

# Professions in transnational health policy making: conceptual and methodological issues

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Health policy has become increasingly transnational in nature and this highlights mechanisms of governance operating within, across and above the institutions of national health care states. This raises new questions about the role of professions in health policy making and is also interesting conceptually.

First, transnationalism applies to all areas of healthcare and policies such as organisational reform based on market principles, the strengthening of primary care provision and guidelines for health care practice. This contrasts with the literature on global health policy which tends to focus on health policies reacting to new infectious diseases that quickly spread across the globe, such as public health policies related to HIV/AIDS and Bird Flue.

Second, transnationalism represents a form of health policy making which occurs within, across and beyond the specific institutions of national health care states, which operate as filters rather than in a traditionally hierarchical fashion. This is interesting in the context of the literature on health care states and the primary importance attached to institutions for understanding health policy. It also challenges the currently dominant debates on convergence of health systems.

Against this background, the aim of the paper is three-fold. First, the paper offers a systematic overview of trends related to transnationalism in health policy making (and the role of professions within this) and highlights developments in all areas of health policy. Subsequently and second, the paper provides a critical review of the different strands of the literature relevant for better understanding transnational health policy making and the part played by professions, and suggests using processes, actors and institutions as conceptual reference points. Finally, the paper explores elements of a possible research design for how to study transnational health policy making, and argues for focusing on new models of regulation, such as partnership governance and collaborative care, for using individual countries as stepping stones for a bottom-up analysis of transnational health policy making, and for examining European countries and developing countries such as China, South Africa and Chile as critical cases.