Stakeholder analysis: a review

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The growing popularity of stakeholder analysis reflects an increasing recognition of how the characteristics of stakeholders – individuals, groups and organizations – influence decision-making processes. This paper reviews the origins and uses of stakeholder analysis, as described in the policy, health care management and development literature. Its roots are in the political and policy sciences, and in management theory where it has evolved into a systematic tool with clearly defined steps and applications for scanning the current and future organizational environment. Stakeholder analysis can be used to generate knowledge about the relevant actors so as to understand their behaviour, intentions, interrelations, agendas, interests, and the influence or resources they have brought – or could bring – to bear on decision-making processes. This information can then be used to develop strategies for managing these stakeholders, to facilitate the implementation of specific decisions or organizational objectives, or to understand the policy context and assess the feasibility of future policy directions. Policy development is a complex process which frequently takes place in an unstable and rapidly changing context, subject to unpredictable internal and external factors. As a cross-sectional view of an evolving picture, the utility of stakeholder analysis for predicting and managing the future is time-limited and it should be complemented by other policy analysis approaches.

Introduction

References to stakeholders and the use of stakeholder analysis as a tool have become increasingly popular in the management, development and health policy fields during the last decade. This popularity reflects a recognition among managers, policy makers and researchers of the central role of stakeholders (individuals, groups and organizations) who have an interest (stake) and the potential to influence the actions and aims of an organization, project or policy direction (Mason and Mitroff 1981; Crosby 1992; Walt 1994). Through collecting and analyzing data on stakeholders, one can develop an understanding of - and possibly identify opportunities for influencing - how decisions are taken in a particular context. Although stakeholder approaches and concepts have been articulated within business management from the early 1930s (Clarkson 1995), the widespread use of the term ‘stakeholder’ in common parlance is a relatively recent phenomenon, especially in the field of politics (Anonymous 1996). References are frequently found to stakeholder ‘approaches’, ‘frameworks’ and ‘issues’ (Clarkson 1995; ‘stakeholder-focused criteria’ (Thomas and Palfrey 1996); ‘stakeholding’ and ‘stakeholder society’ (Thompson 1996); ‘stakeholder-agency theory’ (Hill and Jones 1992); ‘stakeholder power matrices’ and ‘bunching’ (Winstanley et al. 1995); and ‘stakeholder values’ and how to involve stakeholders in decision-making (Gregory and Keeney 1994). Stakeholder analysis aims to evaluate and understand stakeholders from the perspective of an organization, or to determine their relevance to a project or policy. In carrying out the analysis, questions are asked about the position, interest, influence, interrelations, networks and other characteristics of stakeholders, with reference to their past, present positions and future potential (Lindenberg and Crosby 1981; Freeman 1984; Blair et al. 1990). This review identifies some of the different historical roots of stakeholder analysis, in that many of its features are found in the development and policy literature which predate by decades the use of the term. However, the paper does not attempt to comprehensively review the wider and extensive literature on stakeholders or interest groups and how they influence policy, organizations or project decision-making processes. It focuses on studies, principally in the management and development literature, which have explicitly used a systematic approach to stakeholder analysis, identifying key features which distinguish it from the broader literature on stakeholders. Recent applications in the policy field are also discussed. Initially, a literature search of the Health Star, BIDS and MEDLINE databases was conducted, using the keywords ‘stakeholder’ and ‘stakeholder analysis’; further searches were made on important authors.

The review evaluates the utility of, and different approaches to conducting, a stakeholder analysis in relation to the different purposes for which it has been used. As Crosby (1992) pointed
out, ‘stakeholder analysis encompasses a range of different methodologies for analyzing stakeholder interests and is not a single tool.’ The purpose, time-dimension of interest, the context in which the analysis is carried out, and the degree to which an issue has been clearly defined and the stakeholders identified, each has a bearing on how one conducts it. The paper is aimed particularly at those who are considering using it for the analysis, development or implementation of public health policy, which frequently involve a complex range of stakeholders, often in diverse cultural contexts. The practical steps and methodological approaches to carrying out a stakeholder analysis are outlined in a separate paper, ‘How to do (or not to do) . . . a stakeholder analysis’, later in this volume (Varvasovszky and Brugha 2000).

**Background**

**Policy roots**

Policy analysts have long been aware of the importance of interest groups in the policy process, and the need to characterize and categorize levels of interest and power which influence, and therefore impact on, particular policies. Political scientists have viewed decision-making and implementation as determined by how power is structured, differentiating between: elitism, where power is concentrated in the hands of an influential few (Laswell 1958; Bachrach and Baratz 1962); pluralism, where power is distributed throughout various groups in society (Lindblom 1959; Dahl and Lindblom 1976); Marxism, where power is distributed among classes, and the state is the instrument of class power; corporatism, where the state has the power to overcome the conflict between labour and capital; professionalism, where power is concentrated in the hands of professional elites who may give preference to their own interests over those of the public they serve; and technocracy, where decision-making is by technocrats, using principles of scientific rationalism.

Policy network and community approaches have focused on the patterns of formal and informal contacts and relationships which shape policy agendas and decision-making, as opposed to the interplay between and within formal policy-making organizations. This approach takes the view that networks and communities structure people’s interests in the policy process (Smith 1993). K ingdon (1984) conceptualized the policy stream as being dominated by policy entrepreneurs who are willing to invest resources of various kinds in the hope of a future return in the form of policies they favour. Benson (1975, 1982) argued that, to understand inter-organizational relationships, the network of interests within a policy sector had to be understood. He proposed three main elements: (1) administrative networks, where agencies are dependent on each others resources; (2) interest group networks, which support shared interests within the policy sector; and (3) the rules which limit or enable action at the administrative and interest network levels. A criticism of the network and community approaches is that they say little about the policy-making process itself (Ham and Hill 1984).

In 1959, Lindblom outlined an incrementalist model to explain the policy-making process, characterized by ‘negotiation, bargaining and adjustment between different interest groups (or partisans)’ (Walt 1994). Gergen (1968) also recognized the role of actors as potential ‘leverage points’ in the process of policy formulation and the need to obtain information on them. H all’s 1975 model for policy agenda-setting included the concept of levels of support, along with legitimacy and feasibility, for explaining what got on the agenda (Walt 1994); and K ingdon (1984) referred to visible and hidden participants, within the politics stream, each of which could actively promote policy options or solutions. Walt (1994) highlighted the fact that many different groups, including non-governmental organizations (NGOs), may be involved in both policy formulation and policy implementation; and that policy makers need to mobilize support and resources in favour of policy reforms.

Stakeholder analysis, as one approach to conducting policy analysis, was adapted from the organizational and management literature in the 1970s and 1980s, drawing on the earlier work of policy scientists who were concerned with the distribution of power and the role of interest groups in the decision-making and policy process. Here, policy actors are considered not only as interest groups but also as active or passive players on the policy scene who are also affected by the policy. Stakeholder analysis, in the light of policy science approaches, provides a conceptualization which assists in the analysis of interests and influence with a specific focus on policy actors. It focuses on the interrelations of groups and organizations and their impact on policy, within a broader political, economic and cultural context.

In the last decade, in industrialized countries with democratic political structures, the views of civil society citizen groups have increasingly been sought (see Introduction). There has been a noticeable shift from a rational policy-making model towards a greater recognition of the importance of actors or stakeholders and their ‘political will’ in policy formulation and decision-making (Weiss 1977; Walt 1994; Grimble et al. 1995; Reich 1995; Holzknecht 1996). Much of the focus of health policy research has been on retrospective or concurrent analyses of the processes of health policy formulation in different contexts (G rindle and Thomas 1991; Walt and G ilson 1994). The approach is often more intuitive and less systematic than the structured prospective stakeholder analyses conducted by development managers and organizations (see Management roots). Varvasovszky and M cK ee’s (1998) policy analysis and exploration of future alcohol policy directions and the influence of stakeholders in Hungary is one example of a more systematized approach with a prospective perspective.

**Management roots**

According to Preston (1990), stakeholder theories for managing an organization originated in the early 1930s in the United States, where the General Electric Company identified four major interest groups it had to consider: customers, employees, the general public and shareholders. If the legitimate needs and expectations of the first three groups, categorized as the company’s primary stakeholders, could be met, the shareholders would benefit (Preston 1990). A stakeholder approach reflects the realization that the interests and influence of these
individuals or groups, both within and outside the organization, need to be taken into consideration in evaluating threats and opportunities for change, in strategic planning and selection of strategic options, and in successfully implementing and managing change (Mason and Mitroff 1981; Lindenberg and Crosby 1981). In organizational and strategic management, as outlined by Freeman (1984), the rationale for paying attention to stakeholders is that they are – by definition – in a position to influence the wellbeing of an organization or the achievement of its objectives; managers therefore require strategies for mobilizing, neutralizing or defeating them, depending on their potential to support or oppose the interests of the organization (Bernhart 1992).

Within US health care management since the late 1980s, stakeholder analysis has evolved as a systematic approach with clearly defined steps and applications for scanning the current and future organizational environment (Blair and Whitehead 1988; Blair and Fottler 1990; Blair et al. 1996a). The aim is to generate knowledge about the relevant actors so as to understand their behaviour, intentions, interrelations, agendas, interests, and the influence or resources they can bring to bear on the decision-making processes. Explicitly, it recognizes that different levels of importance are accorded to each stakeholder, when evaluated using these criteria; and it attempts to quantify levels of importance (Blair and Whitehead 1988; Fottler et al. 1989; Blair et al. 1990). When used as a management tool, where the analysis is mainly prospective, it is usually outlined as a series of well-defined stages or steps.

**Development roots**

Lindenberg (1981) highlighted the political dimension of development and the need for development managers to first undertake a systematic political analysis so as to understand the positions and importance of the different actors. He adapted Lasswell’s (1958) definition of politics, ‘the study of the process of Who Gets What, When and How [to] . . . the even more pragmatic: “What Do I Want? Who Has It? and When and How Can I Get It?” ‘ (Lindenberg 1981). H is outline of the steps in the political analysis process included many of the features of what was later termed stakeholder analysis: making an inventory of the actors who might have a role in decision-making; collecting information about them to gauge their importance – managers could thereby eliminate ‘marginal’ ones and ‘concentrate their attention on those actors they believe will make the final decisions, as well as those who will have the most influence on the principal decision makers’; quantification of the actors’ levels of influence (high, medium or low), and their interest and support for a specified outcome; assessment of their capacity and willingness to mobilize resources towards a particular goal; and the ‘mapping’ of actors, both in terms of the relationships between them, their potential for developing alliances with each other, and in their relationship to the desired outcome (Lindenberg 1981).

**Confusion and clarification**

Reich’s (1994) political mapping tool is a noteworthy recent development in the policy literature in that it represents a systematic approach to increasing the political feasibility of implementing a specific policy, similar to the use of stakeholder analysis as a project implementation tool. Reich describes political mapping as a six-stage process, the third of which is stakeholder analysis, at which stage information is collected about the objectives and underlying motives of major organizations and individuals with regard to the health policy decision in question and what priority they give to it. In political mapping, mapping organizational networks with regard to the policy, assessing transitions in the organizational and political environment, and then selecting strategies for change are each seen as subsequent steps in which the information generated by a stakeholder analysis is used (Reich 1994). That there is some uncertainty, and possibility for confusion, in the use of terminology is apparent in a recent reference to the development of an ‘interest mapping’ tool for use by policy makers, which is described as ‘a combination of stakeholder analysis and political mapping approaches to profiling interest group positions . . .’ (PHR 1998).

With the growth in the popularity of the term, an increasing number of studies report that a stakeholder analysis was conducted. In many cases (A shbury et al. 1995a; A shbury et al. 1995b; Chowdhury 1996; Evans 1996; M orrissey et al. 1997; Palmer 1998), these studies have been restricted to eliciting the views of stakeholders or involving them in decision-making, without a systematic analysis of stakeholders’ roles, relationships, interest and influence in the decision-making process. This use of the term for studies which have often included only one or two features or steps of a stakeholder analysis risks causing confusion. The diversity of applications and references to the use of the tool indicates a need to identify the characteristic features and alternative approaches to conducting such an analysis. These are largely determined by its purpose and how the information will be used: to achieve an organizational advantage, implement a project or policy, or analyze how policies have developed and predict their future directions. These different purposes require focusing on one or more different time dimensions and stages of events – past, present, near or distant future; and they determine who should be considered stakeholders and how they are categorized. In addition, the methodological approach to collecting and analyzing data is determined by the cultural context and the level at which it is conducted. This can range from the local level in project implementation, to the international, for global policy analyses (see How to do (or not to do) . . . a stakeholder analysis, Varvasovszky and Brugha 2000 (this issue)).

**Organizational and health management**

In health management, stakeholder analysis has usually been advocated as a tool for an (insider) organization to achieve specific advantages and goals in its dealings with other organizations, through identifying potential allies and building alliances or attenuating potential threats (Blair et al. 1996b). It may be carried out to inform strategic planning for a specific short-term objective, or as a periodically conducted exercise in scanning the external or internal organizational environment, focusing on the present or more distant future. Frequently, the organization – rather than a specific venture
survival and wellbeing of the organization (shareholders, that have, or claim, ownership, rights, or interests in a corporate sector. Clarkson (1995) defines stakeholders as ‘persons or groups with whom the organization interacts but who are not essential to its survival’ (Freeman 1984; Clarkson 1995). They are also categorized according to their organizational location: internal ones (operating within the bounds of the organization), interface ones who interact with the external environment, and external stakeholders (usually other organizations) who may either contribute to, compete with, or have a special interest in the functioning of one’s organization (Fottler et al. 1989; Blair and Fottler 1990). They are frequently considered in adversarial terms, i.e. as opportunities for collaboration or as threats (Blair and Fottler 1990).

In health management, identification of an organization’s important stakeholders is usually the first step in a stakeholder analysis (Hatten and Hatten 1987; Blair et al. 1990). This is frequently done through structured surveys of a known group of key stakeholders, where inclusion of others as important stakeholders is determined by what percentage of respondents mention them (Fottler et al. 1989; Blair et al. 1996a). The increasingly structured approach to stakeholder analysis in the US health management literature reflects the stability of the context, familiarity with the organizational environment, and a resultant pragmatism: ‘Hospital executives do not have time to consider all possible stakeholders so it is important for them to focus on the most important ones’ (Fottler et al. 1989). However, Frost (1994), in writing about environmental and resource management from the perspective of a mining company in Australia, cautions about making premature judgements and excluding apparently minor stakeholders who can subsequently exert disproportionate leverage on decisions.

Through structured surveys, respondents may be asked to score the level of power of stakeholders, e.g. on a 10-point scale, and to indicate whether the power of each is increasing, reducing or stable. Potential limitations of this approach, as noted by Fottler et al. (1989), are that the pre-selection of respondents may result in important stakeholders being omitted due to sampling biases favouring particular types; respondents’ opinions about who are important stakeholders are given equal weight, which may not be justified; and it treats stakeholders – both respondents and those identified through the survey – as clearly defined entities. Whereas, even in the more clearly defined organizational environment of the United States, and often more so in developing country contexts, stakeholder respondents are often individuals with multiple formal and informal organizational and individual interests and allegiances. The structured quantitative approach to data collection also reflects the cultural context, where the use of self-completed questionnaires is normal and acceptable. Blair et al. (1996a) view this move from qualitative to quantitative approaches as requiring further evaluation (data collection methods are considered in How to do (or not to do) . . . a stakeholder analysis, this issue).

When used as an organizational management tool, stakeholder mapping or assessment is usually the next step. How these maps are constructed depends on the purpose of the analysis. In scanning the organizational environment, they can be used to display an organization’s key relationships, placing the organization at the centre of the map (Fottler et al. 1989; Blair et al. 1996a). Maps can be used to display the strength of these relationships and the potential for coalitions with, and between, important stakeholders. Alternatively, if the aim is to analyze stakeholder positions around a programme or organizational objective, this is placed at the centre of the map. Steff and Tucker (1990), in conducting a stakeholder analysis to assist in designing a health care administration academic programme, mapped internal stakeholders (programme faculty, students and applicants), interface stakeholders (university administration) and external stakeholders (government agencies, potential employers, professional bodies and accrediting bodies) in relation
In planning and managing development programmes, the resources are pragmatic, and is additionally constrained by available decision under consideration (Crosby 1992). As in the case maker, or to influence the direction and outcome of the weakening the authority and political support of the decision inclusion are the potential of stakeholders to strengthen or in stra-stakeholders include intended project beneficiaries, and primary stakeholders as threats and as opportunities for cooperation with others who are positively or negatively directly affected by the project; at the end of the same period, dropped from 90 to 62%. Stakeholder diagnosis and strategy formulation are the final stages in organizational stakeholder analysis and management. Diagnosis is about assessing the potential of stakeholders as threats and as opportunities for cooperation with one’s own organization, which are classified as high or low. The aim is to identify the appropriate strategy or ‘optimal fit’ for managing each category of stakeholder (Blair and Fottrell 1990).

Development projects and programmes

In project planning and implementation, the support or opposition of parties involved in or affected by the project is an important factor in determining its success or failure (Montgomery 1974; Brinkerhoff 1991). A stakeholder analysis can be used to inform project planning, implementation or evaluation (ODA 1995; MacArthur 1997); the latter can be conducted during or after project completion. Primary stakeholders include intended project beneficiaries, and others who are positively or negatively directly affected by the project; while secondary stakeholders are intermediaries who can influence project outcomes (ODA 1995). In strategic planning (and in policy implementation), criteria for inclusion are the potential of stakeholders to strengthen or weaken the authority and political support of the decision maker, or to influence the direction and outcome of the decision under consideration (Crosby 1992). As in the case of health management, the perspective is prospective and pragmatic, and is additionally constrained by available resources.

In planning and managing development programmes, the usual starting point is defining the goal and identifying the issues of interest or different aspect of the project to be implemented (Lindenberg 1981; Brinkerhoff 1991; Bernhart 1992). Lindenberg (1981) recommended first articulating the different dimensions of a development problem (location, magnitude, possible causes), setting objectives and desired outcomes, followed by identification of the actors who might have an influence on the achievement of the outcomes. Bernhart (1992), for the planning of a population control programme, recommended an evaluation of how different components of such programmes have evolved, followed by an identification of important management issues and possible strategic responses (e.g. adolescent-targeted services, abortion, revenue generation, regulation, public-private competition). Once the key issues and components of a programme have been identified, stakeholder analysis is used to identify who will be concerned by or affected by these issues, followed by an assessment of their levels of interest and influence.

A stakeholder analysis conducted after the design and before the implementation of a women’s and children’s health development project in India concluded that the project should be cancelled (Kumar et al. 1997). The funder and the state government and bureaucracy could not reach agreement: the former believed that involvement of NGOs was essential to the success of the project, while the latter two did not want to see donor funds being transferred to the NGO sector. Other stakeholders who supported the project (NGOs, media and local political groupings) did not have sufficient influence to tip the scales in its favour. The authors, probably with some justification, thought that this was a successful use of the tool.

Policy

Stakeholder analysis is one of a number of different but closely related policy research or strategic tools now found in the health policy literature, including political analysis (Lindenberg 1981), policy mapping and political mapping (Reich 1994), and more recently interest mapping (PHR 1998). In that there are features common to all of them – e.g. mapping of stakeholder power, interest and influence around a policy issue – there is a need to identify and clarify differences. The purpose of the analysis and time dimensions of interest determine the approach and how the tools are used. Holzknecht’s (1995) analysis of stakeholder clashes in the rainforests of Papua New Guinea (PNG) demonstrated how powerful foreign and internal commercial interest groups were able to subvert government, emasculating national policies for the protection of natural resources and the rights of indigenous communities. This analysis of policy had a strong retrospective dimension, covering the previous 20 years, and concluded with recommendations for achieving ‘the sustainable and equitable management of natural resources in PNG’ (Holzknecht 1995). A s has been the case in many references to the use of the tool for policy analysis, the methodological approach was not described.

Varvasovsky and McKee (1998) conducted a stakeholder analysis of policies around alcohol in Hungary; it sought to understand the process of public health policy making in a
situation of political, economic and social transition. The aim 
as to produce results which would inform and assist policy 
makers in making policy choices, i.e. an analysis for policy 
development, taking into account the interest and influence of 
a wide range of stakeholders in the development of a national 
Ion policy. As a piece of research, the purpose was to 
understand the policy-making process, a past and present 
time dimension; with a view to predicting and possibly influ-
encing policy development, a prospective dimension. The 
purpose (interest) of the analyst was to conduct a piece of 
sound research, with a view to it contributing to the develop-
ment of effective public health policy. The analysis aimed to 
identify the most acceptable, and therefore feasible, policy 
directions for achieving broad public health goals. How to do 
(or not to do) a stakeholder analysis, later in this volume, 
describes how this analysis was conducted.

R. (1994), in his description of political mapping, includes 
stakeholder analysis as one of the steps. Political mapping has 
a strongly prospective time dimension where, frequently, it 
is a tool for policy implementation, i.e. where it is used to assist 
a policy maker – the client – in implementing a specific policy. 
In its purpose, it is similar to the use of stakeholder analysis 
as an implementation tool, as described in the organizational 
management and development literature. In discussing the 
politics of health sector reform policies, Reich shows how it 
can be used for problem identification, policy formulation, 
and identification of implementation strategies, that can 
improve the political feasibility of health policy; and overall 
enhanced impact of health policy, by improving the chances 
that a policy will achieve its intended effects (1995). 
Frenk in his ‘Comprehensive policy analysis for health 
system reform’, describes the use of a range of technical tools 
for identifying the optimum (most efficient) policy proposals 
for reforming the health system: burden of disease assess-
ments for identifying and quantifying the problem; evaluation 
of the evidence on the effectiveness and cost-effectiveness of 
the available interventions; analyses of health systems per-
formance and available finances, to determine the technical 
feasibility of the different interventions; followed by a com-
Community survey and political mapping exercise to assess the 
political feasibility of the different options.

Conclusion

Stakeholder analysis has developed as a tool with quite differ-
ent purposes in its application in the fields of policy, manage-
ment and project implementation. It is often outlined as a 
series of steps. Identification of the different dimensions of 
the analysis, in relation to its different purposes (see Figure 1 
in How to do (or not to do) a stakeholder analysis, this 
issue), is an alternative way of illustrating its key features. In 
policy, its scope can range from broad with a strong retro-
spective dimension, with the aim of understanding the policy 
context and processes; to working towards a more immediate, 
often well-defined and focused policy implementation goal; 
and prospectively outlining more long-term and broadly 
focused policy directions. The important distinction in its use 
as a policy tool is whether it seeks to facilitate the implement-
ation of a specific pre-determined policy or policy direction, 
as used within political mapping (1994; 1995); or as an historical and concurrent analysis to evaluate how poli-
ices have developed and the feasibility of different policy 
options and directions. In the latter, the analysis is often con-
ducted by an independent analyst or researcher, within a 
broad public health or ethical framework (1995; 
1998); whereas, in the former, the 
analysis is conducted by, or on behalf of, a policy maker.

Descriptions of health policy as ‘fuzzy’ (1997) highlight the need for policy analysis tools. As a tool, or set of tools, for analyzing policy, stakeholder analy-
isis only one of a number of approaches for understanding policy-making processes and how policy issues get onto the 
agenda. Policy development is not circumscribed, in the way 
organizational relationships and project implementation 
often are, and, in the context of increasing globalization, is 
increasingly influenced by external agents and factors (1998). National policy development can be influenced by pro-
ces of ‘policy convergence’ or ‘policy transfer’, which 
might not emerge in a stakeholder analysis (1991; 
and 1996). For example, in the case of 
where the analysis showed limited potential for the 
development of a comprehensive public health-promoting 
national alcohol policy (1998), 
non-mobilized, high influence, low interest stakeholders such as 
M inistries of Finance and Industry might become mobil-
ized high-interest actors, if the E uropean Union (E.U.) made 
such policies a prerequisite to EU entry.

The usefulness of the tool, along with other non-linear policy 
analysis approaches, is that stakeholder analysis highlights 
the importance of actors and interest groups in the policy-
making process. Its particular strength, and one of its princi-
pal limitations, lies in its prospective dimension whereby it 
can be used to predict and provide information to influence 
the future. Observations are made cross-sectionally over a 
limited period of time. However, the policy environment, the 
context of the analysis, stakeholder interests, positions, 
alliances and influence are subject to change; and stakeholder 
perceptions of the past also change. The political context of 
policy-making is frequently unstable, especially in many 
developing countries, and can be subject to sudden, unex-
ected transformations. A stakeholder analysis by one of the 
authors to facilitate the development of public-private sector 
control strategies in an urban area of India had to 
take into account the impact of three different M unicipal 
Commissioners – the principal local policy maker – on the 
project over the course of one year (unpublished data). Simi-
larly, leadership uncertainty, due to imminent elections in the 
Dominican Republic in 1995, obstructed the implementation 
of reform strategies developed over a period of years through 
a political mapping process (1999). Therefore, 
if the time-frame of a prospective analysis is too long or study 
results are not applied in a relatively short period of time, 
especially in complex and potentially unstable settings, the 
relevance of the analysis for informing stakeholders on how 
to manage the future decreases rapidly.

The use of structured data collection approaches, e.g. modi-
fied Delphi tools, in the health management literature, where 
respondents are asked to quantify the current and future
levels of importance and influence of the different stakeholders, is a useful adjunct to the more intuitive qualitative approaches usually used in policy analysis. However, the development of health policy is a complex process, the nuances of which may often not be adequately captured using overly structured approaches. If a stakeholder analysis approach is used, analysts need to retain a critical stance in interpreting the responses of actors. The quality of the analysis will be determined by the understanding and ability of the analysts, and therefore their judicious use of such tools.

Cultural contexts where respondents are not familiar with this approach, or have unspoken agendas which deter them from making forthright responses, can limit its usefulness. However, where stakeholder representatives can be encouraged to state the positions and declare the interests of their organizations – and share these with other important stakeholders – a more coherent dialogue between interest groups and a more transparent process of policy development may be facilitated. The cross-sectional nature of the analysis, the provisional nature of the information obtained and the unpredictability of future events are inherent limitations of stakeholder analysis; recognition of these limitations increases its utility for understanding and influencing the policies and politics of health.

References

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