development of innovative ideas and solutions?” (Klijn et al., 2010: 211). This study contributes to this research by highlighting the role of trust in developing innovation and eventually leading to higher quality outcomes.

Moreover, the case under investigation shows that network-driven policy innovation takes place in early phases on network collaboration, i.e. policy formulation. Such occurrence might be due to the fact that experts or professionals can contribute to policy design the most compared to other stages of policy making. It might also be due to the fact that at this stage network participants have not yet run out of steam as often happens in situations of fatigue between policy formulation and implementation. However, considering the limited scope of this case study, further comparative research should pay attention to the link between policy innovation and network dynamics. In this context, particular emphasis should be put upon the impact of small group dynamics on innovation in policy networks.

Another qualification is that policy innovation in the early stages of policy making does not guarantee policy effectiveness. For instance, ÇPSSGP turns out to be an unstable policy network, which was doomed to fail immediately after the stage of policy formulation due to ceasing external political support and financial backing by the central government. The ÇPSSGP case shows that even robust or integrated policy networks are vulnerable to external support. Vulnerable networks cannot survive in adverse policy environments, unless they turn into resilient policy instruments that accommodate various interests from the surrounding political and economic environment.

The second form of network impact is through policy effectiveness. The best example for policy effectiveness in this study is that of the policy networks based upon a strong business alliance operating within the healthcare construction sector (PPP case). Here, PPP based network collaboration is referred to as a disaggregated model of policy making due to weak network ties between stakeholders who operate largely as separate entities on a daily basis. Even though private actors aim to balance their own economic goals with broad social goals (public good), this type of network collaboration is essentially a shareholder focused model regulated by the private law. Similar forms of loosely organized networks are referred to as sectorial policy networks or industry-specific policy networks (Wilks, 1987, 2013; Wilks & Wright, 1989) or private policy networks (Kenis, Marin, & Mayntz, 1991) in the previous literature.

From a network governance perspective, PPP represents a less than ideal policy network with a fragile internal dynamics. However, the strength of this network stands in the ability this entity has to embody and promote the interests of several existing actor interactions, which makes this network institutionally resilient. Regardless of having a fragile internal structure, this network turns out to be very effective due to

strong external support (solid business alliance underlying the policy network) and strategic management that regulates relations between stakeholders (strict contract enforcement). PPP based collaborative model suggests that having a robust internal dynamics is not adequate to explain network effectiveness. Networks should not be viewed as isolated policy instruments. Persistence and effectiveness of network collaboration depends on the extent these networks serve as channels of interest intermediation in the short and medium terms.

At a more theoretical level, this study shows that networks turn into relatively effective policy instruments (measured in terms of the capacity networks have to produce policy outcomes), when they serve as channels of interest mediation for already existing political or economic alliances. Stated differently policy effectiveness of networks is a function of factors exogenous to network structure. Thus, it is possible to argue about a conditional form of network effectiveness contingent upon *institutional embeddedness* of policy networks in the surrounding political and economic environment. Such embeddedness contributes to the *institutional resilience* of policy networks, which is important for the short to medium term institutionalization of networks. This is particularly the case in the so-called un-favorable or adverse policy environments, where network collaboration is not a common and mature practice of policy making and external support from critical actors in the political and economic system is critical for the survival of policy networks in the short and medium terms.

Previous research has found that PPPs as a specific network arrangement turn out to be particularly effective in terms of achieved outcomes (Pope & Lewis, 2008; Steijn, Klijn & Edelenbos, 2011). A recent study suggests that the effectiveness of PPP based networks is due to the effects of managerial strategies rather than the organizational form or formal structure of PPPs (Steijn, Klijn & Edelenbos, 2011). This finding

implies that policy effectiveness is a function of external rather than internal factors related to network structure. Similarly, this thesis suggests that PPP effectiveness can be attributed to its institutional embeddedness of the network on the external political and economic environment, particularly the support received from already existing business alliances in the construction industry.

Finally, the case of SATURK is the closest example to illustrate the notion of deliberation or cross-sectorial deliberation in this study. SATURK is a highly complex policy network which involves multiple issues, actors, and cuts across many policy areas. SATURK is a multi-tiered structure, which at the moment is still loose and unstable. From a governance perspective, SATURK represents an aggregate policy network that is often encountered in multi-tier collaborative platforms, particularly in the sphere of European or global governance.

Health tourism is the overarching theme that brings together multiple actors with different interests and preferences from the public, private and voluntary sectors within spaces of ideational exchange. The field research shows that the involved parties appear to be in a close exchange relationship and constant interaction, which takes place within broad multi-stakeholder meetings especially during the agenda building phase but even more so within core groups of closely affiliated professionals during the policy formulation stage. The latter are defined as *spaces* or *pockets of deliberation* facilitate the continuous communication between the parties with a stake in health tourism policy.

Unlike the two types of policy networks described above, SATURK is composed of a large number of stakeholders and many venues of ideational exchange, yet, inadequate mechanisms that facilitate common decision making and equal bargaining among

parties. SATURK cannot be considered a genuine deliberative venue if one considers all the intricacies that mark the process of deliberation (see Özçürümez and Hoxha, 2015). Considering the case under investigation, it would be more accurate to talk about an indirect form of impact through the promotion of small scale deliberation or pockets of deliberation during the policy formulation and adaptation stage. Despite its shortcomings, SATURK enjoys some of the comparative advantages associated with deliberation as a mode of interaction in general such as consensus driven policy making and input legitimacy.

First of all, the assumption made here is that a cooperative process of policy making based upon ideational exchange or deliberation will lead to more consensual solutions in the end. However, the impact of deliberation on policy outcomes depends on the condition of policy learning—the situation where parties learn from the ideas, knowledge and expertise of others and develop a common understanding or rationality of policy making. Moreover, platforms that facilitate deliberation in the form of public consultation are critical to promote dialogue and secure to input legitimacy during the stage of policy design (Hajer & Wagenaar, 2003; Montpetit, 2003; Skogstad, 2003). However, not all deliberative platforms guarantee legitimate policy outcomes. Platforms which are open and large (similar to the case of SATURK) usually promote a consultation mode based on strategic decision making over communicative action (Montpetit, 2003). Under such circumstances, collaborative platforms are unlikely to produce input legitimacy and eventually policy legitimacy in the end.

Certainly, the presence of deliberative platforms that enable close, semi-formal contact between parties (particularly between public actors and NGOs), adds flexibility to the structure of SATURK as a policy network. SATURK is very dynamic institutional arrangement, which means that it represents a rather flexible policy platform. Without

such a flexible structure it would have been difficult to bring together numerous actors under one umbrella issue that cuts across many policy areas. This finding concurs with previous studies that advocate policy networks as flexible and adaptable policy instruments compared to other more cumbersome forms such as hierarchies or bureaucratic institutions (Huxham & Vangen, 2005; Kenis & Provan, 2008; Powell, 1990). Thus, one can think of networks as flexible policy spaces that can be molded into different forms and can be adapted to play different functions.

#### **6.4 Conclusion**

The very presence of network collaboration proves that policy networks are relevant analytical tools that explain policy making processes rather than a rhetoric used randomly or metaphorically by scholars of public policy. This finding contradicts the recent arguments that call into question the utility of policy networks as analytical concepts for policy studies. This chapter focused on the three policy networks, which can be considered as success stories of cross-sectorial policy collaboration adding to the relevance of networks as practices of policy making within the Turkish health policy space. These three policy networks display different levels of symmetrical structure, trust and institutionalization, which entails that sub-sectorial variation should be taken into consideration in our understanding of policy networks, which can best be studied through typologies rather than monolithic models applicable across policy settings and country cases.

Despite their differences, all policy networks have an impact on policy making which is critical to understand the concrete role that networks play as policy instruments. Network impact can also be perceived as the comparative advantage that drives

networks apart from other instruments of policy making. Three forms of impact have been elaborated in this study, namely - innovation, deliberation and effectiveness. These are attributes, rather than inherent qualities of network collaboration, which can be maximized under certain circumstances.

For instance, in order to generate innovative policies, networks should have a healthy internal dynamics with high levels of symmetrical structure and trust based interaction, particularly in the early stages of policy making. In addition, deliberation is a process catalyst that can indirectly shape policy outcomes towards more consensual and cooperative solutions if it is coupled with policy learning (ability to develop a common understanding through exchange of ideas). Lastly, network effectiveness is contingent upon the degree to which networks serve as channels that reflect already existing webs of actors and relationships (such as business alliances and/or political collations) in the broader economic and political environment.

If the aforementioned conditions are not met networks can turn from tools of policy innovation to tools of policy inertia utilized by certain communities to avoid policy change; from deliberative policy spaces that facilitate ideational exchange and generate consensual solutions to unstable constellations of actors that might reverse to market and/or hierarchical forms of policy making or even disintegrate completely; from channels of effective policy making to time-consuming, lengthy and counter-productive encounters that add to the complexity of issues without any concrete policy outcomes. Under such circumstances, network comparative advantages can easily turn into disadvantages, which make networks policy instruments with minimum or no impact on policy making processes and outcomes.

## **CHAPTER 7**

### **CONCLUSION**

#### **7.1 Contributions**

So far, this study has been an attempt to explore and examine policy networks present within the Turkish health sector within the 2003-2015 time interval. The goal of this thesis is three-fold: (a) to historically trace the conditions that led to increasing levels of cross-sectorial collaboration within the health sector; (b) to empirically examine those causal pathways that maximize network collaboration through the close study of collaborative capacity and institutional resilience; (c) to generally assess the impact of network collaboration on policy making processes and/or outcomes as well as the political system at large. This concluding chapter is a final attempt to link the insights and findings of this case study to the broader literature on network analysis.

First and foremost, this study contributes to both network analysis by focusing on networks as instruments of collaborative policy making. The findings reveal different cases of cross-sectorial collaboration at the sub-sectorial level—suggesting that policy space can be much more dynamic than a simple dichotomy between two driving forces, i.e. hierarchical bureaucracies and competitive markets. However, this statement should be approached with caution. Regardless of many instances of cross-sectorial

collaboration, not every network configuration represents a policy network as defined in this study. One has to delve further into the structure and nature of relations in order to separate empty networks—i.e. those platforms of cross-sectorial collaboration which are only gathered for demonstrative purposes—from cases of genuine network collaboration. The latter display varying degrees of symmetrical structure, trust and institutionalization, which serve as mechanisms that enhance network collaboration. Combination of these mechanisms through different casual pathways leads to three distinct models of network collaboration, namely: a) integrated, b) disaggregated and c) aggregate policy networks.

The presence of three discrete types of network collaboration indicates that there is not one monolithic model of network collaboration. Therefore epistemologically speaking, policy networks are best captured by typologies that reflect variation in terms of structure of interaction, nature of relations, function, longevity, and impact of collaboration. From a comparative perspective, integrated networks resemble the inter-governmental networks explained by Rod Rhodes (1992, 1997, and 2007) in his seminal work on network governance. These are policy networks with a robust internal dynamics marked by high levels of collaborative capacity. Disaggregated networks resemble the industry specific networks described by Stephen Wilks (Wilks, 1987, 2013; Wilks & Wright, 1989). These are policy networks with weak network ties which function upon the logic of neo-corporatism. Finally, aggregate networks resemble the issue networks elaborated by Niamh Hardiman (2006) in his study on flexible network governance. These networks are fluid structures that bring together a multitude of actors that cross specific policy areas primarily for deliberative or consultative purposes.

Particularly important for the purpose of this study is the impact that these networks have on policy making processes and/or outcomes at the sectorial level. Here, impact refers to those comparative advantages that turn networks into useful instruments of policy making. The findings highlight two types of policy impact: direct and indirect. Direct forms of impact consists of tangible policy output such as policy innovation and policy effectiveness that shape overall policy outcomes. Indirect impact consists of policy output, such as cross-sectorial deliberation, that shapes the process but does not directly shape the overall policy outcomes. Here, I must state that the impact of networks is conditional rather than automatic. If the conditions are not met, network comparative advantages cease to exist and policy networks turn into instruments with no or minimum impact on policy making.

To start with, networks with high levels of symmetrical structure and trust among participants (amounting to high levels of network collaborative capacity) contribute to high levels of expertise and knowledge sharing, and, eventually, policy innovation. This is especially the case in those integrated networks with a healthy internal dynamics, which are based upon strong ties among their participants who are members of the same professional community. Innovative policy solutions are most likely to be observed during the policy design and formulation stage. The caveat here, though, is that policy innovation in the early stages of collaboration is not always followed by collective action and policy outcomes.

Another form of network impact is through policy effectiveness in the context of high-risk and capital-intensive projects. In this case, policy effectiveness can be attributed to the institutional embeddedness of networks into the broader political and economic environment, particularly the support received by already existing business alliances which contribute to the institutional resilience of these policy networks. Stated

differently, networks that serve as channels of interest intermediation, in spite of having weak internal ties (lower levels of common decision making, fewer channels of communication, and less horizontal coordination in the form of joint learning or team work) are highly resilient and effective policy instruments that generate concrete policy outcomes.

Even in cases when desired outcomes are not achieved network collaboration still matters. Previous studies have shown that policy making is not about policy outcomes only, but also about the output generated throughout policy making processes (throughput). Similarly, even when networks do not affect outcomes directly, they have an impact on the process by which policies are designed, approved and implemented. Therefore, more attention should be paid to the machinery of policy making itself. A particular emphasis should be put on those features of the policy making process that affect the resulting policies. For instance, in this study aggregate networks involve ‘pockets’ of cross-sectorial deliberation among different actors with a stake in policy making. Based on the assumption that a cooperative process brings cooperative outcomes, increasing cross-sectorial deliberation would contribute to the generation of consensus-based and legitimacy-oriented policy solutions. However, the latter are very much dependent upon the development of a new culture of policy making based upon ideational exchange and shared learning.

Another issue is the impact of network collaboration on the political system at large. Concerning the system level consequences of policy networks, it seems obvious that a shift from networks as isolated instances of collaboration to permanent patterns of policy making in the form of network governance is largely lacking within the Turkish health sector. As previously stated in the literature “...local policy networks are insufficient in themselves to assure network governing in all settings” (Daamgard,

2006: 673). Therefore, it would be hasty to conclude about a shift in the modes of governance or a redefinition of state-society relations. From a comparative perspective, Turkey is far from being a representative case for network governance. In some European countries policy networks are widespread to the extent that scholars discuss the notion of “network of networks” (Assens & Lemeur, 2015). Within this context the concern is about the implication such complex and multipolar networks have on political systems at large, worrying that too much network collaboration might even harm democracy.<sup>30</sup>

The central problem within the Turkish health sector is not the absence of network collaboration. On the contrary, networks are increasingly being used as instruments of policy making. Moreover, the field research shows that there is a rising awareness of the added value of network collaboration among policy practitioners. The challenge here is about the persistence or maintenance of network interaction both in the medium and long terms. Network collaboration observed within the Turkish health sector is often interrupted and stalled; falling short of turning into a long-lasting and stable pattern of governance. Hence, in the Turkish context, it would be more accurate to talk about instances of network collaboration that have an impact on separate stages of policy making rather than substantial or permanent shifts in policy making patterns with large systemic consequences.

The question then becomes, what explains the lack of network transformation into long-standing patterns of policy making? As discussed in the previous chapter, the

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<sup>30</sup> Here authors study the cases of European Union and FREGIF (Regional Health Federation of Networks, i.e. federation of healthcare networks for elder persons in the Ile-de-France region).

emergence of network governance as a permanent pattern or mode of policy making is a function of network institutionalization, especially the persistence of policy networks in the long run (institutional consolidation). Content analysis reveals four main barriers that inhibit institutional consolidation of policy networks within the Turkish health sector. One is *political instability* which results from constantly changing actors, political agenda and policy priorities, resulting in lower levels of commitment to network goals. Another factor is *dependence on external support* particularly at the stage between policy formulation and policy implementation—a phase of network fatigue—where a fall in collaborative momentum is observed within policy networks. Under such circumstances, policy networks require additional political and financial support from external sources, especially the executive. Another institutional impediment is *bureaucratic inertia*, which refers to the hesitation of public actors to get involved in lengthy and costly projects involving network collaboration. Bureaucratic inertia is considered by some interviewees as the primary cause behind the procrastination of policy implementation and eventually network disintegration. Finally, *absence of institutional memory* due to the lack of technical staff (technocrats) or specialized agencies (public or semi-public) responsible for the coordination, supervision, maintenance and re-production of cross-sectorial projects, can harm network institutionalization both in the medium and long terms.

The institutional barriers mentioned are detrimental to both network collaboration and public policy making in general. At the network level, regardless of their internal collaborative capabilities networks become ‘vulnerable structures’, which remain dependent upon external support and eventually fail to turn into stable and consolidated patterns of policy making. At the policy level, the presence of such barriers is detrimental to policy effectiveness by preventing networks to reach desired

policy outcomes. Such problems can be overcome through network management, an aspect of network collaboration that is not investigated in this study. McGuire (as cited in Agranoff & Yıldız, 2007) identifies four components of network management including “activation of players, framing tasks and issues, mobilizing to reach agreement and take action, and synthesizing the network by creating the environment and enhancing favorable conditions” (2006: 322). Agranoff and Yildiz (2006) argue that the conversion of knowledge into action is the core decision in network management. Similarly, I argue that management is important to trigger collective action within vulnerable networks, particularly during critical junctures such the transition from policy formulation to policy implementation stage.

In short, the case of Turkey shows us that networks can be vulnerable practices of collaborative policy making, which depend upon external support in order to persist over time and achieve desired policy goals. Even though vulnerable networks do not represent a deep-seated shift towards networked forms of governance, they remain plausible policy initiatives that should be taken seriously and considered carefully by both scholars and policy practitioners. The instances of network collaboration under investigation represent alternative models of policy making which are critical in expanding the policy space with new opportunities and tools for governing. Networks are particularly important to deal with policy issues that are intrinsically multi-sectoral and at the same time are characterized by high complexity and uncertainty. Therefore, it becomes compelling to investigate the conditions that maximize network capacity, institutionalization and, eventually, impact in different policy contexts.

## **7.2 Implications**

### **7.2.1 Theoretical Implications**

At the theoretical level, this study suggest the usefulness of incorporating neo-institutionalist approaches into network analysis.<sup>31</sup>

First of all, reconciling network approaches and neo-institutionalist approaches to policy making is important particularly in the context of vulnerable networks – i.e. instances of network collaboration that are rendered susceptible to external support regardless of their internal collaborative capacity. The inward perspective into networks (applied so far largely in network pioneer countries) is not adequate to explain the lack of network persistence in the long run. Why do policy networks emerge and then suddenly cease to operate? The answer to this question can be found in the study of those external institutional factors pertaining to the broader political and economic environment where policy networks emerge. External support through prevalent discourses, political agenda, prominent leaders and high level officials, as well as through business based alliances or political collations becomes particularly important for the maintenance of network collaboration. Yet, such exogenous factors central to neo-institutionalist approaches<sup>32</sup> are often overlooked in network analysis.

Network governance theories focus on the internal structure of policy networks, which often takes the form of snapshot analysis of the endogenous factors that affect policy networks. This makes perfect sense in those policy environments where network collaboration has already turned into a sustainable pattern of governance, known as network governance. However, this logic cannot be applied to those policy

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<sup>31</sup> Similar suggestions have previously been made in the literature on policy networks. However, there has not been consistent scholarly input in this direction. See Jens Blom-Hansen (1997) for the incorporation of neo-institutionalism in the study of policy networks.

<sup>32</sup> New institutionalism as an epistemological approach has originated within the discipline of Sociology. The first works on new institutionalism go back to 1970s and 1980s written by scholars such as John Meyer, Richard Scott, and Lynne G. Zucker.

environments, such as the case of Turkey, where exogenous factors related to the broader institutional environment can influence not only the effectiveness, but also the very persistence and re-production of these policy networks in the long run. In this context, perspectives focusing on intra-network structure fall short of explaining why network instances do not turn into stable and long lasting patterns of governance.

This study shows that the logic of network collaboration does not clash with the logic of institutional embeddedness in the broader, external environment advocated by the neo-institutional approaches. On the contrary, in the context of the Turkish health policy sector, policy networks are practically effective and sustainable only when supported by already existing economic or political relationships such as business based alliances or broad political coalitions. Actually, interest based alliances are at the very heart of network collaboration within the Turkish policy environment. For instance, despite being a professional and internally robust network, ÇPSSGP cannot be maintained in the long run if not backed by certain interests in the broader political and economic environment. On the other hand, in spite of having weak internal ties, PPP is a very resilient and effective network due to its capacity to reflect important economic interests. It is such networks, due to their capacity to serve as channels of interest mediation, which can become more resilient over time and thrive in a constantly changing policy environment, such as the health sector in Turkey.

Finally, neo-institutionalist approaches, rooted in middle-range theories, are particularly attentive to the concepts of context and conditionality, which should be used more often to generate sub-sectorial and sectorial variation in network analysis.

### 7.2.2 Policy Implications

Policy implications are necessary for building “practitioner-researcher linkages”, which have become particularly important in network research recently (Isett, Mergel, LeRoux, Mischen, & Rethemeyer, 2011). The following policy recommendations contribute to the leverage of networks on policy making processes and outcomes. This study suggests that the evaluation of network collaboration should be regularly conducted. Monitoring mechanisms utilized for policy evaluation contribute to the maintenance of policy networks in the long run. Interviewees reveal that policy evaluation is largely lacking and suggest that network administrative organizations (independent, external bodies or semi-public bodies) should be established to play such a role.

In addition, face-to-face communication is an effective communication mechanism particularly within moderated, small and professional groups that promote synergetic team environment, which in return contribute to higher levels collaborative capacity in policy networks. Electronic communication is increasingly being used by policy practitioners. Despite many of its advantages, electronic communication is not really a substitute for face-to-face communication. Face-to-face communication, on the one hand, is an asset that induces collaboration among network participants through physical encounters, such as team work. Electronic communication on the other hand, has not yet been explored within the network context, and, therefore, should serve as an opportunity for future research.

The results from this study also indicate that the central government encouragement of collaboration across ministerial departments by establishing permanent or ad-hoc cross-organizational teams, task forces or expert committees at the intergovernmental level is becoming more and more important. Such venues are particularly important for innovation driven and evidence based policy making that require high levels of

expertise across one policy area. The interviews reveal that intergovernmental interaction has increased over the years. However, an established practice of intergovernmental cooperation is largely lacking. The British variant of network collaboration could be considered as a successful model of intergovernmental policy making elaborated at length in Rod Rhode's works.

Moreover, government endorsement of cross-sectional collaboration within medical industry and health tourism clusters is also critical. Interviews reveal that the medical industry clusters are overlooked as venues of cross-sectorial collaboration whereas health tourism clusters are largely neglected as policy instruments. This study shows that clusters should be promoted further and turned into effective venues for the exchange of knowledge, expertise and finances among the government, businesses, and universities. Health tech medical industry clusters, particularly in advanced industrialized countries such as Switzerland or Singapore, serve as success stories for cluster-based network collaboration.

Concerning pro-active involvement in policy making, this study suggests the establishment of action networks or advocacy groups, which consist of non-state actors that initiate change. The field research shows that the most effective way to organize bottom up efforts in Turkey is through umbrella professional associations that operate at the national level rather than lobbying through individual interest groups or affecting policy making processes through research based projects produced by a single or a small groups of NGOs. Action networks as defined above are particularly important to disrupt bureaucratic inertia particularly in the context costly and lengthy policy processes.

Finally, independent medical research institutes should be established to play the role of strategic policy hubs within the health sector. Such research institutes may benefit from state funds to some degree yet operate as independent legal entities. Similar examples are set in developed countries such as Australia, where independent medical research institutes serve as collaborative platforms with a huge impact on strategic and evidence based policy making within the health sector.

### **7.3 Current Limitations and Future Studies**

#### **7.3.1 Current Limitations**

This study has many limitations both in terms of design and methodology. Below I will mention only a few limitations that pertain to those aspects of network collaboration that are not included in this study. Being aware of such limitations is particularly beneficial if one considers them as opportunities for future research. For example, the role of culture, norms, beliefs and ideas on network inception and persistence over time has not been investigated. These notions represent slightly complex constructions that involve an in-depth analysis of the nature of relations within networks and an accumulated knowledge on the issue of network ontology both as a universal and as a context-based concept. At this stage, this research goal would be very challenging if not unrealistic considering the lack of basic information on policy networks-an unexplored research topic within the Turkish health policy space.

Another important feature that was not adequately elaborated in this study is power dynamics in policy networks. This dissertation measured *power within* networks via the concept of ‘horizontal coordination’ – a value that gauges the perception that network participants have to voice their preferences and policy positions equally within the network. However, discussion of network *power over* existing relations

outside the network has been kept at minimum. The question here is: To what extent do present cases of network collaboration change the balance of power relations in the political system at large? Addressing this question is important to understand the role and leverage of policy networks at the polity level.

Finally, considering the exploratory nature of this research the generalization of the findings can only be limited. In order to talk to the broader literature on policy networks it becomes imperative to study Turkey from a comparative perspective at the cross-national level. This goal was to some extent accomplished in this study by drawing some conceptual parallels between network cases under investigation and the models discussed previously in the literature by Rod Rhodes, Stephen Wilks, and Niamh Hardiman. Yet, the theoretical and empirical implications of such comparisons are limited. Therefore, a full-fledged cross-national comparison with the potential to contribute to theory generation in network analysis is expected to be carried out in future studies.

### 7.3.2 Towards Evaluative, Strategic and Focused Research

Future research on policy networks in Turkey can develop in two different directions. One possible way is towards more evaluative, strategic and focused type research. Borrowing from Ritchie and Spencer (1994: 174) the present study is more “contextual” and “diagnostic” in nature, and therefore, future studies may undertake more “evaluative” and “strategic” studies that serve applied policy research.

For instance, this study shows that the Turkish health sector is a crowded policy space, which contains mixed forms of governance including markets, hierarchies and networks, as well as many network configurations which do not always qualify as policy networks. The field research reveals many network configurations which are essentially hierarchical in nature and have no collaborative dynamics as defined in this

study. Such policy platforms—defined as empty networks in this study—run the risk of engendering a contested domain of governance with no clear, and sometimes overlapping chains of accountability and power distribution. Too many levels of interaction may shadow the channels of accountability and bring confusion in terms of policy output and outcomes. Therefore, future policy studies may consider appraising the impact of different network configurations that mix different modes and instruments of governance.

In addition, future studies should be more focused in terms of their subject of analysis. For instance, further research is needed on the evolution of SATURK as a case study where network collaboration is still at the inception stage. Collecting data for SATURK can take the form of a longitudinal study from the time the network was first established until the time the network takes a more mature form. Similar studies in the literature focus on one single policy network (see Provan et al. 2009 as an interesting example). The case of SATURK is also important to understand the role of deliberation in driving more consensual policy outcomes in policy networks. Actually, the case of SATURK can serve as a laboratory to examine the impact of deliberation—as a process oriented catalyst—over policy outcomes.

Moreover, future research can be based upon the propositions which were generated yet not tested in this thesis. For instance, empirical research can examine the link between small group dynamics and policy innovation; or the link between network resilience defined by high levels of external support and policy effectiveness; or the link between network consolidation defined by decreasing external support and network governance.

Another interesting subject matter would be network management—an aspect of network collaboration which was briefly mentioned, yet it was not thoroughly elaborated in this study. Network management would be a very strategic research area considering its relevance to policy practitioners. Future studies should consider network management not only a catalyst that can maximize network collaboration but also a factor important to understand the role of policy networks as flexible and negotiable policy spaces, particularly in situations of network fatigue.

### 7.3.2 Towards New Target Groups

Future studies might as well consider to follow different research designs, particularly in terms of sampling and data collection. One possible way is to shift the attention from policy experts to scholars of health policy management. Focus group research with scholars would be very productive and helpful in refining the arguments presented in this study. Actually complementing interviews with focus group research is a common practice in the literature. Focus group research has a two-fold purpose in the study of policy networks. First, it would be helpful to discuss the responses of semi-structured interviews in line with scholarly judgement. Second, this type of research would help us elaborate on the particular role of university based health policy making in Turkey by providing first hand evidence concerning the topic of network collaboration.

A target group suitable for this research would be one with university professors 1) who are currently working in healthcare management programs and 2) who have previous experiences in collaborative projects within the health sector (university-industry, university-government types of network collaboration). In general, focus groups contain 6-9 members and 3-5 focus group interviews are considered sufficient

to reach saturation in qualitative research (Onwuegbuzie and Leech, 2007, p. 116). Moreover, experts in other policy areas can be considered as a new target group for research. Network analysis can be applied in other areas of public policy, such as, education policy, which is largely understudied and serves as a fertile ground of research due to high levels of policy innovation witnessed recently.

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## APPENDIX

### Semi-Structured Interview Questions

#### (Interview Guide)

1. Has your organization ever participated actively in cross-sectorial projects with any other public, private or voluntary organizations with the purpose of health policy-making? In which sub-area(s) of health policy did you collaborate?

Probe: Public Health Development /Medical Industry /Health Tourism  
/Community Health Services /Other

2. How many organizations participated in the project? If possible, can you list the name(s) of the organizations you have collaborated with? Which organizations have you collaborated with?

Probe: Public – Central Government / Public – Local Government /  
Universities (public or foundation) / Private sector associations or private  
companies / Voluntary actors (non-state, non-profit organizations)

3. At which stage of policy-making did you collaborate?

Probe: Agenda Building or identifying policy problems / Formulation or  
designing policy proposals including policy innovation / R & D Despite  
common efforts in terms of strategy development / Implementation including

bureaucratic activities as well as expenditure of public funds by non-public organizations in common projects / Evaluation such as assessing the effectiveness of policy including cost-benefit analysis

4. What is/was the main rationale behind this collaboration?

Probe: Sharing financial resources / Sharing technical knowledge/expertise / Sharing local or community knowledge / Other:

5. What form did your collaboration take?

Probe: Subcontracting / Multi-stake holder consultation meeting / Expert workshop with some level of common decision making in the form of evidence based policy making / Cross-sectorial project based on co-investment / Cross-sectorial project based on co-investment with co-funding.

6. How frequently did you communicate with representatives of other organizations? Did your interaction take the form of face-to-face communication? How frequently did you engage in face-to-face communication?

Probe: Frequently (daily) / Often (several times a week) / Occasionally (certain agreed days a month) / Rarely (only a few times during the whole project period) / Never (worked separately)

7. Which organization(s), if any, played the role of facilitating coordination among network participants? What form did the interaction between organizations take?

Probe: Formal: Clearly written rules / Semi-formal: Spoken rules or a combination of formal and informal relations / Informal: No written or spoken rules/personal connections only.

8. Did all organizations agree on the goals of the project from the start? Was there a written contract? Were there any measures taken in cases when the terms of the contract, if any, were broken?

Probe: All the time (close to 100% of the time) / Most of the time (around 70% of the time) / Some of the time (around 40% of the time) / Hardly at all (around 10% of the time) / Never (close to 0% of the time)

9. If non-governmental organizations at any stage were involved in the project, how did they join the project? Through what channels or according to what standards were they involved in common decision making during the collaborative process (if any)?

Probe: Invited to join the project by public organizations (solicited meetings) / Involved through a project grant application (sub-servient employees)/ Initiated the project themselves (pro-active involvement).

10. Do you think all project participants had a chance to voice and promote their own preferences/positions equally during the collaborative process?

Probe: All the time (close to 100% of the time) / Most of the time (around 70% of the time) / Some of the time (around 40% of the time) / Hardly at all (around 10% of the time) / Never (close to 0% of the time)

11. Does the case of cross-sectorial collaboration receive any sort of external support?

Probe: Support from prevailing discourses and ideas such as media discourses / Support from prominent political leaders or high level state officials with decision making power in the executive / Support from political coalition, business alliance or any other already existing web of relations.

12. What makes possible the collaboration of organizations with different strategies, objectives, and interests in a mutually supportive manner (solidarity)? Do we observe this situation in the case under consideration? Under what conditions do the network participants engage in effective/productive teamwork (teamwork)? Do we observe this situation in the case under consideration? If yes, would you define the team-work among network participants as a highly synergetic relationship?

13. Would you choose to work with the same organizations again in the future?

Probe: Definitely / Maybe / Never again

\*Note: Depending on the interview some of the questions above were not asked or some additional questions were added during the conversation.