# How do actors with asymmetrical power assert authority in policy agendasetting? A study of non-state actors in the Australian trade policy space

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#### **Background**

The risks from trade policy to population health are increasingly clear. Developing trade policy in a way that benefits health and other social interests would benefit many populations globally but understanding how these interests can make it into the trade agreement negotiations is relatively unknown. Understanding how non-state actors seek to establish authority and influence in policy agenda setting and whether their strategies differ if they have more or less discursive power, is vital to increasing the influence of health voices in trade.

#### **Objectives**

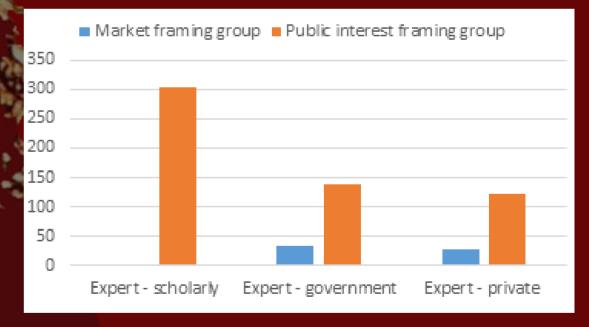
What strategies do non-state actors such as health advocacy organisations use to influence government agenda-setting? Do their strategies differ if actors' have more or less discursive power, that is, if their ideas and objectives align or conflict with the dominant ideas in a policy domain? Using the trade policy domain in Australia as a case example, where public health ideas remain largely on the periphery of policymaking, this paper explores and compares strategic claims to authority made by non-state actors seeking to influence the government's agenda.

#### Methodology

- Data sources were 87 publicly available submissions made by non-state actors to the Australian Government during its participation in the Trans Pacific Partnership agreement negotiations (TPP).
- More than half of the submissions were made by private industry actors (52.3%), followed by civil society organisations (14.8%), academic researchers (14.8%), individual citizens (10.2%), unions (4.5%) and public universities (2.3%).
- We drew on Avant et al's (2012) typology to explore policy actors' claims to authority. This typology identifies multiple bases by which non-state actors can obtain five kinds of authority in global governance, including: i) *institutional* derived from holding a position of influence within an established organization such as the World Health Organization; ii) *delegated* by state or state agency delegation to a non-state actor; iii) *expert* based on specialised knowledge; iv) *principled* through a non-state actors' appeals to an accepted set of morals or values, and v) *capacity-based* through recognition of delivering results.
- Using this typology as a starting point, we coded submissions for evidence of actors' claims to authority. Two researchers read the submissions to develop an initial set of codes. Emerging themes were discussed iteratively with the author team to develop a final set of authority claims
- that reflected our data.

### **Major Findings**

- We identified four sources of authority used by non-state actors in their attempts to influence the government's trade agenda.
- We also found differences in how these claims to authority were invoked by different actors. We show that private sector actors, whose ideas align with the dominant neoliberal framing in trade policymaking, relied less on external sources of authority than actors using a public health framing - which remains on the periphery of trade policy discourse.
- For example, we identified the use of expert authority which refers to the use
  of expertise to support an actor's arguments. Several actors' invoked specialised
  knowledge in their submissions to support their claims, including scholarly peer
  reviewed expertise, expertise from government, and private expertise. We found
  that market actors were much less likely to draw on expert sources of authority.
  More than half of the market actor submissions cited no evidence to support their
  arguments.



**Figure 1** Non-state actors use of expert sources of authority

## **Policy Lessons**

This analysis provides empirical evidence that an actor's alignment with the dominant framing in a policy field generates a level of authority, which in all likelihood confers or increases their existing socio-political power. This has implications for the ways less discursively powerful health actors can influence agenda-setting.

#### **Contact Information**



