



University  
of Glasgow

Duckett, J. (2008) *Health NGOs: a second generation of policy advocates?* *China Review*, 42 (6). p. 16. ISSN 1359-5091

<http://eprints.gla.ac.uk/47466>

Deposited on: 4 March 2011

# NGO: THE NEXT GENERATION

JANE DUCKETT ANALYSES NGO INFLUENCE ON HEALTH POLICY

GRASSROOTS NGOs have developed rapidly in China since the early 1990s. Following “first generation” environmental activism, health sector NGOs are now widespread and taking policy advocate roles.

Some health sector NGOs were established in the 1990s but their numbers only grew rapidly following encouragement from the central government in 2004. In recognition of the difficulties the state faces tackling China’s HIV/AIDS epidemic, top leaders openly supported NGO involvement in this issue. Leaders seemed to accept that NGOs may be better able to reach marginalised groups at high risk of infection, particularly sex-workers and “men who have sex with men” (MSM)

## Growing NGO activity

The largest and fastest-growing group of grassroots health NGOs is active in the area of HIV/AIDS. The 2006-7 *China HIV/AIDS Directory* lists 240 organisations working on HIV/AIDS. However, activists estimate that there may be as many as 500 operating across the country. Many are support groups for MSM, who have shifted into HIV/AIDS education and awareness-raising. There are a growing number of organisations specifically set up to help people living with HIV/AIDS. Others – often at risk of conflict with local authorities – supply clean needles to intravenous drug users or condoms to sex workers.

Beyond HIV/AIDS, there is a small but growing number of other active organisations. These, too, tend to be organised around particular diseases, such as hepatitis B, tuberculosis, haemophilia, leprosy, and cancer. They often focus on providing services, from practical advice and counselling to financial support, for those affected by these diseases. They are largely small, unwilling or unable to register as NGOs, and underfunded.

## Policy advocacy efforts

The majority of grassroots health NGOs focus on awareness-raising or providing support and services. Some have greater aspirations. They not only fill gaps in public sector provision for isolated and vulnerable social groups, but are also increasingly lobbying on their behalf. They attempt to engender change to discriminatory laws and regulations; get medicines

included in state-run health insurance schemes; ban fake medicines and their advertising; or demand state support for people with HIV/AIDS and their families and justice where officials are responsible for the spread of diseases.



An HBV anti-discrimination poster

## Multiple channels

Grassroots NGOs have a few formal channels for influencing policy. They write letters to ministers and local health departments and make submissions in official consultations. They also use a range of informal channels, including personal connections to doctors and delegates to the National People’s Congress and Chinese People’s Consultative Conference, as well as seeking publicity. However, their personal connections are often poor and use of the media risks damaging relations with government.

Another strategy is to support individuals taking cases to the courts. This might involve seeking compensation e.g. from drug companies who did not screen their blood products for

HIV/AIDS. Alternatively, they might pursue employers for discrimination against hepatitis B carriers. This strategy is seen as benefiting individuals and also a means of publicising their issue and gaining popular and media support for policy goals.

## Constraints on a second generation

NGO successes in shaping policies include having discriminatory sections of laws and regulations removed and medicines included as reimbursable drugs in state health insurance programs, and some fake medicine advertising banned. But the numbers of health NGOs involved in policy advocacy remains small, their channels for exerting influence are few, and their successes are limited. Although committed and persistent, they face greater policy obstacles than environmental NGOs because they are operating in an area dominated by medical professionals and a powerful Ministry of Health. It will continue to be difficult for them to develop the presence and strategies to justify labelling them a second generation.

Jane Duckett is Reader in Chinese and Comparative Politics at the University of Glasgow. The research on which this article is based was funded by a Leverhulme Trust Research Fellowship, 2006-07.