Policy Transfer in a Politicized Public Administration

The Case of Abu Dhabi's Preventive Public Health Policy: WEQAYA

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A Thesis

In the Department

of

Political Sciences

Presented in Partial Fulfillment of the Requirements

For the Degree of

Doctor of Philosophy (Political Science) at

Concordia University

Montreal, Quebec, Canada

July 2016

CONCORDIA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

This is to certify that the thesis prepared

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Entitled: Policy Transfer in a Politicized Public Administration: The Case of Abu Dhabi's Preventive Public Health Policy: WEQAYA

and submitted in partial fulfillment of the requirements for the degree of

Doctor of Philosophy (Political Science)

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ABSTRACT

Policy Transfer in a Politicized Public Administration
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Concordia University, 2016

This dissertation seeks to answer the following question: Why do governments forge ahead and import policies, from remote and very culturally dissimilar areas at times, when these policies have low chances of success? This question is explored by analyzing a preventive public health initiative for diabetes mellitus and cardiovascular diseases that was imported from Finland and adopted by policy actors in the Emirate of Abu Dhabi. Despite the cultural, contextual, geographical, and environmental dissimilarities between the two countries, officials chose a program from a rural Finnish province (North Karelia) to combat the high rate of diabetes mellitus and cardiovascular diseases among Abu Dhabi's population. However, the policy that was successful in North Karelia did not achieve the desired results in Abu Dhabi. This dissertation offers a bi-partite investigation of the policy transfer process and the implementation outcome. The first section states that specific policy transfer agents, namely expatriate civil servants who were not born, raised, or trained in the importing country, influence 'what' and 'where from' policies are imported. It argues that the highly politicized structure of Abu Dhabi's public administration institutions, coupled with the demand for quick results and the lack of local policy-making capacity, leave these expatriate civil servants with little choice but to tackle local problems with foreign solutions with which they are more familiar. The second section addresses some of the reasons behind the perceived failure of transferred policies in Abu Dhabi. On the one hand, it argues that, being unempowered and unchallenged, expatriate civil servants face obstacles that hinder their ability to tackle issues that may arise during implementation or to address sensitive topics that may underlie policy challenges. On the other hand, the culture of competition, rather than cooperation, in public policy-making among governmental organizations substantially decreases transferred policies' chances of success. The evaluation of the outcome of the implementation is used as point of departure to analyze the entire process. This matters in that it highlights the influence of a politicized public administration on policy transfer in particular and public policy in general. It is also significant because it demonstrates how to better recognize problematic policy transfer by evaluating a combination of factors: the process of transfer, the structure of the importing institution, and the motives of the agent of transfer. By ensuring that receiving institutions can properly incorporate and implement imported solutions, importing countries can increase policy transfers' chances of success. This contributes to understanding a specific type of policy transfer agent and transfer process in the Gulf Cooperation Council region, where the proportion of expatriate civil servants is large. This may also be applicable in other countries that recruit expatriate civil servants or individual consultants to play a role in the policy-making process.

Acknowledgements

First and foremost I would like to thank my advisor Dr. Patrik Marier. It has been an honor to work under his direct supervision. His guidance was of great help in drafting, writing, and bolstering each part of this dissertation. Dr. Marier taught me how good case studies are done. I appreciate his support, time, ideas, feedback and comments which made my Ph.D. experience productive and enjoyable.

I am also grateful for Dr. Elizabeth Bloodgood and Dr. Francesca Scala for their valuable feedback and support. Their comments and collaboration have helped me enhance this dissertation to great extent. Their supportive contribution has opened my eyes and taught me how to strengthen the methodology, argument and analysis of the study. I would like also to thank Dalia Al Kadi and Rana El Kadi for their help in fine tuning the ideas of this dissertation.

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Introduction

On July 4th, 2013, the General Secretariat of the Executive Council in Abu Dhabi, which is the highest policy-making body that directly reports to the Emirate of Abu Dhabi's government issued a single decree that sent home almost all of its expatriate civil servants; the latter accounted for over 80% of the staff in some departments (The Economist Magazine, 2013). Among those discharged from the largest emirate in the United Arab Emirates (UAE) were top expatriate strategists and public policy analysts (ibid). The council stated that the void shall be filled by national Emiratis, in a move to abide by the recently instituted "Emiratization" policy, which seeks to increase the percentage of Emirati employees in both public and private sector entities.

This drastic development raises questions about non-national civil servants' job security and the environment within which they work[1]. It further raises questions about the general impact of such a politicized working environment. Peters and Pierre (2004) define this type of environment as "the substitution of political criteria for merit-based criteria in the selection, retention, promotions, rewards and disciplining of member of the public service[2]" (Peters and Peirre, 2004, p. 2). Therefore, it is important to scrutinize the influence of such politicization on policy-making and implementation outcomes in general; after all, expatriate civil servants in the UAE and the rest of the Gulf Cooperation Council (GCC) countries assume senior positions and play key roles in public policy-making and implementation (Naithani, 2009).

Policy makers in GCC countries are constantly being pressured for quick results their ambitious governments. GCC countries' rapidly growing economies actually necessitate the enlargement and modernization of policy-making processes within their young public administrations - The UAE's public administration, for example, is only forty-two years old. Consequently, in addition to recruiting a large number of expatriate civil servants, GCC governments most often look abroad for policy-making lessons (Ruppert, 1999). Specifically, they employ policies implemented within industrialized democracies such as the European Union, the United States, Australia, and in some cases South Asian countries such as Singapore and South

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[1] In fact, besides the lack of job security for Abu Dhabi's expatriate civil servants, there are stringent residency requirements for *all* unemployed expatriates.

[2] The authors denote that politicization can be exercised through *fear* or *ideology,* and it targets: 1) public service employees; 2) their behaviour; 3) attitudes and culture; and finally 4) the structural terms of the public service (Peters & Pierre, 2004).

Korea (ibid). However, a large number of these policies fail to achieve the goals that initially led to their adoption. Nevertheless, GCC governments continue to forge ahead and import such policies, sometimes from remote and culturally dissimilar areas, despite their low propensity for success (Common, 2008).

Recently, public policy literature has paid considerable attention to processes where states and governments search for policy solutions across time and space (Rose, 1993; Ikenberry, 1990). This study is rooted in said literature, which defines policy transfer as a "process by which knowledge of policies, administrative arrangements, institutions, and ideas in one political system (past or present) is used in the development of similar features in another" (Dolowitz and Marsh, 2000: p. 3). Chapter one explains why the case under study fits the policy transfer model.

Going forward, several studies list the reasons behind governments' engagement in policy transfer (Dolowitz & Marsh, 2012). According to policy transfer literature, governments utilize evidence when importing a policy in order to maximize the chances of implementation success (Bennett, 1991; Dolowitz & Marsh, 2012). However, little attention has been paid so far to the reasons behind certain governments' import of policies that clearly do not match the context of their respective society.

The Research Question

Field data suggests that GCC governments are aware that cultural and national differences will create problems in policy implementation; however, little is being done to address these predicted issues in policy implementation. The question that arises is: Why do certain governments forge ahead and invest resources to import policies, in some cases from remote and dissimilar areas, when they know that these policies have low chances of success?

In 2008, the Emirate of Abu Dhabi launched a public health policy called WEQAYA[3], which was based on a policy imported from the province of North Karelia in Finland[4]. WEQAYA

[3] 'WEQAYA' means 'prevention' in Arabic. This policy consists of several programs and services including mass screening tests for diabetes mellitus and cardiovascular illness, disease management programs, and treatment services (Hajat et al., 2011; Hajat and Harrison, 2010).

[4] The policy designers, namely Dr. Hajat and Dr. Harrison, explicitly stated that the policy was imported from North Karelia. Firstly, Harrison indicated that "WEQAYA was built based on a number of elements of the North Karelia (Finnish) model. The mass screening, the prevention of diabetes, the physical activity, the diet control. All these elements were learned from the Finnish model. There were other elements that were not involved in the Finnish model. The IT (use of technology) for example was not involved in the Finnish model, as the Finnish was

provided services for around 92% (a total of 173,501 individuals) of the adult Emirati population living in Abu Dhabi. During the first round of policy implementation, citizens were screened by the Health Authority of Abu Dhabi (HAAD) for diabetes mellitus and cardiovascular diseases (Hajat et al., 2011; Hajat and Harrison, 2010). Field interviews suggest that officials knew that this policy had low chances of success. For instance, requesting to remain anonymous, a senior official at Abu Dhabi's highest policy-making organization stated: "It was a good screening, but it was not a good program or a good policy. WEQAYA [it seems] was not meant to be a full program, it was designed as a screening test only. The design was not good" (Author's Interview, A3, March 2014). So why did Abu Dhabi invest resources in this policy?

This study does not attempt to insinuate a counterfactual argument. Rather it aims to identify the underlying factors that compel certain governments, specifically the Emirates, to make seemingly unsound decisions with regards to policy-making, especially when the policy in question addresses complex social or health problems. Who and what shapes these decisions? Therefore, the complexity of the case makes the analysis neither inductive nor deductive as typical research study designs would follow. This study attempts at mere drawing theoretical expectations based on the literature and the analysis of the study.

The Puzzle

GCC countries participate in policy transfer on a regular basis and most of the time the transfer takes place between two dissimilar countries; therefore, the research question will be answered through an investigation of policy transfer literature. Generally, policy makers use

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implemented many years ago" (Author's Interview, Harrison, March, 2014). Additionally, the policy designers, namely Dr. Harrison and Dr. Hajat, published a paper where they indicate that WEQAYA emulated the North Karelia Project (Harrison and Hajat, 2010: 29). They point out that "a handful of studies and programs have driven impressive reductions in cardiovascular events within defined populations, none more so than the North Karelia Project. Their 35-year follow up has revealed reductions in blood pressure and smoking in men, but not body mass index (BMI), which has continued to increase; an overall 80% decline in coronary mortality was seen. Long-term comprehensive chronic disease prevention, population-level community engagement, and health promotion are responsible for this risk factor decline. However, North Karelia is one of few examples that show population-level success at driving reduction in cardiovascular risk. Elsewhere, data consistently show a rapidly rising global CVD burden, with non-communicable diseases (of which CVD is the single greatest contributor) now at the top of the global risk landscape in terms of both likelihood and severity" (Harrison and Hajat, 2010: 29).

foreign evidence to anticipate potential problems that might obstruct the success of imported policies, and they seek to forestall these challenges (Bennett, 1991a; Bennett, 1991b). They make sure that they obtain sufficient information and crucial elements of the borrowed polices or institutions, while trying to ensure that imported policies solve problems similar to those in the country of origin (Bennett, 1991a; Fawcett and Marsh, 2012). Nevertheless, research on policy transfer indicates that imported policies may still fail to achieve the benefits obtained in the originating country. Reasons for this include: 1) insufficient information about the transferred policy or institution (Craig et al., 1996; Clarke et al., 1994); 2) crucial elements of the borrowed policy may not be transferred (Dolowitz and Marsh, 2000); or 3) policies are borrowed for different goals and purposes or to solve problems different from those for which they were originally designed (Rose, 1993; Craig et al., 1996; Garham and Knights, 1994).

Although the aforementioned explanations indicate diverse factors for policy failure, they do not anticipate policy transfer failures in cases where the process itself is complete, appropriate, and should work, but still fails to achieve the desired outcomes (Bovens and 'T Hart 1998). In the case of Abu Dhabi, policy documents and field interviews suggest that the expatriate civil servants involved *did* in fact make considerable effort to ensure that the imported policy would achieve its desired goals. However, their effort was insufficient due to factors beyond their control.

One might wonder whether the policy problem is of any significance in this case. In other words, is policy transfer in the health sector more challenging to implement than transfers in other types of sectors such as finance or commerce? Data suggests that, in terms of policy transfer, no substantial discrepancy exists among different sectors in Abu Dhabi. For example, beyond the case under study, the Abu Dhabi Education Council once sought to address the problem of poor foreign language proficiency among public school students; this was done by discharging all expatriate teachers whose first language is not English (The Gulf News Newspaper, 2013). Subsequently, around two thousand teachers who only speak and teach in English were recruited from Anglophone countries such as the U.S., U.K., Canada, Australia, and South Africa (ibid), in an effort to emulate these countries' teaching styles. Three years later, UAE students were evaluated through the Program for International Assessment (PISA), which is an international education assessment organized by the Organization for Economic Co-operation and Development (OECD). According to news reports, UAE students came in at the bottom of this ranking.

This is similar to what happened with WEQAYA. Abu Dhabi's Executive Council denoted that WEQAYA is a working model to solve the complex problem of diabetes mellitus and cardiovascular diseases without taking into consideration Abu Dhabi's unique circumstances (Author's Interview, A3, March, 2014). One could argue that expatriate civil servants cannot be blamed for taking a bad course of action if they did not have a better option. This dissertation investigates *why* there was no better course of action and what can be done to improve the situation in the future.

One could also argue that there might not be any local policy-making capacity on which expatriate civil servants could rely. In response, this dissertation shows that local policy-making capacity *does* in fact exist; however, as field interviews suggest, it is not enough. For example, the former head of the International Diabetes Federation has been active in Abu Dhabi for a long time. In an interview, this expert said that he/she had repeatedly contacted policy makers in Abu Dhabi about the pressing issue of diabetes and other non-communicable diseases. The expert suggested designing an Abu Dhabi-specific response that takes the local context into consideration. The expert runs a private clinic that treats patients with diabetes and has been in direct contact with these patients, so he/she is familiar with the local culture. However, the policy designers chose to ignore these red flags (Author's Interview, A 16, March 2014).

The aforementioned theoretical approaches from the literature focus on elements of the policy transfer process itself and study the 'conditions' responsible for policy failure (Dolowitz & Marsh, 2012). This is because the literature assumes transferred policies can still work in another setting (Dolowitz & Marsh, 2000) that does not share the same contextual and cultural aspects (Evans, 2009). These studies overlook other factors that influence policy success and failure, such as the agent of the transfer and the structure of the environment within which he/she operates (Bovens and 'T Hart 1998). Additionally, these studies do not provide a comprehensive justification for the reasons behind certain governments' decisions to import policies to tackle complex context-sensitive problems instead of turning to local policy-making capacity in order to build more country-specific solutions.

Additionally, the literature indicates that governments usually refrain from policy transfer when they are aware that the potential policy is beyond their implementation capacity[5] (Hoberg, 1991). Hoberg, for example, argues that desirable polices are typically not imported if the importing country lacks the requirements needed to ensure that the policy will be successful. He provides the example of Canada, which explicitly rejected particular American environmental protection policies in the 1980s because the former had not acquired the technology required to implement these polices (Hoberg, 1991). Therefore, this dissertation challenges the literature by presenting a case where the government itself - not the individuals who designed the policy - approves the suggested policy implementation draft although it is aware that the likelihood of success is small.

The Answer Lies in the Structure

In this dissertation, I argue that the answer to the main research question lies within the *structure* of policy importing institutions and the way their arrangement shapes the behaviour of the civil servants who participate in policy importation and implementation. This contrasts with traditional arguments that emphasize the transfer *process* (Evans, 2009; Rose, 1991; Bennett, 1991). Although focusing on the process itself is important, it is insufficient by itself when one is investigating the underlying causes of certain policy transfer decisions. Indeed, more attention should be paid to the nature of the agent of transfer and the environment within which the decision for policy transfer is being made.

In the case of the Emirate of Abu Dhabi, the government has ambitious economic development goals, a feeble local public policy-making capacity, and young public administration institutions (Common, 2008). Together, these factors create a gap between the requirements of rapid development and what Abu Dhabi's public service can provide. This gap is being partially fulfilled by hiring expatriate civil servants to design and implement development policies that may realize the government's desired ambitions. However, the structure of Abu Dhabi's public service institutions, which is built to mirror tribal power dynamics, greatly affects the individual behaviour of these expatriate civil servants and their capacity to enact policy change.

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[5] Hoberg, G. (1991). Sleeping with an elephant: the American influence on Canadian environmental regulation. Journal of Public Policy, 11(01), 107-131.

Once recruited, expatriate civil servants face a number of challenges that make their work environment a highly politicized one (Hope, 1995; May, 2009; Goodman et al. 1985; Dwivedi, 1986; Turner, 1991). For instance, Abu Dhabi's government organizations do not provide any secure career development for expatriate civil servants. Abu Dhabi also enacts stringent residency requirements that apply to all unemployed expatriate workers. On an individual level, these difficult residency requirements is just one facet of the precarious situation that the expatriate civil servants face in Abu Dhabi. Those civil servants face also pressing demand for quick and clear results, an absence of rigorous policy analysis requirements based on an understanding of the local context, and limited local capacity to support them in policy-making and policy implementation. All this contributes to increasing the anxiety and nervousness among the expatriate civil servants. According to the literature, politicization is sometimes exercised through fear, and it affects the employees of public service themselves or their behaviour, attitudes, and culture (Peters & Pierre, 2004). In Abu Dhabi, expatriate civil servants do not enjoy the same degree of freedom and protection as local bureaucrats. In fact, Abu Dhabi politicians never hesitate to stress the precarious nature of public employment for expatriates. They use structural terms to control the public service and influence public policies through appointment and promotion processes that lack any unified guidelines for the recruitment or promotion of expatriate civil servants. Furthermore, policy-making in Abu Dhabi is sometimes influenced by the individual initiatives of 'policy entrepreneurs.' Policy entrepreneurs are active civil servants who are willing to invest their resources in return for future policy favours that are motivated by self-interest; examples include protecting their reputation, credit, and most importantly, their jobs. These expatriate civil servants prepare draft policies for certain problems and wait for a policy window to open; they appear opportunistically and have their project proposal or concern ready to enact at the optimal moment (Author interview, April, 2014).

The lack of rigorous policy analysis may also be attributed to the absence of active local pressure groups and non-governmental policy advocates who would otherwise play a major role in ensuring that designed policies thoroughly understand local needs, as is the case in industrialized democracies. Although low local capacity (Al-Ali, 2008; Davidson, 2007; Davidson, 2009) affects both expatriate and Emirati civil servants, the impact is larger on expatriates; this is because the latter lack social capital and network ties with the local population, which are vital for easy and proper access to information. As a result, there are no incentives for expatriate civil servants to

invest more effort into nurturing the local policy-making capacity, because that would require time, which in itself is a scarce resource. Although the local policy-making capacity is not fully fledged (Common, 2008), field interviews suggest that it can be developed to address national policy problems. This study concludes that expatriate civil servants possess the necessary skills to develop interesting initiatives, but lack the necessary political and administrative resources to deploy them.

On the structural level, expatriate civil servants in Abu Dhabi face obstacles that slow down the cooperation between governmental organizations in both policy-making and implementation. The Emirate's governmental departments, as field interviews suggest, are characterized by a high level of competition due to the need to balance competing tribal groups' demands. This hinders coordination within the government and limits civil servants' empowerment to tackle issues that may arise during implementation, or to address sensitive topics that may underlie policy challenges. In turn, these challenges have an impact on the likelihood of a transferred policy's success, as field interviews suggest.

In Abu Dhabi, due to the public administration's structure, bureaucrats lack the necessary power to forestall major anticipated problems or to amend policy implementation based on lessons learned during the preliminary stages of implementation. In other parts of the world, it is usually politicians who prefer to adopt policies that will yield results during their mandate and before the upcoming elections (Cox, 1997). However, in Abu Dhabi, it is expatriate civil servants that prefer policies with clear results, since they usually work for a limited number of years before returning to their countries. As a public sector expert at an international management consulting firm points out: "They [the expatriate civil servants] are there for short term, so they have no appetite for long term results" (Author interview, A10, April 2014). The expatriate civil servants care about showing results in the short term in order to maintain their jobs, because the Abu Dhabi government is known to be fickle, often randomly discharging expatriates at a whim and with little reason. Therefore, the failure of a policy would negatively affect, if not terminate, expatriate civil servants' careers. Since they know they will soon be back on the job market, they feel the need to have clear achievements to bolster their portfolios for their next job search. As such, expatriate civil servants tend to prioritize the implementation of policies that attain better and clearer results before their contracts end. Simply put, the Abu Dhabi policy transfer case is motivated by bureaucratic self-interest instead of 'learning.' In contrast, due to opaque practices and a lack of

accountability, Emirati heads of departments are not equally anxious about hasty victories because the performance-based aspect of maintaining their positions is not as important. In fact, they can maintain their positions purely by taking fewer risks, thus by doing little while cultivating positive relationships with key political figures.

It remains an open question whether or not the involvement of local civil servants would have yielded better results. What is clear, however, is that the politicized nature of the public institutions in Abu Dhabi represent a major hurdle for expatriate civil servants regardless of the output of their policy work. Motivated by precarious nature of the positions held by civil servants - resulting in them being very anxious - and self-interest and working within a politicized public sector environment characterized by few institutional resources and little support, expatriate civil servants will choose 'ready-made' policies to address similar problems, even if said policies are not entirely suitable.

This dissertation does not suggest that the ECSs who designed and spearheaded the development of WEQAYA did knew that the policy was going to fail and they intentionally and voluntarily made the choice to import policy that would fail. On the contrary, this dissertation argues that these ECSs had good intentions, they worked hard to collect data, tried their best to understand the context, and attempted to push the system as much as they could to suggest a solution that would solve the problem. However, their efforts were thwarted by the institutional arrangement and the politicized environment.

The Contribution

Firstly**,** on a theoretical level, this dissertation draws on the Rational Choice Institutionalism approach (Hall and Taylor, 1997; Shepsle, 2005; Howlett and Ramesh, 2003) to answer the following question: Why do certain governments forge ahead and invest resources to import policies, in some cases from remote and dissimilar areas, when they know that these policies have low chances of success? The dissertation highlights the significance of the formal and informal institutional structure in explaining certain public servants' policy-making decisions. It also draws attention to the path-dependent effect on current public service in Abu Dhabi, which will be detailed in chapter three.

Secondly, this dissertation contributes to the policy transfer argument about underlying causation that hinders transferred policies from achieving desired results. It does so by

emphasizing the important role played by the structure of policy-importing institutions and the incentives they generate for civil servants. These structures create a number of challenges to implementing transferred polices for public servants in general, but expatriate civil servants in particular. These challenges may be divided into the following categories: low job security, demand for quick results, poor local capacity for implementation, limited coordination within the government, and a lack of empowerment to tackle issues that may arise during implementation.

Thirdly, the dissertation scrutinizes the role of Abu Dhabi's expatriate civil servants in policy-making in general and policy transfer in particular, while highlighting the way they influence policy transfer decisions and the extent of their influence within the policy-making process. It further dissects how a highly politicized public service system influences policy-making in general and policy transfer in particular. It suggests an understanding of how expatriate civil servants that possess international training, knowledge, and expertise, play a major role in shaping what, how, and where from policies are being imported in Abu Dhabi. The aim is to improve our understanding of the reasons behind certain policies being transferred even though they have minimal chances of success. Hence, the involvement of these civil servants matters in that it affects the choice of transferred policies. The evaluation of the implementation outcome, or the success or failure of the policy, is used as a point of departure to analyze the entire process. The level of success matters in that it highlights the influence of the politicized nature and bureaucratic traps of public administration on policy transfer and subsequently on its implementation. This study attempts to illustrate the magnitude of both the role of expatriate civil servants in policy transfer and implementation, and the impact of the politicized environment within which they work.

While answering these questions, I will evaluate the extent to which the imported policy has achieved its goals. Although there is no consensus among scholars as to a single set of criteria that measure success or failure, a number of approaches suggest plausible tools to measure success (Weimer and Vining 1989; Winship, 2006; Ingram and Schneider, 2006; Dryzek, 2006). Most approaches evaluate policy success in *programmatic* terms, and this is judged by assessing the policy's effectiveness, efficiency, and resilience in achieving its desired goals (Bovens et al. 2001, p. 21). However, evaluating policy success based on this one dimension might not be sufficient; success needs to be evaluated in *political* terms as well (Bovens et al., 2001). Success in *political* terms is examined by evaluating: 1) political upheaval such as press coverage, parliamentary

investigations, etc.; and 2) political legitimacy such as public satisfaction with the policy (Bovens et al. 2001, p. 21).

Importance of this Dissertation

The findings of this dissertation are important because they point to possible underlying factors that may hinder policy transfer outcomes. Evaluating the process of transfer as well as the public administration's structure can better predict issues that might arise during policy implementation. The existing public policy literature does not pay enough attention to the magnitude of expatriate civil servants' role in policy-making and specifically in policy transfer. As mentioned earlier, expatriate civil servants have influenced policy transfer in a number of Latin American and African countries (Hope, 1995; May, 2009; Goodman et al. 1985; Dwivedi, 1986). In these cases, transfer is primarily coerced by international organizations, resulting in diffusion among a group of countries with very similar context and culture, or due to aforementioned international economic development (Hope, 1995; Weyland, 2006). Conversely, in the case of Abu Dhabi, the importing country is a very wealthy one where international organizations have limited power.

This is important because Gulf countries have a large number of expatriate civil servants who work within their bureaucratic apparatus and play a leading role in the policy-making process. While Emirati civil servants do contribute to policy-making in Abu Dhabi, expatriate civil servants are in a far more prominent role and have to navigate the highly politicized nature of public service. Notably, Emirati civil servants do not suffer from this politicized environment because they belong to families that support the circles of power that stabilize the political order (Davidson, 2009). Terminating the employment of Emirati civil servants is challenging due to personal relationships and favouritism. In contrast, terminating expatriate civil servants is inexpensive, and this increases the politicization of public service in Abu Dhabi.

Additionally, this study contributes to the understanding of the policy-making process in the UAE and the GCC countries. Given the increasing pressure on citizens to participate in policy-making following the Arab Spring, policy makers need to have a greater understanding of how they might successfully transfer policies, particularly since policy transfer is prevalent among Middle Eastern and North African countries. This study is the first of its kind in that it elucidates the impact that the new phenomenon of hiring expatriate civil servants in large numbers has on the

decision-making process. This special group of bureaucrats, who push for policy transfer, make assumptions about what can work in the host country. They might be aware of the assumptions they make and thus attempt to fix the problem, however their limited influence, due to being non-citizens, and the limited power they have, all prevent them from resolving the problem. While in the case of the Chicago boys, this problem was overcome over time (Valdes, 1995; Silva, 1991), expatriate bureaucrats in the UAE do not have the luxury of time.

Finally, several academic and research centres, including the newly created Public Policy Institute at The American University of Beirut, have asked me to conduct research on policy transfer in the region; this high demand points to a huge need for work on this area.

Theoretical Approach

Due to the complex nature of the research topic, it is difficult to employ a single overarching theoretical approach. It is more plausible to draw on the policy transfer theoretical framework to analyze the policy transfer process. At the same time, this dissertation operates on Rational Choice Institutionalism (Hall and Taylor, 1996, p. 942) in scrutinizing the behaviour of the policy transfer agent. This approach is applicable to this study because it emphasizes how institutions shape the behaviour of the utility-maximizing public servants; as such, it links the cause – politicized public service – to the decision taken by these public servants – choosing policy transfer (Hall and Taylor, 1996; Williamson, 1985; Shepsle, 2005). Expatriate civil servants work in a politicized environment (Hope, 1995; May, 2009) that includes competition between heads of departments who belong to competing tribal families, low coordination among government organizations, a lack of career security for expatriate civil servants, a pressing demand for quick achievements, low local public policy capacity, and an absence of requirements for rigorous policy analysis based on an understanding of the local context (Common, 2008; Al-Ali, 2008; Davidson, 2007; Davidson, 2009). In addition to all of this, expatriate civil servants are expected to leave the country if they are unemployed for longer than a month.

Process Tracing

The aim of this study is to test the hypothesis about the role of expatriate civil servants in Abu Dhabi's public service. This requires a detailed, holistic analysis of the interaction effects, which allows for the identification of the causal mechanism that links the cause to the effect.

Statistical and traditional quantitative methodologies do not provide this analytical depth. At the same time, one must trace a policy transfer case to investigate any hidden underlying variables.[6] Therefore, process tracing is the optimal methodology to use.

Proponents of large-N methodologies argue that too many variables in a small N study design affect the leverage of the study, limit the ability to avoid systematic error, and decrease the degrees of freedom - which is defined as DF = N – (IV + 1) Where DF = Degree of Freedom, N= Number of cases, and IV = Independent variable. The number of cases should always be greater to or equal to the number of independent variables plus one. Selecting the independent variable instead of the dependent variable helps one to avoid selection bias (Lijphart, 1971; King, Keohane, & Verba, 1994). This 'obsession' with increasing the number of cases stems from using the quantitative analysis template in causal explanation, but it becomes problematic in the social sciences (Brady & Collier, 2010).

Other methods such as counter factual analysis can enhance the research while maintaining the same number of cases; this is done by increasing the number of observations within each case (Brady & Collier, 2010). Within social science research, it is important to highlight causal mechanisms, which are the processes that link the cause to its effect (Elster, 1989). Few cases can be sufficient for discerning the relationship between a cause and effect. Here, it is more important to explain the complex phenomenon than to be concerned with general conclusions; sometimes a deep understanding of the case is much more important (Elster, 1989). The association between the explanatory variable and the outcome variable can be unwrapped and divided into smaller steps, and observable evidence can be looked for in each step (Van Evera, 1997).

In the case under study, the policy-making process is very complex and requires a careful understanding of the environment where the policy is being made. It is also important to examine the impact of the civil service structure on the behaviour of a group of civil servants who find themselves in a politicized environment. Thus, the aim is to find a plausible causal mechanism – a system rather than intervening variables – which takes into account not only the environment, but also the interaction between the environment and the political actors. This necessitates a deep analysis of a single case, and process-tracing can provide the necessary detailed and holistic

[6] This study attempts to decipher a newly identified causal mechanism that exists within a unique public service. Therefore, it neither employs deductive nor inductive forms of analysis.

analysis. Additionally, my dissertation probes for possible omitted variables that might lie behind certain events. The process-tracing method allows for the study of interaction effects within one case (Bennett and Elman, 2006). Furthermore, the case under study has complex causal relations that are difficult to scrutinize using statistical and traditional qualitative methods. Therefore, I utilize the Bayesian logic of inference and within-case inference (King et al., 1994), in addition to the Scharpf model of Backward-Looking hypotheses in order to contend with the large number of variables and the small number of cases, as detailed in chapter two (Scharpf, 1997).

Case Selection

This dissertation aims to point out a convincing causal mechanism; hence, one case study is chosen where the politicized structure of public service affects the behaviour of civil servants who play a role in policy transfer. This dissertation studies a particular issue area in a particular type of country because this is what was of interest.

The case of Abu Dhabi was chosen for theoretical and practical reasons. Theoretically, Abu Dhabi possesses a unique type of politicized bureaucracy that highlights the dynamics and subsequent consequences within which expatriate civil servants operate. Additionally, Abu Dhabi has a large number of expatriate civil servants who play a major role in policy-making.

It is important to note that few cases exist from which this study could have been chosen; alternative cases include a handful GCC countries and a few other countries that share the same characteristics. Qatar represents one such example; however, in the case of Qatar, most policy transfers occur based on recommendations by management consulting firms. These firms are usually involved in designing, but not implementing, these policies. Therefore, it was difficult to find a policy transfer case where the same agent of transfer is responsible for the implementation in Qatar, as is the case for Abu Dhabi's WEQAYA policy.

In practical terms, there are only a few studies that investigate the GCC countries. This is due to several reasons, including researchers' limited access to policy-making data. For instance, the UAE does not document all of its policy-making processes and discussions. Additionally, the vast majority of documented discussions and policy papers and notes are considered highly confidential and are therefore not accessible to researchers. I was uniquely qualified to conduct this study in Abu Dhabi for a number of reasons. First, I had already worked as a civil servant in the UAE and therefore had access to policy makers and civil servants there in the emirate. Second,

given my Arabic language skills and personal social network, I was able to convince policy makers to provide key information for this research. Therefore, my personal background and previous work experience in the UAE provided me with much-coveted access to government data, including the results of the first WEQAYA mass screening exercise.

Data and Data Collection Method

The Abu Dhabi government, like other GCC governments, considers policy-making documents confidential. For example, white papers and draft policies are usually not made publicly available. Fortunately, some policy makers in Abu Dhabi agreed to bypass these rules and share some of their documents with me. In addition, I referred to a number of peer-reviewed journal articles that discuss the results of the policy under study (Hajat and Harrison, 2010; Hajat et al., 2011; Hajat, 2011; Harrison et al., 2011; Hajat et al., 2012). Furthermore, given the complexity of the case and the need to capture the interaction between transfer and implementation, primary source data was collected using in-depth interviews. Chapter two provides more details about the way the process tracing analysis was conducted, the elements it sought to analyze, the questions that were asked, and the inclusion criteria for interviewees.

Dissertation Outline

This dissertation is comprised of seven chapters. Chapter One highlights the intellectual debate within three areas of literature: learning from abroad, the role of civil servants, and policy success. It emphasizes the three dominant models of 'learning from abroad,' which are: policy diffusion, lesson drawing, and policy transfer. In addition, chapter one defines each model and explains why this dissertation falls under the category of policy transfer. The chapter then explores the debates in policy transfer literature using two dimensions: the agents of policy transfer and the process of policy transfer. This is followed by a general overview of the role of civil servants in policy-making and policy transfer. Finally, this chapter surveys the literature that tackles the way policy transfer success is measured and evaluated in relation to policy implementation success.

Chapter Two discusses the theoretical approach and research methodology that are utilized to answer the research question. Next, it identifies the competing explanatory variables based on the literature review and the designated research methodology. The chapter then demonstrates the way these variables will be controlled for and/or isolated, while explaining how the suggested

theoretical expectation will be tested. Furthermore, it identifies the case selection criteria and justifies the case selection. Finally, this chapter describes the data collection method, the selected interviewees, the questions posed, the instruments used, and the data analysis method.

Chapter Three introduces the case study by providing a historical background for the UAE and Abu Dhabi in particular, followed by a description of the development of public administration at each level. This chapter explains why expatriate civil servants exist in the public administration of GCC countries, their countries of origin, and the way they operate in the host countries. Finally, it explains the significant role that expatriate civil servants play in policy-making in general, and policy transfer in particular, within the Emirate of Abu Dhabi.

Chapter Four briefly describes the nature of the policy problem faced by the Abu Dhabi government, detailing the way it was identified and the political actors involved at that stage. It delineates the alternative policies, besides WEQAYA, that were suggested to tackle the burden of diabetes mellitus and cardiovascular diseases in Abu Dhabi.

Chapter Five revisits the debate about the process of the policy transfer and the elements of transfer, while bridging the gap between policy transfer and policy success literature. It also builds on the existing policy transfer success frameworks and evaluates the success of WEQAYA. Finally, this chapter scrutinizes the underlying reasons for the outcome of the Abu Dhabi case and engages with literature about the findings of the evaluation.

Chapter Six provides an understanding of how expatriate civil servants operate and how they adapt and function in a foreign civil service. It also details the role of expatriate civil servants in WEQAYA and explains how they influenced the policy decision. Finally, this chapter contributes to the debate by arguing that expatriate civil servants play an important role in finding and importing policies from abroad.

Chapter Seven further discusses the data presented throughout the dissertation by linking these findings to the existing literature on policy transfer, policy success, and the politicization of these processes. It analyzes the impact of the politicized environment on policy-making in general and discusses its implications on certain contexts such as the public administration of GCC countries. Finally, this chapter briefly portrays the role played by other important actors in policy-making and public administration (such as international management consulting firms), and how they feed into the politicization in Abu Dhabi.

Finally, The Conclusion highlights the main limitations of the study, discusses potential measures to overcome these limitations in future studies, and suggests venues for further investigations. The conclusion also recommends some steps to enhance the chances of policy transfer success in GCC countries and other countries with similar public administrative environments.

Chapter 1. Literature Review

This chapter aims to scrutinize the intellectual debate in three literatures relevant to this study (learning from abroad, agent of transfer, and process of transfer), in an effort to situate the dissertation and its contributions to the field of public policy. The goals of this chapter will be demonstrated in three sections. Section one reviews existing theories and gaps in the literature on the way governments learn from abroad, then it delineates the three dominant models of learning from abroad, namely: 1) policy diffusion, 2) lesson drawing, and 3) policy transfer. Next, it provides a rationale for selecting policy transfer as a conceptual framework for the Abu Dhabi case. It also aligns the study with the school of thought that emphasizes internal factors as those leading to policy transfer decisions. Section two scrutinizes the literature and the models that address the process of policy transfer. These models focus mainly on the process of the transfer and do not explain why certain governments invest resources to import policies that are not likely to succeed in their countries. Section three examines the existing theoretical frameworks and the gaps in literature concerning the *agent* of policy-making, specifically expatriate civil servants, in the policy-making and policy transfer literature. Section four provides a quick survey of the dominant theoretical approaches that are used to study the dynamics between actors and institutions. This is followed by a justification for the use of Rational Choice Institutionalism as a framework for this study, particularly in order to construct an understanding of the agent's motivation during the transfer process. The chapter ends with a list of this dissertation's theoretical expectations.

Learning from Abroad

Over the past decade, policy studies have devoted considerable attention to a process where states and governments learn from or adapt policy knowledge across space (from other states) or time (from previous policy experience in the same state). A plethora of studies in a number of disciplines, particularly public policy and International Relations (IR), have examined this process under a number of terms. Other terms are also employed such as: 'policy band-wagoning' (Ikenberry, 1990); 'policy borrowing' (Cox, 1999; Robertson and Waltman, 1993); 'policy shopping' (Freeman, 1999), 'systematically pinching ideas' (Schneider and Ingram, 1988); 'external inducement' (Ikenberry, 1990); 'direct coercive transfer' (Dolowitz and Marsh, 1996);

'exporting ideas' or 'policy pusher' (Nedley, 1999); 'institutional transplantation' (Mamadouh et al., 2003); and 'policy mobility' (Peck and Tehodore, 2010). Other scholars refer to the process as 'mimesis,' 'imitation,' or 'reproduction of policy' (Massey, 2009). Furthermore, a number of scholars use the term 'Policy Transfer,' which comprises different degrees such as 'adoption,' 'emulation,' 'inspiration,' and 'imitation' (Dolowitz and Marsh, 1996 and 2000).

On the one hand, governments may decide to learn from other countries in order to mitigate dissatisfaction with policy failure (Rose, 1993), provide evidence to justify their decisions (Bennett, 1991; Henig, et al., 1988), and tackle uncertainty about the cause of a problem or the effect of a decision (Haas, 1989). According to the literature, learning from abroad is usually characterized by an interactive relationship between ideas and interests; this helps economic elites, government officials, and central bankers develop consensus (McNamara, 1998). On the other hand, governments may engage in what Hall calls 'social learning,' where learning takes place when policy development is amended based on knowledge gained from previous policy experience (Hall, 1991). Stone refers to this mode of transfer as '*ideational,*' since it involves a soft transfer of ideas and paradigms (Stone, 2004, p. 562).

Recently, a key debate has emerged among scholars about the importance of (re)demarcating the literature(s). Some argue that the criteria used to demarcate policy importation studies are rigid, because they exclude important contributions; these scholars have been calling for more flexible demarcation criteria (Dolowitz and Marsh, 2012; Dussauge-Laguna, 2012 and 2013; Benson and Jordan, 2009). These efforts have appropriately identified a number of sub-literatures, including: *policy diffusion*, *lesson drawing,* and *policy transfer*, which is generally considered the most dominant (Dolowitz and Marsh, 2012; Benson and Jordan, 2012). It is important to quickly review and demarcate these sub-literatures in order to explain why this study will be engaging with policy transfer, instead of policy diffusion or lesson drawing.

Policy Diffusion. Policy diffusion denotes a wave of policy adoptions by a number of governments based on ideology or a catchy idea that inspires several policy makers (Weyland, 2005; Stone, 2004). Berry and Berry provide one of the most prominent definitions of the concept: "the process by which an innovation is communicated through certain channels over time among members of a social system" (Berry and Berry, 1999, p. 171). Meanwhile, Freeman and Tester (1996) argue that policy diffusion is "any pattern of successive adoptions of policy innovation" (Freeman and Tester, 1996, p. 9). Generally, policy diffusion is seen as a sequential and successful

adoption of a particular policy or program amongst more than two states (ibid). It is said to have three characteristics: 1) it occurs in waves, 2) it has a clear geographic concentration, and 3) it entails the adoption of the same policy framework (Weyland, 2005, p. 265)[7]. One key example of this type of policy importation is Berry and Berry's study of diffusion of policy innovation in the United States (Berry and Berry, 1999; Stone, 2004; Marsh and Sharman, 2008). Another is Kurt Weyland's study of the diffusion of Chilean pension reform in Latin America. Specifically, Weyland argues that the diffusion of pension policies can be partially explained by external pressure, normative imitation by states, and rational learning by states (Weyland, 2005).

Lesson Drawing. Richard Rose coined and developed the concept of 'Lesson Drawing' (Marsh, 2009; Radaelli, 2000; Radaelli, 2009; Zito and Schout, 2009; Rose, 1991a; Rose 1991b; Rose 1993; Rose, 2002; Rose, 2003) to describe the way that politicians and civil servants who are seeking practical solutions to immediate problems, search for policies that can be copied across time and space (Zito and Schout, 2009; Marsh, 2009; Radaelli, 2000; Radaelli, 2009; Rose, 1991a, 1991b, 1993). Policy makers tend to search across space when there is public dissatisfaction with current programs, and structural change undermines "doing what was done in the past." The lesson drawing process consists of four analytical stages: 1) searching across time and space for alternatives, 2) abstracting a cause–and-effect model from what is observed, 3) creating a lesson or new program of action, and finally 4) estimating the consequences of adopting the lesson (ibid). In this context, a lesson is an action based on a program that has been implemented in another place or another time (Rose, 1993, p. 21). Lessons focus on specifying the cause-and-effect mechanisms necessary to produce a particular policy outcome. As such, lesson drawing involves a complex learning process which is facilitated by transnational communities (Rose, 2003), epistemic communities (Haas and Haas, 1995), or advocacy coalitions; these involve both state and non-state actors that form policy networks and policy communities (Sabatier, 1991). Furthermore, the process may constitute 'social learning' when the understanding of policy development is amended based on knowledge gained from previous policy experience (Hall, 1991).

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[7] Notably, this definition is not only applicable across geographical areas, but is also applicable across disciplines. For instance, policy diffusion is also utilized in the International Relations (IR) literature. However, whereas IR focuses more on diffusion of "norms that can promote learning and building of consensus," public policy literature focuses on the transfer of knowledge and instruments (Stone, 2004, p. 546).

Policy Transfer. Policy transfer is defined as the "process by which knowledge of policies, administrative arrangements, institutions and ideas in one political system (past or present) is used in the development of similar features in another" (Dolowitz and Marsh, 2000, p. 3). The study of policy transfer in the first half of the twentieth century focused on the institutions of government; however, it has since expanded to include civil-society interaction with the state and comparative policy analysis (ibid). Policy transfer is conducted to various degrees. The four most prominent degrees are: 1) copying, a direct and complete transfer, 2) emulation, a transfer of the ideas behind the policy or program[8], 3) combinations, which is a mixture of several different policies, and 4) inspiration, where policy in another jurisdiction may inspire a policy change, but where the final outcome does not actually draw upon the original (Ikenberry, 1990; Stone 2000; Dolowitz and Marsh, 2000). Similarly, other scholars suggest that the process of learning from abroad varies in terms of the degree of learning. For instance, Rose indicates that the categories of learning include: photocopying, copying, adaptation, hybrid, synthesis, disciplined inspiration, and selective imitation (Rose, 2005). Benson and Jordan add 'negative knowledge transfer' to this list (Benson and Jordan, 2011).

Policy transfer literature may be divided into three major categories. The first focuses on theory building, particularly by developing theories to understand the transfer process (see Bulmer et al., 2007). The second category takes a normative position, arguing that policy transfer stimulates policy innovation (see Rose, 2005). The third is more applied and draws on policy transfer theories to conduct empirical studies as seen in Table 1 (see Dolowitz et al., 2000; Pierson, 2003, Jones and Newburn, 2006; Bache and Taylor, 2003; Stone, 2004; De Jong and Edelenbos, 2007; Dolowitz and Medearis, 2009). This group of studies has developed over the years and tackled several policy sectors including social and welfare policy, crime, education, development assistance, and urban planning and environmental issues. The Abu Dhabi case under study speaks to the third category - applied policy transfer literature.

[8] Ikenberry refers to emulation as "policy band-wagoning" (Ikenberry, 1990). Stone 2000 defines it as "borrowing ideas and adapting policy approaches, tools, or structures to local conditions (Stone, 2000, p. 50).

Table 1
Empirical work on policy transfer from

Areas of study	***Studies***
Social and Welfare Policy	*Dolowitz et al., 2000; Pierson, 2003*
Crime	*Jones and Newburn, 2006*
Public Education	*Bache and Taylor, 2003*
Development Assistance	*Stone, 2004*
Spatial and/or Urban Planning	*De Jong and Edelenbos, 2007; Dolowitz and Medearis, 2009*
Utilities Regulation	*Bulmer et al., 2007; Padgett, 2003*
Environmental Issues	*Betsill and Bulkeley, 2004; Holzinger and Knill, 2008; Jordan et al., 2003; Smith, 2004*
Creative industries	*Prince, 2010*
Privatization	*Stone, 2000*
Geographic areas	
Empirical Contexts (UK and US)	*Dolowitz, 2003; Jones and Newburn, 2006;*
Europe	*Bulmer et al., 2007*
Australia-asia	*Pierson, 2003; Prince, 2010*
Asia	*Kwon, 2009*
Actors	
Supranational Organisations (e.g. the EU)	*Bulmer et al., 2007*
Pressure, and Transnational Advocacy Groups	*Stone, 2004; 2010*

Choosing a policy importation framework for this study.

Following a brief survey of policy diffusion, lesson drawing, and policy transfer, it is important to determine within which of the three sub-literatures this study fits. I shall argue that the policy transfer conceptual framework is the most equipped to scrutinize a case as unique and complex as Abu Dhabi's; this is mainly due to four reasons.

First, in contrast to policy diffusion, policy transfer does not require similarity between the exporting and the importing countries (Weyland, 2005). This is important, considering the fact that the two countries involved in the Abu Dhabi study possess radically dissimilar cultural and ideological contexts.

Second, policy transfer does not assume that the importation process involves a complex learning process that has resulted from a rational decision by the importing country. This is not the case in lesson drawing, where there are 'implicit assumptions' that the states involve themselves in rational and voluntary knowledge acquisition (Bulmer et al., 2007). In contrast, within some policy transfer cases, there is no detectable 'learning' process (Dolowit and Marsh, 2000). In the case of Abu Dhabi, data suggests that policy importation was mostly motivated by bureaucratic self-interest rather than 'learning,' and the exporting country was not actively involved in the exportation (Zito and Schout, 2009; Marsh, 2009).

Third, policy transfer allows for a micro-level analysis of the process of learning from abroad, where a small number of players can largely alter the entire process. This is different from policy diffusion literature, which tends to focus on the behaviour of states (Weyland, 2005), government (Berry and Berry, 1999), or other large groups of actors such as international organizations (Stone, 2004) as a whole.[9] It is also different from the lesson drawing literature, which favours a more meso-level analysis because groups such as epistemic communities are the active agents of learning from abroad. Utilizing either concept to provide a micro-level analysis would be questionable, because neither approach traces the impact of certain working conditions on the calculative behaviour of key individuals who play the role of transfer agent.

Fourth, policy transfer mostly refers to soft transfer, as opposed to hard transfer, as is the case with the Abu Dhabi study. Stone distinguishes between *soft transfer* - importation of ideas, paradigms, and lessons facilitated by epistemic or normative networks - and *hard transfer* - importation of instruments, legislation, and policy approaches facilitated by political and bureaucratic institutions. She argues that there are three modes of learning from abroad, namely: 1) ideational, in which soft transfer of ideas and paradigms takes place, 2) institutional, where hard transfer of instruments and legislation occurs, and 3) networks, where both hard and soft transfer transpire (Stone, 2004, p. 562). Policy transfer mostly includes soft transfer (or ideational learning from abroad), while hard transfer is largely prevalent in policy diffusion (Stone, 2004, p. 562).[10]

After selecting policy transfer as a conceptual framework, it is important to identify the specific segment of this literature with which this dissertation will engage. Two different schools of thought exist within the literature that scrutinizes the factors leading to policy transfer. The first emphasizes the role of external actors such as international organizations and international management consulting firms (Stone, 2010). The second argues that researchers should investigate internal factors such as the size of the public service and the economic resources of the government (Rose, 2005; Bennett, 1997). Proponents of this second school employ the policy transfer concept as a dependent variable and conceptualize the role of the policy transfer agent in a manner that aligns with the objective of this study. The research question under study (why do certain

[9] According to Stone (2004), policy diffusion literature examines the process itself and its conditions, while policy transfer literature focuses more on the decision-making dynamics of the political system and emphasizes the role of agency in the transfer process.

[10] This might be attributed to the coercive aspect of some policy diffusion instances, where international organizations or multi-level governments push for certain policy ideas (Stone, 2004).

governments forge ahead and import policies that have low chances of success because they come from dissimilar remote areas?) situates the dissertation in the second group, where the policy transfer decision will be investigated.

Specifically, proponents of internal factors argue that policy transfer is dependent on the receiving government's ability to implement the policy, as well as the latter's consistency with the dominant political ideology (Robertson, 2002). Other internal factors that have been cited include the size and efficiency of the public service (Rose, 2005), technological ability (Hoberg, 1986), and economic resources (Bennett, 1997). To illustrate, Hoberg argues that Canada learns from the US due to a 'value consensus' (Hoberg, 1991), while Kelman indicates that Sweden and the US learn from each other due to ideological consensus (Kelman, 1981). Meanwhile, Weyland argues that the policy transfer process is dictated by the cognitive heuristics of policy makers within the state (Weyland, 2005).

However, the internal factors perspective is criticized for neglecting important factors that play a major role in the policy transfer process. These factors, which Ikenberry calls 'external inducement' (Ikenberry, 1990), occasionally coerce states into importing certain policies. Mostly cited within literature on international relations, these external factors include: pressure from international organizations (Bulmer, 2007), multi-level governments such as the EU, the activities of powerful states (Stone, 2010), and the World Bank's imposition of policies on several countries, particularly developing ones (Evans, 2009). In these cases, governments do not exercise complete freedom in their decisions and choices. On the contrary, they might be indirectly 'pushed' to engage in transfer due to a number of factors, such as: the adoption of a policy in a neighbouring country or in countries with similar traditions or religions (Brooks, 2008; Simmons and Elkins, 2004), the influence of epistemic communities or think-tanks (Haas and Haas, 1995; Stone, 2001), a fear of 'being left behind' (Bennett, 1991), or an attempt to avoid 'international embarrassment' (Hoberg, 1991).[11]

Yet it is important to note that some of the arguments presented by those who favour external factors are in fact questionable. For example, in multi-level governments such as the EU,

[11] For example, third world countries are 'coerced' into policy transfer through direct imposition and external pressure by international organizations or regional governments such as the EU (Berry and Berry, 1999; Bulmer et al., 2007; Stone, 2001; Stone 2010), the presence of externalities or functional interdependence (Shapiro, 1992), or submission to international consensus (Bennet, 1993).

importing states still have to approve a policy before it is transferred (Jordan et al., 2012). Additionally, rich countries, especially those with abundant natural resources, are less susceptible to pressure by international organizations. Furthermore, it is sometimes difficult to ascertain whether factors are in fact 'external;' external factors may sometimes assume a 'fluid' status, as in the cases of the Chicago Boys (Weyland, 2006) and local policy experts that are linked to international organizations or movements (Orenstein, 2003 and 2004; McNamara, 1998).

Returning to the case at hand, how does this debate apply to expatriate civil servants? The latter are generally born and trained outside the host country; therefore, their international affiliations and networks may be considered a foreign factor. However, they work within the importing country's public administration institutions and hold significant sway over policy-making decisions, including the decision to engage in policy transfer. As such, it may be argued that they represent an internal factor. This challenges the literature's suggested factors for transfer within third world countries; therefore, it is imperative that the role of these transfer agents be further investigated.

Transfer Process

The policy transfer process represents a 'learning' process, where the exporting state's experiences, information, and analysis are incorporated within the importing state's policy-making knowledge (Heclo, 1974; Bennet and Howlett, 1992). This learning process has three indicators: 1) increased capacity for differentiation, 2) increased capacity for organization and hierarchical integration, and 3) increased capacity for reflective thought (Bennett and Howlett, 1992). Also, the policy transfer typically involves demands by policy actors who play a part in the learning process; these include universities, voters, lobbyist, news media, and critics (ibid.).

According to existent literature, an appropriate policy transfer process represents a learning process where one state's experiences with a specific policy are incorporated within the importing state's policy-making knowledge[12] (Heclo, 1974, Bennet and Howlett, 1992). The motives of policy transfer include: 1) setting an institutional policy agenda to serve a certain political goal; 2) assuaging political pressure exercised by policy groups on the government; 3) emulating the

[12] Policy transfer is defined as the "process by which knowledge of policies, administrative arrangements, institutions and ideas in one political system (past or present) is used in the development of similar features in another" (Dolowitz and Marsh, 2000, p. 3)

actions of an exemplar state that successfully addressed a policy problem; 4) searching for the best policy solution that addresses the policy problem at hand; and 5) legitimating conclusions already reached (Bennet, 1991).

In a proper policy transfer process, one would expect to find: a) fact-finding missions sent by the importing country to the exporting country, b) a long and rigorous study of a volume of policy documents, and c) personal networks and contacts shared between policy makers and policy analysts in both the importing and exporting countries (Bennet, 1991). Additionally, there is an expectation that knowledge is *utilized* instead of merely being *adopted*. The utilization and adoption of knowledge are two conceptually and empirically distinct processes (Bennet, 1991: 33). Knowledge utilization usually involves a 'push and pull' of policy relevant ideas where the motives of the elites is a crucial element (Majone, 1991). Contrary to knowledge adoption, utilization requires that learning actually take place (Bennet, 1991). However, what does learning signify in this context? Hall states that learning is a deliberate attempt to adjust the goals or techniques of policy "in light of the consequences of past policy and new information so as to better attain the ultimate objects of governance" (Hall, 1988: p. 6). Meanwhile, Heclo argues that the learning process can be an 'enduring alteration' in behaviour based on previous experience, where this 'alteration' is a change in response made in reaction to some perceived stimulus (Heclo, 1974: p. 306). Given the distinction between adopted and utilized knowledge, the literature presents three indicators that might be used to determine whether a proper policy transfer has taken place: 1) increased capacity for differentiation; 2) increased capacity for organization and hierarchical integration; 3) increased capacity for reflective thought (Bennett and Howlett, 1992).

Transfer Agent

One of the major questions raised by scholars who investigate policy transfer as a dependent variable is: *Who* is involved in the transfer process? Bennett argues that a *transfer agent* is one that triggers policy change by importing a lesson from abroad (Bennett, 1991). According to the literature, transfer agents may take several forms, including elected officials (Heidenheimer et al., 1990), political parties (Helco, 1974), bureaucrats and civil servants (Haas, 1992), pressure groups (Rose, 1991), , supra-national governmental and nongovernmental institutions, consultants (Rose, 1991), transnational advocacy networks (Stone, 2004), transnational philanthropic institutions (Stone, 2010), and think-tanks (Stone, 2000). Transfer agents are usually interested in

transferring a number of elements such as policy goals, policy programs, and negative lessons (Dolowitz and Marsh, 2000). To that end, they may employ policies from three levels of governance: the international, the national, and the local levels (Rose, 1991).

The literature generally associates transfer agents with the aforementioned *learning* (or utilization of knowledge) aspect of a policy transfer process. This learning, or interaction, takes place in the intra-governmental stage on the level of autonomous state officials (Hall, 1988; Nordlinger, 1981), institutions (Evans et al., 1988), societal actors (Mitchell, 1991), or social groups, which may be loosely defined as policy middlemen[13]. Here, it is important to note that, the literature refers to a number of transfer agents, including international organizations, globalization or international management consulting firms. Although international organizations (such as the United Nations, the World Bank, and the International Monetary Fund) usually pressure third-world countries to implement certain policies, these organizations have less influence over Gulf countries that are rich with natural resources, including the UAE.

Expatriate civil servants as transfer agents. A number of studies have discussed the role of expatriate, or non-national, civil servants in Africa and Latin America (Valdes, 1995; Silva, 1991; O'Brien et al., 1983; O'Brien, 1981, Letelier, 1976). However, as of yet, only some studies have investigated the role of expatriate civil servants in policy-making or policy transfer (Hope, 1995; May, 2009; Goodman et al. 1985; Dwivedi, 1986; Turner, 1991). And even though expatriate bureaucrats play a fundamental role in the policy-making process in GCC countries (including the Emirate of Abu Dhabi), only a few studies have examined their role in policy-making in this context (Al-Ali, 2008, Rees et al., 2007). As such, this section shall survey and synthesize the available literature on expatriate civil servants on the one hand, and the impact of a transfer agent's background on policy-making decisions and policy transfer on the other. The aim is to propose a theoretical framework for these issues as they relate to expatriate civil servants engaging in policy transfer in Abu Dhabi.

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[13] Also, Sabatier refer to agents of learning as 'advocacy coalitions' which involve both state and non-state actors that form policy networks and communities (Sabatier, 1988; Wilks and Wright, 1987; Wright, 1988). Sabatier defines 'advocacy coalitions' as "people from a variety of positions (elected and agency officials, interest group leaders, researchers) who share a particular belief system - i.e. a set of basic values, causal assumptions, and problem perceptions - and who show a non-trivial degree of co-ordinated activity over time" (Sabatier, 1988, p. 139).

On the one hand, scholars who have investigated the phenomenon of expatriate civil servants (Hope, 1995; May, 2009, Goodman et al. 1985; Dwivedi, 1986) generally argue that expatriate civil servants influence the policy-making process. Expatriate bureaucrats, for instance, constrained public reforms in Botswana (Hope, 1995). The use of expatriate civil servants in Papua New Guinea has improved the quality and performance of public administration (Turner, 1991). The efforts of the Papua New Guinea government to replace expatriate civil servants with local public servants resulted in lower public administration performance (Turner, 1991). Turner (1991), for example, argues that while "localisation has been a success in political, numerical and salary terms, it has not resulted in the creation of a new, flexible development-oriented public service" in Papua New Guinea (Turner, 1991, 98). Still, most of these works study the impact of this group on the efficiency of the public administration in general, but not policy transfer. Several works also view it as a 'colonial heritage' phenomenon that pre-dated independence (Hope, 1995; Turner, 1991). The presence of expatriate civil servants leads us to ask: What impact do they have on policy-making in general and, in particular, policy transfer?

On the other hand, the literature demonstrates that the *type* of transfer agent involved in any policy transfer process is highly significant, because each one brings a unique set of knowledge, interests, and motivations that is then utilized to serve a certain agenda (Dolowitz & Marsh, 2012). For instance, Aberbach et al. argue that the social backgrounds and careers of bureaucrats - as opposed to politicians - matter in policy-making. Bureaucrats and politicians usually have different social backgrounds, where bureaucrats are more technical and entrepreneurial (Aberbach et al., 1981). One example of the impact of one's personal background on government decisions is the case of the Canadian MacDonald Royal Commission. The 'neo-classical economist' members of the Commission are said to have hijacked the latter's decisions, which resulted in a bias towards business-oriented choices (Simeon, 1987, p. 171; Inwood, 2005). Another example is when bureaucrats with economic backgrounds dominated the discussion and dictated the final decision during the Cuban Missile Crisis, resulting in a push for non-military action (Allison, 1969). According to Allison, there are three models of government (and bureaucratic) action, any of which might correctly explain what happened during the Cuban Missile Crisis. In the first model, the state acts as a unitary rational actor to take "decisions." In the second, sub-units of the state act according to pre-determined procedures to produce an "output," but the state is still a unitary actor. Thus, government can only dictate policy options that

are already in the standard operating procedures. In the third model, "where you stand depends on where you sit," meaning that those in charge of various state responsibilities (Secretary of State, Secretary of Defense, etc.) make predictable arguments based on their present position. Policy "outcomes" are the result of negotiations among these leaders. Therefore, "the decisions and actions of governments are essentially intra-national political outcomes: outcomes in the sense that what happens is not chosen as a solution to a problem but rather results from compromise, coalition, competition, and confusion among government officials who see different faces of an issue; political in the sense that the activity from which the outcomes emerge is best characterized as bargaining" (Allison, 1969).

The impact of the educational levels of bureaucrats has also been addressed by a number of scholars. According to Suleiman, French bureaucrats work with *espirit de corps* in state bodies whose members are civil servants and are educated in, and recruited from, the Grandes Ecoles (Suleiman, 1976). These elite educational institutions, which construct "the foundational French administrative system," are highly selective and promote a set of attitudes, values, and beliefs (Suleiman, 1976, 110). As such, French bureaucrats' training and background might shape their behaviour regarding several issues, such as their resistance to reform (Suleiman, 1976, 109). Additionally, elites' conservative and ideological background, as implied by the Semantic Network Analysis framework, has influenced the results of policy reform in South Korea during the 1990's (Choe and Lecy, 2012). Even though there was a degree of policy innovation, the state ultimately regressed to the core state ideology at the first sign of economic challenge. Policy designers opted for more centralized economic policy instead of reforming into more open-door economic policies (ibid). Therefore, the type and place within which public servants are trained ultimately impacts their policy decisions.

The 'Chicago Boys' represent another interesting example of the way educational training influences where bureaucrats look for policy solutions. In this case, a number of Latin American economists who were sent to study at the University of Chicago (UoC) returned to their countries with new training (Valdes, 1995; Silva, 1991; O'Brien et., 1981; Letelier, 1976). For example, Valdes's book, entitled "Pinochet's Economists: The Chicago School in Chile," argues that the 'Chicago Boys' who studied at the UoC introduced several changes to Chile's economic public policy, such as free market policies. They ultimately built the foundation for what would later be known as the 'economic model' in Latin America (Valdes, 1995).

Although at first glance, the 'Chicago Boys' case might appear similar to the present case of expatriate civil servants working in Abu Dhabi, the two cases are actually quite different. Expatriate civil servants, as opposed to the Chicago boys, are individuals that are disconnected from the cultural realities of Abu Dhabi because they were born, raised, and trained abroad. The 'Chicago Boys' were born and raised in their home countries, which they ended up serving. They were citizens and residents of the countries they served; they spoke the native language, shared the local culture, understood the local context, and were familiar with the institutions within which they had worked for a number of years. Besides job security, they possessed the power to influence policy transfer decisions, maintain policy implementation, and ensure the continuation of the policy until fruitful results appeared.

As of yet, questions concerning why certain governments decide to transfer a policy from remote and culturally different areas to address complex problems, knowing that these policies have low chances of success, remain largely unexplored. At the same time, only a few studies have investigated the role of expatriate civil servants in policy-making, and more specifically, policy transfer. Although the literature does not suggest a full understanding of the role of expatriate civil servants as agents of policy transfer, the literature cited within this section does prepare the ground for an investigation of these transfer agents in the Abu Dhabi context. These expatriate civil servants, who work in a highly politicized environment where their power and job security is minimal, influence policy transfer and policy implementation outcomes.[14] Scrutinizing these transfer agents' role and motivation provides a better understanding of why certain governments choose to import policies when these policies might have low chances of success.

The Rational Choice Institutionalism Approach

In this section, I shall briefly outline the dominant theoretical approaches that are used to study the dynamics between actors and institutions. This is followed by a justification for the use of Rational Choice Institutionalism as a framework for this study.

Several theoretical approaches scrutinize the dynamics between actors and institutions. Actor-focused approaches apply economic principles to political behaviour. For instance, the

[14] Of course, this is contingent on the fact that expatriate civil servants who are involved in the transfer are also involved in implementation.

Rational Choice Theory (often referred to as public choice theory in policy analysis), assumes that political actors are rationally self-interested and calculating, as they choose the course of action that maximizes their 'utility' (McLean, 1987; Van Winden, 1988; Downs, 1957; Downs, 1967; Becker, 1958; Riker, 1962). In relation to the topic of this dissertation, Self argues that bureaucrats aim to maximize their budgets, which in turn increases their power, prestige, and salaries (Niskanen 1974; Niskanen, 1975; Self, 1985). However, although the rational choice theory is simple and elegant, it has its limitations (Green and Shapiro, 1994; Howlett and Ramesh, 2003). First, it oversimplifies human behaviour - the decisions of some political actors might be guided by symbolic or ritualistic reasons (Zey, 1992). Second, this theory is very US-centric, and possesses restrictive predictive powers and explicitly normative ideals (Green and Shapiro, 1994; Howlett and Ramesh, 2003). Theories that draw on the rational choice assumptions, specifically public choice theory, does not explain public-policy making in non-democratic countries that do not hold free elections. These theories also undermine the role of both formal and informal institutions in shaping actors' preferences (Ostrom, 1986). Recognizing the impact of institutions on individual preferences has paved the way for more sophisticated social theories through the introduction of the concept of new-institutionalism (Scharpf, 1990; Howlett and Ramesh, 2003).

There are three main approaches within the broader concept of new-institutionalism: 1) Historical Institutionalism; 2) Sociological Institutionalism; and 3) Rational Choice Institutionalism. The sociological institutionalism school of thought postulates that no precise rationality shapes the establishment of institutions; instead, institutions are formed of 'frames' that have cognitive influence on actors (Hall and Taylor, 1997, p. 481-486). On the other hand, historical institutionalism argues that there is conflict between institutional organizations and economic structures, and that actors, groups, social institutions, and states interact within the borders of a polity (Hall and Taylor, 1997). Institutional arrangements, and other factors such as ideas, determine political circumstances that can lead to a path dependence phenomenon (Hall and Taylor, 1997). In contrast, rational choice institutionalism proposes that actors have a defined set of ordered preferences and interests that they try to achieve through strategic and rational calculations. Institutions are intentionally established to facilitate interactions (Hall and Taylor, 1997, p. 476-481). At the same time, rational choice institutionalism further accentuates the autonomy of institutions (Howlett and Ramesh, 2003), arguing that rules and norms do effect the actor's actions. Here, institutions include both formal organizations (such as bureaucratic

hierarchies) and informal organizations (such as cultural rules that influence individuals' and groups' calculations) (Ostrom, 1999).

Among rational choice institutionalism approaches, the transaction cost analysis is one of the most interesting (North, 1990; Williamson, 1985), because it provides an excellent account of the constraints placed on actors and what is 'rational' for them to do in certain situations (Howlett and Ramesh, 2003). It argues that institutions are established to overcome obstacles created by information irregularity, which would otherwise impede 'perfect' exchange (Williamson, 1985). This exchange is neither automatic nor free - it demands rules, norms and symbols of governance (Shepsle, 2005). Institutions are important because they increase or lower the cost of 'transactions' among individuals within institutions orders. As opposed to the classical institutionalist view, the transaction cost analysis view posits that institutions do not directly cause any action; instead, they *influence* actions by providing an interpretation of problems and solutions, obstructing solution options, and shaping the way and the extent to which these solutions are implemented (North, 1990; Williamson, 1985). As a result, actors tend to have certain preferences and interests that they pursue, but specific norms and rules constrain and influence the expectations and the possibilities of their realization (Williamson, 1985).

Conclusion and Theoretical Expectations

Policy transfer scholars scrutinize the different types of policy transfer actors and how they shape the policy making process (Clark, 1985). Other transfer scholars problematize the type of policies themselves (Marsh and Sharman 2008). The influence of expatriate civil servants is examined by a specific scholarship (Hope, 1995; May, 2009; Goodman et al. 1985; Dwivedi, 1986). The aforementioned explanations indicate diverse factors that lead governments to select policy transfer; however, they fail to suggest a comprehensive elucidation of why certain governments forge ahead and choose to import policies despite their low chances of success. Additionally, existing policy importation frameworks give little attention to investigating the impact of the importing country's politicized public service, particularly the way it may shape public servants' behaviour with regards to selecting policies to import from abroad. At the same time, the aforementioned explanations assume that policy decisions are always made in a pluralistic or participatory environment. The dynamics of policy-making and decisions about policy transfer are potentially different in less participatory environments because some policy

actors (such as pressure groups, policy activists, and civil society groups) are there to raise questions and bring forth important information to the discussion table.

This is where my dissertation comes in. In seeking to answer the aforementioned research question, my dissertation argues that it is important to trace 'who' shapes policy transfer decisions and within which 'contexts' these decisions are made. In this context, the role of expatriate civil servants in policy transfer should be taken into consideration, particularly since they represent up to 80% of Abu Dhabi's total number of civil servants, are considered to be part of the highest echelons in the bureaucratic apparatus and are involved in almost all cycles of policy-making. In fact, these expatriate civil servants play an influential role in deciding what, where from, when, and how policies are imported from abroad. However, they work and act within a highly politicized bureaucratic environment that is founded upon Emirati tribal power dynamics and where local families compete for higher public positions and a larger share of the state's wealth.

Given the unique situation of Abu Dhabi's public service, this study shall examine two dimensions of policy transfer, namely the *agent* of transfer and the *process* of transfer. Examining the *agent* of policy transfer highlights the civil servant's role in policy-making and policy transfer, while investigating the *process* pinpoints the level of local public policy-making capacity and the dynamics of public administration institutions. Furthermore, analyzing the interaction between these two elements illustrates how the *structure* of a public administration actually shapes the *behaviour* of the policy transfer agent. In particular, this dissertation utilizes the Rational Choice Institutionalism (RCI) approach to develop an understanding of the behaviour of expatriate civil servants operating in Abu Dhabi. RCI highlights the way institutions alter the behaviour of self-interested, utility-maximizing public servants (the transfer agents), while providing a plausible causal mechanism between the politicized public service (an independent variable) and these agents' tendency to favour policy transfer as a solution for certain policy problems (a dependent variable).

This dissertation argues that the Abu Dhabi public service's high level of politicization affects expatriate civil servants' priorities and preferences during the policy-making process, impelling them to maximize their utility by engaging in policy transfer processes, even though the latter may have low chances of success. Specifically, the study proposes three interrelated factors that lead transfer agents to behave as such. First, expatriate civil servants are usually born, raised, and trained outside the Gulf context; they speak little, if any, Arabic, are strongly cognizant of

policy-making trends in their own countries, but are not familiar with Abu Dhabi's policy needs. Furthermore, they lack the social capital and network ties necessary to procure accurate information about the problems that plague the local Emirati population. Second, however, unlike their Emirati counterparts, expatriate civil servants do not enjoy job security; in addition, they are subjected to very strict residency requirements in case of unemployment. Therefore, they are always keen on pleasing local politicians, for fear of losing their jobs and being deported soon thereafter. In the eyes of the local government, policy success is measured in terms of clear and tangible policy results. Given the unstable nature of their jobs within Abu Dhabi, expatriate civil servants end up making policy decisions that are motivated by self-interest such as protecting their reputation, credit and, most importantly, their jobs. Third, the relationship among Abu Dhabi's governmental entities is characterized by an unhealthy level of competition, which in turn reflects the dynamic among local tribal groups. This competition hinders cooperation and seriously limits expatriate civil servants' power to forestall major anticipated problems or tackle ones that may arise during policy implementation.

Due to the three aforementioned institutional factors, expatriate civil servants in Abu Dhabi tend to favour policies that are likely to produce clear, successful outcomes in the short term, so as to maximize their personal utility. As such, they usually forego nurturing the local policy-making capacity because it demands considerable time and effort; instead they resort to policy transfer and select policies from abroad with which they are personally familiar. This increases their chances of maintaining employment and boosting their resumes in case they need to seek other employment. However, it results in further weakening local policy making capacity and greatly decreases the likelihood of a transferred policy's success.

Chapter 2. Methodology and Data

Chapter one demonstrated that the research question of this study addresses a complex issue and speaks to a number of theoretical debates in the literature on policy transfer and expatriate civil servants. This chapter introduces the methodological approach employed to investigate the theoretical expectations introduced in the previous chapter. Specifically, it builds upon policy transfer theories in order to address the main research question. This chapter discusses the criteria for case selection, describes the way that data was collected, and provides a list of respondents, interview questions, and instruments used. It ends with a discussion of the way the data was analyzed. This chapter is divided into four sections. Section one presents the research methodology, namely 'process tracing.' This dissertation's research question and theoretical approach necessitate the use of a methodology that offers a detailed and holistic analysis. The process tracing method dissects this complex case, facilitates the investigation of possible interactions within the case, and identifies plausible causal mechanisms that answer the research question. Section two explains the case selection criteria. The one-case study approach is chosen because this dissertation aims to present a convincing causal mechanism for the complicated relationship between policy transfer and the politicized structure of public service. Since this is a one-case study, other policy transfer agents such as international organizations, think thanks, international management consulting firms, and civil society groups must be taken into consideration so as to ensure that they have little intervening effect on the cause-effect relationship. Section three explains the data collection methodology. Given the complexity of the case and the limited number of published policy documents, primary data is collected using in-depth interviews in order to support other data sources that are utilized in this study. The inclusion criteria of 'who' is interviewed are explained in this section as well. Section four details how the data is analyzed and lists the ethical considerations of the study. Section five concludes.

Approach and Methodology

One of the most prominent debates in the policy literature is between those who argue for employing a large number of case studies (or a large N) and those who prefer a smaller number. The large N proponents argue that scientific knowledge can avoid errors by enlarging the number of cases. However, small N studies are still needed to enhance our understanding of complex

phenomena that cannot be explained through the large N approach.[15] At the same time, it is often difficult to increase the number of cases in the social sciences (Brady & Collier, 2010); however, the leverage of the research can still be enhanced with the same number of cases by using other methods such as counter factual analysis which increases the number of the cases using the same cases (Tetlock and Belkin, 1996; Brady & Collier, 2010). What is important in social research is to highlight the *causal* mechanisms, which is the process that links the cause to its effect (Elster, 1989). A few cases can indeed be sufficient to discern the relationship between cause and effect; sometimes, it is more important to develop a deep understanding of a complex phenomenon rather than be concerned with general conclusions (Elster, 1989), as is usually the case with inductive analysis[16].

The case under study has complex causal relations that are difficult to scrutinize through statistical and traditional qualitative methods. Therefore, what is needed is a method that offers a detailed, holistic analysis and explores interaction effects within a single case in order to uncover a cause-effect link. According to Evera: "The cause-effect link that connects independent variable and outcome is unwrapped and divided into smaller steps, then the investigator looks for observable evidence of each step" (Evera, 1997, p. 64).

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[15] This 'obsession' with increasing the number of cases stems from using the quantitative analysis template in causal explanation (Brady & Collier, 2010). Too many variables in a small N study design, we are told, can lead to a number of problems affecting the leverage of the study (Lijphart, 1971; King et al., 1994). Having too many variables and few cases decreases the degree of freedom of a study design (King et al., 1994). When the degree of freedom is negative, the study may not yield useful results (King et al., 1994). For example, few cases would limit the ability to separate the general – the systematic - from the specific – the random - which is very important to eliminate the effect of the value of random cases on the sample average (ibid). Thus, a larger number of cases is needed to decrease the possibility of a systematic error. Researchers need to have the ability to select the independent variable rather than the dependent variable in order to avoid selection bias (King et al., 1994). Thus, it is important to increase the number of cases by either search for additional cases, comparing similar cases, or decreasing the number of variables (Lijpjhart, 1971).

[16] According to Brady and Collier (2004) the process of using data to draw broader conclusions about concepts and hypotheses that are the focus of research. Descriptive inference employs data to reach conclusions about what happened; causal inference employs data to reach conclusions about why it happened. An inductive analysis is a method that employs data about specific cases to reach more general conclusions. This process doesn't apply when working with a single case study. At the same time, a deductive analysis, in empirical social science, is the use of theories and hypotheses to make empirical predictions, which are then routinely tested against data. 'We understand qualitative methods as encompassing partially overlapping approaches such as the case-study method, small-N analysis, the comparative method, concept analysis, the comparative-historical method, the ethnographic tradition of field research, interpretivism, and constructivism (Brady and Collier, 2004).

The *process tracing* method represents a suitable option because it allows one to analyze the dynamics of decision-making in public policy-making (Bennett, 2010; Beach and Pedersen, 2012), while focusing on each step of the process (Bennet, 2010; Tarrow, 2010; George and McKeown, 1985). This method concentrates on the *processes* of change within cases, which could reveal the causal-mechanisms that associate the cause with the outcome (Tarrow, 2010). It is a method in which "the researcher looks closely at the decision process by which various initial conditions are translated into outcomes" (George and Mckeown, 1985, p. 35). The aim of process tracing is to link the stages of the policy process and assist the researcher in detecting the reasons for arrival at a certain decision through the active events (George and McKeown, 1985). In addition to process tracing, this dissertation utilizes the Bayesian logic of inference and within-case inference (King et al., 1994), as well as the Scharpf model of Backward-Looking hypotheses in order to contend with the large number of variables and the small number of cases (Scharpf, 1997). Furthermore, it looks for omitted causal scope or omitted condition scope within the stages of the policy-making process (Beach and Pedersen, 2012; Bennett, 2010).

Case Selection

Abu Dhabi's government is the first within the Gulf Cooperation Council to implement a preventive public health policy that tackles obesity and diabetes among its nationals. The UAE is ranked among the five countries with the highest rates of obesity and diabetes in the world. The imported policy, known in Abu Dhabi as WEQAYA, aims at addressing a complex health issue, namely preventing obesity, diabetes and cardiovascular diseases among its nationals. It consists of several programs and services including mass screening tests for diabetes mellitus and cardiovascular diseases[17], disease management programs, and treatment services (Hajat et al., 2011; Hajat and Harrison, 2010). This makes WEQAYA more difficult to transfer than a regulatory policy for example (Stone, 2002, Weyland, 2005). However, one might argue that due to the difficulty of the problem, a non-transferred policy could have easily failed as well. Although this is logical, the Abu Dhabi government's choice to search for a solution from abroad lowered

[17] The mass screenings calculate, among other indicators, the risk scores of developing diabetes mellitus or cardiovascular diseases for each individual. It also includes close follow-up for citizens whose screening results indicate that they are at high risk of developing diabetes mellitus or cardiovascular diseases as can be seen in the official WEQAYA website: https://weqaya.haad.ae/en-us/home.aspx.

the chances of success even further. As such, it is interesting to investigate the reasons behind the Abu Dhabi government's decision to engage in policy transfer. Specifically, this study aims to provide a convincing causal mechanism that explains the association between the structure of public administration, the incentives it creates, and the decision to revert to policy transfer. As mentioned before, one case is sufficient to trace this mechanism, but it requires depth, instead of breadth, of analysis. The case of Abu Dhabi was chosen for a number of reasons, both theoretical and practical.

In theoretical terms, Abu Dhabi represents an interesting case because it is a unique type of politicized bureaucracy that recruits a large number of expatriate civil servants who exercise a major role in policy-making. Notably, Abu Dhabi has a very large number of expatriates, where the proportion of expatriate workers is up to 90.1% of the Abu Dhabi population (Statistics Centre of Abu Dhabi). The public sector is considered the largest economic sector in Abu Dhabi (ibid). It accounts for 23.5% of the total labour force in the Emirate. Meanwhile, expatriates account for 60% of the total public sector employees (Statistics Centre of Abu Dhabi). They are distributed all throughout the bureaucratic hierarchy and occupy a large number of senior positions, such as policy director and department Chief Executive Officer positions.[18] The WEQAYA policy case was specifically selected because it was designed almost exclusively by expatriate civil servants.

In practical terms, only a few studies on GCC countries have ever been conducted. This is mainly because researchers are granted very limited access to policy-making data, which is usually considered highly confidential. I was personally qualified to conduct this study for a number of reasons. For example, I had previously worked as a civil servant in the UAE and therefore had access to policy makers and civil servants in Abu Dhabi. Furthermore, my Arabic language skills and personal social network helped me convince policy makers to provide me with key information for my research.

The Health Authority of Abu Dhabi developed the WEQAYA program by building on the results of the North Karelia project (Finland); this project in turn was based on the findings of the Framingham study, which is a long-term cardiovascular study on the residents of Framingham,

[18] The aforementioned figures are particularly interesting given that scholars consider the 6.1% rate of expatriate bureaucrats in Botswana "too large" (Hope, 1995, 54).

MA, USA.[19] The North Karelia project reported impressive reductions in cardiovascular diseases; in fact, its 35-year follow up indicated a reduction in blood pressure and smoking in men, where 80% decline in coronary mortality was seen (Hajat and Harrison, 2010; Vartiainen et al., 2010).

According to field interviews, Abu Dhabi's government allocated a large amount of political, financial, and human resources to ensure the success of the policy transfer and implementation processes. For example, all services and follow-up services were free of charge. Media campaigns were launched to encourage participation, and even the Crown Prince of Abu Dhabi participated in the live TV screening. Furthermore, a number of experts and stakeholders were invited to sit on WEQAYA's advisory board, including several international universities, experts in diabetes mellitus and cardiovascular diseases, local and international private sector companies and governmental organizations. Meanwhile, a centralized data management system that links all health care centres was established in order to compile data generated by these care centres and to monitor the program's implementation progress. Yet despite all these efforts, the implementation of the transferred policy failed to achieve the desired benefits. For example, the participation rates in the follow-up screening were very low (see table 2.1). The Health Authority of Abu Dhabi (HAAD) is conducting an internal evaluation exercise on WEQAYA's implementation. Unfortunately, according to a HAAD senior official, the evaluation results will remain confidential (Author's interview A8, April 2014).

Table 2.1
Participation rates in CVD/diabetes mellitus screening tests in high income countries

	CARDIOVASCULAR DISEASES Screening test		Sources	
Countries	Participation rate	Follow up	*for* cardiovascular diseases *Data*	*for BCS Data*
UAE	94.0	**10.0 (42.0*)**	*Weqaya Document, 2011*	*HAAD Data 2012*
Sweden	86.1	-	*Persson et al., 1996*	*DAAD Data 2012*
Netherlands	87.3	-	*Spijkerman et al., 2002*	*Drossaerta et al., 2010*
US	-	73**	*Heath et al., 1995*	*Urban et al., 1995*
New Zealand	36.4	75.4	*Sinclair and Kerrl, 2006*	

[19] The Framingham study is a long-term cardiovascular study on the residents of Framingham, MA, USA. It started in 1948 and if follows a number of generations. Most of what we know about heart diseases and hypertensive or arteriosclerotic cardiovascular disease was generated by this study. It has shown that diet, exercise, and other risk behaviours are associated with cardiovascular diseases. The study created the Framingham Risk score where the cardiovascular risk of an individual can be estimated. It has recommended a number of measures to prevent cardiovascular diseases (Hajat and Harrison, 2010; Vartiainen et al., 2010).

Finland - North Karelia	66.0	61.5	*Vartiainen et al., 2009*	*Aro et al. 1999*
- Northen Savo (Kuopio)	68.0	62.5	*Vartiainen et al., 2009*	
- Southwestern Finland	65.5	62.0	*Vartiainen et al., 2009*	
- Helsinki and Vantaa	63.0	58.0	*Vartiainen et al., 2009*	
- Oulu province	66.5	63.0	*Vartiainen et al., 2009*	

**Note:* rate of those who were contacted and did take an appointment with a medical doctor

* Test for Cholesterol only in North Carolina

Data

The data collected for this study may be divided into three main categories: 1) policy documents, 2) peer reviewed articles addressing the imported policy, and 3) primary data from in-depth field interviews. Other data sources used include media reports, secondary data analysis, and international organizations' reports.

Policy documents. The policy documents were collected from a number of sources, but mainly from the Health Authority of Abu Dhabi. It is worth mentioning here that the government of Abu Dhabi considers all draft documents, white papers, and other policy documents extremely confidential. This explains why there are only a handful of policy documents published about WEQAYA, including:

- The WEQAYA Program Document (http://webcache.googleusercontent.com/search?q=cache:bDjNtMfFr5QJ:https://www.haad.ae/HAAD/LinkClick.aspx%3Ffileticket%3DVQX0QEUfbWc%253D%26tabid%3D1174+&cd=2&hl=en&ct=clnk&gl=ca)

- The Abu Dhabi Cardiovascular Diseases Response (http://www.c3health.org/wp-content/uploads/2010/04/Hajat-Abu-Dhabi-IOM-response-20100420.pdf);

- HAAD Standard for WEQAYA Screening for Cardiovascular Risk Factors (http://www.haad.ae/HAAD/LinkClick.aspx?fileticket=sj-gI8-BIv4%3D&)

Journal Articles. Fortunately, the WEQAYA task team did publish a number of peer-reviewed journal articles about the policy, its services, and the way it functions (Hajat and Harrison, 2010; Hajat et al., 2011; Hajat, 2011; Harrison et al., 2011; Hajat et al., 2012). These

articles were scrutinized, and evidence from them was utilized for this study. However, these articles only focus on the technical content of the policy; they do not provide any information about the policy-making process or the way decisions were made. As such, it was necessary to conduct a series of field interviewers with the individuals who were involved in the policy-making and implementation processes.

Fieldwork interviews. Given the complexity of the case, and the dissertation's aim to capture the interactions within the case, primary data was collected using in-depth interviews, so as to support the other data sources. In-depth interviews proved to be an extremely valuable for the construction of a more plausible picture of the policy transfer:

> *In-depth interviews provide the qualitative researcher with a great deal of valuable evidence. In such an interview, informants not only answer the specific, prepared questions that the researcher poses, but often offer their own more nuanced responses and unprompted insights. For these reasons such interviews do not constitute a single "data point" in any normal sense; rather, they are a complex array of data, different parts of which can be used to support or undermine a theory. Other common qualitative practices such as participant observations and content analysis produce data that has similar 'depth' (Munk, 2004, 116).*

This study included interview respondents from three different categories. Firstly, it included the team members who were responsible for identifying the problem, suggesting solutions, and recommending the best solutions to be adopted. According to an official WEQAYA policy document, the team comprised five individuals: 1) Dr. Cother Hajat, a British medical doctor who served as head of Cardio-Metabolic Disease, Obesity, and Tobacco Control at HAAD (which supervised WEQAYA) and was the main contributor to the policy[20]; 2) Dr. Oliver Harrison, a British medical doctor who served as the director of the Public Health and Policy department at HAAD; 3) An expatriate civil servant who studied at Kingston Hospital NHS Trust (UK) who served as a senior officer; 4) An expatriate civil servant who studied at Guy's, King's & St. Thomas' School of Medicine (UK) and served as a Public Health officer; and 5) A national

[20] Dr. Hajat is a UK-qualified physician with membership in the UK's Royal College of Physicians and a public health physician with membership in the UK's Faculty of Public Health. She holds a MPH (Distinction) and PhD in cardio-metabolic disease from King's College, London. Since 2007, she has been recognized by *Marquis-Who's-Who Biography* as one of 'today's leaders and achievers.'

senior officer (WEQAYA Program for Cardiovascular Disease and Diabetes Document, 2011)[21]. It was difficult to uncover the nationalities of the two expatriate team members who studied in the UK. However, it is important to notice that all four expatriate members studied in the UK.

Secondly, the study included any individual who has been involved in designing and/or implementing WEQAYA. Individuals that were asked for an interview included: senior officials, current and former expatriate civil servants, community leaders, policy actors in the relevant government organizations, private sector companies, NGOs, and media outlets (See Appendix A for more details). Since I had previously worked with the Government of Dubai, an adjacent Emirate, I was able to reach senior officials in the Abu Dhabi government as well as HAAD officials through common contacts. The HAAD officials then helped me to identify the individuals who were involved with WEQAYA. I also relied on the WEQAYA program document, which lists the WEQAYA Technical Committee members. Finally, the LinkedIn website allowed me to reach individuals whose contact information was not available at HAAD.

Thirdly, the study included individuals who were supposed to be involved in WEQAYA, but for some reason were excluded by the policy design team; these were mainly policy actors from other governmental organizations, private sector firms, and non-profit organizations who play a role in the prevention, treatment, or management of disease complications (See Appendix A for a list). Interestingly, some of these policy actors are officially listed as members of the WEQAYA Technical Advisory Committee (WEQAYA Policy Document, 2010). However, according to field interviews, a number of these actors were either not engaged early on in the process or were engaged once the WEQAYA program was launched.

Fieldwork for this study occurred between January and May 2014, lasting a total of five months. The total number of interviews was twenty-four (24). Four (4) individuals who were contacted refused to participate in the study. Two of these four are international experts working outside Abu Dhabi and were asked by HAAD to sit on the WEQAYA Technical Advisory Committee (WEQAYA program document). They refused to participate because they had declined HAAD's offer to join WEQAYA's Technical Advisory Committee. The other two individuals were a former expatriate HAAD staff member and a former national official in one of Abu Dhabi

[21] The document can be accesses at the following link: http://thestevies.com/IBA11Attachments/HAAD/WeqayaProjectFinalversion31-5-2011.pdf

policy-making organization. They were both involved in the implementation of WEQAYA, but they provided no specific reason for their refusal to participate. Up to nine (9) individuals did not respond to email messages or phone calls asking them to participate in the study; four of them were listed as members of WEQAYA's Technical Advisory Committee.

The interviews were conducted face-to-face at the interviewee's office or at a location chosen by the interviewee. While most of the interviews were conducted in the Emirate of Abu Dhabi, some were conducted in the Emirate of Dubai, and one interview was conducted in London, UK, based on the respondents' preferences. Three of the interviews were conducted by phone due to scheduling conflicts and time constraints.

Participants were each asked open-ended questions for approximately 55 minutes, and there were no other researchers or research assistants moderating the interviews besides the author. The interviews were all conducted in English and audio-recorded after obtaining consent from each respondent. Respondents were asked not to mention their names or their organization's name during the interview in order to maintain confidentiality. The interviews began with an introduction that provided the names of the interviewer, the study, and the affiliated academic organization. It also stated why respondents were contacted and asked to be part of the study (See Appendix B: Introduction letter). After stating the study's purpose, procedure, risks and benefits and conditions of participations, the respondent was asked for consent (See Appendix C: Consent Form). If written consent was not possible, oral consent was obtained.

The interview questions, as listed in Appendix D, covered a number of topics. The first part covered the respondent's role in each of the five stages of policy-making that focus on policy transfer (Howlett and Ramesh, 2003). According to Howlett and Ramesh, the five stages of the policy cycle are: 1) Problem Recognition, or Agenda-Setting; 2) Proposal of Solution, or Policy Formulation; 3) Choice of Solution, or Decision-Making; 4) Putting Solution into Effect, or Policy Implementation; and 5) Monitoring Results, or Policy Evaluation (Howlett and Ramesh, 2003). Respondents were asked about their role and their organization's role in these stages in relation to WEQAYA. The second part asked about Policy Success. The third part asked about concerns and debates concerning WEQAYA. The expatriate civil servants who played a role in designing or implementing WEQAYA were less forthcoming about the policy's concerns and the criticisms, given the impact this might have on their careers and reputations. Respondents who were former HAAD staff members but have since left Abu Dhabi's public administration, were more open with

the author. Individuals who were involved in WEQAYA, but not as HAAD staff, were the most forthcoming when it came to highlighting the policy's limitations. These respondents were private sector employees, university professors, and non-governmental organization staff members. The final part of the interview focused on expatriate civil servants' and national public servants' experiences in Abu Dhabi's public administration. Expatriates were specifically asked about the following: their jobs before moving to Abu Dhabi and the UAE, their reasons behind moving to work in Abu Dhabi and the UAE, their expectations about working in Abu Dhabi and the UAE, their experience of working in the UAE policy-making arena, their view of bureaucrat-politician power dynamics in Abu Dhabi, their experience of working with Emirati nationals (both as colleagues and clients), and the impact of 'Emiratization' on their job and life, their satisfaction with their current job, role and responsibilities, and job security.

Data Analysis

The data analysis in this study builds on the Scharpf model of Backward-Looking hypothesis in order to cope with the large number of variables and the small number of cases[22] (Scharpf, 1997). In order to explain policy outcomes when the policy problem and its solution is known, it is important to account for the largest extent of policy outcomes rather than employ a single theory or factor (Porta and Keating, 2008, p. 73). According to Scharpf, researchers should pinpoint the factors that cause specific policy outcomes by going backwards in time (Scharpf, 1997, p. 24). The chain of causation needs to account for the whole range of links from the dependent variable to "pragmatically useful independent variables, that is, to variables that permit explanations that either identify causal factors that can be politically manipulated or that show that the outcome is/was beyond political control" (Sharpf, 1997, p. 25). This approach increases the number of relevant causal and intervening variables (Porta and Keating, 2008).

[22] HAAD officials provided the researcher with a huge quantitative data set that can be used to evaluate WEQAYA. This data set contains administrative data that was retrieved from HAAD's centralized patient database. This database comprises secondary data generated from existing information that was publicly or privately collected by HAAD from all of Abu Dhabi's health facilities (including private and public primary health care centres, hospitals, and clinics). Medical claims, pharmacy claims, and electronic medical records are a few examples of the information available in this database. This data set will be analyzed in future studies because the limited scope of this study does not allow for this exercise to take place here.

Research ethics. Eligible respondents were recruited only after the Summary Protocol Form (SPF) was approved by Concordia's University Human Research Ethics Committee (UHREC). This approval certifies that the study is compliant with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, funding/award agency policies and guidelines, applicable law and governmental regulations, as well as the Official Policies of Concordia University. A Certificate of Ethical Approval for Research Involving Human Participants was obtained for one year; this was enough to cover the time period needed for data collection. Subsequently, research participants were contacted in two stages. The first stage involved an email message that provided background information about the researcher and a brief summary of the study's objectives, methodology, and anticipated results. During the second stage, those who had agreed to participate were contacted by phone in order to schedule a time and date for the interview.

Oral informed consent was obtained from each participant before their interview. A copy of the informed consent statement was printed on the cover page of the qualitative questionnaire, and oral consent was audio-recorded as part of the interview[23]. Participants were notified of their participant rights at the beginning of the interview: 1) they are free to discontinue the discussion at any time; and 2) they can withdraw from the study within twelve (12) weeks of the date of their interview. If they decided to withdraw, any data they already provided (including audio recordings, transcripts, and excel sheet grids) will be deleted and will not be used in the analysis. All of the participants signed the consent form, and none of them discontinued the discussion or asked to withdraw from the study after the interview was completed.

Privacy. Research participants' identities were kept strictly confidential throughout the process, because openly criticizing WEQAYA could adversely affect the participants' careers. First, all interviews were recorded on a digital recording device (namely a Philips Voice Tracer), and participants were clearly asked to refrain from mentioning their names or any information that might reveal their identity while the interview was being recorded. Second, all participants were informed that they have the right to read and approve any passages related to their contributions before the dissertation is submitted. So far, none have requested to exercise this right. Third, all

[23] In some cultural traditions, additional consent is required, such as group consent or consent from community leaders. This study did not require any such additional consent.

data files collected from them (including audio recordings, transcripts, and excel sheets) were kept confidential, in order not to violate the participants' trust or cause them any personal or professional harm. Fourth, the audio recordings were deleted after the interviews were transcribed, and the transcripts were then gridded into excel sheets for qualitative analysis using pseudonyms. The excel sheets and transcripts were not used after the analysis stage. Finally, this anonymous data was stored on a password-protected local hard disk drive until the dissertation was submitted.

Conclusion

This study chose to build on policy transfer approaches and small N research design to answer the research question: Why do certain governments decide to import policies, from remote and very dissimilar areas at times, when these policies have low chances of success? This chapter explains the case selection criteria, the way the data was collected from the identified respondents, and the way it was analyzed. The policy transfer case of Abu Dhabi involves a special type of policy agent that operates within a highly politicized public service environment. Additionally, the research question and selected theoretical approach require the use of a detailed, holistic analysis. As such, process tracing was selected as a suitable methodology; for it allows the researcher to investigate possible interactions within the case, while identifying a plausible causal mechanism between the transfer agents (namely expatriate civil servants) and the process of policy transfer itself.

Chapter 3. Background and History:
Public Policy and Public Administration in the UAE and Abu Dhabi

This chapter aims to address the research question by presenting the context of the case under study. As such, it seeks to first provide an overview of the historical development of the Gulf Cooperation Council (GCC) countries, the UAE, and Abu Dhabi, while describing the evolution of public administration and policy transfer in the UAE and Abu Dhabi. Second, it aims to elucidate why expatriate civil servants exist in large numbers and assume pivotal roles in policy-making within Gulf public administration. It argues that the ambitious economic plans that Gulf countries seek to achieve required a modern public service. This created a gap between the public administration's capabilities and what is required of it, which was subsequently filled by recruiting expatriate civil servants from several countries. The chapter explains the UAE's and Abu Dhabi's public administration and emphasize for the reader why the structure matters in policy-making.

It is important to understand how expatriate civil servants function and operate in the hosting countries. The constraints of the hosting country define what is rational for policy actors (Howlett and Ramesh, 2003). The local informal institutions influence policy actors' actions by forming the interpretation of problems and solutions, obstructing the choice of solutions, and shaping the way and the extent these solutions are implemented (North, 1990; Williamson, 1985). These actors, therefore, have certain preferences and interests which they pursue within specific norms and rules that influence the expectation and the possibilities of their realization (Williamson, 1985).

This chapter seeks to achieve the aforementioned aims through four sections. Section one presents a brief history of the United Arab Emirates (UAE), including the establishment of the federation among the seven Emirates that presently form the UAE. Section two focuses on the history of Abu Dhabi in particular, while section three assesses the existing conceptual frameworks and the gaps in the public administration literature on the United Arab Emirates and Abu Dhabi. Existing studies focus on the quality of services provided and the client satisfaction, but they do not show the impact of the politicized structure, the role of expatriate civil servants, and the policy transfer outcome in a region known for its eagerness for policy transfer and a high proportion of expatriate civil servants in policy-making circles. Section four concludes with a discussion of the impact of this background on the bureaucratic environment in Abu Dhabi.

A Brief History of the UAE

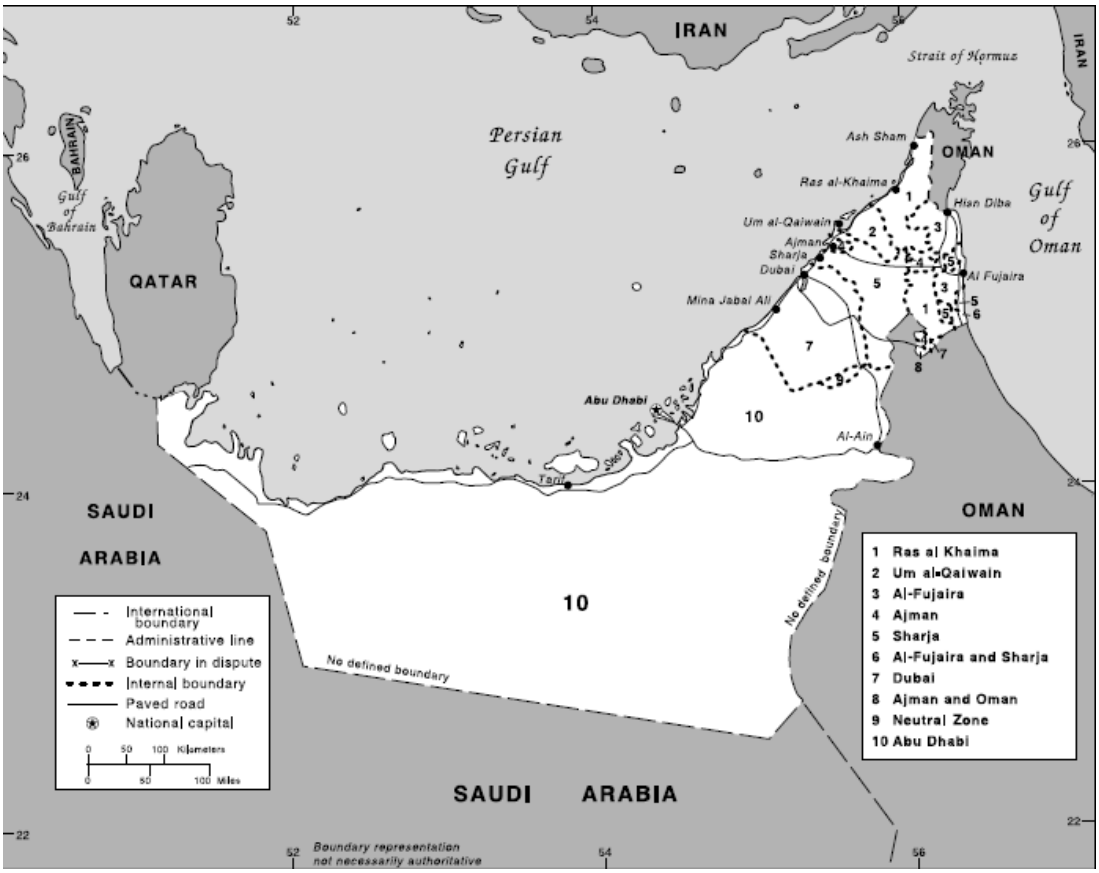
The United Arab Emirates (UAE) was formed in 1971 through the union of six Arabian Peninsula sheikhdoms (which later became Emirates) that border the southern coast of the Persian Gulf and the northern coast of the Gulf of Oman (Abdulla, 1999, Abdullah, 1969; Davidson, 2009, Farazmand, 1999, Iles et al., 2012). Most of these sheikhdoms had been under the military protection of the United Kingdom for several decades. The union was called for by Abu Dhabi, now the capital of the UAE (ibid). In the beginning, only five other Sheikhdoms (Ajman, Dubai, Fujairah, Sharjah and Umm al-Quwain) agreed to join the new federation; it was not until a year later that the sheikhdom of Ras Al-Khaimah joined. The original proposal also sought to include Qatar and Bahrain, but they eventually decided to remain separate (Davidson, 2009, Davidson, 2005). Since the United Arab Emirates is a federal union, every Emirate has maintained its sovereign policy-making regarding several issues including healthcare, finance, commerce, and education.

Abu Dhabi, Arabic for "Father of Deer," was founded by the Bani Yas Bedouin tribes (Davidson, 2009; Davidson, 2005). Around 1793, the Al-Bu-Falah tribes migrated to the island of Abu Dhabi when fresh water was discovered there. One of the migrating families was The Al Nahyan family, who founded and continue to rule the Emirate of Abu Dhabi to this day (Abdulla, 1999). In the 19th century, Abu Dhabi and a number of nearby sheikhdoms entered into treaties with Great Britain in order to shield the trade route between Iraq and India from pirates. Great Britain became the predominant power in the region, and it maintained its influence in Abu Dhabi following the oil discoveries of 1958 and 1962 (Davidson, 2009). It was the discovery of oil that accelerated the formation of a federal union among the nearby sheikhdoms. This was led by Sheikh Zayed Bin Sultan Al Nahyan, ruler of Abu Dhabi and the first president of the federal union; he is presently considered the principal driving force behind the modernization of the Emirate of Abu Dhabi.

Abu Dhabi is 67,340 square kilometers in size. Equivalent to 86.7% of the UAE's total area (The Community Profile Report, 2008), it is the largest of all seven Emirates. Abu Dhabi's northern sea coast extends from Dubai to Qatar, and its southern coast stretches from the Liwa valley to the Al Ain oasis (See Figure 3.1) According to the most recent population census, which was conducted in 2005, Abu Dhabi has 1,400,000 residents, constituting the highest population among the seven emirates. It is divided into three administrative regions: 1) the city of Abu Dhabi,

which is the capital of the UAE and the emirate itself; 2) The Eastern Region, whose capital is Al-Ain city (the region is rich in greenery and has abundant groundwater resources); and 3) the Western Region, whose capital is Madinat Zayed (The Community Profile Report, 2008). As for natural resources, the Emirate of Abu Dhabi is home to the UAE's major onshore and offshore oilfields, as well as its largest oil refinery (The Community Profile Report, 2008).

Figure 3.1 Map of the United Arab Emirates, 2007



Source: http://lcweb2.loc.gov/frd/cs/united_arab_emirates/ae05_01a.pdf

Public administration in the UAE. Scholarship on the public administration systems of the Gulf countries is very limited because official documentation is not publicly available (Common, 2008). This may be attributed to the management culture which is 'based on talking, not writing' (Tayeb, 2005: 77). The UAE's administrative culture is quite rigid; although it is exposed to and influenced by the New Public Management (NPM) set of ideas, the UAE's bureaucratic reform processes are slow and usually adapt to the local rather than the global context (Common, 2008). Meanwhile, Abu Dhabi's public administration structure is relatively large, and

it includes the ruler's and the crown prince of Abu Dhabi's private offices and courts at the top. These offices and courts recruit their own staff (Abdulla, 1984; Al-Ayderus, 1989; Al-Ayderus, 1983; Anthony, 2002; Davidson, 2009, Al-Gazali et al., 1007; Badawi, 1975), and the office directors act as intermediaries between the offices' and courts' supreme power and regular government organizations (ibid). The Abu Dhabi Executive Council, here after the Executive Council (Abdulla, 1985; Davidson, 2009), was established in 1971 and is the most powerful institution in the Emirate; it develops most of Abu-Dhabi's legislation, which is then approved by the ruler's office as law. The eldest son of the founder of the United Arab Emirates heads the Executive Council and selects the nineteen members who usually represent the emirates' influential and prestigious local families (Davidson, 2009; Bilal, 1990). The Executive Council decides on all public spending and drafts the policy agendas which list the goals of public sector organizations.

Underneath the Executive Council, there are three municipalities, as well as several councils and authorities including: the General Secretariat of the Executive Council, the Supreme Petroleum Council, the Abu Dhabi Education Council, the Health Authority of Abu Dhabi, the Urban Planning Council, and the Executive Affairs Authority (Davidson, 2009). The General Secretariat of the Executive Council researches, analyzes, and drafts policies for the Executive Council. Meanwhile, the National Consultative Council (NCC) plays a parliamentary role in the emirate of Abu Dhabi; its purpose is to represent the views of Abu Dhabi citizens and suggest law drafts to the Executive Council. The NCC does not include representation from the Al Nahyan or the Bani Yas families; instead, its members are selected and appointed by the ruler of Abu Dhabi (Davidson, 2009). However, it is important to note that the NCC is not a decision-making institution, particularly because the Executive Council is not required to consider all of its recommendations; therefore, its role is limited to representing Emirati residents and providing advice (Heard-Bey, 2005).

Abu Dhabi's Executive Council represents the Emirate's engine of rapid development. It set large economic goals in the hopes of achieving a global position in terms of economic development. It also stated its intention to diversify the economy, which meant developing and organizing all non-oil related sectors such as real state, business, commerce, education, health, renewable energy and nuclear research. In order to achieve such diversification, these sectors require regulatory bodies and direct intervention by the government, if only in the early stages of

implementation. Of course, this created a demand for a larger number of governmental organizations. However, the Abu Dhabi public administration is relatively young (42 years old to be exact) (Davidson, 2009) and lacks sufficient domestic policy-making capacity[24] (Bashir, 1982; Batikh, 1977; Bilal, 1990, Jreisat, 1988; Jreisat, 1997; Jreisat, 2009). Specifically, due to the absence of highly educated and experienced Emirati civil servants, the public administration was ill prepared to face the Abu Dhabi government's requirements for rapid development (Common, 2005). This necessitated the recruitment of expatriate civil servants, since they were deemed capable of designing and implementing development policies that would achieve the desired ambitions of the government.

Expatriates in the GCC. The number of expatriate residents in the Gulf countries is extremely high. It is estimated that 89% of UAE residents are non-Emiratis (UAE National Bureau for Statistics, 2010), while expatriate residents account for 87.5% of residents in Qatar (Ministry of Development Planning and Statistics, 2010) and 30% in Saudi Arabia (Saudi Central Department for Statistics and Information, 2012). It is worth mentioning that there are several specific protections for Nationals that are not accessible for non-Nationals. For example, while the THEQA full coverage health insurance is provided free of charge to all National residents in Abu Dhabi, expatriate residents have to pay for it. Additionally, most of national policies (and health policies in particular) only target citizens. For example, there is no policy to address non-communicable diseases for expatriates in Abu Dhabi.

The exact distribution of expatriate workers in the UAE is considered confidential; as such, no official figures are made public. However, journalists and researchers constantly attempt to produce their own estimates[25]. For example, a table that was recently published indicates that most UAE residents are of Indian, Pakistani, Emirati, or Bangladeshi background (see Table 3.1). Similarly, according to Table 3.2, the number of expatriate workers in Qatar have a similar distribution. However, expatriate civil servants have a very different distribution; the proportion

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[24] Policy capacity, which is concerned with formulating and implementing astute and potentially effective responses to certain problems, is defined as the aptitude of a policy maker to surpass obstacles, such as capability limits and impairments of both political leaders and policy entrepreneurs, and to manoeuvre the process in order to produce desired outcomes (Pressman and Wildavsky, 1973; Freudenberg and Gramling, 1994; Peters, 1996). Policy capacity involves two aspects. While its procedural aspect entails responding to the public's demands and translating their wishes into effective public policy (Rose, 1974; Peters 1996), its substantive aspect entails utilizing knowledge within the policy-making process (Torgerson, 1986).

[25] http://www.bqdoha.com/2015/04/uae-population-by-nationality

of expatriate civil servants from India, Pakistan, Bangladesh and the Philippines is very low compared to those from Europe, the United States, Australia, and other Arab countries. Meanwhile, the vast majority of UAE residents who come from India, Pakistan, Bangladesh and Philippines work in low skilled positions such as construction.

Table 3.1
Estimates Distribution of UAE residents by Nationality, 2015

	Nationality	Population	%		Nationality	Population	%
1	India	2,600,000	27.7%	38	Kazakhstan	5,500	0.1%
2	Pakistan	1,200,000	12.8%	39	Greece	5,000	0.1%
3	UAE	1,084,764	11.6%	40	Mauritania	5,000	0.1%
4	Bangladesh	700,000	7.5%	41	Netherlands	5,000	0.1%
5	Philippines	525,530	5.6%	42	Serbia	5,000	0.1%
6	Iran*	450,000	4.8%	43	Ukraine	5,000	0.1%
7	Egypt*	400,000	4.3%	44	Sweden	4,000	0.0%
8	Nepal	300,000	3.2%	45	Denmark	3,500	0.0%
9	Sri Lanka	300,000	3.2%	46	Mexico	3,500	0.0%
10	China	200,000	2.1%	47	Belgium	3,000	0.0%
11	Jordan	200,000	2.1%	48	Eritrea	3,000	0.0%
12	Afghanistan	150,000	1.6%	49	Japan	2,603	0.0%
13	Palestine	150,000	1.6%	50	Dominican Rep.	2,500	0.0%
14	UK	120,000	1.3%	51	Austria	2,500	0.0%
15	South Africa	100,000	1.1%	52	Belarus	2,500	0.0%
16	Lebanon*	100,000	1.1%	53	Hungary	2,500	0.0%
17	Ethiopia	90,000	1.0%	54	Switzerland	2,430	0.0%
18	Yemen	90,000	1.0%	55	Poland	2,348	0.0%
19	Indonesia	85,000	0.9%	56	Singapore	2,000	0.0%
20	Sudan	75,000	0.8%	57	BIH	1,500	0.0%
21	Somalia	70,000	0.7%	58	Czech Republic	1,500	0.0%
22	Iraq	52,000	0.6%	59	Venezuela	1,200	0.0%
23	USA	50,000	0.5%	60	Norway	1,184	0.0%
24	Canada	40,000	0.4%	61	Finland	1,180	0.0%
25	Kenya	40,000	0.4%	62	Cyprus	1,000	0.0%
26	France	25,000	0.3%	63	Slovakia	1,000	0.0%
27	Australia	16,000	0.2%	64	Senegal	750	0.0%
28	Germany	12,000	0.1%	65	Ghana	500	0.0%
29	Spain	12,000	0.1%	66	New Zealand	444	0.0%
30	Algeria	10,000	0.1%	67	Taiwan	400	0.0%
31	Italy	10,000	0.1%	68	Latvia	300	0.0%
32	South Korea	10,000	0.1%	69	Peru	300	0.0%
33	Thailand	10,000	0.1%	70	Chile	270	0.0%
34	Turkey	10,000	0.1%	71	Albania	250	0.0%
35	Azerbaijan	7,000	0.1%	72	Chad	200	0.0%
36	Ireland	7,000	0.1%	73	Slovenia	125	0.0%
37	Malaysia	6,500	0.1%	74	Angola	100	0.0%
	Total=					9,386,878	100.0%

Source: The BQ Digital Magazine Research Team, 2015 (http://www.bqdoha.com/2015/04/uae-population-by-nationality)

Table 3.2
Estimates Distribution of Qatar Residents by Nationality, 2015

Nationality	Population	%	Nationality	Population	%
India	545,000	23.5%	Netherlands	1,350	0.1%
Nepal	400,000	17.2%	Japan	1,000	0.0%
Qatar	278,000	12.0%	Macedonia	1,000	0.0%
Philippines	200,000	8.6%	Romania	1,000	0.0%
Egypt	180,000	7.8%	Italy	900	0.0%
Bangladesh	150,000	6.5%	Brazil	800	0.0%
Sri Lanka	100,000	4.3%	Bulgaria	600	0.0%
Pakistan	90,000	3.9%	Austria	500	0.0%
Sudan	42,000	1.8%	Belgium	500	0.0%
Jordan	40,000	1.7%	Bosnia	500	0.0%
Indonesia	39,000	1.7%	Croatia	430	0.0%
Iran	30,000	1.3%	Venezuela	337	0.0%
Lebanon	25,000	1.1%	Hungary	300	0.0%
Ethiopia	21,374	0.9%	Singapore	300	0.0%
Palestine	20,500	0.9%	Switzerland	250	0.0%
UK	20,000	0.9%	Senegal	200	0.0%
USA	15,000	0.6%	Gambia	135	0.0%
Tunisia	15,000	0.6%	Azerbaijan	120	0.0%
Kenya	9,300	0.4%	Ecuador	100	0.0%
Eritrea	9,000	0.4%	Kazakhstan	100	0.0%
Morocco	9,000	0.4%	El Salvador	100	0.0%
Iraq	8,976	0.4%	Benin	82	0.0%
Nigeria	7,502	0.3%	Finland	80	0.0%
Canada	7,250	0.3%	DominicanR	44	0.0%
China	6,000	0.3%	Liberia	40	0.0%
Malaysia	5,000	0.2%	Brunei	20	0.0%
Russia	5,000	0.2%			
S. Africa	5,000	0.2%			
Turkey	5,000	0.2%			
Australia	4,500	0.2%			
France	3,607	0.2%			
Afghanistan	3,500	0.2%			
Thailand	3,000	0.1%			
Spain	2,500	0.1%			
S. Korea	2,000	0.1%			
Germany	1,700	0.1%			
Greece	1,504	0.1%			
Total=				2,321,001	0.0%

Source: The BQ Digital Magazine Research Team, 2015 (http://www.bqdoha.com/2015/04/uae-population-by-nationality)

These expatriates work in almost all economic sectors in the Gulf, including public administration; in Abu Dhabi, they account for more than 80% of the public administration staff[26]. To put this percentage into perspective, one may compare it to the proportion of expatriate bureaucrats in Botswana; estimated at 6.1% of the total number of civil servants, this ratio is considered "too large" by scholars (Hope, 1995: 54). Once recruited, expatriate civil servants in Abu Dhabi face a number of challenges that make their environment a highly politicized one (Hope, 1995; May, 2009; Goodman et al., 1985; Dwivedi, 1986; Turner, 1991, Al-Yahya, 2009,

[26] Following the 'Arab Spring' events of 2011, the Abu Dhabi government is currently undergoing a very rigid Emiratization program that aims to massively reduce the percentage of expatriates in the public sector No official numbers have been published about the percentage of these workers.

Jabbra and Jabbra, 2005 Tayeb). On the individual level, these challenges include low job and career security, a pressing demand for quick and clear results, an absence of required policy analysis based on an understanding of the local context, and a low local capacity to support expatriate civil servants in policy-making and implementation.

Politicization has been defined as the use of political criteria instead of merit-based criteria in selecting, promoting, rewarding and disciplining a public civil servant (Peters & Pierre, 2004, p. 2). Sometimes exercised due to fear, politicization usually affects public service employees' behaviour, attitudes, or culture (Peters & Pierre, 2004). In Abu Dhabi, expatriate civil servants do not enjoy the same degree of freedom and protection granted to local bureaucrats. For example, the appointment process in the Abu Dhabi public service is a sort of 'political appointment,' since no policy currently exists for the recruitment of expatriate civil servants. Usually, the head of the department or the director general decides on the appointment, sometimes consulting with a committee from the relevant ministry (Author's interviews, A2, March, 2014). Therefore, expatriate civil servants end up feeling like subordinates instead of partners and taking very little pride, if any, in serving the state. After all, they serve the director general who recruited them and has the power to fire them with little accountability. As such, Abu Dhabi politicians use structural terms to control the public service as well as expatriate civil servants' fear of job loss to target their values and behavior. Furthermore, an analysis of promotion practices reveals the magnitude of politicization within Abu Dhabi's public administration. Field interviews suggest that expatriate civil servants sense the existence of a glass ceiling preventing them from achieving their full potential: "[being an expatriate civil servant] does [affect you] in the career perspective in a sense that: 'That is it!' There is a ceiling to how much you can move. So it limits your options in terms of having a long term career. If you are driven and ambitious, there is [a place where] after a while you just [stop]" (Author interview, A5, March 2014).

At the same time, there are no incentives for expatriate civil servants to look locally for policy solutions. On the structural level, they usually face obstacles that impede cooperation between governmental organizations in both the policy-making and implementation processes. As detailed in chapter seven, these obstacles are larger for expatriate civil servants than for national civil servants. Firstly, national civil servants usually belong to powerful Emirati families and represent these families in the public service; thus, their positions are secure. National civil servants can also exercise their families' political power in order to push for coordination or

cooperation with other government organizations. Furthermore, their strong network connections with other organizations and national citizens allows them more access to information that is vital for the design of successful policies.

Finally, Abu Dhabi's governmental departments are characterized by a high level of competition. This hinders coordination within the government and limits civil servants' empowerment to tackle issues that may arise during implementation or to address sensitive topics that may underlie policy challenges. As will be discussed in detail in chapter six, all of these challenges have an impact on the likelihood that a transferred policy will succeed.

Health sector and recent reform. The health care system is not standardized across the seven emirates of the UAE; each emirate has its own health care system, health facilities, and health policy that are supervised by a provincial health authority. It is important to note that the healthcare sector, among other sectors, has undergone considerable changes since Sheikh Zayed became the ruler of Abu Dhabi in 1966 (Davidson, 2010). The Federal Ministry of Health was established in the same year, and several hospitals and health care centres were built afterwards. The Abu Dhabi government has since maintained this commitment to enhance the quality of its health services (Abu Dhabi's Economic Vision 2030). Furthermore, the sector recently witnessed a restructuring effort in 2006; this included a number of large-scale initiatives, one of which is WEQAYA.

In its efforts to diversify the economy, the government of Abu Dhabi also targeted growth areas including healthcare (Vetter and Boecker, 2012; Koornneef et al., 2012). It announced its vision to have an international high quality healthcare sector in its published Policy Agenda 2007-2008[27] and Economic vision 2030[28]. Inspired by the New Public Management school of thought, this vision encouraged an open economy based on privatization (Common, 2005), thus opening the door for private health insurance and health provision companies after years of exclusively government-owned and managed health provisions (Taha et al 2013; Blair and Sharif, 2013; Vetter and Boecker, 2012; Koornneef et al., 2012).

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[27] Executive Council of the Emirate of Abu Dhabi. Policy agenda 2007–2008: Emirate of Abu Dhabi. Abu Dhabi: General Secretariat of the Executive Council; 2007.

[28] Government of the Emirate of Abu Dhabi. The Abu Dhabi economic vision 2030. Abu Dhabi: General Secretariat of the Executive Council; 2008.

The main governmental organization responsible for healthcare in Abu Dhabi is divided into three major organizations: 1) the Health Authority of Abu Dhabi - HAAD (*The Regulator*) which is run by the Abu Dhabi government; 2) the National Health Insurance Company – DAMAN (*The Payer)*, which is actually a private company with large shares owned by the Abu Dhabi government; and 3) Abu Dhabi Health Services – SEHA (*The Provider*), which is also a private company with large shares owned by the Abu Dhabi government. The role of SEHA is to operate and supervise the Abu Dhabi owned healthcare facilities (Vetter and Boecker, 2012). Specifically, the government of Abu Dhabi owns and operates, through SEHA, twelve (12) hospital facilities (with a capacity of 2,644 licensed beds) and more than forty (40) Ambulatory and Primary Healthcare Clinics. Meanwhile, SEHA employs more than 15,500 doctors, nurses, and other medical staff.

Notably, a number of prominent international management consulting firms were involved in the restructuring of Abu Dhabi's healthcare sector, including McKinsey & Company, Strategy & Company (formerly known as Booz & Company), and Boston Consulting Group. As discussed in depth in subsequent chapters, management consulting firms are heavily involved in policy-making and policy learning from abroad in Abu Dhabi, the United Arab Emirates, and most other GCC countries. They play a major role in searching for solutions and selecting the best fit for the Abu Dhabi context, often tweaking these solutions to fit the local context. These management consulting firms are usually hired and paid by the Executive Council of Abu Dhabi or the three newly established major organizations mentioned above (HAAD, DAMAN and SEHA), due to these young organizations' low capacity and inability to match the government's pressing demand for development.

Reporting directly to the Executive Council of Abu Dhabi (Taha et al 2013; Blair and Sharif, 2013), the Health Authority of Abu Dhabi (HAAD) assumes regulatory functions and, as such, is a major player in health policy-making. HAAD regulates health care providers, both public and private health care facilities, and insurance companies. It sets the standards for providing health care by professionals and monitors the health status of the population of Abu Dhabi. HAAD also defines the health system's strategy, tracks its performance, shapes the regulatory framework, inspects against regulations, sets and enforces standards, and encourages 'world-class' healthcare provisions in the emirate. Furthermore, HAAD performs a policy role that goes well beyond its regulatory mandate. A team formed by HAAD first drafts policy proposals, which are then sent to

the Executive Council for approval. Once proposals are adopted, HAAD is primarily responsible for their implementation. It typically assigns the same team, sometimes enlarging it, to supervise the implementation of the approved policy (Vetter and Boecker, 2012). HAAD consists of seven departments besides Strategy, Corporate Performance, Internal Audit, and Legal affairs. One of these departments is the Department of Public Health and Research, which spearheaded WEQAYA.

Policy-making model. As described above, the policy-making channels in Abu Dhabi are not very clear. For example, there is no centralized policy-making process in the health sector. More than one government organization can initiate and send health policy drafts to the Executive Council, including the Health Authority of Abu Dhabi (HAAD), the National Consultative Council (NCC), and the General Secretariat of the Executive Council (GSEC). Due to low levels of coordination, these organizations often find themselves working on similar projects that tackle similar problems at the same time instead of pooling resources and avoiding work duplication. For example, field interviews allude to the fact that both HAAD and DAMAN were concurrently yet independently working on implementing a Disease Management Program for patients with diabetes mellitus. Field interviews further suggest that there is a disconnection between HAAD's mandate and formal organizational structure on the one hand, and the manner within which HAAD operates on the other:

> *[T]here are no formal and clear channels for decision-making, so that makes it a long and slow process. Also, too many government officials are involved in the process. So decision-making process is kind of cross sectional, which is different than what is believed. It is not very centralized decision-making process (Author's Interview, A13. April, 2014).*

The question that arises is: What is the standard policy process in Abu Dhabi? Although HAAD plays a major role during the initial stages of policy-making, most policy drafts are prepared by active individuals who are motivated by self-interest and rational calculation.

In addition, it is evident that 'coupling' occurs in HAAD's policy-making process (ibid). When a window opens, a number of expatriate civil servants usually emerge with a proposal or concern that is ready to push at the optimal moment. In fact, the WEQAYA program may be analyzed as a representative example of coupling. Field interviews suggest that Dr. Oliver Harrison, an expatriate civil servant acting as Director of HAAD's public health and policy department, had raised the problem of diabetes mellitus and cardiovascular diseases several years

prior to the government's adoption of the preventive public health policy. However, field interviews indicate that when diabetes mellitus and cardiovascular diseases were first highlighted as a problem, they did not represent a top priority for senior HAAD officials, who preferred to focus primarily on bringing international private hospitals into Abu Dhabi's health services.

The problem was only adopted into Abu Dhabi's policy agenda seven years later. This may be attributed to the change in HAAD's top management in 2008, when Mr. Ziad Al Siksek, an Emirati citizen, was appointed as Chief Executive Officer (CEO, also known as Director General) of HAAD. According to Dr. Harrison, Mr. Al Siksek adopted a different approach from his predecessor, one which was open to new ideas. Apparently, the relationship between Dr. Harrison and Mr. Al Siksek was very strong, and they formed a good team that paved the way for the introduction of WEQAYA. Following their exchanges, preventing diabetes mellitus featured on Abu Dhabi's Policy Agenda priority list for 2007 (Policy Agenda, 2007).

As such, Dr. Harrison may be considered a policy entrepreneur who was waiting for a policy window to open (Author interview, April, 2014). In this case, the appointment of Mr. Al Siksek as CEO of HAAD represented this optimal moment. Mr. Al Siksek had a new vision and sought to enhance the performance of HAAD (Author's interview, A2, February, 2014). Furthermore, Dr. Harrison, had already built a strong working relationship with the then newly appointed CEO since they had worked together previously. That gave Dr. Harrison a window of opportunity to push for the design and implementation of a policy to tackle the diabetes mellitus and cardiovascular diseases problem in Abu Dhabi.

Actors in Policy-Making and Policy Transfer

There are a number of policy actors involved in the policy-making process in Abu Dhabi. Most of them have official positions within governmental organizations. And although government organizations do collaborate with non-government players on policy-making issues, only a few experts are involved in the early stages of policy design. Other players, including governmental and non-governmental bodies, are engaged in subsequent stages, but they only exercise an advisory role. As a field interview suggests, the government's relationship with non-governmental organizations is not a long term one:

> *We work with the third sectors in topics we think they are strong in. We have in the past done that…Some actors are somehow indirectly involved in the process like media. Policy*

> *makers in Abu Dhabi care about what media says. Even though they do not go into partnership with media entities, they still look at what media is reporting. Some of the government agencies have an in-house capability for monitoring mass and social media outlets. They observe trends that could be of relevance to their work or to the issues they are responsible for. Yet the relationship remains short of being a long-term partnership with media entities. (Author's interview, A8, March, 2014).*

Interestingly, in some cases, even relevant government entities such as the National Health Insurance Company (DAMAN or 'the payer') were not engaged in policy-making until later stages of the process or even during policy-implementation. At HAAD, consensus about policies is mostly built by bargaining among officials in the health authority; HAAD alone possesses the power to choose which actor to include in the process:

> *...they [policy surveyors] attempt at the beginning, in their understanding of the baseline, to raise questions about what is going on, and what the issues or the factors leading to this problem are. These issues get outlined and a number of 'selected' actors will be 'invited' to join the discussion (Author's Interview, A15, March 2014).*

Consulting firms. At the same time, hidden participants, such as specialists, are present in the decision-making process. Specifically, international management consulting firms play a major role in policy-making. Field interviews suggest that Abu Dhabi's governmental organizations usually prefer to hire international management consulting firms to offer advice on policy-making or public administration reform. However, some government organizations choose to partner up with the private sector only when the latter's contribution is relevant.

First tier international management consulting firms are strongly present in Abu Dhabi's healthcare sector; in fact, all top five international management consulting firms have large offices in the UAE (McKinsey & Company, Strategy & Co. (formerly Booz & Company), Boston Consulting Group, Bain & Company, Deloitte & Company). Some of these firms were very heavily involved in the recent public sector reforms in the health sector in Abu Dhabi. For example, field interviews suggest that it was the management consulting firm Strategy & Co., which recommended that the government health body be split into the three major health sector organizations that currently exist (HAAD, DAMAN and SEHA):

> *When HAAD wants a strategy developed or a strategy reviewed, or a particular topic that they want to look at and design, they ask consulting companies to help them develop that.*

> *In some occasions we have been involved, for example in designing the Regulatory Function in Abu Dhabi or the design of the concept of Governance within the Abu Dhabi Health Care System meaning the split of payers, providers and regulators in the country. These are the initiatives that we have been privileged to support the government in. Other [management consulting] companies are also involved. (Author's interview, A10, 2014).*

Instead of hiring an entire consulting firm to perform the task, some government organizations prefer to recruit individual consultants and employ them as expatriate civil servants to help implement policies. These organizations do this either because it is less expensive, or because they prefer to deal internally with a certain policy for political reasons, or because the issue at hand is sensitive. HAAD chooses this option sometimes. For example, the previous director of its public health and policy department, Dr. Harrison, was recruited by HAAD from McKinsey & Company. Ironically, Dr. Harrison was tasked to implement the public sector reforms that another consulting firm had recommended (data suggests it was Strategy & Co). Since HAAD did not have the required capacity to implement these recommended reforms, they had to fill the gap by recruiting a new expatriate civil servant - preferably an individual with management consulting experience.

Also, the Gulf Cooperation Council's committee of health ministers has some influence on Abu Dhabi's health policies. For example, the committee decided to unify medication prices in 2012. As such, it advised all GCC countries to unify their prices, regardless of the dynamics of their own domestic markets (Author's Interview, A9, March 2014). The decision-making process was in no way clear or transparent; several stakeholders who were affected by this decision, such as pharmaceutical companies, were not consulted:

> *It is a very clear top-down approach. We are part of PHARMAC, and we were not consulted. It was not transparent at all. PHARMAC has an influence in policy-making. They [pharmaceutical companies] reached out to policy makers and explained their position. They wanted to elevate the level of the price and competitiveness. They organized a two-day forum and brought exporters from the USA to explain about competitiveness. The prime ministry of health were recommended to put a premium of 20% on the price. The channel that was used to do so was the Chamber of Commerce and Embassies. They also used issue-related channels like local distributors and the official channels with the government [?]. There is a gap here. PHARMA has operations across the world. There is a Gulf group of PHARMA and it is very active (Author's interview, A9, March, 2014).*

Conclusion

Several stakeholders, such as other relevant governmental organizations, private firms and universities, raise a number of issues about the process of policy transfer and policy making in Abu Dhabi. There are no formal or clear channels for decision-making, which makes it a long and slow process. Contrary to popular belief, one field interview suggests that the decision-making process in Abu Dhabi's health sector is cross-sectional. It is not very centralized decision-making process:

> *The impression that decisions in the GCC are taken by one person, is not true at all. It takes time as a lot of officials are consulted. The process is not controlled and institutionalized [as it should be]. (Author's interview, A13, April, 2014)*

In general, the way policy-makers deal with issues that arise depends on the type of policy itself. Although health care, economic, and monetary policies are usually governed differently, they are sometimes approached in a similar fashion. It is still useful to look at the way certain policies are studied in Abu Dhabi. For example, one policy-making body in the emirate regularly monitors a set of selected key indicators. They investigate trends over time and anticipate what might potentially not be functioning well. When an indicator suggests an alarming trend in comparison with the globally reported figures for that indicator, the government organization intervenes. A top government staff member illustrated the process using the example of a gold reserve:

> *If you look at the numbers of the central bank, and you are monitoring the gold reserves All of a sudden, the UAE automatically sells out all its gold and there is zero gold in terms of its reserves. Now if I look at the numbers, it is zero everywhere. And few years back after the crises, countries were piling up again on gold so this could be a trend that you pick up just by looking at the number. What this is actually mean for us? Why do I need to do so? Then we starting doing a whole discussion around it. But that is because we monitor (Author's interview, A8, March 2014).*

Chapter 4. North Karelia Comes to Abu Dhabi

The Policy Transfer of WEQAYA

Chapter three provided a brief survey about the history of public administration in the United Arab Emirates and described the recent health sector reforms in Abu Dhabi. This chapter addresses the problems that the newly created Health Authority of Abu Dhabi (HAAD) had to face and the way with which they were dealt. After its creation, HAAD quickly assumed its role as a regulatory body and began to tackle pressing public health problems. As will be detailed below, among other policies, HAAD had to deal with the alarmingly high rates of diabetes mellitus and cardiovascular diseases among the Emirati citizens. A policy team was formed in order to identify the problem and propose a solution; after defining the problem, the team recommended a policy entitled 'WEQAYA,' based on a Finnish model that was implemented in the Province of North Karelia.

This chapter investigates the following questions: How did the policy process unfold? Were there any other suggested solutions? How did the policy transfer materialize at the end, and who pushed for it? By tackling these questions, this chapter presents the first dimension of this dissertation's argument, the *process of transfer*. Section one explains the development of the health problem of diabetes mellitus and cardiovascular (CVD) diseases in Abu Dhabi and the way it was identified as a policy problem. Section two describes the process of policy research and selection in Abu Dhabi, while providing information about the exported policy and the resultant WEQAYA program. Section three critically assesses the extent to which the WEQAYA case meets the literature's expectations with regards to proper policy transfer. Section three concludes the chapter.

Identifying the Problem

Currently, several reports indicate that the prevalence rates of diabetes mellitus in the Gulf countries of Bahrain, Kuwait, Oman, Saudi Arabia, and the UAE are among the ten highest in the world (Middle East Health[29], 2012). Additionally, according to the International Diabetes

[29] The Middle East Health report can be accessed at: http://www.middleeasthealthmag.com/cgi-bin/index.cgi?http://www.middleeasthealthmag.com/jan2013/feature11.htm

Federation and a recent World Health Organization report, the United Arab Emirates has the world's second-highest diabetes mellitus prevalence rate (WHO, 2010; The IDF, 2010; as seen in table 3.2). It is estimated that 40-50% of these patients are unaware that they have the disease (ibid), and the prevalence rate of diabetes or pre-diabetes is expected to rise to 32% of Emiratis aged 20-79 by 2020.

Table 4.2
Ranking of Countries by diabetes mellitus prevalence, 2010

Rank	Country	National %	Comparative %
1	Nauru	30.90%	30.90%
2	United Arab Emirates	12.20%	18.70%
3	Saudi Arabia	13.60%	16.80%
4	Mauritius	17.00%	16.20%
5	Bahrain	14.40%	15.40%
6	Qatar	13.30%	15.40%
7	Reunion(c)	16.10%	15.30%
8	Kuwait	10.80%	14.60%
9	Seychelles(a,c)	14.40%	14.40%
10	Tuvalu(a)	13.90%	13.90%

Source: International Diabetes Federation, 2010
(http://www.allcountries.org/ranks/diabetes_prevalence_country_ranks.html

From a governmental perspective, these high prevalence rates represent a serious economic cost. According to the Management Consulting Firm Strategy & Co., these high rates have created a huge financial burden on the UAE government since the treatment of diabetes represents about 40% of the its overall healthcare expenditures (The Middle East Health, 2012). This translated into nearly $6.6 billion in 2012, or 1.8% of its GDP (ibid). Meanwhile, in 2006, McKinsey and Company published a wide-ranging benchmarking review entitled 'The Global Health Index.' It denoted that there is a high risk for cardiovascular diseases within the Abu Dhabi population due to an extremely high mean of Body Mass Index (29 kg/m^2) and high rates of smoking among males (24%) (McKinsey and Company, Global Health Index, 2006, Hajat and Harrison, 2010).

According to interviews with policy experts in Abu Dhabi , pressure on the government to tackle these alarming health problems began to mount from as early as 2002. In fact, one such lobbyist was Dr. Harrison, the head of the public health department at HAAD (Author interviews, A1, 2014). However, the earliest official policy document to recognize the problem was not

published until 2007. Entitled 'The Abu Dhabi Policy Agenda 2007-2008,' this document highlighted the main priorities and challenges that the Emirate needed to tackle immediately[30] (The Policy Agenda, 2007). Among other pressing challenges, the agenda emphasized the need to face the high prevalence rates of diabetes mellitus and cardiovascular diseases among Emirati citizens (The Policy Agenda, 2007).

As the official health regulator in the Emirate, the Health Authority of Abu Dhabi soon thereafter formed a team to identify the problem, suggest solutions, and select the best solution to be adopted. Official policy documents indicate that the team constituted five members. The main policy contributor was a British medical doctor by the name of Dr. Cother Hajat. Dr. Hajat is a UK-qualified physician and member of the Royal College of Physicians (UK), as well as a Public Health Physician and member of the Faculty of Public Health (UK). At the time, she was in charge of cardio-metabolic disease (including WEQAYA), obesity, and tobacco control in Abu Dhabi. Another team member was Dr. Oliver Harrison, the director of the public health and policy department at HAAD and a British citizen as well[31].

Based on Dr. Hajat and Dr. Harrison's research (Author's interviews, A1 and A2, March, 2014), the HAAD team identified the problem of high rates of cardiovascular diseases and diabetes mellitus in Abu Dhabi as a consequence of Emirati citizens' risky behavior (Hajat and Harrison, 2010; Hajat and Shather, 2012; Hajat et al., 2011a; Hajat et al., 2011b, Hajat et al., 2011c, Harrison et al., 2011). It argued that reducing the risk factors (namely poor diet, physical inactivity, tobacco smoking, and excessive alcohol consumption) would reduce diabetes mellitus complications such as blindness and kidney disease (WEQAYA Policy Document, 2010).

> *At a fundamental level, cardiovascular diseases risk builds through the long-term accumulation of thousands of actions or behaviors; in turn, many such behaviors are influenced by drivers both internal and external to the individual. In addition, historically, the health care system has become involved late in the disease etiology. Although complex in its causation, 4 risk factors are responsible for the 4 main chronic diseases of cardiovascular diseases, including hypertension, diabetes, cancers, and respiratory disease; these are: 1) poor nutrition, including salt intake; 2) physical inactivity; 3)*

[30] The agenda can be accessed atthe following link:
http://www.eaig.ae/wp-content/uploads/2013/02/Policy_Agenda_2007_-_2008.pdf

[31] The document can be accessed at the following link:
http://thestevies.com/IBA11Attachments/HAAD/WeqayaProjectFinalversion31-5-2011.pdf

> *tobacco consumption; and 4) (in many populations) excessive consumption of alcohol (Hajat and Harrison, 2010, p. 29).*

The suggested policy aimed to identify individuals who are at risk early on and to intervene and change their risky behaviour (Hajat and Harrison, 2010). However, the way the policy problem was identified by HAAD is questionable because it ignored an important risk factor for cardiovascular diseases in Abu Dhabi, namely that consanguineous marriages are highly associated with heart disease and cerebrovascular disease (Tadmouri et al., 2009, Hajat and Harrison, 2010). As is prevalent in the rest of the UAE and the Gulf region (Bener and Alaili, 2004), citizens of Abu Dhabi have a high rate of consanguineous marriages; in fact, this rate represents 54% of all marriages in the Al-Ain Area (Tadmouri et al., 2009). Although the WEQAYA policy design team did notice this risk factor (Hajat and Harrison, 2010), it was left out of the WEQAYA intervention because it is a highly sensitive issue for Emirati citizens (WEQAYA Policy Document, 2010). Since the team was composed of expatriate civil servants, it was unable to pursue any attempts to alter this cultural tradition which is highly valued among Emirati nationals in Abu Dhabi.

Selecting a Policy Solution

Let us now examine the suggested solution for the aforementioned problem. In its role as health regulator, HAAD was approached by a number of experts interested in tackling the policy problem of non-communicable diseases (Author's Interview, A1, 2014). These experts included: health care players, health experts, key-thought leaders, experts in key areas such as diabetes and hypertension, National Health Insurance (DAMAN, also known as 'the payer'), and external consultants. However, the policy was subsequently initiated and supervised by a multinational team of academics (Author's Interviews, A1, 2014). According to a top HAAD official, HAAD usually prefers working with international academic experts for a number of reasons. On the one hand, it believes that, unlike international management consulting firms, academic experts provide good solutions regardless of financial gain and concurrently charge less for their services (Author's Interviews, A1, March, 2014). On the other hand, HAAD finds it much easier to form an international team that possesses specialized expertise, as opposed assigning tasks management consultants who possess generalist experience. (Author's Interviews, A1, March, 2014).

The resultant team worked on drafting a policy entitled "WEQAYA," which means 'prevention' in Arabic. The policy consisted of a number of elements, including a mass screening for diabetes and cardiovascular diseases for all Emirati citizens of Abu Dhabi. Soon thereafter, this policy was sent to the Abu Dhabi Executive Council for discussion and approval.

Let us now evaluate the elements of WEQAYA. WEQAYA constituted a set of intervention programs and a total population screening process. It aimed to comprehensively address Abu Dhabi's high incidence of Non Communicable Diseases (NCDs), particularly diabetes mellitus and cardiovascular diseases. This was to be done by identifying the risk factors of these diseases and assisting in improving the health status of Abu Dhabi's Emirati population (WEQAYA Policy Document, 2010). All UAE nationals aged 18 years or over and residing in the Emirate of Abu Dhabi were eligible to enrol in and benefit from WEQAYA's programs. In practice, the first round of WEQAYA screened around 92% of the adult Emirati citizens living in Abu Dhabi, which represented a total of 173,501 individuals (Hajat et al., 2011, Hajat and Harrison, 2010).

WEQAYA incorporated the research findings of several studies performed by academics, non-governmental organizations (NGOs), as well as the healthcare and non-healthcare community (ibid). WEQAYA drew particularly on the following studies: 1) "the Grand Challenges in Non-Communicable Disease" (Daar et al., 2007), 2) the World Health Organization Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases for 2008-2013 (WHO, 2009); and 3) the Institute of Medicine report: "Promoting cardiovascular disease in the Developing World" (Institute of Medicine, 2010). When WEQAYA was first launched, the team was hoping to expand the policy to address additional NCDs such as the "Big Three" NCDs: cardiovascular diseases, cancer, and chronic respiratory disease, which account for 60% of global mortality.

The team then decided to scrutinize international models that have yielded successful results in reducing the risk factors of diabetes mellitus and cardiovascular disease. Specifically, they identified a particularly successful project that was implemented in North Karelia, Finland.

> *Building on Framingham, a handful of studies and programs have driven impressive reductions in cardiovascular events within defined populations, none more so than the North Karelia Project. Their 35-year follow up has revealed reductions in blood pressure and smoking in men, but not body mass index (BMI), which has continued to increase; an*

> *overall 80% decline in coronary mortality was seen. Long-term comprehensive chronic disease prevention, population-level community engagement, and health promotion are responsible for this risk factor decline. However, North Karelia is one of few examples that show population-level success at driving reduction in cardiovascular risk. Elsewhere, data consistently show a rapidly rising global cardiovascular diseases burden, with non-communicable diseases (of which cardiovascular diseases is the single greatest contributor) now at the top of the global risk landscape in terms of both likelihood and severity (Hajat and Harrison, 2010).*

Subsequently, the major elements of WEQAYA were based on this Finnish Model (Hajat and Harrison, 2010). This is confirmed by field interviews as well:

> *WEQAYA was built based on a number of elements of the North Karelia [the Finnish] model. The mass screening, the prevention of diabetes, the physical activity, the diet control, all these elements were learned from the Finnish model. There were other elements that were not involved in the Finnish model. The IT, use of technology, for example was not involved in the Finnish model as the Finnish was implemented many years ago (Author's Interview, A2, 2014)*

Notably, although the article insinuates that other models were considered, it does not provide any justification as to why other models were disregarded and the current model was selected over them. Meanwhile, interview respondents did not provide any additional insight about this issue. It is also worth mentioning that the World Health Organization had published an Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases for 2008-2013 (WHO, 2009). This report included a number of tested models that tackle the policy issue under study. However, the interview respondents did not provide any information about why the WHO's models were disregarded.

But what did the North Karelia program constitute exactly? First, it is helpful to provide some background information about the Province of North Karelia (Pohjois-Karjalan lääni in Finnish). North Karelia is a region in Eastern Finland that used to be a separate province until it was merged with the Province of Eastern Finland in 1997. It borders the regions of Kainuu, Northern Savonia, Southern Savonia, and South Karelia and Russia (Statistics Finland, 2015), and its capital is the city of Joensuu. Geographically, the province's total area is 21,500 km^2 (8,300 sq

mi), and it includes large forests, lakes, hills, small farms, and small towns (Puska et al., 1985, Puska et al., 1983). According to the 2009 census data, its total population is 166,000 individuals[32] (Statistics Finland, 2009). Its residents' main source of income comes from farming and forestry; compared to residents of other provinces, they have a relatively low socioeconomic status, a high level of unemployment, and low access to medical and other services (Puska et al., 1985).

In terms of health, North Karelia had very high rates of cardiovascular diseases in the 1960s and 1970s (Puska et al., 1985; Vartiainen et al., 2009). The pressure to create a policy to tackle NCDs peaked in 1971 when a petition was signed by the governor of North Karelia, members of the national parliament, and representatives of NGOs for national aid (Puska et al., 1985, Vartiainen et al., 2009). This petition was followed by a national debate, a new Public Health Act that reorganized primary health care, and the establishment of the University of Kuopio to support health policy research (Vartiainen et al., 2009, Puska et al., 1985).

Furthermore, a panel of experts was formed in order to identify the required scope of efforts and to recommend further action to tackle the risks of diabetes mellitus and cardiovascular diseases. The panel included Finnish experts, international WHO staff, Finnish health authority officers, and North Karelian parliament members (Puska et al., 1985; Vartiainen et al., 2009; Puska et al., 1983; Vartiainen et al., 1994; Vartiainen et al., 1991; Puska et al., 1998, Puska et al., 1995). It recommended that a community-based, action-oriented preventive cardiovascular study and project be launched; this was to be a collaboration with national health authorities and the WHO "as a major pilot or demonstration project to test the usefulness of this approach for national and international purposes"[33] (Puska et al., 1985: 150; Vartiainen et al., 2009; Puska et al., 1983; Vartiainen et al., 1994; Vartiainen et al., 1991; Puska et al., 1998, Puska et al., 1995).

The North Karelia community kept pressuring for action, and the project team launched a disease surveillance method for evaluative purposes. A screening survey was launched in the spring of 1972. Furthermore, a number of interventions were implemented, including community organizing, initial awareness campaigns, materials and action plans, and local training (Puska et al., 1985). These interventions were supervised by a field office operated by the National Public

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[32] http://www.stat.fi/index_en.html

[33] At the same time, a US study, namely the Stanford Three Community Study, was launched (Farquhar et al., 1977). "The two projects later developed mutually beneficial scientific exchanges, and the developments in Finland and in the USA pioneered the work in community based prevention of CHD" (Puska et al., 1985: 150). However, the US study remained a research project rather than a fully-fledged program that provides services to the public.

Health Institute (KTL) under the Ministry of Social Affairs and Health and some local project advisory boards with members representing various community agencies. These interventions were provided in collaboration with health services, nongovernmental organizations, industry, employers, decision makers, and the media (Vartiainen et al., 2009)

The program targeted the entire population of North Karelia, with a special emphasis on middle-aged men because their disease rates were alarmingly high. Specifically, it tackled the risk factors of cardiovascular diseases such as cholesterol, blood pressure levels, and smoking (Vartiainen et al., 2009). Several evaluations of the project were planned to monitor the feasibility, cost-effectiveness, and the change process of the project, and the results were published in peer reviewed journals (Puska et al., 1985; Vartiainen et al., 2009; Puska et al., 1983; Vartiainen et al., 1994; Vartiainen et al., 1991; Puska et al., 1998, Puska et al., 1995). As such, the main elements of the North Karelia may be categorized into the following: 1) mass screening; 2) interventions to reduce cardiovascular diseases risk factors; 3) regular evaluation of the program; 4) continuous research; and 5) community engagement on a large scale (Puska et al., 1985; Vartiainen et al., 2009; Puska et al., 1983; Vartiainen et al., 1994; Vartiainen et al., 1991; Puska et al., 1998; Puska et al., 1995).

Interestingly, this Finnish program was cited by the ground-breaking Framingham study of cardiovascular diseases risk factors (Vartiainen et al., 2010; Puska et al., 1985; Hajat & Harrison, 2010), which was a long-term project that began in 1948 and studied several generations in Framingham, MA, USA. In fact, most of what is currently known about heart diseases and hypertensive or arteriosclerotic cardiovascular disease was generated by this study (Vartiainen et al., 2010). Notably, it was the Framingham study that showed the way diet, exercise, and other risk behaviours are connected with cardiovascular diseases (ibid). The research team behind this study also created the Framingham Risk Score (which estimates the cardiovascular risk of an individual) and recommended a number of measures to prevent cardiovascular diseases (Hajat & Harrison, 2010; Vartiainen et al., 2010).

Interestingly, the chair of the team that spearheaded the design of WEWAYA - Dr. Cother Hajat - was strongly cognizant of the Framingham study. She had authored and co-authored more than thirty journal articles and books, most of which cite the Framingham study (Hajat et al., 2001; Hajat and Harrison, 2010; Hajat et al. 2000, Al-Hougani et al., 2012; Ahmadi et al., 2008; Tomaszewski et al., 2008; Hajat et al., 2012; Hajat et al., 2011; Hajat et al., 2004, Tobin et al.,

2008; Kahonen et al., 2008; Hajat, 2011; Jerrard-Dunne et al., 2003; Hajat et al., 2012; Harrison et al., 2011). As chapter six argues, expatriate civil servants' backgrounds usually influence the location from which a policy is imported. Given the pressure exerted on them and the low level of local capacity for internal policy-making, expatriate civil servants are more likely to push for policy transfer from countries they are familiar with than the countries within which they are working.

WEQAYA's elements. Now let us turn to the way WEQAYA functions. The WEQAYA model includes three central elements: 1) Screen, at the individual level only; 2) Plan, at three levels: individual, group and population; and finally 3) Act, at the individual, group, and population levels (WEQAYA Policy Document, 2010). WEQAYA planned to run multiple rounds to diagnose diseases, implement interventions, and evaluate the impact of these interventions (ibid). This approach emulates the five main elements of the North Karelia program mentioned above.

Besides screening, WEQAYA only selected a number of services to provide to the screened individuals based on the North Karelia model. These services included: 1) access to one's personal health report following his/her medical screening; 2) an explanation of health reports and screening results for a better understanding of one's health status; 3) access to information and services directly relevant to one's health status; 4) the option to book appointments with doctors and clinics and to opt into health-related programs tailored to their health needs; 5) access to their individual risk probability of attracting a cardiac event within ten years after the screening 6) the ability to log into health device recordings to monitor one's health status; and 7) the ability to enrol in a disease management program (DMP) (Hajat et al., 2011, Hajat, 2011, Hajat and Harrison, 2010).

It is estimated that around 173,501 Emirati residents in Abu Dhabi took part in the screening. In terms of cost, the first round of WEQAYA screening cost approximately US $30 per person, and the Health Authority of Abu Dhabi covered this amount in full. The total cost was estimated at US $10.6 million dollars, which is a relatively high amount, especially considering the cost of other services that followed the screening.

WEQAYA's interventions were implemented through two separate 'streams': the healthcare sector stream and the health 'guardians' stream (Hajat et al., 2011; Hajat, 2011; Hajat and Harrison, 2010). While the healthcare sector stream was expected to intervene by setting standards for healthcare, conducting research, and collecting data, the health guardians stream was

expected to concentrate on 'societal interventions' such as education, food control, urban planning and workplace health (WEQAYA Policy Document, 2010: 3).

As mentioned earlier, the first element in the WEQAYA policy was a population-wide screening program; this involved three tests that were based on the core Framingham indicators as well as other indicators that measure central obesity and family history of premature cardiovascular diseases. The first test was to be self-reported, including indicators about tobacco smoking, personal history of cardiovascular events, and family history of premature cardiovascular events. The second was to be anthropometric, measuring the height, weight, hip circumference, waist circumference, systolic blood pressure, and diastolic blood pressure. Finally, the third test was to be a blood test for random glucose, glycosylated hemoglobin (HbA1c), random low-density lipoprotein cholesterol (directly measured), and random high-density lipoprotein cholesterol (Hajat et al., 2011; Hajat and Harrison, 2010).

Following the screening, the data was to be used in order to calculate a number of scores, including a 'personal WEQAYA risk score' for each individual. This score "provides an evidence-based assessment of the risk of that individual having a heart attack or stroke in the next ten years" (WEQAYA Policy Document, 2010: 3). The policy stated that these scores would be delivered to each citizen along with a 'personal health report' that provides other information on how to manage the following: 1) nutritional diet; 2) physical activity; 3) tobacco smoking; and 4) where applicable, alcohol consumption (WEQAYA Policy Document, 2010).

To increase compliance, HAAD provided all screened individuals with their screening results through personalized 'Confidential WEQAYA Health Reports.' Additionally, individuals were able to access a confidential 'Secure Personal WEQAYA Account' through the WEQAYA official website. This account showed a copy of the Confidential WEQAYA Health Report in addition to recommendations for each individual based on their health status, including booking clinic appointments, diet, physical exercise, and tobacco control.

The second and third elements of WEQAYA were *Plan* and *Act*. Each of these elements comprised three paths: 'Health Sector Plan,' 'Non-Health Sector Plan,' and 'Programme Governance'. The Health Authority of Abu Dhabi (HAAD) would be responsible for leading the 'Health Sector Plan' which addresses clinical care, compliance (the process of increasing the uptake of care), and innovation (which includes research programs and partnerships with local and international universities). Under clinical care, the policy document states that:

> *"Effective clinical care requires evidence-based standards delivered by effective Health Facilities to Abu Dhabi residents from "cradle to grave". HAAD has developed Version 1.0 Care Standards in collaboration with a range of Abu Dhabi and international health experts. These standards are available on the HAAD website (www.haad.ae) and have been used to train Abu Dhabi clinicians through the HAAD CPD (Continuing Professional Development) programme. HAAD has recently appointed a leading international provider (Zynx Health) to develop and maintain Care Pathways based on the latest international evidence. HAAD is also leading capacity planning and delivery for the emirate, including the delivery of new health facilities, and the training of effective health professionals" (WEQAYA Policy Document, 2010: 6)*

WEQAYA also had a vision of utilizing the screening data with individuals' employers through the "WEQAYA in the Workplace" project and with their municipalities through the "WEQAYA in the Community" project. These two projects aimed to engage employers and the local government in shaping individuals' health environments in order to encourage them to comply with the pathways of care (WEQAYA policy document, 2010).

Furthermore, HAAD set up a call center, an online appointment booking system, and an interactive website that aimed to follow up with "high-risk" and pre-diabetic Emiratis and assist them in booking appointments with health care professionals (Hajat and Harrison, 2010). These communication means would enable the 'consumer' to select a set of interventions that suits his/her lifestyle (WEQAYA policy document, 2010). This is similar to the Finnish model, which also follows up with patients after the screening process.

The non-health sector plan was supposed to be developed by 'health guardians,' which are organizations that are not directly operating in healthcare but have an essential role in shaping health. This plan was supposed to focus on diet, physical activity, tobacco, and alcohol control (WEQAYA Policy Document, 2010: 7). For instance, the WEQAYA policy suggested that the Abu Dhabi Food Control Authority (ADFCA) do the following: 1) enhance understanding of nutritional intake, 2) put forward a plan to encourage healthy food, 3) educate grocery shoppers, 4) ban trans fats; introduce food labeling, 4) utilize technologies to support healthier behaviours, including mobile applications (WEQAYA Policy Document, 2010: 9). It was also suggested that the Abu Dhabi Environment Agency (ADEA) and the Abu Dhabi Urban Planning Council (ADUPC) contribute by: 1) increasing the 'walkability' of Abu Dhabi's public spaces, 2) encouraging leisure time activity and introducing women-only facilities, community team sports,

and family and school based activities, 3) including physical activity targets in the school curriculum (WEQAYA Policy Document, 2010: 9-10). Finally, Abu Dhabi's municipalities were expected to: 1) implement awareness campaigns and ban smoking in public areas, 2) enhance smoking cessation services by providing training for health professionals and introducing telephone and web support for new quitters, 3) improve Abu Dhabi's laws on tobacco control, particularly in schools, workplaces, and restaurants, 4) enhance routine monitoring of tobacco use among youth, with a particular emphasis on shisha and tobacco pipes (WEQAYA Policy Document, 2010: 10).

The first round of WEQAYA screening commenced in April 2008 and ended exactly two years later, in April 2010, (Hajat et al., 2011; Hajat and Harrison, 2010). Compliance with screening was encouraged by the local media and community campaigns, and it was ultimately enforced by mobilizing a network of twenty-five dedicated, government-run clinics that were open during evenings and weekends, reducing the screening to a ten minute consultation, and linking it with the issuance of a free and comprehensive health insurance card (Thiqa) (WEQAYA Policy Document, 2010: 3). Ultimately, around 92% (a total of 173,501 individuals) of adult Emirati citizens living in Abu Dhabi were screened during this first round (Hajat et al., 2011, Hajat and Harrison, 2010). However, as will be discussed in Chapter Seven, WEQAYA's second and third elements did not materialize effectively; in fact, the aforementioned government entities did not end up implementing any of the activities suggested by the WEQAYA policy document.

The Transfer Process in Abu Dhabi

The transfer process that took place in Abu Dhabi constitutes an interesting case study, particularly when compared to the expectation of the literature on policy transfer. The Abu Dhabi government's pressing demand for quick results did not allow for further assessments of the policy through fact-finding missions to North Karelia. Although I conducted rigorous research in order to identify policy papers, white papers, policy drafts, meeting minutes, journal articles, or public debates about the early stages of problem identification and suggestions, it soon became evident that only two WEQAYA policy documents have ever been published My field interviews confirmed this, citing that policy papers are extremely confidential in Abu Dhabi (Author's interview, A26, 2014). Furthermore, despite the existence of a considerable number of peer-reviewed articles about the policy itself (Hajat and Harrison, 2010; Hajat et al., 2011; Hajat, 2011;

Harrison et al., 2011; Hajat et al., 2012a; Hajat et al., 2012b), these articles do not describe the policy transfer process but focus instead on the successful results of the first round of screening. Therefore, the material in this section will rely solely on published articles, policy documents, and field interviews in order to analyze the process of policy transfer.

The literature defines the learning process as a deliberate attempt to adjust the goals or techniques of policy where it can be an 'enduring alteration' (Heclo, 1974). In relation, the policy transfer process is defined as a learning process where policy information and experiences are used within the importing state's policy-making knowledge (Heclo, 1974; Bennett and Howlett, 1992). Based on my research, I argue that knowledge utilization in the case of Abu Dhabi's policy transfer was limited. For instance, in response to Emirati traditions, WEQAYA did introduce a service where the screening tests may be performed at home. Although this service was not provided in the Finnish model, it was considered important because of its sensitivity to the needs of some Emirati females who prefer to stay at home in order to avoid dealing with male strangers (Author's interviews, A1, April, 2014). However, the WEQAYA team adopted many more services from the Finnish model, even though some of them were completely irrelevant to the Abu Dhabi case. One such example is the Finnish model's response to alcohol abuse, which did not apply in Abu Dhabi because alcohol abuse is simply not an issue among Emirati residents (Author's interviews, A1, April, 2014).

Furthermore, the utilization of knowledge was short-lived and thus unsustainable in the case of Abu Dhabi. Since the choice of policy to be transferred falls on individual expatriate civil servants in Abu Dhabi, these bureaucrats end up pushing for learning from abroad as a self-interested action. This is evident in the fact that Dr. Harrison, the previous director of the public health and policy department at HAAD, individually pushed for a response to tackle the problem of diabetes mellitus and cardiovascular diseases (Author's interviews, A1, February, 2001). Meanwhile, the WEQAYA task team chair Dr. Hajat pushed for the adoption of a policy model with which she was personally familiar (Author's interviews, A2, March, 2014). As such, the utilization of knowledge was neither fully transferred to the host institution, nor did it increase the local institutional policy making capacity; instead, it remained within the hands of these two expatriate civil servants. This is further demonstrated through current HAAD officials' claims that WEQAYA is not functioning at the same level as it was when Dr. Harrison and Dr. Hajat were employed there (Author's interviews, A10, March, 2014). In fact, the officer who is currently

running WEQAYA is doubtful about the program's sustainability (Author's interviews, A10, March, 2014).

The learning process necessitates an increase in the capacity for differentiation, organizational and hierarchical integration, and reflective thought (Bennett and Howlett, 1992). However, when expatriate civil servants leave Abu Dhabi, the 'policy-making intelligence and know-how', (Bennett and Howlett, 1992) that they mobilized is usually difficult to trace. A field interview, suggests that the importing institution (HAAD) did not increase its capacity on either one of the three aforementioned levels (Author Interviews, A2, 2014).

> *[HAAD] is going back to where it was before the restructuring... The force that was there and worked on all those innovative initiatives are not there anymore. What is stuck there, what is running now is all what we created. I hope that they don't start fading away. The 'flame' is not there anymore…this force that helped creating, implementing and running the policy is not there (Author's interview, A2, March 2014).*

During another interview, a former WEQAYA team member highlights the political support that the team temporarily enjoyed due to the presence of the previous director general of HAAD, Mr. Al Siksek:

> *We [the expatriate civil servants] had the political support for it, and we decided to take the risk and address the problem ourselves. We had the know-how and we were able to tailor it… The previous director general of HAAD was the air under our wings. He gave us a great deal of political support and we formed a strong team [to forge ahead with WEQAYA] (Author interview, A2, March, 2014).*

In such a context, where the transfer agents are expatriate civil servants, the element of knowledge utilization is indeed present within the policy transfer process. However, it is relatively short-lived; in the case of WEQAYA, it has most likely begun to 'fade away' because the expatriate civil servants who hold all acquired knowledge have begun to leave their positions.

However, there are other policy transfer elements that are expected in the literature but are not present in the case of WEQAYA. For example, among other things, the literature expects an exchange of a large volume of written material, in addition to fact-finding missions to investigate the policy content and its implementation in the exporting country (Bennet, 1991; Kuhnle, 1981). Both of these elements are not present in the case of Abu Dhabi. One might argue that since the expatriate civil servants who designed WEQAYA were familiar with the original Framingham

project, these two elements were unnecessary. One could also surmise that an exchange of documents might have taken place during past fact-finding missions. However, neither the WEQAYA policy papers nor the journal articles published by Dr. Harrison and Dr. Hajat indicate the presence of these elements. This is confirmed by field interviews; respondents stated that the policy was mainly based on the WEQAYA team's previous experiences instead of exchanges or communications with North Karelia's authorities (Author's interviews, A2, 2014). At the same time, no evidence exists of any personal networks or contacts between the two countries' policy makers and analysts (Bennet, 1991). One might further argue that given the key role of outside experts who were involved (or at least heavily researched) into the past policies, the experts themselves seem to be the personal networks and contacts that were shared between the exporting and importing countries (i.e. they took their knowledge from one and were hired to help with the other). However, the resumes of the expatriate civil servants who designed WEQAYA do not indicate any work experience or training in Finland.

Finally, the literature expects that the transfer process involve demands by policy actors, such as universities, voters, lobbyists, news media, and critics, who play an important role in the learning process (Bennett and Howlett, 1992). These policy actors complete the circle of knowledge utilization and capacity building and contribute to the growth of local intelligence in policy-making. Though considered necessary for a successful policy transfer, this element was entirely absent in the case of Abu Dhabi; as will be detailed in next chapter, the WEQAYA team did not engage with policy actors throughout the policy transfer process.

Conclusion

To summarize, the HAAD team that was tasked with defining the public health problem in Abu Dhabi attributed it to the risky lifestyle of Emirati citizens and decided to tackle the risk factors of this non-communicable disease (Hajat and Harrison, 2010). The team then recommended importing a policy from the Finnish Province of North Karelia based on its successful results in addressing diabetes mellitus and cardiovascular diseases.

Both the Finnish and Abu Dhabi policies were designed using the recommendations of the Framingham study (Hajat & Harrison, 2010; Vartiainen et al., 2010). As their article title indicates ("The Abu Dhabi Cardiovascular Program: The Continuation of Framingham"), Dr. Hajat and Dr. Harrison evidently considered WEQAYA a continuation of the Framingham study (Hajat &

Harrison, 2010). However, WEQAYA yielded different results from the Finnish policy. Whereas WEQAYA's participant follow-up rate was restricted to about 10% (Hajat & Harrison, 2010; Vartiainen et al., 2010), the Finnish program's high participation rates of 66% resulted in impressive reductions in cardiovascular disease events. Furthermore, the 35-year follow up study in North Karelia indicated a reduction in blood pressure and smoking in men and an 80% decline in coronary mortality (Hajat and Harrison, 2010). This is a particularly impressive feat, given the usually high incidence of alcohol consumption in the cold, rural Nordic area of North Karelia. Therefore, the question that arises is: Why did the Framingham model yield such divergent results in these two countries?

As this chapter has discussed, the literature's expectation for proper policy transfer relies on the existence of a number of elements, namely fact-finding missions, rigorous study of a volume of policy documents, and shared contacts between policy makers and policy analysts in both the importing and exporting countries (Bennet, 1991). Unlike the situation in North Karelia, these key elements of policy transfer were absent in Abu Dhabi. Furthermore, the literature expects a certain degree of knowledge utilization in order for actual learning to take place in the importing country (Bennet, 1991). However, this chapter has demonstrated that WEQAYA policy actors were not necessarily aiming for policy learning or an increase in local policy-making capacity; instead, they engaged in policy transfer for individual, rational, and self-interested reasons. This argument will be expanded in the following chapter, which evaluates the impact of WEQAYA's implementation.

Chapter 5. Evaluation of the Policy Transfer: Was WEQAYA Successful?

While chapter three demonstrated that the policy-making process in Abu Dhabi usually does not follow any standard procedural channels or clear institutional pathways, chapter four showed that there were no high expectations regarding the success of the imported policy (WEQAYA). Building on these two ideas, this chapter extends the analysis of the *process of transfer* by evaluating WEQAYA's implementation success. This focus on policy implementation stems from the fact that the role of expatriate civil servants is magnified at this stage; within Abu Dhabi's policy making process, the policy designing team is additionally responsible for supervising policy implementation (Author's interviews, A1, February, 2014). It is also important to note that, rather than provide a fully-fledged impact evaluation study, this evaluation serves to support the following dissertation argument: that the literature should place more emphasis on the *structure* of the importing country's public administration as an underlying factor for policy implementation failure. As such, analyzing the process is particularly important because it highlights the politicized nature of Abu Dhabi's public administration arrangements, which in turn influences the behavior of the policy transfer agent and subsequently affects the choice of policies to transfer.

This chapter is divided into five sections. Section one reviews the literature on policy success in general and policy transfer success in particular, while highlighting the most prominent frameworks that evaluate success and failure. Afterwards, it selects the most suitable model for evaluating the imported policy in the case of Abu Dhabi and provides a rationale for this selection. Furthermore, it lists the theoretical expectations that will be tested in subsequent sections. It concludes that although a policy may achieve one or more types of success (programmatic, process, and political success), its success needs to be evaluated in several terms that go beyond the achievement of its goals (Bovens et al., 2001; Weimer and Vining 1989). The section proceeds to evaluate WEQAYA's success based on the three aforementioned terms. In addition to the usual programmatic dimension, it is important to investigate the process and political dimensions for two main reasons: first, because the policy under study tackles a complex problem that aims to change citizens' behaviours; and second, because while the policy designers claim that the policy was highly successful, other actors claim the opposite (Author's interviews, A9, A18, A19, A20,

March 2014). Subsequently, section two evaluates WEQAYA's performance in process terms, while section three evaluates it in programmatic terms. Section four evaluates the imported policy in political terms and concludes that WEQAYA, in a nutshell, was unsuccessful due to Abu Dhabi's administrative structure, which is an element usually overlooked in the implementation literature. Section five concludes.

What is Policy Success?

First and foremost, it is important to distinguish between two terms: 'policy success' and 'policy transfer success.' While a plethora of studies have examined policy success (Boven et al., 2001; Weimer and Vining, 1989; Winship, 2006; Ingram and Schneider, 2006; Dryzek, 2006; Pierson, 2003; Jones and Newburn, 2006; Bache and Taylor, 2003; Stone, 2004; De Jong and Edelenbos, 2007; Boyne, 2003; Boven et al., 2006), only a few investigate policy transfer success (Dolowitz and Marsh, 1996 and 2000; Dolowitz and Medearis, 2009; Fawcett and Marsh, 2012).

This study will focus on policy success. A number of scholars argue that success is defined and measured by the efficiency and resilience of the policy and its effectiveness in achieving the outcome it aims to achieve (Weimer and Vining, 1989). As such, policy success is shaped by its effectiveness, which is the degree to which a policy produces the desired results; its efficiency, which is its ability to accomplish desired results with a minimum expenditure of resources; and its resilience, which is defined as the ability of a policy to overcome obstacles (Bovens et al., 2001).

Most policy success studies equate programmatic success with policy success. For instance, Boyne (2003) highlights the importance of measuring success in what he refers to as *programmatic* terms. He focuses on improvement in service and identifies five models of improvement: 1) *the 'goal' model* (organizations are assessed in terms of achieving their goals); 2) the *'systems-resource' model* (organizations are assessed based on their ability to attract resources to survive and grow); 3) the *'internal processes' model* (organizations are assessed based on the quality of internal processes such as budgeting systems and human resources practices); 4) the *'competing-values' model* (synthesizes the first three models and contests the idea of effectiveness to reflect power relations); and 5) the *'multiple constituency' model* (this is a post-structuralist model that argues that there is no single criterion for success; rather, each stakeholder uses differently weighted criteria for success which reflect power relations) (Boyne, 2003).

However, many scholars emphasize that while the achievement of policy goals is necessary, utilizing this sole criterion is insufficient when assessing the extent of policy success, particularly because it may result in contradictory conclusions (Bovens et al., 2001). For example, a policy might achieve its goals but fail to be a political success, or vice versa (Bovens et al., 2001, p. 20). As such, policies need to be evaluated in other important terms as well, including elements such as the political upheaval of a policy (which involves press coverage and parliamentary investigations) and political legitimacy (such as public satisfaction with the policy) (Bovens et al., 2001; Dryzek, 2006; Weimer and Vining, 1989). Bovens et al. refer to this as evaluation success in *political* terms. From a government perspective, a policy is successful if it supports the ruling party's reputation, popularity, and electoral objectives - in other words, if it initiates a positive political aura (Bovens et al., 2001, Marsh and McConnell, 2012).

Meanwhile, other scholars argue that evaluating success in *process* terms is also important (Fawcett and Marsh, 2012; Marsh and McConnell, 2010). The process is defined as "the stages of policy-making in which issues emerge and are framed, options are explored, interests are consulted and decisions made" (Marsh and McConnell, 2010). Through this lens, the more a policy process incorporates and reflects interests of a 'sufficiently powerful coalition' the higher its chances of achieving *'programmatic'* success. However, these elements are still insufficient for a comprehensive assessment of policy transfer success because they overlook a number of important elements, such as who was involved during design and implementation and whether important stakeholders were properly engaged (Boyne, 2003; Fawcett and Marsh, 2012; Marsh and McConnell, 2010). As such, policy success needs to be additionally evaluated in process terms, because the process identifies the actors who were involved in designing and implementing the policy and highlights their self-interest calculations (Boyne, 2003; Fawcett and Marsh, 2012). Here, it is important to note that success in process terms refers to the number of changes that were added to the policy itself throughout the policy-making process, and whether key stakeholders were engaged at the right time (Fawcett and Marsh, 2012).

Moving on to policy transfer success, out of the few studies that do exist on this topic, it is important to highlight Dolowitz and Marsh's scholarship. Back in 2000, they argued that policy transfer can occur but would be considered unsuccessful if it is uninformed, incomplete, or

inappropriate[34]. Although they focus on the circumstances that lead to unsuccessful policy transfer, the authors do not provide a comprehensive framework that defines, measures, and assesses what policy transfer success is (Dolowitz and Marsh, 2000). In a recent study, however, Dolowitz and Marsh acknowledge this issue and proceed to highlight the current gaps in policy transfer literature, further envisaging the directions that new policy transfer research may take (Dolowitz and Marsh, 2012). First, they suggest that scholars utilize policy transfer as an Independent Variable (IV) and look into the impact of policy transfer on policy outcome[35]. The authors also stress the need to define what is meant by "success" and "failure":

> *Indeed, one might start by posing the question, as we did in our earlier work: under what circumstances is policy transfer likely to result in a 'successful' or 'unsuccessful' policy? However, in that earlier work we failed to address a fairly obvious question: what do we mean by a 'successful' policy? ... In our view, we need more studies of this sort to deconstruct the link between policy transfer and policy outcomes" (Dolowitz and Marsh, 2012, p. 340).*

While I acknowledge the importance of these policy transfer success debates, they are beyond the scope of this dissertation. As such, this chapter will focus primarily on policy implementation success; its aim is merely to evaluate the implementation outcome of the imported policy.

In PROCESS Terms

Investigating that actors involved in the very early stages of policy-making helps us to understand the way problems were identified in the beginning. This affects the types of solutions selected and from where they are imported. This also helps in highlighting how expatriate civil servants utilize their international expertise to shape the understanding of the problem and hence

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[34] According to Dolowitz and Marsh, although policy transfer may in fact occur, it would be unsuccessful if it is: 1) uninformed, when the "borrowing country may have insufficient information about the policy/institution and how it operates in the country from which it is transferred"; 2) incomplete, where "crucial elements of what made the policy or institutional structure a success in the originating country may not be transferred, leading to failure; or 3) inappropriate, where "insufficient attention may be paid to the differences between the economic, social, political, and ideological contexts in the transferring and the borrowing country (Dolowitz and Marsh, 2000, p. 17).

[35] Outcomes are primarily defined as the adoption of a policy transfer and not whether or not the new policy achieves its aims and objectives. This dissertation contributes to the relationship between policy transfer actors and outcomes, which is still an under researched area (Fawcett and Marsh, 2012; Boyne, 2003; Boven et al., 2001; Boven et al., 2006).

the required interventions. It is important to mention that this is not to insinuate that because Emirati bureaucrats were not included in the policy-making process early on, the outcome was a failure. Rather, this is to emphasize that the absence of certain actors who would challenge policy-designers and would pose several legitimate questions decreases the chances of policy success.

Dr. Harrison and Dr. Hajat, both expatriate civil servants, took part in identifying the problem before they supervised the design of WEQAYA (Author's Interview, A1 and A2, Mach 2014). As discussed in chapter four, a number of important actors and key players in Abu Dhabi's healthcare sector were not properly engaged in the problem identification stage. The Health Authority of Abu Dhabi (HAAD) decided to take action and solve this problem as soon as it discovered that alarming number of citizens with diabetes mellitus and cardiovascular diseases (Abu Dhabi Policy Agenda, 2007). However, it seems that HAAD interpreted the problem as an 'awareness' issue early on, based on an assumption employed in the aforementioned American Framingham study and the Finnish policy; the assumption was that cardiovascular diseases can be prevented by changing the risk behaviours of the targeted population (Dawber et al., 1950; Vartiainen et al., 2009). However, it remains unclear why HAAD jumped to this conclusion as well in the case of Abu Dhabi.

It is worth mentioning that in the proposal of solution stage, HAAD consulted with internationally renowned health care experts and diabetes centers; however, it did not engage with their recommendations. Furthermore, although the WEQAYA policy document and interviews with WEQAYA designers stressed the importance of engaging policy actors (WEQAYA Policy Document, 2010; Author's Interviews, A1, A2, March 2014), they did not explain *how* they were engaged, when, and to what extent. This was confirmed by a number of field interviews with representative local actors who additionally suggest that several key players were not engaged. Additionally, since the problem was not accurately identified, the proposed solutions are questionable. The choice of solution stage was also characterized by a lack of engagement with important actors. Due to their relative expertise, the expatriate civil servants were able to dictate what to choose and from where; this represents a good example of the principal-agent dilemma cited by Bebchuk & Fried (2009).

The Framingham preventive health model was the basis on which the Finnish policy was designed. The reports about the success of the Finnish policy gave the impression that it is successful in *process* terms. The Finnish model engaged a large number of community groups,

society leaders, and non-governmental organizations early on in the process (Dawber et al., 1950; Vartiainen et al., 2009). WEQAYA was also based on the Framingham study (Hajat et al., 2010; Harrison et al., 2010).

One could argue that the transfer was a policy process success for two reasons. Firstly, WEQAYA was introduced without contention or criticism in Abu Dhabi, at least on public media outlets. Media reports were quite favourable towards the new programs[36] (Al Bayan Newspaper, 2008; Al Khaleej Newspaper, 2013; Al Itihad Newspaper, 2013; Ayaldubai, 2008).[37] Secondly, WEQAYA received support from Abu Dhabi's top political leaders and senior Emirati officials[38] (HAAD press release, 2008)

Passage of legislation. Field interviews suggest that after discussions with relevant experts, the Executive Council of Abu Dhabi approved the drafted policy with minimal amendments. According to a top HAAD staff member, the policy was not only approved, but also transferred into an official decree: "WEQAYA and Breast Cancer programs came down as a decree of the Executive Council" (Author's Interview, A2, March, 2014). The policy was also endorsed and encouraged by the government. Here, it is important to note that WEQAYA was designed to benefit UAE citizens to the exclusion of expatriate residents, where UAE citizens account for 20% of the entire population of Abu Dhabi (Statistics Center of Abu Dhabi).

Given how difficult it is usually to propose an emirate-wide policy and actually get it approved, HAAD considered the passage of WEQAYA a success. Interestingly, no policy documents indicate how long it took to approve this policy, but field interviews indicate that the process did not take more than a few weeks. This is interesting since policies might take some time in order to be approved in Abu Dhabi due to the seemingly contradictory existence of a highly

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[36] (*In Arabic*) The HAAD press release, 28/04/2008: http://www.haad.ae/HAAD/tabid/104/ctl/Details/Mid/457/ItemID/44/Default.aspx
(*In Arabic*) Al Bayan Newspaper, 29 August 2008: http://www.albayan.ae/across-the-uae/1209299844431-2008-04-29-1.604876
(*In Arabic*) Al Khaleej Newspaper, 24/09/2013: http://www.alkhaleej.ae/alkhaleej/page/fcac807c-1810-402c-8839-3837bbb6bd9e
(*In Arabic*) Al Itihad Newspaper, 24/09/2013: http://www.alittihad.ae/details.php?id=89547&y=2013
(*In Arabic*) AyalDubai Website, 29/04/2008: http://www.ayaldubai.com/archive/index.php/t-1888.html

[37] Although national policies are not frequently criticized, the Abu Dhabi media have been known to cautiously critique a number of past policies.

[38] (*In Arabic*) The press release for WEQAYA, 28/04/2008: http://www.haad.ae/HAAD/tabid/104/ctl/Details/Mid/457/ItemID/44/Default.aspx

centralized public administration structure on the one hand and a fragmented, decentralized policy-making process on the other. This highly centralized public administration structure, which will be discussed in details in Chapter Seven, has created a bottle neck and slowed down the process of policy-making in Abu Dhabi (Author's interviews, A26, March 2014): "Imagine, in an environment where even a small conference takes a huge headache to get approved, approving WEQAYA is a huge success" (Author's Interview, A2, March, 2014).

Political sustainability. Did the policy have the support of a sufficient coalition? Several local media reports show that Abu Dhabi's leaders and HAAD itself strongly supported the policy[39] (Al Bayan Newspaper, 2008; Ayaldubai, 2008). For example, Al-Bayan newspaper, a major government owned media outlet in Abu Dhabi, covered the policy extensively since it was launched for the first time[40] (Al-Bayan Newspaper, Author's translation, accessed 2015). It reported that the Crown Prince of Abu Dhabi went through the screening through a televised campaign to support the screening part of the policy. This support was confirmed by field interviews:

> *We [expatriate civil servants] had the political support for it, and we decided to take the risk and address the problem ourselves. We had the know-how, and we were able to tailor it… The previous director general of HAAD was the air under our wings. He gave us a great deal of political support and we formed a strong team [to forge ahead with WEQAYA] (Author interview, A2, March, 2014).*

The vast majority of the Emirati citizens are usually conservative and protective with regards to their family information such as family members' names, ages, and illnesses. However, the WEQAYA team did not hesitate to address a problem that may be considered very sensitive in Abu Dhabi; on the contrary, it was able to collect data that included family history, health status, and personal contact information. Given Emirati citizens' usual protectiveness, it is quite impressive that the WEQAYA team was able to push for more transparency in data sharing and provide open access to medical researchers in order to support academic research.

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[39] (*In Arabic*) Al Bayan Newspaper, 29 August 2008: http://www.albayan.ae/across-the-uae/1209299844431-2008-04-29-1.604876
(*In Arabic*) AyalDubai Website, 29 April 2008: http://www.ayaldubai.com/archive/index.php/t-1888.html

[40] (*In Arabic*) http://www.alittihad.ae/details.php?id=27081&y=2013

Unfortunately, this official support did not last too long. In January 2013, the Director General of HAAD (Mr. Ziad Al-Siksek) was promoted to the position of Director General of the General Secretariat of the Executive Council of Abu Dhabi. His replacement, Dr. Maha Barakat, was not as enthusiastic about WEQAYA as her predecessor, and as such did not provide the political support the team needed to implement the policy (Author's interview, A2, April, 2014). This resulted in some WEQAYA services being withheld, including the one which supported academic research about diabetes mellitus and cardiovascular diseases in Abu Dhabi and the generation of innovative approaches to tackle these diseases.

Criticism. Although the process was not questioned in the media on a large scale, key players in the healthcare sector in Abu Dhabi did express their concerns, albeit discreetly. Firstly, a great deal of criticism was directed at the process of linking insurance coverage to screening. A number of interviewees felt it was unethical to make the screening mandatory by linking it to receiving the national medical insurance card. According to one government official who was interviewed:

> *It is both illegal and unethical to link THEQA to WEQAYA screening. It is against the constitution. It is the citizens' right to have health insurance and access to health services. We very much appreciate the program, but it is unethical to do so (Author interview, A18, March, 2014).*

However, as field interviews suggest, HAAD officials think that this should not be an issue. One interviewee in the healthcare sector stated that WEQAYA and vaccinations for other diseases, for example, are incomparable. Compared to vaccinations, which are mandatory for small children, screenings are for adults who are responsible for their own health. Also, although parents would do anything to ensure their children's wellbeing (including vaccines), they are not always ready to do it for themselves (Author's interviews, A6, March 2014).

HAAD officials disagree with this criticism. The screening, they allude, is still similar to vaccination in terms of preventing difficult diseases. It was not completely mandatory where citizens were able to opt out of the screening and still receive their national health insurance card. The Health Authority of Abu Dhabi announced that Emirati residents of Abu Dhabi can receive their free of charge National Insurance Card – THEQA- after they go through the WEQAYA screening. However, citizens could go to the assigned medical centers, provide their information, and provide a reason for opting out of the screening. Yet, it seems that that not all citizens were

aware of the option as field interviews suggests. The Emirati residents even called the WEQAYA screenings tests 'the THEQA card tests.' According to a previous HAAD official, few people opted out:

> *The program was semi-mandatory, not fully mandatory. There was the opt-out option. 99% of the citizens did not opt-out of the screening. Some citizens opted-out. That is why it was not fully mandatory (Author interview, A18, April, 2014).*

The current HAAD management are considering bringing back the opt-out instead of opt-in screening for renewal of their health insurance cards in order to boost the participation rate:

> *The leadership was very successful with the program. However, at the time of designing the policy, [making it mandatory] was the way to do it. Linking it to THEQA cards was the right way to do it (Author interview, A18, April, 2014).*

Another staff member says:

> *The up-take level is very low. The first round of WEQAYA (Wave-I) was mandatory. The second round is not because of ethical issues. We cannot deny the THEQA coverage to a citizen because they did not do the screening. We are reconsidering making it. We are thinking of imposing it as an opt-out option rather than opt-in (Author interview, A10, April, 2014b).*

Later, HAAD's legal department itself changed its view about this issue; it decided that the screening should not be coercive or linked to national insurance coverage. This may be considered one of the minor amendments that were made to the policy; however, it was only applied to the second wave of screening. Critics of the mandatory characteristic of WEQAYA argue that the screening is a beneficial but not necessary step, and it should not prevent citizens from getting what is rightfully theirs. In short, they believe that insurance coverage is "a human right" [sic]:

> *I am with linking the participation in WEQAYA with the THEQA cards. The legal department made the determination that health insurance is a human right so you cannot stop it based on screening. Then the idea of promoting it as a good health practice was suggested (Author interview, A15, Marsh, 2014).*

Although the policy-making process was strongly supported by the Executive Council, it did not garner the support of a number of key stakeholders, including Abu Dhabi's Department of Finance and Abu Dhabi's Education Council. These two departments, among others, were invited

to take part in the WEQAYA's Technical Advisory Committee; however, they failed to send any delegates to the committee meeting (WEQAYA policy document, 2010). Furthermore, the process did not engage policy actors such as the targeted individuals themselves, the national health insurance body, non-for profit and organizations, and private sector companies. According to an employee working in Abu Dhabi's preventive health sector, engaging with stakeholders throughout the process is vital for creating a sustainable policy:

> *[O]ne of the key success factors would have been to engage with these stakeholders upfront and possibly allocate responsibilities so that this can become a full community collaboration rather than the health authority putting down the policy and seeing it through (Author's interview, A7, March, 2014).*

Innovation and influence. Was the policy based on new ideas or policy instruments? Or did it involve the adoption of policy from elsewhere? In order to measure success in process terms, one should study the process of innovation. Driven by expatriate civil servants, some of Abu Dhabi's governmental organizations employ international best practices during the early stages of policy-making. They usually do not search for policies to learn from within the emirate or the Gulf region because, as a policy expert would put it, *"they think they are doing better*" (Author's interview, A19, April 2014).

On the other hand, some countries are actually showing interest in the programs implemented in Abu Dhabi. For example, the American Disease Management Organization (now called the PHA) invited DAMAN to the United States to learn from its experience as the first and best developed of its kind in the Middle East. Meanwhile, field interview suggest that the Chinese government has shown interest in learning from the experience of the WEQAYA team (Author's interview, A1, April, 2014).

As detailed in chapter four, WEQAYA's transfer process was spearheaded by a team of five; four of them were expatriate civil servants trained in the United Kingdom. They allegedly consulted with international prevention experts on the matter (Hajat et al., 2010). However, it is evident that foreign academic experts were not heavily involved in designing or implementing WEQAYA. A number of experts were invited to play an advisory role on the WEQAYA Technical Advisory Committee (WEQAYA Program Documents). These experts included: 1) Ara Darzi, Director of the Institute for Global Health Innovation, Imperial College, London; 2) David Celentano, Chair of Epidemiology, Johns Hopkins Bloomberg School of Public Health; 3) Paul

Dolan, Professor at the Department of Social Policy, London School of Economics; 4) George Davey-Smith, Chair of Epidemiology, Bristol University; 5) Ramesh Rao, Director of the California Institute for Telecommunications and Information Technology; 6) Venkat Narayan, Professor at the School of Medicine and the School of Public Health, Emory University; 7) Peter Piot, Director of Global Health, London School of Hygiene and Tropical Medicine; 8) James Fowler, Professor at the School of Medicine and Division of Social Sciences, University of California, San Diego; 9) Ann Keeling, CEO of the International Diabetes Federation; and 10) Ala Alwan, Assistant Director General of the Non Communicable Disease Program at the World Health Organization. It is worth mentioning that I reached out to these ten experts; five of them responded, only to decline my invitation to participate in this study. Surprisingly, two international experts whose names appear on the official WEQAYA website as part of WEQAYA's Technical Advisory Committee claim that they have not heard of the policy at all.

Going forward, this raises some questions about the extent of innovation in WEQAYA. The WEQAYA team claim that the policy was innovative because the discussion solicited the expertise of international experts on the topic and learned about the global best practices. However, as I have shown above, a number of experts cited in the WEQAYA document were not involved in the process at all.

As discussed earlier, WEQAYA's passage of legislation, political sustainability, and innovation and influence are dubious. Therefore, WEQAYA's level of success in *process terms* is highly questionable.

In PROGRAMMATIC Terms

As discussed above, some policy evaluation studies measure policy success based on programmatic terms only (Boyne, 2003; McConnell & Marsh, 2010). For example, Boyne (2003) among others highlighted the importance of measuring success in the programmatic, or operational, terms where improvement in services is the main focus. While operational success takes place when a certain policy is "implemented according to objectives laid down when it was approved" (Marsh and McConnell, 2010: p. 573), other measurements of programmatic success include: having an impact on society, efficient use of resources, minimum cost and maximum productivity, and benefiting a specific actor, targeted group, or interest (Boyne, 2003; McConnell & Marsh, 2010).

Was WEQAYA a successful case in programmatic terms? Field interviews suggest that WEQAYA was poorly implemented. A number of program elements that were supposed to be implemented were not completed: "I think it [WEQAYA] is more of a screening and a data gathering" than a full program because several services did not end up being provided (Author's interview, A16, March, 2014). Also, some important exams were not implemented in the screening as well (Author's interview, A19, April, 2014). Only 2-3% of those who participated in the screening tests completed the 'food test'. Apparently, HAAD is not conducting food tests as part of the screening process.

> *I cannot tell you [that they] are not following the international standards. But, are you doing the food [test]?... On the paper, everything [that was supposed to be done] is done. However, in reality it is different and a lot of important things are not implemented (Author's interview, A19, April, 2014).*

Additionally, field interviews indicate that, between 2002 and 2004, HAAD "did not know what the budget was;" they would ask the government for funding whenever a new project was needed (Author's Interview, A20, April, 2014). According to the interviewee who was working with HAAD between 2002 and 2004, "it was very difficult to decide if healthcare was mismanaging, only because they kept coming back for more money [from the government]" (Author's interview, A20, April, 2014). Evidently, it is very difficult to assess whether the project funding was spent wisely or effectively if it is unclear what the budget actually was. Subsequently, it is difficult to calculate the cost-effectiveness of the program and hence comment on its success in programmatic terms in general.

Operational. Was WEQAYA implemented as per the objectives? To test policy success in operational terms, one should check whether the policy was implemented as per its objectives, and whether any of the following occurred: internal or external policy evaluations, reviews by stakeholders, and critical media reports about operation issues (Marsh and McConnell, 2010). Each of these criteria needs to be defined clearly and succinctly. There is 14 pages of text to support this criteria; hence expectations as to what is needed to fulfill this should be outlined clearly!

Field interviews indicate that the policy was designed in order to generate a comprehensive program that would tackle diabetes mellitus and cardiovascular diseases fully (Hajat et al., 2011), by providing a number of services in addition to screening. Indeed, all necessary elements were present in the policy (Hajat and Harrison, 2010; Hajat et al., 2011; WEQAYA Program document,

2010). According to HAAD officials, the team that was supervising the design and implementation of WEQAYA brought in international experts early on and consulted them about planning, policy implications, and what to screen for:

> *From the training element across the sector and also the promotional aspect to citizens in the Emirates… HAAD does not regulate citizens. We do not have to reach to the population. We cannot tell a person you have to do this. However, there are tools that were taken into consideration in terms of the incentive versus the obligation on the citizen. So introducing something that says: I as an individual in this community, need to take some accountability and responsibility for my health and go out and do the screening. I needed a number of things to make this attractive to me: it is free of charge, I do not have to pay for it. It is facilitated through many access points. So access is really easy for me so I can access it at any time that I can go and do it. Awareness raising, why is it important to do it? Making sure the providers took every opportunity possible (Author Interview, A16, March, 2014).*

However, only a few of the policy elements were implemented, namely the medical history data collection, the blood tests, the risk of cardiovascular diseases diagnosis, the calculation of risk rate, and the follow up communication with individuals with high risk of diabetes mellitus and cardiovascular diseases (Author Interview, A2, March, 2014). There was a big gap between WEQAYA's objectives on paper and the services that were actually implemented:

> *The screening was successful, the follow-up was not successful. Luck helped us in implementing the screening. However, the follow-up rates were very low. Only 40% of those who have high risk of diabetes and those who were called by the call-center to schedule an appointment, [with a physician for free-of-charge treatment], only 40% did [accepted to book an appointment]. Also the uptake level of DAMAN's disease management program was very low too. In Abu Dhabi there are no places for exercising [which is a failure by the Urban Planning Organization]. If we look at the analytics, 20,000 visited WEQAYA website out of the 194,000 [she means 175,000] persons who were screened (Author Interview, A2, March, 2014).*

An Emirati civil servant points out that it is challenging to bring the people of Abu Dhabi to perform the screening tests: "There is no disease management program. There is no services being provided." A health expert who works with one of the top management consulting firms indicates that WEQAYA ended up being just a screening and data collection, but no services were provided. This was attributed to the replacement of HAAD's director general Dr. Siksek by Dr.

Barakat, who was not enthusiastic about the program and thus did not provide the support needed for its implementation (Author's interview, A1, March, 2014). As such, the uptake level of the second round of screening was very low. According to the health expert:

> *In the first round of screening, the interpretation is very simple that the incentive in the beginning was very clear. You either get screened or you don't get THEQA. Now in the second round of screening, people were [already] enrolled in THEQA. The incentive is not there anymore (Author Interview, A15, March, 2014).*

The expert further states that the technical committee did not meet, and the program did not take off. Therefore, Emirati residents of Abu Dhabi got the impression that WEQAYA consists only of screening tests that they had to take in order to receive their free national health insurance coverage; there was no reason for them to think it consisted of any follow up services:

> *[T]hey did not see any real benefit for themselves because nothing really happened in terms of action. And then few years later, if this is repeated, what is the value for the population? They do not understand what the benefit for them is. Nothing really happened. So this then results in very low uptake… It was poorly communicated. The benefit should be [clear], and actually, to be honest, also for the people who are familiar with the topic, it is actually not clear what benefit actually is, apart from generating fantastic data (Author Interview, A15, Marsh, 2014).*

An important stakeholder, namely DAMAN, states that HAAD had been presenting WEQAYA as a disease management program. According to DAMAN, HAAD had wanted to tender and license diabetes mellitus programs to influence Non Communicable Diseases (NCDs) in Abu Dhabi. However, WEQAYA did not end up having a disease management program in its services. Meanwhile, the uptake level for DAMAN's internal disease management program was low as well; only 10 percent of diabetics enrolled in their program. The director of a diabetes treatment centre states that several elements of the WEQAYA policy were not delivered:

> *WEQAYA is a screening program. There was no further development [of the WEQAYA program other than screening]. If you knew the problem, [why] you did not solve it? A national diabetes plan is not present. [There is no] diabetes education, or diabetes educators. There is no PQR for it. There is no way of officially educating [citizens about diabetes]… On the paper, everything that was supposed to be done is done. However, in*

> *reality it is different, and a lot of important things are not implemented (Author Interview, A18, Marsh, 2014).*

When such issues were brought up during field interviews, HAAD officials claimed that HAAD is trying its best to overcome these pitfalls by conducting a policy evaluation exercise led by an internal team (Author's interview, A12, April, 2014). They admit that many elements were not taken into consideration during the implementation stage of WEQAYA Wave-I, but that Wave-II has changed the entire process. For instance, it is important to note that only around 120,000 out of the 175,000 citizens who were screened actually received test result reports. This represented a failure in terms of meeting the objective of sending results to all who were screened.

When asked about these issues, Dr. Hajat insisted that WEQAYA Wave-I, which took place in 2009, was successful, while WEQAYA Wave-II was not. In WEQAYA Wave-I, the participation rate was 94%, and the follow-up rate was 12%. However, in Wave-II, the participation rate was 10%, and follow up rate was 67%. These numbers are disappointing, especially when compared with breast cancer screening (for example), where the participation rate was 56% between 2007 and 2010, and 75% between 2011 and 2014. Dr. Hajat admits that "the WEQAYA follow-up is an issue - we are not doing very well here" (Author Interview, Dr. Hajat, March, 2014). However, Dr. Hajat, an expatriate civil servant, criticizes Abu Dhabi's citizens for not accessing the WEQAYA website; even though 175,000 persons were screened and told about it, only 20,000 citizens actually used the website.

On the other hand, Dr. Omniyat, the current director of HAAD's public health and policy department, confirms that at least one of the policy's objectives - quick reporting of the screening results - was not met. It took HAAD about two full years to screen 175,000 citizens, and the screening results were sometimes not available till an entire year had passed, as opposed to five days as was initially planned. Sometimes, individuals had to make two separate visits in order to complete the screening. Additionally, the process of calling back and booking physician appointments for patients with a high risk for diabetes or CVD was quite slow.

Furthermore, several key players in the healthcare sector criticize WEQAYA's insufficient level of communication with the targeted populations regarding its goals and services. Allegedly (and as detailed in chapter four), one of WEQAYA's main components was to raise awareness about diabetes mellitus and cardiovascular diseases and their risk factors. HAAD officials, including Dr. Omniyat, the current director of the Public Health and Policy Department,

emphasized the need to: 1) launch and maintain public campaigns to raise awareness about diabetes mellitus and cardiovascular diseases; 2) reach out to the targeted population at the workplace; 3) take UAE culture into consideration and customize WEQAYA to the local context; 4) use technology, such as Short Message System (SMS) in order to raise awareness; 5) reach out to community members and community leaders and engage them along with key informants in their efforts to raise awareness; 6) engage families and local organizations such as the Abu Dhabi Family Development Foundation.

However, a search of Abu Dhabi's media outlets reveals that communication about this policy was limited to traditional press releases and news coverage (Al Bayan Newspaper, 2008; Al Khaleej Newspaper, 2013; Al Itihad Newspaper, 2013; Ayaldubai, 2008). Although WEQAYA policy documents do mention several other tools including community mobilization and the proper engagement of citizens and civil society groups, no media reports point to them being utilized (WEQAYA Policy Document, 2010), and field interviews confirm this. The plan was to collect data about diabetes mellitus and cardiovascular diseases and take action (WEQAYA Policy Document, 2010), but very little was publicized regarding the policy or its implementation, so only a few people heard about it. According to field interviews, HAAD was unable to convey the urgency of this public health issue because they acted alone.

> *This is something that has not been developed or implemented in any way or form because it is not only HAAD. This requires all the other entities. It starts with infrastructure, city development, it goes into education and all other things that you need to address in order to address this comprehensively. It is not something that one entity can drive. So this is much more complex. In the [eyes] of the population, it is a screening program. They had to go through it in order to get insurance. But then they did not see any real benefit for themselves because nothing really happened in terms of action. And then few years later, if this is repeated, what is the value for the population? They do not understand. What is the benefit for them, because nothing really happened? So this then results in very low uptake. Because it was poorly communicated. Or the benefit should be [clear], and actually to be honest also for the people that are familiar with the topic it is actually not clear what benefit actually is, apart from generating fantastic data (Author interview, A16, April, 2014).*

An Emirati civil servant added that citizens could not determine a clear rationale for getting the screening done. While the benefits of this screening were not immediately evident or tangible, its

cost was perceived as high (time, effort, visits to the centres, follow up, access, processing, availability, and convenience). The interviewee also argued that "*there is no 'ownership' by the individuals*" (Author's Interview, A6, March 2014).

Interestingly, some of the policy makers I interviewed said they had not even heard about WEQAYA before our interview; this indicates the absence of large-scale communication efforts. Chapter Six provides more details on this.

> *I have not heard of it. That tells you [something]. I do not remember seeing much on it. Maybe awareness can be part of it. How to advertise it? I have not heard of it as a personal capacity" (Author Interview, A8, March, 2014).*

At this point, it is important to note that HAAD *is* aware of the underrepresentation of important stakeholders. One staff member indicates the need for engaging key stakeholders, major players in the health care sectors, and other important actors:

> *We need to have [a] taskforce and work with the stakeholders and everybody in the healthcare sector such as SEHA, private sector entities, ADEC, Urban Planning, the General Secretariat of the Executive Council, consulting firms, etc. They need to get involved in so many levels in identifying the problems and proposing solutions. We also need to capture customers' feedback about the provided services of the implemented policy... We have an agreement with Abu Dhabi Media [so we should engage them more]. We did not ask them about their opinion in the policy. The NGOs are not very strong in Abu Dhabi. Their efforts is very little. I do not know why. There are not professional bodies as well. There is an under-representation of the non-governmental sector. There is a major weakness in this issue. However, the professional bodies are very active and helpful in issues such as cancer. There are a lot of patients and NGOs who are helpful in this issue too. There are semi-government NGOs for diabetes such as the Diabetes Association and the Emirate Medical Association [but they are not active]. As for community leaders, we need to reach out to them. For example we can reach out to mosque Imams to cover this issue in Friday Prayers in collaboration with the Ministry of Religious affairs (Author Interview, A15, April, 2014)*

One major challenge that WEQAYA faced with regards to garnering their target population's attention has to do with an apparently domestic cultural issue, namely Emirati citizens' perceptions of health responsibility. Field interviews suggest that they simply do not assume responsibility for their own health: "The national citizen would say I am fine, and once I

have the disease I will worry about it" (Author's Interview, A6, March, 2014). In relation, an expert in healthcare policy in the UAE points out that the Framingham study's findings are U.S.-centric.

> *There are a lot of limitations for the Framingham study. These limitations were not realized or matched to the need of the United Arab Emirates. We need to develop our own risk scores for developing non-communicable diseases. We have to take into consideration culture and language... We are looking at what will work here in the UAE. The [Framingham] study might not work here (Author Interview, A15, April 2014).*

In fact, field interviews suggest that the reason the up-take level was so low was because the policy was not meticulously customized to the Abu Dhabi context. In other words, policy designers did not investigate what a proper Abu Dhabi-specific intervention might look like; instead, the agent of transfer indiscriminately adopted imported a policy, either overlooking or downplaying this important cultural aspect.

At this point in time, HAAD officials emphasize that HAAD is looking for better solutions, but it has decided to enhance the WEQAYA program instead of abolishing it and having to start all over again. Still, it is evident that the cultural, social, and contextual dissimilarities between Abu Dhabi and North Karelia are significantly influencing the implementation of the transferred policy.

> *Regarding the culture, in the UAE we have the belief of 'it is God's will,' which is making it difficult for us. The younger generations, for example, are easier to deal with and educate about the risk factors… You are talking about the Finnish Diabetes and Cardiac Risk Factors Assessment Tool. I do not know where the difference comes from. The one thing that is important to understand is what WEQAYA did was screening. There was no action that would lead to results really. In two or three years later, people felt like they are repeating this and nothing happened in between. "Why should I do that?" Other than people being curious and being health-conscious, it is just a low-pick up because there is not real incentive. And there is not real benefit for the people. Finland has probably a very different culture in terms of health consciousness… it is just a cultural difference of how people relate to such things. Bottom line is quite simple: if you want to have a universal screening, people need to have a very specific incentive. That can be many different things, but you cannot just leave it up to people if they want to because then you will get some response rate that's a bit lower, a bit higher. People do not see the benefit. In Abu Dhabi,*

> *apart from statistics that were unpublished, people did not really see the benefit because nothing really happened after that (Author's Interview, A17, April, 2014).*

A former HAAD senior expatriate civil servant expanded on this point. He stated that, when designing a policy that aims at changing citizen behaviour, a number of differences between the UAE and Finland need to be taken into consideration; these include cultural norms, standards of living, environmental elements, citizen empowerment, individuals' perception of responsibility for health, etc.

> *I do not think it is as simple as [Finland]… there is a lot at the level of how you empower [citizens]. The principle: Enable, Encourage, maybe Enforce is the wrong word, in terms of the population because you do not enforce [health behaviour changes?]. This is about promotion. To build the level of awareness and understanding at an individual's level to be responsible and accountable for their behaviours is not to be underestimated in its complexity. If we look at Australia, US, and those developed countries that are very affluent, they are all suffering the problem and the experience of obesity. We have a population where everyone is talking about where we are heading. There are lot of players in this field. Australia is a country that love sports, you see a lot of people on their bicycles, out on the field playing. It is really embedded right in the early. There is hardly a school or pre-school child that does not have one or two sports activities per week within their school environment. It is really built-in. But that is not enough, once you have sport, you also have the eating habits, eating out, healthy eating… What does it mean? How do you make it happen? Work-life balance, access to easy commodities that makes your life easy to stand and start cooking. That requires a really serious cultural shift and change. In the UAE, you have got a very young population, it is a 42 years old going into 43 as a nation. All of these things, there are the attractions, they are very easy to indulge in. That is a big challenge to make that shift. Change is very demanding in terms of resources and efforts and shifting the mentality. I do not have the answer. Yes, there is a long way. The model from North Karelia will give some insight of what the real distinguishing factors that make life style change, or see more behaviour change. Or what is really missing, though there are environmental [factors] that are different between those two countries (Author Interview, former HAAD senior expatriate civil servant, March, 2014).*

In the words of one health expert, the Abu Dhabi population is literally 'ignoring the diseases.' Older people in the emirate do not talk about sickness; they try to hide it because of the

cultural stigma that enshrouds it (Author's Interview, Health expert, March, 2014). According to another interviewee, another contextual challenge has to do with UAE citizens' perception of healthcare in general. For example, they do not trust the newly established primary health care centres (PHCs); they usually prefer to use hospitals instead.

> *A man will not come in [a healthcare facility] unless it's very painful [or] he is losing consciousness. Only then he get in his car and drive to [a healthcare facility]. He thinks the primary healthcare centre is a joke. If he got to stop the bleeding, he might do it. [Otherwise] he will go to a primary hospital, he goes right to the top consultant. [And an Emirati] woman may prefer to die, because she is not going to take her clothes off or expose herself to another woman, let alone a man [doctor]. So the woman may just decide to die. A lot of them do due to breast cancer (Author's Interview, A17, April, 2014).*

The aforementioned health expert agrees; he believes that most people are not participating in the screening and follow-up programs as they should because of the nature of the diseases under study. If diabetes and hypertension were extremely painful, people would behave differently; they would seek screenings and follow up more regularly. The expert goes on to say that the targeted population is old and difficult to convince. At the same time, he notes that Abu Dhabi's population is a young one. Therefore, instead of focusing on older citizens, he suggests targeting the younger population: "We need to address the young citizens. They are the active group. We need DAMAN to be active in the prevention program" (Author's Interview, Health expert, March, 2014).

Poor accessibility – during implementation. One of WEQAYA objectives was to make its services accessible. During WEQAYA Wave-I, access to services was not adequate in terms of the number of centres that conducted the WEQAYA screening. It was not until 2014 that the number of health care providers performing the screening increased from 24 to 65. This may be attributed to the changes in HAAD's management and team membership, which considerably slowed down the implementation process of WEQAYA programs.

Engaging stakeholders. Field interviews suggest that private sector organizations in Abu Dhabi were doubtful that the policy was being implemented as per objectives. Specifically, these organizations were worried that patients were not getting involved enough in the management of their disease:

> *In WEQAYA specifically, I think it is a very well designed program. I think that HAAD lost ownership for the program, in the sense that there was a person that was responsible for*

> *WEQAYA, then that person no longer took care of WEQAYA[41]. That is an internal [issue, and] I am not sure of the details… There was a department that is taking care of WEQAYA, then it was sort of moved to different departments so it lost its ownership. And that is when it was not seen through. The implication on the program is that it did not continue [functioning], in terms of collecting data, in terms of foreseeing these patients. Once [citizens] renew their THEQA card, [HAAD] basically look at certain vitals, they check the Hb1C, blood pressure etc. What happens next to that patient is the question. So I think in terms of a design it is a beautiful design. In terms of the implementation, because of the ownership being lost, I think it did not see the program through… I attribute [the gap between design and implementation] to ownership. Because it is either a specific person who is responsible and accountable for the implementation of the program and then coming back with what were the outcomes? What are the future recommendations for improvement? Or a department in that sense, and I think this was missed for WEQAYA... There can always be a technical committee, but if there is no ownership or someone is leading or driving the project - what is the value of the technical committee?. Most of the services that was in the design was not implemented (Author Interview, A9, March, 2014).*

However, HAAD claims that it is facing several challenges with commitment, collaboration, and cooperation throughout the implementation of WEQAYA, particularly from of other governmental organizations such as the Abu Dhabi Department of Finance and the Abu Dhabi Education Council. According to HAAD, these organizations demonstrated a lack of commitment since WEQAYA's programs were first launched. However, this is likely due to the fact that these organizations were not engaged during the early stages of the policy-making process. This is very important because it reflects the politicized nature of Abu Dhabi's public administration (as detailed in chapter seven). As one interviewee put it: "The collaboration with other governmental organization is difficult. We advocate for implementing Health, Security, and Environment Management Systems (HSE MS) in organizations. Some organization do, but some do not" (Author's Interview, A15, April, 2014).

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[41] Experts might state that: "this is an important new factor that isn't explored—political games in bureaucracy weakening the political position of primary care taker of program would hurt implementation, whether local or ECS." [Is this a direct quote? If so, please provide a citation.] This is even more likely and more problematic for ECS than local bureaucrats.

Another issue that influences the process of policy transfer and policy implementation is the quick turnover within HAAD's top management. As media reports indicate, HAAD's management has witnessed several changes since the beginning of WEQAYA's program[42] (Al Khaleej Newspaper, 2013; Al Itihad Newspaper, 2013). Field interviews confirm that these changes have influenced the implementation of WEQAYA.

> *There is a lot of turnovers. A lot of changes among the personnel who was leading the program. So far, there is no single person in HAAD who was involved in the design or early implementation of the program. All of them has left HAAD[43]. There was a dispute between the two [expat public servants] who designed the program. They had two different perspectives. [Person A] had the vision, and it was just one of his project among many other projects. [Person B] was recruited to build the entire program. [Person B] was emotionally attached to it, the program was [Person B's] baby. [He/She] might be sensitive if [he/she] would talk about it (Author Interview, A1, Marsh, 2014).*

This led to a change in the way HAAD deals with a number of important issues, such as the data generated from the screening. On the one hand, the previous director of the Public Health and Policy Department, Dr. Oliver Harrison, wanted to treat it as medical research data to be published and used for research purposes. However, the new department director, Dr. Omniyat, considered it sensitive community data that should not be accessed by a third party, and definitely not to be published. This had important implications on other stakeholders. For example, the DAMAN team that was trying to create a diabetes disease management program was not given access to the names and contact information of citizens with diabetes. Therefore, they could not reach out to the high-risk population. Furthermore, pharmaceutical companies and research centres who were supposed to analyze this data were barred from accessing it; thus, they were unable to continue their collaboration with HAAD. Finally, the technical committee that was supposed to supervise WEQAYA's implementation has ceased to exist, after meeting once when the policy was first launched. This will be revisited in the following chapter. That being said, it is evident

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[42] (*In Arabic*) Al Khaleej Newspaper, 24/09/2013: http://www.alkhaleej.ae/alkhaleej/page/fcac807c-1810-402c-8839-3837bbb6bd9e
(*In Arabic*) Al Itihad Newspaper, 24/09/2013: http://www.alittihad.ae/details.php?id=89547&y=2013

[43] Dr. Hajat left HAAD in 2012 after a number of disagreements with Dr. Harrison. Dr. Harrison then left in mid 2013 because he was not on good terms with the new Director Manager of HAAD, namely Dr. Barakat. In addition, the three remaining team members left HAAD as the program started to lose momentum (Author's interview, A10, March, 2014).

that the operational side of the policy met with a myriad of challenges that hindered its functionality.

Outcome. Did WEQAYA achieve the intended outcome? WEQAYA's aim, as detailed in chapter four, was to change the targeted population's risky behaviour, which included smoking, alcohol consumption, and an unhealthy and inactive lifestyle (WEQAYA Policy Document, 2010).

WEQAYA's main success was its mass population screening of almost all Abu Dhabi Emirati residents over the age of 18 (Hajat et al., 2010, Harrison et al., 2010, WEQAYA Policy Document, 2010). The successful collection of this data was considered a huge accomplishment; the first of its kind in the region (Hajat et al., 2010), this comprehensive data set contains a substantial amount of information about 175,000 Emirati residents in Abu Dhabi including accurate measurements of the prevalence and the risk of diabetes mellitus and cardiovascular diseases.

Its second achievement was its use of this data to support and enhance medical research by first generating accurate figures on the prevalence of these diseases (Hajat et al., 2010, Hajat, 2011, Harrison et al., 2010). The data was also used to calculate the estimated and projected prevalence rates of the disease in ten and twenty years. In fact, HAAD received expert assistance from top international pharmaceutical companies while calculating these figures and interpreting the data collected:

> *With very objective tools that were academic tools from the University of Oxford, so it is not [our organization's] tool. This is an independent tool that we licensed for HAAD to use for a period of a year and a half in order for them to simulate the data and look at the projection of how this data will look like in the future (Author's Interview, A9, March 2014).*

HAAD further argues that other desired outcomes were achieved. For instance, a former expatriate civil servant states that WEQAYA led to an improvement in Abu Dhabi, specifically in terms of Body Mass Index (BMI) figures. However, she failed to provide any tangible evidence or figures to support her claim. Of course, it is important to note that even if diabetes incidence rates had decreased in Abu Dhabi, this would only become apparent with time. At the same time, it must be noted that WEQAYA's uptake level is questionable when compared to other preventive policies such as the HBV vaccination.

Meanwhile, a number of actors in Abu Dhabi's health sector indicate that HAAD was able to achieve a number of goals, including: organization of the healthcare sector with regards to diabetes mellitus and cardiovascular diseases, primary prevention, prevention of complications, and management of the disease (despite the lack of a fully-fledged disease management program).

However, a number of actors disagree. For example, a former expatriate civil servant argues that the outcome of the policy, which consists of behavioural changes within the targeted population, was not achieved for several reasons. As mentioned earlier, one of these reasons was the policy's loss of political support due to changes in top management. "We do not know if this program is going to work or not…The program targets 600,000 citizens, and if you take out those who are under 18, the number goes down" (Author's Interview, A6, March, 2014).

At the same time, stakeholders indicate that the second wave of WEQAYA is not doing well.

> *There is no decrease in diabetes rates. The number did not decrease. The change of behaviour did not take place. Change of behaviour is very difficult because of the age [of the targeted group]. " (Author's Interview, A7, March, 2014)*

A director of a major private-sector player in diabetes also believes that WEQAYA's desired outcome was not achieved, particularly in terms of changing citizens' behaviours:

> *I agree with you in the sense that if you want to change the behaviour of a patient, they have to be an active member towards their health, not just a recipient. This is not very easy. I do not know if we have the recipe for success. What do you believe was in the policy that can really activate this? In the case of diabetes, you have to look at a key stakeholder that can influence a family member who is a caregiver. I do not know if HAAD profiled in [the] policy certain influencers in the family that can really create influence. Because there is a physician, there is a pharmacist, there is someone who counselling outside of the home, but there is someone that inside home who can make those life-style changes, whether it is the food that we eat, smoking or smoke cessation, and active life. That is identified as a caregiver, whoever that caregiver is. I do not know if that was identified in WEQAYA, but this could have been one of the channels for success. This is a bigger question. We are becoming more aware about our health, but it will take time before we become really active and participate in our health and wellbeing (Author's Interview, A9, March, 2014)*

Concurrently, the participation rate in WEQAYA's Wave-II, as mentioned in chapter four, is very low (Table 5.1). According to staff members who are involved in implementing WEQAYA, the first output - re-screening for diabetes and cardiovascular diseases in Wave-II - has not been achieved.

> I would say 10% of the eligible people did the screening…People do not want to do an extra effort. There is no awareness, there is no word of mouth…There is no marketing and thus no participation. It needs an active approach…Some citizen they rather postpone or they just do not want to hear the bad news about their health. That is why [they] do not want to do the screening. People do not like to know the not good news. They might be afraid of the bad news so they do not do the screening. (Author's Interview, A2, March, 2014)

Table 5.1
Participation rates in cardiovascular diseases/diabetes mellitus screening tests in high income countries

	cardiovascular diseases Screening test		*Sources*	
Countries	Participation rate	Follow up	*for cardiovascular diseases Data*	*for BCS Data*
UAE	94.0	10.0 (42.0*)	*Weqaya Document, 2011*	*HAAD Data 2012*
Sweden	86.1	-	*Persson et al., 1996*	*DAAD Data 2012*
Netherlands	87.3	-	*Spijkerman et al., 2002*	*Drossaerta et al., 2010*
US	-	73**	*Heath et al., 1995*	*Urban et al., 1995*
New Zealand	36.4	75.4	*Sinclair and Kerrl, 2006*	
Finland - North Karelia	66.0	61.5	*Vartiainen et al., 2009*	*Aro et al. 1999*
- Northen Savo (Kuopio)	68.0	62.5	*Vartiainen et al., 2009*	
- Southwestern Finland	65.5	62.0	*Vartiainen et al., 2009*	
- Helsinki and Vantaa	63.0	58.0	*Vartiainen et al., 2009*	
- Oulu province	66.5	63.0	*Vartiainen et al., 2009*	

**Note:* rate of those who were contacted and did take an appointment with a medical doctor
* Test for Cholesterol only in North Carolina

Emirati citizens participated in the first round of screening because it was linked to the THEQA card; however, the second round was not mandatory, so they neglected it. Like any health behaviour, it is difficult to change. As with the seatbelt, citizens may know that it is beneficial, but they do not fasten it unless it is mandatory. However, in the case of WEQAYA, it is believed that patients and citizens also do not have a clear understanding of the screening or its benefits. "Do they understand that it is every three years? Do they understand that it is a screening for

cardiovascular diseases?" (Author's Interview, A10, March, 2014). A health expert from the private sector highly doubts it. When asked if WEQAYA did not achieve its intended outcome, another expert whose organization is highly active in Abu Dhabi's healthcare sector responded:

> *Absolutely. If you compare it to western world, if you look at the private health insurance or life insurance, if you tell people that you have to go through a comprehensive health check, and only then we will offer you some sort of private health insurance, or only then we will offer you a life insurance. Then everybody who wants to get this insurance will go through the check. Because otherwise you do not get access to the insurance. And this is exactly what happened with the first round of WEQAYA is that they all got enrolled if they went through it. In the second round there was nothing like that anymore. If you ask people: would you like to get screening and then the response rate would be very low because people do not have to. The first one they had too, in the second it becomes almost like something that you can do if you want to, which obviously has a completely different pick-up [level] from the population side (Author's Interview, A16, March, 2014)*

Even HAAD admits that the output is poor in wave-II and the up-take level is very low: "The second round was not made mandatory because of ethical issues. HAAD are reconsidering making it [mandatory]. We are thinking of imposing it as an opt-out option rather than opt-in" (Author's interview, A12, March, 2014).

On the other hand, DAMAN implemented a disease management program for diabetic patients. Subsequently, it evaluated the program's impact by comparing HbA1c[44] results between a controlled group and an uncontrolled group. The uncontrolled group developed complications. Notably, DAMAN needed clinical data in order to monitor these controlled and uncontrolled groups, so it contacted the health care provider SEHA for access to said data. The premise was that, if it can improve HbA1c by 1%, then the mortality may be reduced by a rate of 20% to 25%, even if the group is not controlled (Author's Interview, A16, March, 2014). However, SEHA officially refused to cooperate, claiming that this clinical data is very sensitive and cannot be shared with other entities. Consequently, DAMAN decided to forge ahead and collect the data itself, using a sample size of 200 persons that participated in the intervention and 200 without that did not. Specifically, DAMAN used the Randomized Control Trials (RCT) methodology in order to answer

[44] The HbA1c test is a medical test that measures the level of sugar stored in the blood.

the following questions: Can the objectives be proven? And is the project economically sound from a health economics perspective?

In conclusion, there are no strong signs that the desired and planned outcomes were successfully achieved. For example, one of the major intended outcomes was to decrease the number of Emirati citizens with diabetes. However, according to health experts working in Abu Dhabi's health sector, the prevalence of people with diabetes has not decreased. Experts might argue that this may be due to the increased monitoring; when a new health issue is being carefully monitored for the first time, rates generally appear to increase before they begin to drop. Although this may be true when surveys are used to monitor a certain health impact, it could only have had a limited effect in the case of WEQAYA. After all, during the first wave, monitoring was conducted through a mass screening of almost all residents (around 94% to be exact).

Resources. Did the policy employ an efficient use of resources? WEQAYA did screen the entire Emirati population in Abu Dhabi. However, since a lot of services were not provided, this raises questions about the policy's efficiency in general. According to the model that Marsh and McConnell offer, a policy's efficiency should be tested by checking: 1) if there was an efficient use of resources; 2) if there were any internal or external evaluations or audit reports for the use of resources; and 3) if there were any critical media reports about the use of resources.

First, it is important to note that the efficient use of resources in Abu Dhabi's healthcare sector is questionable. According to a health expert who was part of the WEQAYA program, the government did not conduct a needs-assessment exercise when HAAD was first formed. He argues that no clear prioritization strategy was put in place, thus leading to a gross misallocation of resources. For example, cancer is not a widespread issue in the UAE; however, financial and human resources are still being invested in cancer programs. MUBADALA, a government agency in charge of diversifying Abu Dhabi's economy[45], bought very expensive machines for screening and treating cancer. The National Cancer Center followed suit. Furthermore, the health facilities in Abu Dhabi are using the Positron Emission Tomography (PET) scanners to scan regular patients. The PET scan is an imaging test that uses a special dye with radioactive tracers injected into a vein in the patients arm and allow doctors to check for diseases in the patient's organs and

[45] Mubadala (Arabic for 'exchange') was established in 2002 by the Government of Abu Dhabi. Its mandate is to strengthen Abu Dhabi's growth potential and to help the government meet its socioeconomic targets (http://www.mubadala.com/en/who-we-are/overview).

tissues. These scanners are usually only used for research purposes (Author's Interviews, A2, December, 2013). Yet another example concerns mental health issues and cardiovascular diseases, which have very high rates in the emirate. However, although a large number of hospitals are highly technologically equipped, they lack the basic screening equipment required for certain diseases. As such, there seems to be a clear gap between needs and provisions in this sector (Author's Interviews, A2, December, 2013).

However, in response to these claims, a former expatriate civil servant argues that HAAD *was* in fact working on a prioritization strategy and that the recent reform cycles have involved external stakeholders. He refers to a number of forums that elicited and gathered health sector priorities, thus involving health providers (SEHA) and payers (DAMAN) in policy-making and implementation to some extent. The interviewee then cites a time when HAAD considered the concept of E-Health and the way technology may be utilized to improve and reform health regulatory processes. He further provides an example where the CEOs of healthcare providers and payers came together to say: "Well, we need electronic authorization. We have a desire for electronic licensing." The civil servant demonstrates how all these activities were driven by HAAD and designed to involve external stakeholders:

> *Let us not forget that government policy agenda at Abu Dhabi level was also looking at innovation and improved practice across the whole of government. One of the areas in terms of the development and implementation, which was particularly important, thought that development and implementation is the missing link or gap that was there, but now because it was a timing priority setting and rescues and capability, is the impact assessment. The impact assessment in regulation is very important in pre- and post-. Pre-implementation is very critical, because as you are identifying the solutions that may suit the need, there is always a cost to regulations. There is a need to do that in impact assessment being in terms of actual cost in financial terms, cost on the social level, or on the community services. That regulatory impact assessment was not there. When I left, what was being put in place is creating that function and making that function and every present component for the longer term in HAAD to do it. You do not have to do a regular impact assessment for every piece, but you need a methodology and you need the practice to be embedded. And that is in progress now, which will be very important because that is the loop. HAAD will have covered all elements: how you develop it, how you identify the risk and issues, how you consult, how you design solution, how to assess the impact of*

> *these solutions, how you implement and review the implementation (Author's Interview, A17, March, 2014)*

At any rate, the health expert who critiqued the health sector's general allocation of resources believes that WEQAYA's use of resources was indeed efficient. In fact, he argues that WEQAYA should be allocated even more resources to help it achieve its objectives. A diabetes disease expert echoes this view:

> *I told them then that tackling diabetes needs a lot of human resources and asked for 120 nurses. The project was not appreciated because the health market is a prestige market here. [It was not financially sound]. They prefer to buy MRI machines rather than bringing nurses…Things here are improved now for diabetes education (Author's Interview, A19, March, 2014)*

Since 94% of the targeted population were screened in the first wave of WEQAYA, one may conclude that the screening component was effective. However, it is difficult to evaluate efficiency without access to data on costs. It is also difficult to assess the other services since they were not even implemented. Although the team was provided with significant financial resources (Author's interviews, A2, March, 2014), several WEQAYA services were not implemented. Thus, we may conclude that resources were in fact not allocated wisely.

Actor's interest. Did WEQAYA benefit a particular class, interest group, alliance, political party, gender, race, religion, territorial community, institution, or ideology? First, it is important to note that the policy was designed to benefit UAE citizens, to the exclusion of expatriate residents. UAE citizens account for 20% of the entire population of Abu Dhabi (Statistics Center of Abu Dhabi). Second, WEQAYA addresses Emiratis who are 18 years of age or older. This brings up the question of why children were left out, particularly because UAE ranks high in terms of child obesity, which is a major risk factor for diabetes.

Let us now turn to the fourth indicator in Marsh and McConnell's model. This indicator investigates whether the implementation benefited a particular class, interest group, territorial community, etc. Specifically, it studies how the following view and address the policy under study: political speeches and press releases, legislative debates, legislative committee reports, ministerial briefings, interest groups, think tank reports, and media (Marsh and McConnell, 2010).

As mentioned earlier, the policy excluded expatriate residents while focusing merely on 20% of the Abu Dhabi population (Statistics Center of Abu Dhabi, 2005). Additionally, it is

reasonable to surmise that younger Emiratis below the age of 18 are more likely to change their behaviour than older citizens. Therefore, it is possible that younger groups might have benefited more from this policy. However, they were excluded from WEQAYA's programming at the expense of older groups.

> *They [at HAAD] are missing all citizens who are less than 18 years of age. Also, they are missing all the expatriate who live in UAE. We know it is a program for Abu Dhabi only... Other emirates in the UAE did not do that screening. I would do the screening for the other emirates. HAAD wants to implement a Disease Management Program in the future. If you really want to start something, you need to look at the economics of it (Author's Interview, A7, March, 2014)*

Nevertheless, it would be difficult to claim that a certain class or group from Abu Dhabi's older citizens benefited disproportionately, mainly because almost all Emirati residents in Abu Dhabi were screened in the first round of WEQAYA.

On the other hand, data shows that several stakeholders were not fully and properly involved in the policy implementation phase. For instance, the WEQAYA team asked scholars from the Framingham study to submit a paper for HAAD, but the paper was not written (Author's interview, A1, March, 2014). Additionally, a few select organizations from the private sector were invited to analyze the data collected from the first screening. For example, the WEQAYA team, then led by Dr. Harrison and Dr. Hajat, asked Merck Serono Co., which is an international pharmaceutical company working in Dubai, to analyze the collected data and report about the forecasted financial burden of diabetes mellitus and cardiovascular diseases on the Abu Dhabi government. Unlike the WEQAYA team, Merck Serono Co. possessed both the capacity and the software program that would enable it to run such an analysis. Consequently, the company conducted this analysis in collaboration with experts from Oxford University, U.K. and shared it with the WEQAYA team. However, the Public Private Partnership (PPP) agreement that was signed between the WEQAYA team and Merck Serono Co. was not renewed. This may be attributed to the changes that took place in HAAD's top management and its new priorities.

A director at Merk Serono Co. also states that several actors should be involved in policy-making process upfront. Actors like NGOs should have access to strategy and policy-making, there should be interactive policy formation, and physicians should also be involved. There should be more PPPs and more collaboration with HAAD. However, HAAD did not engage NGOs upfront

because they were not obliged to do so, and health sector NGOs themselves do not have the power to push for a more participatory approach in policy-making (Author's interview, A6, April, 2014).

Interestingly, HAAD is now running a number of customer satisfaction surveys, three whole years after Wave-1 was implemented. This means that HAAD *is* aware that it did not take citizens' and patients' opinions into consideration in the early stages of policy-making. As mentioned earlier, HAAD was additionally unable to deliver the message about the burden of the problem because they cannot do it alone.

> *This is something that has not been developed or implemented in any way or form because it is not only HAAD. This requires all the other entities. It starts with infrastructure, city development, it goes into education and all other things that you need to address in order to address this comprehensively. It is not something that one entity can drive. So this is much more complex (Author's Interview, A10, March, 2014)*

Another criticism comes from DAMAN, a key stakeholder whose interest was not met. DAMAN officials state that HAAD is not even cooperating with them during the implementation of WEQAYA. Apparently, HAAD did not provide them with data in order to reach out to diabetic patients:

> *The data was not given to us. We do not know why. We had to conduct a DAMAN based survey to reach out to the patients. We looked at THEQA data, contracted the citizens who tested positive, and we were able to reach them. Out of the 173,000 Abu Dhabi citizens who were screened for WEQAYA, there are 30,000-35,000 cases of diabetes. We called 33,000 of them. Only 10% of the target population accepted to participate in our program. The coaches are Arabic-speaking staff so they know the language and have an understanding of the culture. However, only 10% signed the consent form [for] our program. We sent the consent form by courier and that might be the reason. We needed the consent form for participation. So we started the program with only 10% of the targeted population. Less than 3,000 diabetic patients were enrolled in the program. Every month a coach calls the patient. They try to find out the motivational aspects for the patients to manage the disease. The targets can be achieved (Author's Interview, A18, March, 2014)*

Experts might argue that, since DAMAN's attempt to approach Emirati residents through Arabic-speaking coaches was not very successful, this suggests that the problems with the implementation of WEQAYA are not linked to a factor other than expatriate civil servants.

However, it is important to note that the person who designed the DAMAN program is a German expatriate civil servant who does not speak the Arabic language. And the message that was communicated to Emirati diabetic patients is an essential part of the disease management program. Furthermore, DAMAN's disease management program was actually bought from a German company called ALMEDA; this represents yet another example of Abu Dhabi resorting to program transfer from another country due to a lack of local solutions (Author's interview, A15, April, 2014).

Not only has the cooperation between HAAD and DAMAN been difficult, but also the cooperation between HAAD and SEHA - the healthcare 'provider' - has been questionable. Field interviews suggest that HAAD does not work with its counterparts and does not try to engage stakeholders:

> *SEHA is still technically dependent on the Health Authority because they are still a quasi-governmental. The private sector need help from the quasi-governmental. So SEHA were given a five-year [period] to become profitable, and if they need they were given another five-year [period]. That was in about 2004/5 roll-over. Bottom-line, I won't say the relationship is adversarial, but it is shaky. If you talk to the new Director General of HAAD [Dr.Maha Barakat], she should directly say: let us bring the CMO of the Ambulatory Health Services (AHS) [on board]. This is a conversation that she want to have because you want to know how we got from point A to point B. When the regulator do not fully embrace the operational side, and the operational side do not fully embrace the regulator, it becomes a challenge. That is where we are at (Author's Interview, A20, March, 2014)*

The engagement of important stakeholders during WEQAYA's design stage was a concern as well. Some stakeholders were not involved in the process; but more importantly, as a former HAAD expatriate civil servant states, the patients themselves were not fully engaged: "The involvement of the patients is absent." HAAD also did not engage DAMAN in the policy-making process; although DAMAN took part in the early discussions, it was never a part of the later stages such as selection of the solution and implementation.

Furthermore, a number of important stakeholders from the private sector raised questions about engagement in the policy-making process: "What is the process of involving stakeholders? No private sector [were involved]! No lay citizens [were engaged]" (Author's Interview, A2,

March, 2014). In fact, private sector organizations were only involved at a later stage, after the screening had already been completed. This concern is confirmed by field interviews:

> *If these organization and stakeholders were involved upfront, and there was willingness to collaborate, because no one entity can handle such a big project on their own, [the chances of success might be higher]. It is a huge task. I think that the health authority were pioneers in developing the program, but one of the key success factors would have been to engage with these stakeholders upfront and possibly allocate responsibilities so that this can become a full community collaboration rather than the health authority putting down the policy and seeing it through. There is still room to engage with stakeholders at this stage, because we still believe this will continue to be a big issue. We are talking about a collective of five non-communicable diseases that will not go overnight. There need to be real strong mobilization and partnership to see them through… I think, at HAAD, the initiative was very well endorsed and accepted, but the question is: to what level was that a key success factor for their policy department moving forward? These kind of initiative that require mobilization of departments and resources, whether it is financial or manpower or non-manpower needs continuous endorsement from the leadership in order for them to see the light and to be materialized. I am not sure if this was the case in HAAD. HAAD had very big dreams, yet it is a small and very young health authority. So I do not know where WEQAYA was in that in terms of its priority. (Author's interview, A9, April, 2014)*

Other sectors were also under-represented in the policy-making process. According to a civil servant who is directly involved in implementing WEQAYA, the education and higher education sector bodies were not involved. Furthermore, civil society groups were not a part of the early stages; however, it is important to note that these groups are not strong or active in Abu Dhabi.

> *The civil society groups have [a] very limited role. They are not very strong or present in the UAE. They are strong in some sectors. For example, there are very active five or six groups that deal with cancer [but very few in diabetes or CVDs]. The trust and the initiative should ideally come from the government. The diabetes medical society in Abu Dhabi try to work on diabetes. But community groups and local community are not very active (Author's interview, A15, April, 2014).*

According to HAAD officials, the organization did not ask for an external second party to conduct an evaluation of the policy. Instead, it ran a confidential internal evaluation process that

was expected to produce results at the beginning of 2015. Since the questions and the method of evaluation were not disclosed, and the final report is confidential, it is very difficult to evaluate this policy's success. However, it is important to note that since the evaluation does not involve major stakeholders, the process is highly questionable. Therefore, it is evident that WEQAYA was not very successful in *programmatic* terms.

In POLITICAL Terms

Scholarship indicates that from the perspective of governments, a policy is successful if it supports the ruling party's reputation, objectives, and popularity. When a policy initiates a positive political aura, policy makers tend to refer to that policy as a success (Bovens et al., 2001; Marsh and McConnell, 2012). Consequently, Marsh and McConnell recommend using 'government popularity' as an indicator when measuring policy success: Is the policy politically popular? Did it increase the government's election chances or help it to get re-elected? Did it help secure or boost the government's credibility?

In WEQAYA's case, the political aspect of the policy cannot be fully evaluated due to a lack of access to data and the inapplicability of most of the aforementioned questions. For example, questions related to elections are inapplicable because there are no elections in Abu Dhabi. Additionally, criticism of public services is rarely published. For example, an Internet search hardly reveals any newspaper articles that address the policy. In fact, only two articles that criticize the program are available online, and they were both written by Dr. Harrison, the ex-chairman of HAAD's Public Health Department. One was published in the UK-based The Economist Magazine and another in the US-based newspaper The Washington Post. According to an expert who was involved with WEQAYA, both articles angered top Abu Dhabi officials.

While evaluating a policy in political terms, it is also important to study the results of opinion polls both in relation to the policy and government popularity. However, this dimension is not really applicable in the case of the UAE, since measuring the popularity of the government is a very sensitive topic. In fact, I had to avoid posing this question directly during field interviews in order to minimize participation refusal rates. Furthermore, opinion polls about public politics are simply not allowed in the UAE. Nevertheless, some interviewees indirectly touched on this issue; HAAD staff and those who used to work with HAAD believe that WEQAYA was received positively, and this increased the Health Authority's credibility. However, as one interviewee

argues, the changes in HAAD's top management made the situation regress to the way it was before WEQAYA was implemented:

> *The force that was there and worked on all those innovative initiatives are not there anymore. What is stuck there, what is running now is all what we created. I hope that they don't start fading away. The flame is not there anymore…this force that helped creating, implementing and running the policy is not there (Author's Interview, A1, March, 2014).*

Furthermore, although some aspects of the program have been successful, the way it has been managed, particularly by its new officials, seems to be affecting HAAD's credibility in a negative way. Emirati residents have begun to complain about the screening, asking questions like: "Why are you not giving my wife the insurance card just because she did not do a mammogram?" The legal department has therefore decided that linking the THEQA card to WEQAYA is inappropriate. In relation, one interviewee believes that the policy is likely unsustainable due to many factors.

> *If you have high calibre people with good ideas, it interferes with individual interests [here in the UAE. Dr. Harrison's] ideas were good. But he clashed with individual interests of other people in the market… In any system, there is always a third party influence. When there is a strong and transparent system things would eventually work. However, there is no independent regulatory body in Abu Dhabi. HAAD are not an 'authority' per se. They do not have power or influence. When you take a decision you have to take care of the [interest] of the third party (Author's Interview, A19, March, 2014).*

In conclusion, it is evident that WEQAYA was unsuccessful in political terms.

Conclusion

This chapter tackled the first dimension of the dissertation argument - namely the *process* of transfer - by conducting a thorough evaluation of WEQAYA. Specifically, this chapter evaluated the policy's success in three terms (process, programmatic, and political) through bridging the gap between policy transfer and policy success literature. These three terms were selected because the policy under study tackles a complex problem and aims at changing citizens' behaviours. It was important to investigate the process and political dimensions in addition to the usual programmatic dimension because, while the policy designers claim that WEQAYA was highly successful, other actors claim the opposite.

This chapter demonstrated that there are usually no clear institutional pathways for the policy-making process or policy transfer decisions in Abu Dhabi. As such, the behaviour of expatriate civil servants is largely shaped by institutional arrangements within the emirate's public administration. In fact, due to the highly politicized nature of this environment, I argue that the public administration structure has a significant impact on policy implementation because it influences the benefit-maximization behaviour of the transfer agent. Notably, this element is usually overlooked in the implementation literature. Based on this evaluation exercise, it is evident that the imported policy was unsuccessful, thus demonstrating that the structure of the importing country's public administration is an important underlying factor for policy implementation success or failure.

Chapter 6. Agent of Policy Transfer

The Role of Expatriate Civil Servants

After highlighting the role of expatriate civil servants in Abu Dhabi's public administration, tracing WEQAYA's transfer process, and demonstrating that WEQAYA was not successful in programmatic and political terms (McConnell & Marsh, 2010), this chapter investigates why WEQYAY was not successful. The previous chapters demonstrate that although the transfer was informed, it was incomplete. The government of Abu Dhabi forged ahead and invested resources to import a preventive health policy from the remote and very dissimilar province of North Karelia, despite the fact that they knew that these policies have low chances of success. The question that arises is: Who spearheaded this transfer and for what reasons? More generally, which actor is the real player that shapes 'what' and 'where from' policies are imported?

This chapter aims at answering this question by drawing upon rational choice institutionalism (RCI) (Hall, 1990) in order to explain how expatriate civil servants adapt and function in a politicized public administration. It aims to identify how these expatriate civil servants influence the decision of policy transfer. As such, this chapter contributes to the policy transfer literature by designating that expatriate civil servants are active and prominent agents of policy learning. They carry out their tasks in a unique environment characterized by risk and precariousness making them nervous and worried. That in turn influence their behaviour and decisions. This chapter comes after analyzing policy transfer in two dimensions, namely the *process* and the *agent*. As such, this will complete the empirical demonstration of this dissertation's answer to the main research question: Why did the Abu Dhabi government choose to import the WEQAYA policy, and why did they select North Karelia for policy importation?

The argument of this chapter will be demonstrated by, firstly, succinctly revisiting and then challenging what policy transfer literature indicates about the types and the agents of policy transfer. Secondly, this chapter builds on the description of chapter three and briefly revisits why these expatriate civil servants are in Abu Dhabi, and in the GCC more generally. It details how these expatriate civil servants affect the policy-making process in the host country. Thirdly, this chapter explains why expatriate civil servants fail to tackle sensitive issues or problems that might arise during implementation by identifying three principle causes: 1) they are not empowered; 2)

the bureaucratic environment is highly politicized; and 3) the national heads of departments are also unempowered.

Transfer agents

Within the learning from abroad literature, there is a key debate between structure-centric and agent-centric approaches. The former argues that policy importation is a result of institutional or new-institutional factors (Rose, 1991), while the latter argues that the process can be explained by examining the actors involved in the 'learning' process (Clark, 1985; Bennett, 1991). Concomitantly, a number of studies consider the voluntary bases, both rational and bounded-rational, of the learning process (Rose, 1993; Freeman, 1999; Cox, 1999). Others problematize these aspects and stress the importance of paying attention to the coercive bases of some policy learning from abroad (Stone, 2004; Dolowitz and Marsh, 1996; Ikenberry, 1990). Although these debates have enriched the development of the learning from abroad concept and shaped the way we understand it today, the process may still be more complex than previously thought. In some cases of transfer, the interaction between both the structure and the agent is important to understand the government's decision to engage in policy transfer. This section will investigate the agent of transfer and the next section will highlight the structure and the interaction between the two.

Several agents are usually involved in the policy transfer process, including elected officials (Heidenheimer et al., 1985), political parties (Heclo, 1974), pressure groups (Rose, 1993; McAdam and Rucht, 1993; Hoberg, 1991), policy entrepreneurs and policy experts (Rowat, 1973; Rose, 1993), transnational corporations, supra-national governmental and non-governmental institutions and consultants (Stone, 2000 and 2010), transnational advocacy networks (Stone, 2004), transnational philanthropic institutions (Stone, 2010), think thanks (Stone, 2000), transnational and epistemic communities (Rose 1993; Haas and Haas, 1995), and bureaucrats and civil servants (Haas 1980, Wolman, 1992).

Actors decide to learn from other countries in order to mitigate dissatisfaction of policy failure (Rose, 1993), provide evidence to justify their decisions (Bennett, 1991; Henig et al., 1988), or tackle uncertainty about the cause of a problem or the effect of a decision (Haas, 1989). Concomitantly, governments engage in social learning, where learning takes place when the understanding of policy development is amended based on knowledge gained from previous experience (Hall, 1991). The 'ideational' mode of transfer, where a soft transfer of ideas takes

place, is one of the most prominent types of learning from abroad (Stone, 2004, p. 562). In some cases, what explains policy transfer is the interactive relationship between ideas and interests, which help public servants develop consensus on a certain decision, including the decision to adopt a policy from abroad (McNamara, 1998).

As stated in the literature review in Chapter One, civil servants' social background, training, and education influence their policy-making decisions (Aberbach et al., 1981; Suleiman, 1976). Examples included the French bureaucrats and their *Grandes Ecoles* training (Suleiman, 1976), the South Korea bureaucrats (Choe and Lecy, 2012), the Chicago Boys in Latin America (Valdes, 1995; Silva, 1991; O'Brien et al., 1983; O'Brien, 1981; Letelier, 1976), and the expatriate bureaucrats in Botswana and Papua New Guinea (Hope, 1995; Turner, 1991, 98; May, 2009, Goodman et al. 1985; Dwivedi, 1986). The same may be argued for expatriate civil servants in Abu Dhabi.

Expatriate civil servants in Abu Dhabi work in crucial policy-making governmental bodies and high-level strategic planning units. They review, analyze, design and recommend policy interventions, some of which are highly confidential. Although they do not speak the language, they are still recruited in order to bridge the gap in the emirate's policy-making capacity. These expatriate civil servants prefer to import policy solutions from abroad for a number of reasons. First, they usually have post-graduate degrees from western universities, but, most of these university programs conduct little to no research about the UAE and Abu Dhabi in particular. Meanwhile, local Emirati university programs are still young and do not attract many international students who might later join the Emirati public service. Expatriate civil servants' strong western education and experience in western and international policies and programs make it easier for them to revert to these experiences to search for policy solutions. Second, the poor local policy-making research and training programs do not provide an internal source for policy learning. Third, Abu Dhabi's government has always enforced the use of Arabic for official documents. For most expatriate civil servants from non-Arabic speaking countries, the language barrier makes it difficult for them to consult policy documents when designing a new policy. They also work in a highly politicized environment that does not allow for enough time to properly translate policy documents or look for local solutions. Therefore, expatriate civil servants find themselves in a situation where they need to choose between importing a policy and tweaking it to fit the Abu Dhabi context on the on hand, or designing a policy from scratch on the other. It is usually much

simpler and more rational for them to choose the former, given the Abu Dhabi government's demands for quick results and a modernized public service.

Bureaucratic Environment

Peters and Pierre (2004) define politicization as "the substitution of political criteria for merit-based criteria in the selection, retention, promotion, rewards, and disciplining of members of the public service" (Peters & Pierre, 2004, p. 2). Politicization can take more than one shape and is not limited to appointments. Politicization can be exercised through *fear* or *ideology,* and it targets: 1) employees of the public service; 2) behaviour of the employees; 3) attitudes and culture; and finally 4) structural terms of the public service (Peters & Pierre, 2004). Politicians use fear of job loss to target both the behaviour and values of employees, as well as the public service itself (Peters & Pierre, 2004). It is evident that expatriate civil servants in Abu Dhabi do not enjoy the same degree of freedom and protection as local bureaucrats. In this case, the Weberian model of bureaucracy is challenged, and a number of principles are not met, including a supportive environment for bureaucrats to reach their potential, stable and secure jobs, and neutral bureaucracy controlled by the integrity of officials (Weber, 1922). The politicization of public service in Abu Dhabi is clearly exercised on several levels.

Most Gulf countries' bureaucracies contain a large number of expatriate civil servants, accounting for more than 80% of the Emirate of Abu Dhabi's public sector employees[46]. The vast majority of these civil servants are employed on a contractual basis, where their contracts can be terminated by the government at any moment. At the same time, GCC countries have no nationalization or permanent residency programs. Work permits and residency permits are sometimes easy to renew, but sometimes very difficult. The duration of work permits can be as short as six months in some Gulf countries.

Expatriate civil servants can be seen across all levels in almost all of Abu Dhabi's governmental departments. Most of them are hired on renewable contracts by the governmental

[46] The Abu Dhabi government is going through a very rigid Emiratization program to massively reduce the percentage of expatriate in its public sector after the 'Arab Spring' events that sparked in the Middle East region in 2011. Although no official numbers are published about the percentage of non-Emirati in the public section yet, the percentage of expatriate civil servants is certainly decreasing. However, even if the total number of expatriate civil servants is decreasing, the expatriates are still the experts who are in charge of most designed policies. The UAE citizens are responsible for operational aspects of work at the ministries

organizations. In policy-making, expatriate civil servants play a pivotal role in designing, implementing, and evaluating policies. Depending on their position and the type of work they do, expatriate civil servants may enjoy varied levels of support; however support is not guaranteed and may be taken away at any moment. In the case of WEQAYA, field interviews suggest that during the stages of policy design and the early stages of implementation, the WEQAYA team was bolstered with support from the leadership of both the Emirate of Abu Dhabi and the Health Authority of Abu Dhabi. The Crown Prince of Abu Dhabi, the most powerful man in the Emirate and the entire UAE, conducted the screening on a televised campaign to support the screening part of the policy programs. According to an expatriate civil servant who worked in HAAD and was tasked with tackling the burden of diabetes mellitus and cardiovascular diseases:

> *We had the political support for it, and we decided to take the risk and address the problem ourselves. We had the know-how, and we were able to tailor it. (Author's interview, A1, March 2014)*

The team who supervised WEQAYA was formed mainly of a number of senior expatriate civil servants. The team, according Dr. Harrison, also enjoyed strong support from the director general of HAAD[47], Mr. Ziad Al Siksek; himself a political appointee, Al Siksek left HAAD in 2013. "The previous director general of HAAD was the air 'under our wings'. He gave us a great deal of political support and we formed a strong team" (Author's interview, A1, March 2014).

The WEQAYA team not only received administrative support, but also a high level of political support[48]. Even though they were not Emirati citizens, the team members were given the green light to address issues considered very sensitive by Abu Dhabi officials; these include Emirati citizens' medical and family information. GCC governments usually try to keep morbidity data and family medical history information confidential, because of cultural and political reasons. It was impressive that those expatriate civil servants were able to supervise a program that collects, processes, compiles, and analyzes a huge dataset of family, medical, and behavioural information. The WEQAYA team would not have been able to collect this sensitive data without a large amount

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[47] The position of director general of HAAD is equivalent to the position of director general of the ministry ofhealth in Quebec.

[48] It worth mentioning that although HAAD does not receive an annual budget, it has open access for funding from Abu Dhabi's government. This does not mean that HAAD lacks the financial resources; on the contrary, open access for financial resources means that HAAD can keep asking for a budget for each project, while rarely getting rejected (Author's interview, A17, April, 2014).

of political support. In fact, the team was even able to pressure for more useful usage of the collected information. The collected information was to be shared with academic organizations for research purposes. The team pushed to provide 'open access' to researchers and academics in UAE universities and interested private sector companies such as pharmaceutical firms. This move was seen as a breakthrough for research in Abu Dhabi and the UAE by researchers and academic personnel.

However, that support did not last for long. Senior officials in HAAD started to decrease the margin for expatriate civil servants to act. Some attribute this move to a change in HAAD's top management:

> *That happened because of the change in the top management in HAAD. The previous HAAD director general [Dr. Al Siksek] was promoted to be the director general of the General Secretariat of the Executive Council (GSEC) [in January 2013]. His role and attention to the implementation of several programs, including WEQAYA, has decreased to a great extent. That led to a decrease of the political support that we had and consequently affected and minimized the work atmosphere that we used to enjoy (Author interview, A1, March 2014).*

One might ask: would not Dr. Al Siksek's promotion entitle him to more power and influence with regards to supporting the projects he had launched? That might be true. However, the new Director General of HAAD, Dr. Maha Barakat had little enthusiasm for WEQAYA (Author's interview, A1, March 2014). She was not on good terms with Dr. Oliver Harrison, the official who had spearheaded WEQAYA. Dr. Barakat had a list of priorities, and WEQAYA was not of high priority for her (ibid.). This decreased the amount of support and power for the WEQAYA team, which became more and more unable to fearlessly address public health problems as they used to. The environment became more risk-averse and less innovative, less data was shared with researchers, and sensitive issues were not discussed as openly as before (Author interview, April 2014).

In the case of WEQAYA, expatriate civil servants had to form a network and alliances with politicians in order to pressure for what they believed should be prioritized. Achievements that are based on such alliances tend to be very fragile, and expatriate civil servants usually do not have the power to keep supervising programs that have already been approved by the government. In comparison with other public services, the power of public servants is always compromised by

their *fear* of losing their job (Peters & Pierre, 2004). The most prominent expatriate civil servants who masterminded the transfer of the policy at hand, namely Dr. Oliver Harrison and Dr. Cother Hajat, have left their positions. Dr. Hajat was the head of the Cardio-metabolic disease, obesity and tobacco control at HAAD, which directly supervised WEQAYA. In 2011, Dr. Hajat left her position, only a few years after the launch of WEQAYA in 2008. She remained in the Emirate of Abu Dhabi because her husband works there, but she assumed an academic position. More than a year after that, Dr. Harrison, the director of the Public Health and Policy Department, was asked to leave, so he returned to the UK. Field interviews suggest that he was asked to leave because he wrote an article and did an interview with international media about the status of diabetes in Abu Dhabi. Published on December 15th, 2012 in the Economist Magazine, the article was entitled: "*Small, rich and overweight. How Abu Dhabi is tackling its obesity problem*"[49]. The interview with Bloomberg media was entitled: "*Abu Dhabi Fights Fat with Cash in Bid to Curb Diabetes*"[50] on November 15th, 2012.

Ironically, the Economist later reported that the Abu Dhabi government had fired almost all its foreign staff on July 4, 2013[51]. Job security, which is an essential element of the Weberian model, is clearly not met in the UAE government's public administration, as far as expatriate civil servants are concerned:

> *The new changes of the atmosphere and the tighter control on data and transparency made [the head of WEQAYA team] decide to leave… They wanted us to just keep our head down and do what we were asked to do. You are not allowed to take the initiative and take risks in addressing problems. For us [*expatriate civil servants *who come from a European country], we are trained to take the risk and to address the problem ourselves without fear of failure. When it comes to saving lives of the people, I cannot but take the initiative and take the risk (Author's interview, A1, March 2014).*

In fact, the appointment process of expatriate civil servants in Abu Dhabi's public service is comparable to what Rouban refers to as 'real political appointments,' where there is no unified policy for recruitment (Rouban, 2004). It is usually the head of the department or the director

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[49] http://www.economist.com/news/special-report/21568075-how-abu-dhabi-tackling-its-obesity-problem-small-rich-and-overweight

[50] http://www.bloomberg.com/news/2012-11-16/abu-dhabi-fights-fat-with-cash-in-bid-to-curb-diabetes.html

[51] http://www.economist.com/blogs/pomegranate/2013/07/united-arab-emirates

general that decides who will be appointed. In some cases, he or she decides in consultation with a committee from the relevant ministry. There is no Grand Corps of unified civil service recruitments, as compared to France (Rouban, 2004). The entire loyalty of the appointees would be to those who appointed them. Expatriate civil servants end up as subordinates and not partners, with very little pride in serving the state (Rouban, 2004). They serve the director general who recruited them in the first place, and thus submit to his or her power. Furthermore, analyzing the promotion process represents an objective criterion for measuring the impact of politicization on career paths (Rouban, 2004). A lot of expatriate civil servants in Abu Dhabi feel that there is a glass ceiling for their career development.

> *The drawback of being an expat is that you [are always] cautious about not surpassing certain things. For me it is totally OK, because I know I am a visitor in this country and I have my limits. On a regular basis you never feel that. People appreciate you so much, they know your value. It [being EPS] does [affect you] in the career perspective in a sense that: 'That is it!' There is a ceiling to how much you can move. So it limits your options in terms of having a long-term career. If you are driven and ambitious, there is [a place where] after a while you just [stop]. But I think that is natural. Had it been here or any other country, if you are part of a government and you are not a citizen, it is natural for you to move on afterwards (Author interview, A5, March 2014)*[52].

That all being said, the jobs positions claimed by the expatriate civil servants are not securely held and are very likely to be lost for trivial reason at any time. It is very difficult for the expatriate civil servant to secure these job positions which creates an unease among those civil servants. This leads to a very uncomfortable situation characterized by worry, anxiety nervousness, and apprehension. The nervous and anxious expatriate civil servants who are worried that that they might soon be on the job market, find themselves behaving in a way that maximizes their employability prospects. As a result they favor strengthen their career profile with short-term

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[52] The respondent continues to say that she/he is being respected: "Other than that I love my job, I never felt I am disadvantaged. People have so much respect of what I have to say." One might argue that not all expatriate civil servants might find it difficult to make or adapt policies. This argument is questionable because this respondent is stuck in that place - he or she has been trying to find a job outside the Gulf region for a long time, but to no avail (Author interview, A5, March 2014).

achievements such as clear implementation results. This nervousness highly influence the cost-benefit analysis and hence the decisions of the expatriate civil servants. Long-term policy achievements thus are deprioritized as opposed to the short-term achievements. It is the anxiety of those civil servants that can explain the way they behave.

Unempowered Departments Heads

According to rational choice institutionalism, policy actors are rationally self-interested and calculative utility-maximizers (McLean, 1987; Van Winden, 1988; Downs, 1957; Downs, 1967; Becker, 1958; Riker, 1962). They aim to maximize their budgets, power, prestige, or salaries (Self, 1985). At the same time, institutions influence policy actors' individual preferences (Scharpf, 1990; Howlett and Ramesh, 2003); these institutions are intentionally established to facilitate interactions between actors who have ordered preferences and strategic calculations (Hall and Taylor, 1997, p. 476-481). The institutions can be formal or informal organizations, such as cultural rules (Ostrom, 1999). Institutions employ constraints on actors and determine what is rational for them to do in certain situations (Howlett and Ramesh, 2003). The rules of the game increase or lower the cost of 'transactions' among individuals within the institution's orders by forming the interpretation of problems and solutions, and by obstructing the choice of solutions (North, 1990; Williamson, 1985). Therefore, when actors find themselves in an unempowered position, they pursue their preferences within specific norms and rules that influence the expectations and the possibilities of their realization (Williamson, 1985).

Interestingly, it not only expatriate civil servants who are unempowered; some Emirati heads of departments attempt to maximize their benefits and minimize costs as well. Among their attempts at minimizing cost, they avoid making decisions whenever possible (Author's Interview, A21, April 2014). Most of the time, they ask for 'guidance' from higher authorities as a way to escape making decisions that might end up costing them on a political level (Author's Interview, A21, April 2014). In fact, Abu Dhabi's government has acknowledged the problem of slow decision-making by heads of ministries who keep asking for guidance from the Executive Council of Abu Dhabi (equivalent to the cabinet of a Canadian province). As such, the government has been trying to encourage heads of ministries to take decisions in the past few years. They recently authorized a list of thresholds that clarify the maximum amount of money that can be approved for

each position to be spent on policy. They are trying to 'devolve power' to expedite processes in the civil service (Author interview, A21, November, 2014).

However, it is not enough to encourage heads of departments to take policy-related decisions. For example, a new decision denoted that an amount of 30,000,000 USD can be approved by the minister himself without consulting with the Executive Council. As for the Executive Council committees, they can approve up to 250,000,000 AED (around 68,000,000 USD). All decisions that require more than this amount have to go to the Executive Council to be approved. Thus, the government is encouraging bureaucrats to take decisions instead of overloading the executive council with issues that do not need their approval. However, decisions are still getting delayed because top bureaucrats are afraid of taking decisions:

> *Even though officials in the central government are trying to devolve power to bureaucrats, bureaucrats are still afraid to take major decisions. They are used to a different work culture. They keep asking for guidance. It is going to take time to change the work culture. The Abu Dhabi government is already trying to give more power to bureaucrats, and they need to do it more (Author interview, A21, November 2014).*

As seen with Dr. Harrison, expatriate civil servants are afraid of getting fired for taking major decisions. Interestingly, there is no clear guarantee that, when a decision is taken which might anger the politicians, bureaucrats will be immune from punishment. Thus, when an international management consulting firm is too expensive of an option, the easy way out is to hire an expatriate civil servant. Although Abu Dhabi's government is trying to give more power to heads of departments, it still has the ability to punish or remove bureaucrats that challenge a political decision. It is much easier to punish an expatriate civil servant than it is to punish an Emirati bureaucrat (Author's Interview, A21, April 2014); this is because most Emirati bureaucrats belong to local families that form the circles of power in Abu Dhabi. Further research can study a number of issues that arise from this situation, such as: Why does Abu Dhabi's government not protect these expatriate bureaucrats from being punished? Would these bureaucrats ask for more power? Do powerful bureaucrats create a threat? Is it easy to delegate power? Although the next chapter will briefly touch on these points, the limited scope of this dissertation does not allow for a deeper discussion.

A second way for heads of departments to avoid decision-making is to hire international management consulting firms to implement policies, programs, and projects instead of directly

implementing them within the ministry. It is then very easy to blame the international management consulting firms in case a program or a project fails (Author interview, an expatriate civil servants, November 2014). If an international management consulting firm is hired, the government creates a high level strategy for ministries to implement programs that align with it. However, ministries still work in ad hoc manners. Sometimes, ministers suddenly decide to abide by the strategy and follow its guidelines. This is due to a lack of institutional structure or institutional functionality in Abu Dhabi's public service, and the health care sector in Abu Dhabi is no exception. This is unsurprising, given that the UAE is such a young federation; when a one-page decree was published in 1973 to create a list of ministries, there was no clear mandate as to how these ministries were supposed to operate and to what end (Author interview, A21, November 2014).

> *"A [international management] consulting firm was hired to do the restructuring of the entire healthcare system in Abu Dhabi. The old structure did not make sense as the health provider, the regulator and the payer were all the same organization. It was not efficient, and it does not make sense in terms of management. So the consulting firm was hired by the Director General to provide a re-structuring strategy. Then HAAD needed people to implement this strategy. They cannot do it themselves [due to lack of experienced and well-educated bureaucrats]. They [HAAD officials] started recruiting expatriate bureaucrats to create and head the needed departments. They wanted expatriate knowledge to implement the strategy" (Author interview, A1, April, 2014).*

HAAD began to hire expatriate civil servants as ministry staff to supervise policy design and implementation. Expatriate civil servants are cheaper to hire than international management consulting firms; they are also easy to recruit, and thus represent the perfect scapegoat to be dismissed from service when a policy or a program faces some challenges. Expatriate civil servants are thus seen as experts who are hired to apply a political strategy that has already been pre-approved on a higher level. Not only is policy loyalty required, but also political loyalty is a must. What is interesting is that these policies are designed by international management consulting firms on a high level.

International management consulting firms and expatriate civil servants are not only preferred in policy-making for their knowledge, but also because they cannot claim political power based on their knowledge of the policy. It may be argued that knowledge and expertise is still a source of power in daily negotiations within policy-making and implementation, even if there is a

ceiling on how high they can rise. Expatriate civil servants' knowledge does provide them with the power to negotiate within the policy-making process. They are also able to influence policy decisions due to their high position. However, what the politicians are after is the "electoral" political power outside the policy-making process. Abu Dhabi politicians are competitive among themselves and aim to reach higher positions within Abu Dhabi's public administration. Instead of nurturing a system that would generate strong Emirati bureaucrats who might gain political power through successful public policies, politicians hire expatriate civil servants in order to avoid empowering a potential group of competitors. Simply put, the political legitimacy of expatriate civil servants' cannot increase based on their policy achievements because they are, and will always be, foreigners in Abu Dhabi. They do not represent a political threat to the system. Additionally, when something goes wrong, they can easily be punished and dismissed from the service in order to save the politician. While international management consulting firms astutely avoid blame for program failure by avoiding work on project implementation, expatriate civil servants end up paying the price for program failure.

Conclusion

Although the WEQAYA policy transfer was informed, it was incomplete. It is important to provide an understanding of the way expatriate civil servants operate and influence the decision of policy transfer in Abu Dhabi. Abu Dhabi's ambitious economic plans required a modern public service; however, given its poor local public policy-making capacity and young public administration institutions, the government decided to address the issue by recruiting expatriate civil servants from several countries. Abu Dhabi's institutional arrangements, which are constructed to mirror Emirati tribal power dynamics, influence these expatriate civil servants' behaviour and their capacity to enact policy change. As such, they are failing to tackle sensitive issues or problems that might arise during implementation because: 1) they are not empowered; 2) the bureaucratic environment is highly politicized which is caused by the unwarrantable nature of their jobs causing the expatriate civil servants to be very nervous; and 3) the national heads of departments are also unempowered.

Chapter 7. Impact of Politicization

After establishing that expatriate civil servants operate as agents of policy transfer, it is important to discuss the context within which they work. This chapter examines how Abu Dhabi's politicized public administration structures the behaviour of these transfer agents. This chapter discusses the data presented in the previous chapters and links them to existing policy transfer, policy success, and politicization literatures. Additionally, it deliberates on the impact of a politicized public administration on policy-making in general and Abu Dhabi and GCC countries in specific. This chapter also briefly portrays the role of other important actors in policy-making and public administration (such as international management consulting firm), then it investigates how they feed politicization in general. In relation to the research questions, this chapter displays the theoretical expectations about the role of expatriate civil servants in policy transfer and takes it a step further by explaining the impact of the public administration structure on policy-making. For example, the turnover of expatriate civil servants that usually supervise the policy-making process creates a loss in institutional memory in Abu Dhabi's public administration.

The argument of this chapter will be demonstrated by first explaining the degree to which the Abu Dhabi public administration is politicized. This chapter argues that it is highly politicized because, in addition to the strict residency requirement enforced by the UAE on unemployed expatriates, the public administration does not secure career developments for expatriate civil servants. The expatriate civil servants are the weak link in the chain, which exacerbates the politicization of an already politicized public administration. For example, usual political games within the public administration undermine the political position of the primary caretaker of a policy. This impedes the implementation of that policy. Being a caretaker of a policy, as an expatriate civil servant, is even more difficult. The second section shows that the Abu Dhabi's public administration reflects the political circles of power that govern Abu Dhabi. Higher positions in the public administration are reserved for the patriarchs of the powerful tribes that support the ruling Al Nahyan family. The third section studies the consequences of politicization. A politicized public administration in Abu Dhabi negatively affects Abu Dhabi's public policy continuum, which already suffers from a weak local policy-making capacity. Politicization also aggravates the weak motivation for coordination and cooperation among governmental

departments, which, in turn, hinders the success of transferred policies that tackle complex problems.

In his famous study, Woodrow Wilson denotes that "it is getting to be harder to run a constitution than to frame one" (Wilson, 1887, p. 200). According to Wilson, one element that makes this mission difficult is running a non-partisan public administration that is simultaneously loyal to the government (Wilson, 1887). Bureaucracy should be an instrument serving the concrete execution of public laws; and at the same time, it needs to be controlled by electing public servants based on an educated public opinion. Thus, civil servants need to be protected from a politicized environment (ibid). Electing public servants makes them, rather than politicians, directly accountable to public opinion. By being elected, civil servants would enjoy political legitimacy, or logical legitimacy, to use Max Weber's terms (Weber, 1991; Wilson, 1887). This legitimacy might be transformed into a larger amount of power for civil servants in the face of politicians' demands. Hence, this would provide some kind of a protection against politicizing the public service by politicians.

Although Weber agrees on the importance of a bureaucracy that is protected from politicization, his viewpoint opposes Wilson's. While Wilson advocates for electing bureaucrats, Weber argues that bureaucrats need to be appointed based on merit (Weber, 1991). Also, while Wilson describes the traits of a bureaucrat, Weber focuses on the characteristics of the bureaucracy itself and describes the personal position of the officials (Weber, 1991). According to him bureaucracy requires six characteristics: 1) clarity of jurisdictional area where every public administration organization has its own jurisdiction; 2) principle of hierarchy with a superior-subordinates system which allows appeals; 3) management based on written documents in order to clarify the delineations and provide a memory of the duties of officials; 4) capacity-building for public servants; 5) a disposition of the official to his job; and 6) learnable rules, where it is the rules that govern and not the individuals (Weber, 1991). He adds that public servants' power stems from their knowledge and specialization; there is no need to control them, as the hierarchical and neutral aspect of bureaucracy makes it self-controlled. In return, qualified public servants who have the vocation to fulfill their functions should be ensured of a fixed salary and career path by the state (Weber, 1991).

Weber further states that bureaucrats might become an empowered group within the state where bureaucracy has unlimited extension in society (Weber, 1991). There is a hidden conflict of

ethos between politicians and civil servants; the politician is held responsible and should be accountable for political decisions, and he or she will have to leave office if a problem occurs. The politician seeks allies to help him get re-elected; on the other hand, the bureaucrat is not 'personally responsible' and is not expected to leave office if the views he or she has provided are not accepted. The bureaucrat sacrifices his or her own convictions for his or her task; and although bureaucrats give advice to politicians, if their supervisor maintains the decision, the bureaucrat must execute the order. This is what makes the model effective - bureaucrats need to stand outside of political struggles and respect formal rules and the ethos of obedience (Weber, 1991).

Interestingly, this normative perspective of bureaucracy is slowly fading in most of countries that have Weberian bureaucracies. Bureaucracies, at least in developed countries, are getting increasingly politicized (Peters and Pierre, 2004). Politicization is used by governments to strongly control policies and implementation (Rouban, 2012; Peters & Pierre, 2004)[53]. In light of this, the present study is interested in answering the questions: How do bureaucracies influence the process of transfer and the behaviour of the agent of transfer, and how can certain bureaucracies necessitate policy transfer? The answer lies in the way bureaucrats with certain backgrounds dominate the discussions about policy solutions and the way they hijack the decision on which solution to choose (Simeon, 1987, p: 171; Inwood, 2005; Allison, 1969). More specifically, the structure and the highly politicized environment of the public administration, in which certain bureaucrats operate, give these bureaucrats the incentive to guide policy discussions towards specific directions. For example, the discussions might be directed to result in a bias towards policy transfer from countries with which those bureaucrats are familiar. Thus, this dynamic is an additional underlying reason that explains why governments choose to import policies; this challenges the literature's suggested reasons for policy transfer.

Scholars generally attribute policy transfer to the changes in the context of policy-making (Skogstad, 2005). Economic development, international organizations, and citizen engagement minimize state capacities and create an institutional void, which leads to pressures for policy convergence (Skogstad, 2005; Hajer, 2003). However, the correlation between the changing context and policy transfer might not be plausible. Economic development in some countries has

[53] Rouban, Luc. 2012. "Politicization of the Civil Service." In The SAGE Handbook of Public Administration, edited by B.G. Peters and J. Pierre.

a weak influence on public administration due to the design and the path dependence of its public services. Instead, the nature and characteristics of the public service might explain some of the policy-making directions (Peters & Pierre, 1998). Being part of the policy-making, policy transfer, and policy implementation process could be influenced by these characteristics as well

In Abu Dhabi and most GCC countries, the public administration is inspired by the New Public Management school of thought (Common, 2008). The political structure of Abu Dhabi has led to a highly politicized public administration since its establishment. The reason behind such politicization lies in the structure of Abu Dhabi's political system, which was formed on the basis of a century-old alliance of tribes who helped the Al Nahyan dynasty to protect Abu Dhabi from neighbouring Sheikhdoms[54] (Davidson, 2009, p. 2). Let us start by explaining how and why Abu Dhabi's public administration became politicized.

How Politicized is the Abu Dhabi bureaucracy?

It is important to shed more light on the power dynamics between politicians and bureaucrats, both national and expatriate, in Abu Dhabi. Bureaucrats in Abu Dhabi seem to lack the power needed to prevent major anticipated problems, or to amend policy implementation based on lessons learned during the early stages of implementation. For example, the WEQAYA team demanded a higher level of coordination and cooperation with important governmental organizations during the implementation stage, but to no avail. Examples of such governmental organizations include the Abu Dhabi Education Council and the Abu Dhabi Department of Finance (Author's interviews, A2, February, 2014). Literature tells us that politicians prefer to adopt policies that will yield results during their mandate before the upcoming elections (Cox 1997). This is not the case in Abu Dhabi's public service because of the lack of electoral accountability. In this case, it is the expatriate civil servants, who work on temporary contracts, who prefer policies with very clear policy results. These expatriate civil servants are recruited to design, implement, and evaluate policies on contracts that are usually up for renewal on an annual basis. As will be discussed below, since their contracts are temporary, and because they are aware that they might soon be on the job market, expatriate civil servants tend to behave in a way that maximizes their

[54] It is interesting to incorporate the literature in comparative politics on weak and strong states, such as the Migdal study (see http://books.google.ca/books/about/Strong_Societies_and_Weak_States.html?id=lbEM3qyWIqgC).

employability prospects. They attempt to do this by bolstering their resume with short-term achievements such as clear implementation results[55]. The cost-benefit analysis of long-term policy achievements is negative in the expatriate civil servant's calculations. Additionally, when expatriate civil servants' contracts are terminated way before any progress is recorded, long-term successes are likely to be attributed to the bureaucrats who are in office when the results are finally made public. As an expert in Abu Dhabi's public sector puts it: "They [the expatriate civil servants] are there for [the] short term, so they have no appetite for long-term results" (Author interview, A10, April 2014).

One might wonder why those who are higher up in the administration do not institute incentives, policies, or plans to avoid employability-maximization among expatriate civil servants; specifically, the best incentive for expatriate civil servants is to be granted a secure job with no glass ceiling. This is a valid question. The answer lies in the structure of the public administration in Abu Dhabi. As discussed earlier, the public administration reflects that structure of the circles of power in the emirate, and this cannot be granted to individuals who do not belong to Abu Dhabi's important families.

Expatriate civil servant as employability-maximizers. Facing a government known to be inconsistent and hasty to fire expatriates at a whim, and with the objective of securing their jobs, civil servants care most about attaining results in the short term. The failure of a policy will definitely affect their careers, if not result in their termination. Terminating Dr. Oliver Harrison, the previous director of the Public Health and Policy Department, and Dr. Hajat, the project manager, are clear examples of this. Because expatriate civil servants acknowledge that they will eventually be back on the job market, they feel the need to pursue clear achievements in order to bolster their resumes for the next job search. This leads them to prioritize policies with better and clearer results. At the same time, their options might be limited to Abu Dhabi's public administration, because the market for expatriate civil servants is often non-existent in other regions in the world; some countries simply do not hire non-citizens in their bureaucracies. Moreover, they might not have the required relevant experience to return and work in their own

[55] For more information about this point, see: 1) Radaelli, C. M. (2005). Diffusion without convergence: How political context shapes the adoption of regulatory impact assessment. *Journal of European Public Policy,* 12(5), 924-943; and 2) Radaelli, C. M. (2009). Measuring policy learning: Regulatory impact assessment in Europe. *Journal of European Public Policy,* 16(8), 1145-1164.

countries' public administration. One might further argue that they could go on to work in the non-profit sector. However, their experience with the non-governmental sector might be considered inadequate, since this sector is generally not as sophisticated in Abu Dhabi as in their countries of origin (Author's interview, A5, March, 2014). The idea of joining the private sector is potentially difficult as well. Management consulting firms, for example, may take interest in their expertise. However, these firms prefer to hire recent university graduates, experts with private sector experience, or public sector experts who have been working in western public administration. That being said, these expatriate civil servants are most likely left with a single option. Therefore, their top priority is to design and implement policies with short-term results in order to have a better chance of getting hired in another one of Abu Dhabi's governmental organizations. The second-best choice is to get hired in another GCC country's public service. Given that the GCC region is relatively small and the Gulf States are well-connected to each other, the reputation of expatriate civil servants reaches other GCC countries more quickly than expected. Thus, in a relatively short period of time, a policy with poor results might ruin an expatriate civil servant's reputation within the entire GCC region[56].

Interestingly, Emirati heads of departments do not have to worry about expatriate civil servants seeking quick results because the performance-based aspect of maintaining their position is not concrete enough. The following examples illustrate this: the previous Director General of HAAD, Mr. Ziad Al Siksek[57], an Emirati, was promoted to be the Director General of the Abu Dhabi General Secretariat of the Executive Council in January 2013. Also, Dr. Omniyat Al Hajeri[58], an Emirati, was promoted to replace Dr. Oliver Harrison[59], an expatriate, as the Director of the Department of Public Health and Policy in May 2012. On the other hand, Dr. Oliver Harrison, a British citizen, was the Director of the Public Health Department at HAAD from 2006 to 2012 and then moved on to be the Director of Strategy (a consultative position with less

[56] At the same time, data denotes that several international management consulting firms, which are very active in the GCC region, are interested in quick wins so they can keep receiving business from the Abu Dhabi government. They only aim for sustainable policies if they are responsible for the policy implementation, as opposed to mere policy design, where they can blame the government's poor policy implementation for the poor results.

[57] Mr. Al Siksek's LinkedIn profile can be found here: https://www.linkedin.com/pub/zaid-al-siksek/1/726/9a2

[58] Dr. Omniyat Al Hajeri's LinkedIn profile can be found here: https://www.linkedin.com/pub/omniyat-al-hajeri/22/772/4b7

[59] Dr. Oliver Harrison's LinkedIn profile can be found here: https://www.linkedin.com/pub/oliver-harrison/a/aa1/445

authority), before being terminated in June 2013. At the same time, Dr. Cother Hajat[60], a British citizen, was supervising WEQAYA in her capacity as the Manager of Cardiovascular and Chronic Diseases section at HAAD between September 2008 and November 2011. She was later replaced by Ms. Shereena Mazrouie[61], an Emirati.

Thus, it seems that Emirati bureaucrats can maintain their positions by simply taking few risks; in other words, by doing little but maintaining positive relationships with key political figures in the government. For example, it was unclear whether sufficient discussion occurred within the cabinet before WEQAYA was approved. No discussions were published about this policy. Additionally, if cabinet members had had doubts about the effectiveness of the policy, it is unlikely that they would have rejected it; this is because all heads of departments need to maintain an amicable relationship with each other so that their cabinet positions are not questioned. In other words, accountability in Abu Dhabi is not electoral; rather, it is directed at the other cabinet members and their families, because the latter have the power to negatively influence the members' relationships with the ruler of the Emirate and ultimately get them removed from the cabinet. On the lower bureaucratic level, the discussion brings us to the debate about the *social contract* between the Abu Dhabi government and Emirati individuals in general. It is important to understand this point in order to comprehend the dynamics between Emirati politicians and national or expatriate civil servants. In Abu Dhabi, the unwritten bargain that states what the government provides the individuals and what people expect from the government fits the 'Rentier States' criteria (Skocpol, 1982; Mahdavy, 1970; Beblawi & Giacomo, 1987). Rentier states are countries that regularly receive substantial amounts of external rents. External rents are defined as "rentals paid by foreign individuals, concerns or governments to individuals, concerns or governments of a given country" (Mahdavy, 1970, p. 428). Oil revenues received by the governments of oil-exporting countries are considered external rents (ibid.). The rentier state has four characteristics: 1) rent situations predominate the state's economy; 2) the economy relies on a substantial external rent and thus does not require a strong productive domestic sector; 3) only a small proportion of the work force is actually involved in the production of the rent; and 4) the government is the recipient of the rent (Beblawi, 1989). The rent situation indeed dominates Abu

[60] Dr. Cother Hajat's LinkedIn profile can be found here: https://www.linkedin.com/pub/cother-hajat/1a/226/b91
[61] Ms. Shereena Mazrouie's LinkedIn profile can be found here: https://www.linkedin.com/pub/shereena-mazrouie/37/3aa/4b3

Dhabi's economy, since the proportion of income generated from oil exporting is around 60% (Statistics Center of Abu Dhabi). The government is currently making a lot of effort to diversify its economy; however, the pace of this diversification is still slow (Davidson, 2009). Thus, Abu Dhabi's economy still relies heavily on oil exports, which neither requires a very strong productive domestic sector nor a large work force, and the government is the recipient of the oil income (Davidson, 2009).

Simultaneously, in a social contract within a rentier state, people expect the government to share the wealth from natural resources with them in the form of subsidized - and sometimes free - education, health, inexpensive energy, and public sector jobs, even if they are not needed (Beblawi and Giacomo, 1987). In general, public sector jobs can be given to employees without the requirement of good university degrees, and with no expectation that they work hard or perform well. This is one of the reasons why citizens have fewer incentives to build their capacity and be productive and perform well in such states (Beblawi & Giacomo, The rentier state, 1987). This might explain the low performance and productivity of the public sector in most GCC countries. It also illuminates why international management consulting firms and expatriate civil servants are needed to such a large extent.

Why is it a highly politicized public administration?

The public administration is inherently manufactured by politics and plays a role in deciding how public services are distributed among citizens (Peters & Pierre, 2004). The public administration influences 'who gets what' from the public wealth. The importance of the public administration's role in deciding who gets what is greater in a very wealthy country that is trying to distribute monetary gain generated from abundant natural resources. Politicians usually seek to maximize their control of government organizations (Peters & Pierre, 2004). Therefore, in Western democracies, the pattern has been to protect the public service from politicians in order to ensure fairness (Torstendahl, 1991). This is not the case in Abu Dhabi. The development of both the public service and the political process in Abu Dhabi are not comparable to those in Western democracies. For example, the partisanship factor, which is an important explanation factor, is irrelevant in the case of Abu Dhabi because there are no political parties.

One could argue that the case of Abu Dhabi may considered as patronage politics rather than a politicized bureaucracy. However, it is important to remember that politicians use

appointments to control policies, while patronage does not necessary seek to control policies. This case could be denoted as politicization for reasons of patronage that is characterized by buying support, keeping friends, and maintaining the legitimacy of the system. Additionally, the dynamics that pressure the public service to be isolated or protected from politicization in Western democracies have never existed in Abu Dhabi. In Western democracies, politicization could be a quest to control bureaucracies, where governments want to control the policies of their organizations (Lewis, 2008). But in Abu Dhabi, public service has always been controlled by the ruling elites; in that case, why is it still politicized then?

The politicization literature notes that in industrialized democracies, governments are trying to limit the power of a strong public service that resulted from public sector reform (Kavanagh, 1990; Dudek and Peters; 1999; Peters, 1998). This argument is challenged in Abu Dhabi because the horizontal cleavage between government and public service is not as clear as it is in an industrialized democracy. The division in Abu Dhabi is much more complex. There is a clear vertical cleavage that divides the government and the public administration into departments headed by members of Emirati families. This cleavage is influenced by the hierarchy that constructs the Abu Dhabi circle of power, which is formed by powerful and less powerful Emirati families. Hence, the coordination among government departments is highly influenced by the personal and political relationships among the heads of departments, who in turn inherit the tribal political structure as well. I will now briefly explain this political system, because the public administration that influences decisions on policy-making, including policy transfer, reflects the dynamics of the political system in Abu Dhabi. Expatriate civil servants who shape the decision of policy transfer are recruited and expected to operate and succeed in this environment.

Abu Dhabi's political system is based on a century-old alliance of tribes who helped the Al Nahyan dynasty to protect Abu Dhabi from neighbouring Sheikhdoms (Davidson, 2009, p. 2). The Emirate has a very well-defined hierarchy and a clearly structured circle of power. Key members of powerful families and loyal clans, who total thirty individuals or so, are appointed in directorial roles in Abu Dhabi's large public sector. This makes Abu Dhabi a system of 'tribal capitalism' (Davidson, 2009, pp. 111-112). In this hybrid semi-formal political system, patriarchs of these loyal clans become cabinet ministers or officials in public sector institutions. Members of lower clans, which newly moved to Abu Dhabi or joined alliances against Al Nahyan rulers decades or centuries ago, can also join the public sector, but are underrepresented in the

establishment. With few exceptions, they are not appointed in top public sector positions, but are able to assume lower public service positions (Davidson, 2009, pp. 111-112). Since its establishment in the 1960's, the public service is used to maintain this political alliance in the Emirate. It helps ensure political stability and reinforces the circles of power.

This is one of the prominent reasons why the public administration in Abu Dhabi is politicized. While this does confirm the reasons of politicization, as the literature suggests, the insinuated and underlying reasons are challenged (Verheijen, 1999; Kavanagh, 1990; Dudek and Peters, 1998 and 1999). In industrialized democracies, politicians try to increase their control on the public administration in order to avoid being blamed for failed policies and to secure re-election (Aucoin, 1990; Peters & Pierre, 2004). However, in Abu Dhabi, electoral accountability is not a question. The control of the public administration has always been large in scale. Also, the underlying reason for controlling the public administration is a reflection of the unwritten bargain that decides how the external rent is distributed among Emirati families[62].

A second reason for maintaining a politicized public service is positioned within the ruling family itself. The distribution of powerful positions has historically played, and still plays, an important role in managing the ambitions of the Al Nahyan family itself, as stated by Davidson:

> *So far, trouble has been avoided, with one peaceful post-Zayed[63] succession having already taken place and with the future ruling line seemingly established. Much of this stability can be attributed to Zayed's careful management of the dynasty during his final years. With formalized governmental, military, and economic posts to distribute to his most ambitious sons and other relatives - something his predecessors never had the luxury of - Zayed fashioned his family into something comparable to a large political party operating within a single party system. Rival claimants, even in large numbers, could thus be kept within the network by being consoled with mini-fiefdoms and meaningful responsibilities. Favored, popular sons who proved their abilities and demonstrated their worthiness as potential successors could then slowly be allowed to build up sufficient power-bases incorporating their less powerful siblings. Conversely, renegade sons who attempted to remove their adversaries or seize too much power would effectively be ostracized by their*

[62] Scholars denote that it is politicization for reasons of patronage: buying support and keeping friends and maintaining the legitimacy of the system.

[63] Sheikh Zayed Al Nahyan was the ruler of Abu Dhabi, as well as the founder and first president of the United Arab Emirates.

> *peers - most of whom would stand to lose in the event of instability given their stakeholder status in the dynasty (Davidson, 2009, pp. 95-96).*

Lower public service positions are also used by the appointed top officials to build a base of power within the political system. At this point, it would be helpful to quickly study dynamics within the tribal alliance competition. Competitive members of loyal families attempt to project an image of successful public sector or private sector directors - there is no place for failure. Criticism of these families' patriarchs is not publicly allowed and never mentioned in the media. Within this environment, expatriate civil servants are recruited to design and implement policies. Basically, if you fail, you are out.

A third reason for maintaining a politicized public service is to encourage Emiratis who belong to less powerful families to stay in the Emirate of Abu Dhabi. Not only is their loyalty needed, their families are invited to move in from other Emirates and live in Abu Dhabi as well. The seven Emirates that form the UAE have been trying for centuries to attract Emirati families to settle down and populate their emirates; a larger population can build a larger army for the Emir. In fact, Emirs used to compete for popularity, which was measured by the number of Emirati citizens who move and live in the Emirate he rules. This process is described as 'voting by legs' by Emirati families for the popular Emir (Davidson, 2009). In return, the Emir would help these families with financial, economic, and social provisions. Positions in the public sector are among the rewards given to these families.

Therefore, politicization in Abu Dhabi is not used to seek to control the public service as much as to seek political stability. Accountability is mainly directed upwards. Expatriate civil servants are always accountable to the directors of the governmental organizations that hired them. In turn, the directors are accountable to the members of cabinet who appointed them, and the members of cabinet are accountable to the Emir of the Emirate. Whenever an event foments political tension among any of the political system's players, the weakest link in this chain is the expatriate civil servant.

Consequences of Politicization

Most research suggests that politicizing the public service has negative consequences[64] (Peters & Pierre, 2004; Listhaug and Wiberg, 1996). According to the data, this is also the case for Abu Dhabi, where policy sustainability and policy-making capacity are two of the major issues that deserve scrutinizing.

Policy discontinuity. Major health sector actors in Abu Dhabi are sceptical about policy continuity within their own field. The high turnover in expatriate civil servants that are hired to supervise the policy-making process creates a loss of institutional memory. As a principal in one of the international management consulting firms states: "The change of expatriate civil servants leads to no continuation in policy implementation" (Author interview, international management consulting firm principal, April 2014). Specifically, the fast turnover of expatriate civil servants obstructs policy-making because this dismantles the team and the energy behind creating the policy[65]. Additionally, expatriate civil servants come from several countries with various backgrounds, education, and experience. Since each one comes from a totally different school of thought in terms of public service, replacing expatriate civil servants with new ones creates uncertainty in policy-making due to the continuous modification and re-modification of old policies:

> *There are lot of erratic behaviours. Most of the time they try to replicate what they did in their countries. [Policies, they suggest] are not culture-sensitive. I definitely think that their role affects the chances of implementation success (Author's interview, A12, April 2014).*

A former expatriate civil servant who played a role in supervising WEQAYA believes that WEQAYA is not sustainable because of the high turnover of expatriate civil servants: "The measurement of any program's success is sustainability and impact" (Author interview, former HAAD expatriate civil servant, April 2014). The expatriate civil servant argues that a policy that tackles a very difficult problem needs a substantial period of time to show results. One cannot

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[64] According to Peter and Pierre (2004), the consequences include poorer efficiency of public service, loss of confidence in the fairness of the government's institutions, limited accountability of public bureaucracy, and corruption.

[65] The previous director of the Public Health and Policy Department, Dr. Oliver Harrison, states that: "[HAAD] is going back to where it was before the restructuring... The force that was there and worked on all those innovative initiatives are not there anymore. What is stuck there, what is running now is all what we created. I hope that they don't start fading away. The flame is not there anymore. This force that helped creating, implementing and running the policy is not there" (Author's interview, Dr. Harrison, April, 2014).

expect immediate results. Thus, blaming a lack of results on expatriate civil servants, and subsequently firing them, is unfair. The expatriate civil servant argues that the second wave of WEQAYA has witnessed a very low participation rate due to the turnover of expatriate civil servants who were working on this policy (Author interview, previous HAAD staff, April 2014).

Another clear example of the discontinuation of policy supervision is the functionality of the Technical Committee that was formed to supervise WEQAYA. Due to the lack of local capacity, HAAD contacted several international experts to join the membership of a technical committee tasked to supervise the implementation of WEQAYA. However, "[it seems that] the technical committee was for the establishment of the program only. The technical committee is not meeting anymore" (Author interview, official in Abu Dhabi's public service, April 2014).

An international expert who works in Abu Dhabi thinks that the policy does not have high sustainability due to many factors. "If you have high calibre people with good ideas, it interferes with individual interests" (Author interview, international diabetes expert, April 2014). According to this expert, the ideas of the previous public health director were adequate and acceptable, but he clashed with the individual interests of other people in the market. "In any system, there is always a third party influence." When there is a strong and transparent system, things would eventually work. However, there is no independent regulatory body in Abu Dhabi.

> *HAAD is not an 'authority' per se. They do not have power or influence… For example, we had to tackle the problem of the inflated drug list and too much money [was spent]. I was able to decrease the list. I would have saved at least 20,000,000 AED [for the government?]. But [I understood that] it was not 'my job.' I was intervening in the third party's 'benefit.' When you take a decision you have to take care of the [interest] of the third party (Author's interview, A19, April 2014).*

Lack of strong policy-making capacity. Policy capacity is defined as the ability of the policy maker to overcome barriers, such as the capacity limits of political leaders and the impediments of active policy entrepreneurs, and to manipulate the process in order to produce desired outcomes (Peters, 1996). Policy capacity is concerned with formulating and implementing clever and potentially effective policies (Pressman and Wildavsky, 1973; Freudenberg and Gramling, 1994). It has two dimensions: 1) procedural, which is the capacity of the policy-making system to respond to changing demands and translate the wishes of the mass public and interest

groups into public policy (Rose, 1974; Peters 1996); and 2) substantive, which is the utilization of knowledge within the policy-making process (Torgerson, 1986).

Some experts argue that Abu Dhabi's government, like other GCC governments, does not show a strong commitment to building and supporting local policy-making capacity. They point to the fact that there has been no formal program for policy training. For instance, there is no nationwide program that sends public servants for training abroad, so that they can return with the required knowledge. In the GCC region, there is only one example of this, where the Saudi government sent public servants to study in a western country before returning home to utilize their knowledge (Author interview, A15, April 2014)[66].

However, Abu Dhabi's government recently launched a program with a top academic institute, namely the Harvard University Kennedy School for Government, to train a number of Abu Dhabi's public servants each year. The program fully funds the tuition and living expenses for Emirati public servants that are accepted into in the master's degree program in public policy and public administration. This shows the Abu Dhabi government's commitment to train its Emirati public servants. The government is also placing pressure on expatriate civil servants to train their Emirati colleagues as part of the Emiratization program. This program requires that expatriate civil servants train Emirati civil servants so that the latter may replace the former after a few years. These signs indicate that the government of Abu Dhabi is committed to building the local capacity of policy-making.

What explains the lack of strong local capacity is the existing incentive system that affects both Emirati and expatriate civil servants' behaviour. A politicized public service that limits the power of public servants might represent a serious obstacle to a dynamic capacity-building process. Emirati public servants who belong to (relatively) underprivileged families are aware of the glass ceiling for their career development. Although there are exceptions to this rule, the top positions are usually only accessible to those from powerful families. A number of well-educated and ambitious Emirati public servants complain about this career cap (Author Interview, April

[66] Abu Dhabi officials do not only prefer international lessons over local lessons, but also over regional lessons. According to a health policy expert: "Why GCC do not look locally or regionally for solutions?! In reality GCC countries do not like to look at other GCC countries. For example, if you tell Saudis to look at Dubai, they say Dubai's population is smaller than a small alley in Riyadh. And if you ask Dubai to look at what Saudi Arabia is doing, they say: 'Those people have a lot of money, we do not want to look at them.' Usually, UAE loves to look at Singapore, which is a great model for them. Recently, they look at South Korea. The typical countries are USA, Germany, and other European countries" (Author interview, A15, April 2014).

2014). Unless a clear career development mechanism is established in the public service, lower echelons might prefer to invest their time and effort elsewhere. This relates to the social contract between Abu Dhabi's government and its citizens; unless the social contract - or what Davidson calls the 'unwritten bargain' - is changed, the Emiratization process might face a lot of obstacles (Davidson, 2009).

The reasons above also cause expatriate civil servants to have different priorities. GCC labour experts have been vocal about the need to nationalize expatriate civil servants as a measure to retain and bolster public service performance in the region. They argue that nationalization might enhance the Emiratization process as well. Although the Abu Dhabi government is aware of this, its cost-benefit calculations of fixing this aspect yields a negative value[67]. However, in the face of the current political instability, the government is facing a lot of challenges. Plummeting oil revenues and mounting security problems in the Middle East might aggravate these challenges and force the rulers of Abu Dhabi to make some tough decisions.

Weak motivation for coordination among departments. Interestingly, there is a clear lack of motivation for Abu Dhabi's departments to coordinate and work together on certain policies. Departments are always invited by other departments to join the effort in designing and implementing policies and programs. According to the data, invited departments do not show full commitment to working and dedicating the needed capacity to the policy at hand. In the example of WEQAYA, the vast majority of departments invited to join policy-making, were reluctant. For example, as seen in the WEQAYA Program Document and confirmed in field interviews, the Abu Dhabi Department of Finance and the Abu Dhabi Education Council did not bother to send representatives to be part of the WEQAYA Technical Advisory Committee. These departments, among others, were invited by HAAD and were "informed that HAAD see that their participation in the committee is of great importance for WEQAYA." These departments did not end up sending

[67] Another example of the lack of incentive is diabetes education for diabetic patients. According to a health expert: "It is the fault of the system. The health care market is more business-oriented. If you do not create incentives for diabetes education, [no one would want to get involved]. The official price for diabetes education is 47 AED (17$), which is very low. The price of 47 AED is not enough to pay for educators. We are keen to implement the German program. It is much easier to click a key and get 4,000 AED. There is no incentive to implement diabetes education. Also the health education is not going well and about to stop… A national diabetes plan is not present. There is no diabetes education, or diabetes educators [and we have been asking for this for years" (Author interview, diabetes expert working in Abu Dhabi, April 2014).

a representative or providing a clear reason for not doing so (WEQAYA Program Document, 2010; Author's Interview, A9, April, 2014).

> *It is why the WEQAYA program document looked at whole of government and whole of industry that there is a very critical need for those players to come into place. Take the example of the implementation of the 'No Tobacco,' they do not have synchronized whole of government action, from the perspectives of regulatory, commercial, and enabling of the population, you do not necessarily get all of things done in the right timeframe, or sinking in move-forward. That is an important challenge to get into perspective. It is related to politics but it is also related to a coordinated whole of government whole of industry momentum (Author's interview, A16, April 2014).*

This is different from other more traditional bureaucracies because of the development path that Abu Dhabi's departments went through. Competition among departments has been induced by recent reforms in a number of industrialized democracies, one of which is the New Public Management (NPM) school of thought (Hood, 1991; Boston, 1996). However, although Abu Dhabi's public administration is inspired by NPM, the competition among its departments reflects the personal competition among its heads of departments. This has a negative impact on coordination among departments and exacerbates the already politicized public service in Abu Dhabi. Thus, when certain departments compete with each other on designing and implementing programs, they place less effort in communicating with important players to synchronize their endeavours.

There are other examples where the Abu Dhabi government implemented programs without coordinating with other relevant departments. For instance, when buying cancer-testing machines, many resources were not allocated properly.

> *Cancer is not a very big issue in UAE. However, they are still investing financial and human resources in cancer programs. For example, MUBADALA bought very expensive machines to screen [for cancer]. Look at the National Cancer Center [with its fancy equipment]. Also, usually the PET scanners are only used for research purposes. They want to use them for scanning regular patients. There is a huge gap between provision and the need. Mental health issues and* cardiovascular disease *issues are huge. A huge number of hospitals [in Abu Dhabi] are highly technologically equipped, but the basic screening equipment [for diabetes] is missing (Author's interview, A2, April 2014).*

Another example is in the diabetes prevention sector itself. It seems that the player, namely DAMAN, designed and launched a program that had the same objectives as one of WEWAYA's programs. Experts stress the need to coordinate with other governmental organizations in order to properly deal with diabetes: "It is not only HAAD. This requires all the other entities. It starts with infrastructure, city development, it goes into education and all other things that you need to address in order to address this comprehensively. It is not something that one entity can drive. So this is much more complex" (Author's interview, Partner in one of international management consulting firms in Abu Dhabi, April 2014). HAAD was actually aware of this issue, so they sent invitations to eight other local governmental organizations, asking them to join WEQAYA's Technical Advisory Committee[68] (WEQAYA Programme Document, HAAD, 2010). HAAD complains that the other governmental organizations did not show enough commitment to support WEQAYA; particularly since some of them did not nominate a representative for the Technical Advisory Committee (Author's interview, Marsh 2014).

On the other hand, some governmental organizations blame HAAD for not engaging them properly in policy-making. The National Health Insurance, DAMAN, claim that HAAD did not share enough information with them during the earlier stages of WEQAYA; they were only told about the policy later. DAMAN had been concerned about the complications of diabetes mellitus and its economic burden, so it had invested significant resources to develop a disease management program for these patients. Interestingly, HAAD was developing a very similar disease management program within WEQAYA itself at the same time (Author's interview, top expatriate civil servant at DAMAN, April 2014). This is yet another example of poor coordination among Abu Dhabi's departments.

The reason behind this tacit competition among departments could be attributed to the competition among the heads of these departments. Heads of departments are in a continuous quest for new, advanced, and innovative solutions for problems. Since they have the required resources and can hire expatriate civil servants to implement programs, they try to be the 'best.' According to the data, the disease management program is one of several projects where two different departments ran into duplication.

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[68] These organizations are: The Abu Dhabi Food Control Authority, the Abu Dhabi Environment Agency, the Abu Dhabi Municipalities, the Abu Dhabi Education Council, the SEHA Health Provider of Abu Dhabi, the Abu Dhabi Mubadala Healthcare, the DAMAN Health Insurance of Abu Dhabi, and the Abu Dhabi Sports Council.

But how does this lack of coordination affect public policy-making? Poor coordination leaves public servants, and especially expatriate civil servants, unchallenged. One might argue that competition among department heads could challenge them and increase their attempts to find supporters and reach out to relevant audiences, thus increasing the quality of their programs. This is actually what Abu Dhabi is seeking in following the New Public Management school of thought (Common, 2008). However, due to the lack of electoral accountability and the absence of a large margin for media organizations to investigate policy implementation, competition in Abu Dhabi actually leads to *undesired* results and a lack of coordination and will for cooperation. Data suggest that policy teams who spearhead the design and implementation processes are not usually properly challenged. In the case of WEWAYA, as mentioned above, relevant healthcare players and stakeholders (including DAMAN, major health research bodies, and key private sector companies) were not properly engaged in almost all of the policy design stages. These stakeholders who appear to have several points of criticism on the design and management of WEQAYA, could have raised these issues earlier on. This would have challenged the WEQAYA team with regards to the way the problem is defined, which solutions to look for, and where to search for these solutions.

Engaging local health and academic experts, community leaders, and even private sector companies in the early stages of policy-making might have led to posing and discussing important questions about the appropriateness of transferring a policy and how suitable it is for the local context.

> *If these organization and stakeholders were involved upfront, and there was willingness to collaborate, because no one entity can handle such a big project on their own, [the chances of success might be higher]. It is a huge task. I think that the health authority were pioneers in developing the program, but one of the key success factors would have been to engage with these stakeholders upfront and possibly allocate responsibilities so that this can become a full community collaboration rather than the health authority putting down the policy and seeing it through. There is still room to engage with stakeholders at this stage, because we still believe this is will continue to be a big issue. We are talking about a collective of five non-communicable diseases that will not go overnight. There needs to be real strong mobilization and partnership to see them through… I think, at HAAD, the initiative was very well endorsed and accepted, but the question is: To what level was that a key success factor for their policy department moving forward? These kinds of initiative that require mobilization of departments and resources, whether it is financial or*

> *manpower or non-manpower, needs continuous endorsement from the leadership in order for them to see the light and to be materialized. I am not sure if this was the case in HAAD. HAAD had very big dreams, yet it is a small and very young health authority. So I do not know where WEQAYA was in that in terms of its priority. (Author interview, A8, March 2014)*

According to the data, private pharmaceutical companies were in the lead in terms of measuring the magnitude and the burden of health problems, and they were using several statistical methods that HAAD did not possess. The capacity and the contacts that these international companies could have brought to the early stages of the policy design would have positively influenced the discussions:

> *With very objective tools that were academic tools from the University of Oxford, so it is not [our company's] tool. This is an independent tool that we licensed for HAAD to use for a period of a year and a half in order for them to simulate the data and look at the projection of how this data will look like in the future (Author interview, A8, March 2014).*

That being said, one might wonder why these local areas of strength were not utilized earlier. One reason relates to the high turnover of expatriate civil servants, which tends to decrease institutional memory among departments. As discussed above, the ability of policy makers to overcome barriers and manipulate the process in order to produce desired outcomes depends on: 1) the ability to respond to the wishes of public (Rose, 1974; Peters 1996); and 2) the utilization of policy-making knowledge within the policy-making process (Torgerson, 1986). A high turnover limits both of these abilities, since new expatriate civil servants will need to learn about the wishes of the public and the existing policy-making knowledge before even beginning to design any policies. This is at odds with the aforementioned need for quick results. Thus, when new expatriate civil servants are hired, they tend to look for quick lessons from international standards, instead of coordinating with local policy-making stakeholders. This is why policy transfer is almost always their preferred solution.

According to the literature, civil servants usually have the incentive to utilize the imported policy as an exemplar and a model which can be improved upon, rather than just applying a solution to a local problem in a quick, symbolic response to assuage pressure (Bennett, 1991, p. 36). They might also have the desire to imitate, rival, and excel (Rose, 1988). As such, knowledge is effectively utilized to analyze which parts of the program are appropriate to import and which

must be disregarded (Bennett, 1991). However, in the case of Abu Dhabi, expatriate civil servants have neither the institutional memory nor the ability to look into the past experience of their organizations for solutions to anticipated problems. This is because policies and administrative structures in Abu Dhabi are relatively new. Furthermore, most documentation is in the official language of Arabic, which most senior expatriate civil servants do not understand. Therefore, they cannot draw lessons from the past, as Heclo (1997) and Etheredge (1985) recommend; it is very challenging for them to "understand under what circumstances desirable features of a program in Country A might be introduced in country B and have a reasonable probability of success" (Rose, 1988, 233). Additionally, according to a western academic who used to be an expatriate civil servant in the UAE's public health sector, expatriate civil servants do not fully understand the culture:

> *A lot of them come here thinking that the world is divided male and female, but if you have a female patient she is not going to show you anything. It is her life, it is her privacy. She would rather die with pride than live with cure... And it is the same thing about [diabetes and* cardiovascular diseases*] (Author interview, A19, April, 2014).*

Conclusion

This chapter scrutinized how a highly politicized environment influences the process of policy-making, and hence policy transfer. The case of Abu Dhabi allows us to make a number of inferences about the impact of a politicized public administration on policy-making in Abu Dhabi in specific, and GCC countries in general. This study has shown that a political structure that is based on 'tribal capitalism' can create a highly politicized public administration. The political alliance supporting the ruling family is reflected in the political appointment of the members of the powerful families in senior public administration positions (Davidson, 2009, p. 2). Furthermore, politicization may: 1) limit the efficiency of the public service; 2) dictate the behaviour of the transfer agent; 3) hinder the growth of a local capacity for policy-making by limiting the growth of internal policy-making knowledge; 4) negatively affect policy sustainability; 5) aggravate the weak motivation for coordination and cooperation among governmental departments, which hinders the success of transferred policies that tackle complex problems and require effective coordination and cooperation among policy actors.

Conclusion

Despite their awareness of and access to the original policy evaluations that sometimes show a high risk of implementation failure (Bennett, 1991; Evans, 2009), governments may still find themselves with little choice but to learn from abroad in order to solve local policy problems. These governments choose to import solutions (Evans, 2009), although they are aware of the large contextual and cultural differences between the exporting and importing countries. Foreign evidence is usually used by local policy makers to anticipate potential problems (Bennett, 1991a and 1991b)[69]. However, in certain cases, these efforts are not sufficient enough to prepare the ground for the imported policies.

There are two essential elements that affect policy transfer and policy implementation in GCC countries. First, a weak local capacity for policy-making forces governments to rely heavily on policy importation, which in turn increases the potential for wasted investment. Second, an unempowered public service, which is highly politicized and lacks strong coordination between its entities, might not be able to integrate the imported policy. In this case, it is arguably more complicated and expensive to turn to local policy-making capacity in order to generate locally produced, country-specific, and context-sensitive solutions. However, in the long term, it is important and investment-worthy to strengthen local policy-making capabilities, so as to complete the internal policy-making cycle. In a world where the policy-making context is changing and policy convergence is on the rise, governments are increasingly under pressure to maintain their uniqueness, which is in turn reflected in their policies (Hajer, 2003).

This dissertation argues that government decisions to import policies that have low chances of success are largely shaped by the structure of policy importing institutions, which shapes the behaviour of civil servants who play a role in policy importation and implementation. Therefore, in investigating the underlying causes of a transferred policy's implementation failure, policy analysts must shift their focus beyond the policy transfer process. Specifically, they must focus on two crucial elements: 1) the environment where the decision for policy transfer is being made, and 2) the nature of the agent of transfer.

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[69] A very helpful study by Bennett (1991) entitled "How states utilize foreign evidence" explains how governments invest a large number of resources to ensure the success of an imported policy. Another study by the same author (1991), entitled "What is policy convergence and what causes it?" investigates this point within policy convergence.

In the case of the Emirate of Abu Dhabi, the divergence between the public service capacity and the requirements of rapid development necessitated a swift government intervention, namely hiring expatriate civil servants to design and implement development policies. However, the structure of Abu Dhabi's public service institutions, which has been built to mirror tribal power dynamics, greatly impacts the individual behaviour of these expatriate civil servants.

These expatriate civil servants face a number of challenges that make their environment a highly politicized one, with low job and career security and a pressing demand for quick and clear results. This uncertainty and menace increase the anxiety and worry among the expatriate civil servants which in turn has implication on the behaviour of those civil servants. In addition, the absence of rigorous policy analysis requirements based on an understanding of the local context, and limited local capacity to support expatriate civil servants in policy-making and policy implementation makes the context much more difficult for the expatriate civil servants to operate.

Moreover, they are not required to perform rigorous policy analysis while taking the local context into consideration. Therefore, expatriate civil servants have little choice but to import international policies with which they are more familiar. Concurrently, Abu Dhabi's governmental departments are encouraged to compete in providing public services, and this affects the level of coordination among them. Competition also affects expatriate civil servants' ability to address any potential implementation problems that may arise when policies are imported. All of these challenges radically decrease the imported policies' chances of success.

Furthermore, because expatriate civil servants usually work for a limited number of years before returning to their countries of origin, they prefer policies with very quick and clear results. This is not unlike politicians who prefer policies that demonstrate quick results because they can be leveraged during upcoming elections (Cox 1997). At the same time, expatriate civil servants operating within Abu Dhabi's politicized public administration tend to prioritize policies with short-term results, since policy failure can lead to their termination. These civil servants also seek strong achievements in order to bolster their resumes for their next job search, because they know they will be back on the job market before too long. They are achievement-maximizers.

The findings of this study support the expectations of the literature on politicization, which argues that such highly politicized environments negatively influence the policy-making process. According to the literature, these negative impacts include a decrease in the efficiency of public service, loss of confidence in the fairness of governmental institutions, limited accountability of

public bureaucracy, and corruption (Peters and Pierre, 2004; Listhaug and Wiberg, 1996). In the case of WEQAYA, field interviews suggest that policy continuity in the health sector is greatly affected by politicization. The high turnover of expatriate civil servants that are hired to supervise the policy-making process creates a loss in institutional memory and decreases continuity in policy implementation. In particular, this high turnover obstructs policy-making because dismantling the team who had originally created the policy significantly slows down momentum. Furthermore, expatriate civil servants who are recruited usually possess varying backgrounds in terms of culture, education, and work experience, and they often subscribe to divergent schools of thought within public service, making it difficult to achieve consensus regarding policy solutions. At the same time, the constant alternation of policy supervision creates a discontinuity in the way business is handled, which in turn leads to turbulence in policy-making because old policies are continually modified and re-modified.

As evident through its Emiratization program[70], Abu Dhabi's government is strongly committed to building and supporting local policy-making capacity; this goal includes ensuring the policy maker's ability to manipulate the process in order to produce desired outcomes, while overcoming barriers such as the capacity limits of political leaders and the impediments of active policy entrepreneurs (Peters, 1996). However, politicization negatively impacts the local policy-making capacity. For instance, a politicized environment that limits the power of civil servants represents a serious obstacle for the dynamic capacity building process. Additionally, public servants who belong to underprivileged families are aware of the glass ceiling for their career development. Lower echelons who belong to such families might therefore prefer to invest their time and effort elsewhere. Therefore, the politicized environment – which reflects a social contract (or the 'unwritten bargain' in Davidson's terms) between Abu Dhabi's government and its citizens – seriously obstructs the implementation of the Emiratization program, and by extension, any chance of enhancing the local policy-making capacity (Davidson, 2009).

At the same time, the politicized environment exacerbates the already poor coordination among Abu Dhabi governmental departments. In the case of WEQAYA, the vast majority of departments that were invited to join policy implementation were reluctant to do so. According to

[70] The "Emiratization" program, which is highly championed by the Abu Dhabi government, requires expatriate civil servants to train Emirati civil servants so that the latter may replace the former after a few years.

field interviews, there is a high level of competition among department heads who continuously seek new, advanced, and innovative solutions for public service issues. This, in turn, leads to a high level of competition among governmental departments, which translates into a lack of commitment and dedication towards successful policy implementation.

These findings challenge various studies that argue that the New Public Management (NPM) school of thought has induced competition only recently in order to enhance public service performance in a number of industrialized democracies (Hood, 1991; Boston, 1996). This dissertation demonstrates that competition among Abu Dhabi departments has always existed (Common, 2008). Thus, ironically, adopting the NPM reforms in Abu Dhabi actually exacerbated, instead of improved, the situation. Additionally, this study argues that poor coordination among departments leaves public servants (especially expatriate civil servants) unchallenged. Furthermore, declining to engage with important stakeholders represents a wasted opportunity for policy makers; it is important to engage local health and academic experts, community leaders, and even private sector companies during the early stages of policy-making in order to contemplate crucial questions about the appropriateness of the policy transfer for the local context.

The importance of this study stems first from its contribution to the understanding of the policy-making process in the United Arab Emirates and the GCC countries. Given the increasing pressure on citizens to participate in policy-making in the post-Arab Spring era, policy makers need to have a greater understanding of how to successfully transfer policies, particularly since policy transfer is prevalent among MENA countries. At the same time, this study is the first of its kind to examine the impact that a new phenomenon - hiring expatriate civil servants in large numbers - has on the policy-making process. This special group of bureaucrats, who push for policy transfer, make assumptions about what can work in the host country. They might be aware of the assumptions they make and thus attempt to fix the problem; however, their limited power and influence as non-citizens prevents them from resolving the problem. While in the case of Chile, the Chicago boys overcame this problem with time (Valdes, 1995; Silva, 1991), time is not an ally for expatriate civil servants in the UAE.

Recommendations

'Policy Study,' as opposed to 'Policy Analysis,' seeks to understand policy processes and improve policy-making theories and analytical methodologies instead of providing

recommendations (Howlett & Ramesh, 2003, pp. 10-11). Although this dissertation more closely resembles a policy study than policy analysis, it is still important to recommend a few steps that Abu Dhabi's government may utilize to amend its policy-making processes. Following is a list of recommendations, in no particular order.

Setting clear standards and guidelines for policy-making within the entire public service body is crucial for policy-making in Abu Dhabi. These standards should emphasize the importance of coordination between governmental organizations on policy-making and implementation. Although Abu Dhabi's policy documents demonstrate its commitment to setting this standard, more effort is needed (Abu Dhabi Policy Agenda, 2007).

It is also important to engage policy actors, especially Abu Dhabi's citizens, in the early policy discussions, the brainstorming sessions, and the policy evaluation stage. The Government of Abu Dhabi is responsible for encouraging its citizens to engage in this process. As such, it is crucial that the government publish policy drafts, white papers, and suggested policy documents instead of deeming them confidential. Information sharing is a key element in successful participatory policy-making, since a lack of transparency discourages citizens from participating in the process.

Simultaneously, it would be effective to empower expatriate civil servants, whose knowledge and expertise are desperately needed if Abu Dhabi is to achieve its ambitions of modernizing its public service. Expatriate civil servants' lack of job security may be mitigated by offering more secure employment contracts (such as fifteen-year or twenty-year contracts that include pension plans) and adopting a nationalization program for expatriate civil servants.

It is also crucial that a courageous revision of the social contract between Abu Dhabi's government and its citizens occur, and public service must play a pivotal role in it. Such a revised social contract can represent the umbrella under which a strong, dynamic, and empowered public service may flourish and accompany Abu Dhabi's strategic plan.

In addition, the policy players that were interviewed made a number of suggestions for tackling problematic policy implementation issues. While several issues were suggested, the most recurrent ones are listed below:

1. The screening should be made mandatory in Abu Dhabi by linking it to an important government service such as the issuance of a travel passport.

2. Awareness-raising campaigns should be implemented in order to change the public's mentality. The two pillars of the public awareness program should be the use of proper marketing techniques and more effective communication: "Communicate, educate and enhance health." This should be tackled on three levels: 1) mass media campaigns for all of Abu Dhabi's citizens, through TV, social media, and mobile communication; 2) school awareness campaigns; 3) behavioural campaigns that tackle individuals on the community level, through families, Majlises (familial gatherings), and word of mouth. As one expert states: "This mentality has to be changed by using different ways of communication including TV, Social Media, Mobile communication, word of mouth…It can be achieved by the word of mouth. We need to reach out to families and Majlises (familial gatherings)" (Author's Interview, A3, March, 2014).
3. Good management solutions introduced, using information technology, smart phone applications, as well as home-related or car-related interventions.
4. HAAD is encouraged to tackle each stage of the disease separately: 1) primary prevention, 2) prevention of complications, and 3) disease management.
5. HAAD should engage all key players in the health care sector, including the Health Authority of Abu Dhabi, the health 'provider' (SEHA), the health 'payer' (DAMAN), Family Development Foundation (FDF), and General Women's Union in Abu Dhabi.
6. The government of Abu Dhabi is encouraged to customize health policy to the local culture. One expert argues: "The current HAAD management are all UAE nationals now, so they should know more about the culture of the citizens. They should be able to incentivize citizens to change their behaviour. This should lead to better results" (Author's Interview, A2, February, 2014). Another states: "We are talking about chronic diseases and life style change. This can only be happening if you have a very well understanding of the local culture … [The programs and services should be] customized to the local culture" (Author's interviews, A8, March, 2014).
7. The Executive Council of Abu Dhabi should empower HAAD and other stakeholders to take ownership of the project. As one expert states: "HAAD should be the initiator and other stakeholders should have ownership of the project" (Author's interviews, A6, March, 2014).
8. The focus should be placed on educating children at schools and preventing NCDs in the younger population. According to a health expert who is working in Abu Dhabi, there should

be tele-coaching, training and education programmes. “Every 10-12 diabetic patients must receive training within 12 weeks. With coaching and training the risk of disease complications can be reduced by 10% to 20%” (Author’s interviews, A16, March, 2014). Another expert suggests that the focus should not be on addressing this current cohort. “We need to address the young citizens. They are the active group. We need DAMAN to be active in the prevention program… I think this generation is a ‘lost case’ in terms of dealing with NCDs. We should start with kids” (Author’s interviews, A15, March, 2014).

Limitations

This study was subject to a number of limitations, which I attempted to minimize in order to ensure the quality of the dissertation. However, if these limitations can be overcome, the results of the study would be more accurate. In terms of data collection, it would have been interesting to interview civil society groups interested in participating in public health policy on non-communicable diseases. However, it was very difficult to find such organizations, which suggests that these organizations are very weak in Abu Dhabi. Furthermore, a number of international non-governmental organizations that address diabetes were not interviewed because they refused to take part in the study. In terms of methodology, the measurement of policy success or failure is always a contested issue. Although the measurement that was utilized worked well, there is always room for more accurate and well-developed definitions and measurements. Additionally, although King et al. (1994) recommend that cases be chosen based on the Independent Variable (IV) in order to avoid selection bias, this was difficult to achieve since this study has only one case.

Further Investigations

There are a number of further research questions that would be interesting to investigate in relation to this dissertation. For instance, one may scrutinize the underlying factors that prevent Abu Dhabi’s government from investing in bureaucrats and locally made policies. A strong public service might create demand by non-government players for a more participatory approach to policy-making, which would afford more power to community groups. Is the government afraid that more transparency in policy-making will create demand for more transparency in the political process? Does empowering bureaucrats challenge the competencies of the appointed ministers and

create demand for more qualified policy makers? Using Weber's terms, will the *traditional authority* be slightly challenged by a more *logical authority* represented by a strong public service?

Additionally, one might argue that the effectiveness of the policy transfer process might not have an impact on the success of the transferred policy's implementation, and in turn on the improvement of the outcome. In other words, one might argue that the final results of the transferred policy implementation are independent from and unrelated to how that policy is transferred. Nevertheless, the data suggest that the policy transfer process and the success of the implemented policy are potentially related. More specifically, the interaction between the transfer leader's background and his/her work environment might negatively affect the transfer's chances of success, and consequently the implementation of said policy. Further research is definitely needed to investigate this hypothesis.

Moreover, future studies may add a fourth dimension to evaluate policy success (Marsh and McConnell, 2009). Namely, it can be argued that success can be assessed in *post-implementation* terms. According to HAAD officials, the organization did not ask for an external second party to conduct an evaluation of the policy. Instead, it ran a confidential internal evaluation process that was expected to end at the beginning of 2015. However, since the evaluation process did not involve any major stakeholders, its results are questionable. At the same time, the evaluation's questions and methods were not disclosed, and the final report is confidential; therefore it is very difficult to evaluate policy success. Due to the lack of sufficient data, success in post-implementation terms cannot be evaluated at this time.

Further research endeavours may also study a number of questions such as: Why does the Government of Abu Dhabi not ensure that these bureaucrats are protected from punishment? Would these bureaucrats subsequently ask for more power? Do powerful bureaucrats create a threat? And is it easy to delegate power? Finally, more research is needed to study the unchallenged policy-making process: What are the reasons for such an environment, and what are its implications?

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Appendix A: list of participants

Policy Transfer and Policy Success:

The Case of WEQAYA, UAE 2014

Screening Guidelines for Interviewee:

The participate in this project are public administrators and bureaucrats of the United Arab Emirates' public administration who were involved in designing and implementing the recent preventive health policy in the Emirate of Abu Dhabi. The list includes: policy makers, public servants, health policy experts, civil society groups leaders, and doctors, and researchers

#	Name	Organization	Affiliation with the Policy
1	Ziad Al – Siksek	CEO, Health Authority – Abu Dhabi (HAAD)	Technical Advisory Committee (TAC)
2	Oliver Harrison	Director, Public Health & Policy (previous), HAAD	Technical Advisory Committee
3	Philipp Vetter	Head of Strategy, HAAD	Technical Advisory Committee
4	Cother Hajat	Head, cardiovascular diseases and Metabolic Syndrome Section, HAAD	Technical Advisory Committee
5	Mariam Al Yousef	Executive Director of the Policy and Regulations, Abu Dhabi Food Control Authority	Technical Advisory Committee
6	Razan Mubarak	Assistant Secretary General, Abu Dhabi Environment Agency	Technical Advisory Committee
7	Kamal Al Yammahi	Director, Organization Development, Abu Dhabi Municipalities	The department was invited to be represented in the TAC
8	Elham Bahussain	Section Head, Recruitment and Manpower Planning, Abu Dhabi Department of Finance	The department was invited to be represented in the TAC
9	Masood Abdullah Badri	Director of Research, Planning and Performance, Abu Dhabi Education Council	The department was invited to be represented in the TAC
10	Ara Darzi	Director, Institute for Global Health Innovation, Imperial College, London	Technical Advisory Committee
11	David Celentano	Chair, Epidemiology, Johns Hopkins Bloomberg School of Public Health	Technical Advisory Committee
12	Paul Dolan	Professor, Department of Social Policy, London School of Economics	Technical Advisory Committee
13	George Davey-Smith	Chair, Epidemiology, Bristol University	Technical Advisory Committee
14	Ramesh Rao	Director, California Institute for Telecommunications and Information Technology	Technical Advisory Committee
15	Venkat Narayan	Professor, School of Medicine and School of Public Health, Emory University	Technical Advisory Committee
16	Peter Piot	Director and Professor of Global Health, London School of Hygiene and Tropical Medicine	Technical Advisory Committee
17	James Fowler	Professor, School of Medicine and Division of Social Sciences, University of California, San Diego	Technical Advisory Committee

18	Ann Keeling	CEO, International Diabetes Federation,	Technical Advisory Committee
19	Ala Alwan	Assistant Director General, Non Communicable Disease, World Health Organization	Technical Advisory Committee
20	Richard Smith	Director, United Health	Member of Innovator's Forum - Clinical service
21	Tod Newton Lambert	Director, Group Strategy and Performance Management, SEHA AHS	Member of Innovator's Forum - Clinical service
22	Suhail Mahmood Al Ansari	Senior Executive Management, Executive Director, Mubadala Health Care	Member of Innovator's Forum - Clinical service
23	Dr. Kassem Alom	Al Noor Hospital	Member of Innovator's Forum - Clinical service
24	Binay Shetty	Chief Operating Officer, New Medical Center	Member of Innovator's Forum - Clinical service
25	Prof. Joel Hayward	Khalifa Universtiy ETISALAT/BT/ Huawei/ Microsoft Health Vault/	Innovator's Forum – ehealth/mHealth
26	Mohammad Al-Ubaydli	CEO and Founder, Patients Know Best	Innovator's Forum – ehealth/mHealth
27	Thuraya Tabbara	On Premise Manager, Pespsi Co, UAE	Innovator's Forum – Diet and Nutrition
28	Nader Nabil	Astra Zeneca	Innovator's Forum – Pharmaceutical Companies
29	Wael El Zanaty	Diabetes Advisor GCC, Eli Lilly and Company	Innovator's Forum – Pharmaceutical Companies
30	Mohamed Farouk Farrag	Country Manager, UAE Novo Nordisk A/S	Innovator's Forum – Pharmaceutical Companies
31	Ahmad Samy	Medical Advisor - Diabetes - Medical Affairs Department (Saudi Arabia) - Merck Sharp Dome – Or Yahya Khalifa Professional Medical Representative at Merck	Innovator's Forum – Pharmaceutical Companies
32		Freemantle / IDEO	Innovator's Forum – Social marketing
33	Michael Haddin	Exercise and Wellness Specialist at Haddins /Libra /Nike Dubai /PTX	Innovator's Forum – Physical exercise
34	Catherine Creux	Consumer HealthCare, Dubai , Johnson and Johnson	Innovator's Forum – Medical Devices
35	Dr. Jad Aoun	Chief Medical Officer, Daman -- United Health -- UK Preventive Medicine	Innovator's Forum – Disease Management
36	Jaber Al Jaberi	Deputy Director General, Environment Agency	Innovator's Forum – Abu Dhabi Health Guardians
37	Razan Khaleefa Al Mubarak	Member of Board of Directors Food Control Authority – Director General of Environment Agency	Innovator's Forum – Abu Dhabi Health Guardians
38	Mohamad Ibrahim Al Mahmoud	Director General, Sports Council	Innovator's Forum – Abu Dhabi Health Guardians

Appendix B: Introduction Letter

Introduction
My name is Ali Halawi, and I am a PhD Student at Concordia University and I am talking to policy makers, stake holders and other personnel who were involved in designing, discussing and implementing the preventive health policy in the Emirate of Abu Dhabi. I would like to speak to a broad range of experts and policy makers who are involved in health policy in Abu Dhabi and I would particularly like to hear your views. ***Purpose of the research:*** *Our discussion will be used to collect data to trace the preventive health policy-making process in Abu Dhabi. The data will be used to highlight the how, to what degree and where from the policy was imported. Who was involved? How the problem was defined? What options were listed? How each option was analyzed? And Why transfer was the best option?* ***Who is doing it:*** *I am carrying out this survey as a field work exercise for my PhD dissertation..* ***Confidentiality and anonymity:*** *Everything you say will be kept confidential. This means that it will only be used for data analysis and I will ensure that any information I include in my study does not identify you in any way. Your name and any identity information will not be shared with anyone else, and will be completely separated from the notes I will take about the things you tell me.* *Do you have any questions about any of the things I have just explained?* *Are you willing to participate in this interview?* ***Recording: I would like to ask your permission to record the session. I would like to record our conversation because I don't want to miss anything that you say. The recording will be destroyed directly after we take notes from it.*** ***Are you willing to have the interview recorded?***

Appendix C: Consent Form

CONSENT TO PARTICIPATE IN

Before you starting the interview I would like to obtain your oral consent to participate in this study.
Do you agree that you understand that you have been asked to participate in a research project being conducted by **Ali Halawi** of **The Political Science Department** of Concordia University, Email: alihalawi@gmail.com, and phone number +1(514)805-4100, Under the supervision of Dr. Patrik Marier, of **The Political Science Department** of Concordia University, email: patrik.marier@concordia.ca.

A. PURPOSE
Do you agree that you have been informed that the purpose of the research is to highlight the how, to what degree and where from the policy was imported. Who was involved? How the problem was defined? What options were listed? How each option was analyzed? And Why transfer was the best option?

B. PROCEDURES
Do you agree that this interview will be conducted in the United Arab Emirates and you will answer questions about the design, discussion and the implementation of the preventive health policy in the Emirate of Abu Dhabi. The interview will take up to one hour and a half of your time.

C. RISKS AND BENEFITS
Do you understand that the study might have some risks on the participants? The most important one is that participants' careers might be affected if they openly criticise the implemented policy. Thus we will keep the identity of the participant confidential and they will not be used or reported in any form. No identity information will be included in any published results of reports.

D. CONDITIONS OF PARTICIPATION
Do understand that you are free to withdraw your consent and discontinue you participation at anytime without negative consequences?
Do you understand that your participation in this study is confidential?
Do you I understand that the anonymous data from this study may be published.

HAVE YOU CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT? DO YOU FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY?

If at any time you have questions about the proposed research, please contact the study's Principal Investigator **Ali Halawi** of **The Political Science Department** of Concordia University, Email: **alihalawi@gmail.com**, and phone number +1(514)805-4100.

Appendix D: In Depth Interview - Discussion Guide

Policy Transfer and Policy Success: The Case of WEQAYA, UAE 2014

Screening Guidelines for Interviewee:

Before you start filling the questionnaire, ask the respondent the following questions:

1- Have you been involved in any stage of the Preventive Health Policy (PHP) making in UAE such as: setting the agenda, formulation the policy, decision-making, implementation, and policy evaluation?

Yes → Next question

No → Do not proceed with the interview

Study objective

The objective of our study is to deconstruct the relationship between policy transfer and policy success. The study aims at generating a framework that conceptualizes, operationalizes and measures policy transfer success. We are trying to understand the role of specific contextual factors and expatriate civil servants *in shaping what, how, and from where policies are imported and to what extent a policy transfer can be successful. In this discussion we would like to know more about the process of the designing, discussing and implementing the preventive health policy in Abu Dhabi.*

Confidentiality

Gathered information will be confidential and will be exclusively used for qualitative analysis.

IDI Number:	⌊__⌊__⌊__⌊__⌊__⌋
Date:	
Place of Interview:	

**The questions in this were generated based on the following studies: Marsh and McConnell, 2010, Dolowitz and Marsh, 2000; McConnell, 2010; Fawcett and Marsh, 2012.*

PART I: Tracing Policy-making Process

	A. Preventive Health Policy-Making	
	According to Howlett and Ramesh (2003) the Five stages of the Policy cycle are as follows: 1. *Problem recognition → 1. Agenda-setting* 2. *Proposal of solution → 2. Policy Formulation* 3. *Choice of Solution → 3. Decision-Making* 4. *Putting Solution into Effect → 4. Policy Implementation* 5. *Monitoring Results → 5. Policy Evaluation (Howlett and Ramesh, 2003; P. 13)*	
A.01	**Get details of the <u>work</u> they are they doing currently** Please get full details including: • Type of work done • Responsibilities, etc	
A. 02 A.03	**What is the role of your organization in the process of Health Policy-making? Yours?** **Which of the policy-making Cycles where your organization involved in?** 1. Agenda-setting 2. Policy Formulation 3. Decision-Making 4. Policy Implementation 5. Policy Evaluation	
A.04	*<u>(1. Agenda-setting cycle)</u>* **How did setting the policy agenda go? What was your role? Who was involved?** • How was the problem identified? Their role?	
A.05 A.06 A.07 A.08 A.09	*<u>(2. Policy Formulation cycle)</u>* **How were potential solutions listed? Their role? Who was involved?** **How was the final policy formulated?** **<u>Policy Transfer</u>** **Was the policy based on new ideas or policy instruments, or did it involve the adoption of policy from elsewhere (policy transfer/diffusion)?** Probe • Was there any government statements and reports (for example, White/Green Papers)? • Academic and practitioner conferences, interest group reports, think tank reports, media news and commentary, • Are there any similarities between legislation and that in other jurisdictions • Was there any form and content of cross-jurisdictional meetings/visits by politicians and/or public servants to discuss this policy **How was the solution customized to the UAE context? Their role? Who was involved?** **Did they anticipate any future problem?** • Did they anticipate that this policy might be o Ill-informed – Incomplete --Inappropriate • What did they do about it? Why? And why not?	
A.10 A.11	*<u>(3. Decision-Making cycle)</u>* **How was the final policy selected? Why? Their role? Who was involved?** **How was the decision taken? Their role?**	
A.12 A.13 A.14	*<u>(4. Policy Implementation cycle)</u>* **How was the programme put into effect? Their role? Who was involved?** **What were the policy programmes and projects?** **What were the used instruments to implement the policy?**	

A.15	*(5. Policy Evaluation cycle)* **Was there any plan for Monitoring and Evaluation of the Policy?** • Did any monitoring and evaluation exercise take place? By whom? Their role?	

PART II: Policy Success

	B. Process	Notes/ Go to
Moderator: "Now I have few questions about the success of the policy. This section consists of three dimensions: Process, Programmatic, and Political"		
.01	*Legitimacy in the formation of choices:* **How did the legal process go? Any legal challenges?** • Any procedural challenges (for example, Ombudsman), • Any significant criticism from stakeholders?	*"That is, produced through due processes of constitutional and quasi-constitutional procedures and values of democracy, deliberation and accountability"*
.02	*Passage of legislation:* **Was the legislation passed with no, or few, amendments? What where they?** • Who suggested them?	
.03	*Political sustainability:* **Did the policy have the support of a sufficient coalition?** • What was the position of the Emirates Leadership? Ministers? Stakeholders and especially interest groups? Media and public opinion?	
.04	*Innovation and influence:* *Check Module D, questions in Policy Formation section:"Was the policy based on adoption of policy from elsewhere (policy transfer/diffusion)"* ***-- Probe for further details*** *Use that question to analyze success in process*	

	C. Programmatic	Notes
.01	*Operational:* **Was the policy implemented as per objectives?** • Was there any internal programme/policy evaluation? External? • Review by stakeholders, • Was there any critical reports in media?	*For example, legislative committee reports, audit reports. includi ng professional journals.*
.02	*Outcome: did it achieve the intended outcomes?* **What was the outcome so far? Internal / External evaluation? Stakeholders review?** • Absence of critical reports in media	*For example, legislative committee reports, etc,*
.03	*Resource:* **Was it an efficient use of resources? internal/external evaluation/audit reports/ assessments?** • Was there any critical media reports?	

.04	*Actor/interest:* **Did the policy/ implementation benefit a particular class, interest group, alliance, gender, race, territorial community, institution, ideology, etc?** • How did the following touch the policy: o political speeches and press releases, legislative debates, legislative committee reports, ministerial briefings, interest group and other stakeholders' speeches/press releases/reports, think tank reports, media?	

D. Political		Notes
.01	Government popularity: **Who politically popular this policy is?** • Did it increase government's popularity? • Did it help secure or boost its credibility?	Any opinion polls, both in relation to particular policy and government popularity, media commentary

PART III: Background Information

E. Background Information Module					
E.01	Open interview with brief discussion of: Respondent's information: name, age: Probe **E.01.A** Educational level **E.01.B** What is the type of occupation? **E.01.C** Which department he/she works in? **E.01.D** For how long have they been in their job?		Notes		
	Address: *(Carefully record the work address of the respondent)*				
E.02	City:		E.03	Street:	
E.04	Building:		E.05	Office:	
E.06	Telephone number:		E.07	E mail address	
	Current Nationality/Origin nationality *Are they UAE citizen?* *Yes → Skip to I. CLOSING THE INTERVIEW* *No → Continue to Module D. Move to UAE*				

EXPAT Public Servant's Experience

F. Move to UAE		Notes/ Go to
F.01	**Where did they work before moving to UAE?** • Which country ? Type of work done there?	
F.02	**Moving to UAE:** **Why did they choose to move to UAE?** • Expectations about working in UAE? • And how work in UAE differ from what they expected?	
F.03	**Career mobility:** **Since arriving in UAE have they changed job?** **Get full details including:** • How many different jobs they have had? • Reasons for moving to a new job	

G. EXPATRIATE Bureaucrats' EXPERIANCE in working in UAE		Notes
.01	**What is their experience working in UAE policy-making arena?** • Power dynamics? • Experience working with UAE citizens	
.02	**How satisfied are they with:** • their current job./work (main job/work)? Their role and responsibilities?	
.03	**Job Security: Do they feel that their job is secure in UAE?** • Does Emiratization have an impact on their job/life	
.04	**Future career plans: What are their future career plans?** • What are their retirement plans	

H. CLOSING THE INTERVIEW

Is there anything else they would like to say about PHP in UAE or working in UAE?

Discuss whether they felt uncomfortable speaking about any of the issues covered

Thank the respondent for their time and tell them again that everything they have said will be treated with total confidentiality and that no-one else will know that they have been interviewed as part of this study.

Result of the interview			**RI0 1**	⌐ ⌊
Interview completed		**Interview not competed for following reason:**		
1. Totally completed 2. Partially completed		3. Refused 9. Other indicate ……...……..…		
RI02	**Date of interview**	Day	Month	Year
		⌊⌊⌋	⌐⌊⌋ ⌊	⌊⌊⌋⌊⌊⌋

		Name	Number	Star t date	End date
I N	Interviewe r		⌊⌊⌋⌊⌊⌋ ⌊		

Researchers Notes about the interview:			