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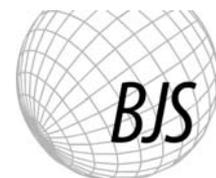
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1 **The persistence of cliques in the post-communist**
 2 **state. The case of deniability in drug**
 3 **reimbursement policy in Poland¹**

AQ1 4 **Lawrence King** and **Piotr Ozierański**

5 **Abstract**

6 This article explores a key question in political sociology: Can post-communist
 7 policy-making be described with classical theories of the Western state or do we
 8 need a theory of the specificity of the post-communist state? In so doing, we con-
 9 sider Janine Wedel's clique theory, concerned with informal social actors and
 10 processes in post-communist transition. We conducted a case study of drug reim-
 11 bursement policy in Poland, using 109 stakeholder interviews, official documents
 12 and media coverage. Drawing on 'sensitizing concepts' from Wedel's theory,
 13 especially the notion of 'deniability', we developed an explanation of why
 14 Poland's reimbursement policy combined suboptimal outcomes, procedural irreg-
 15 ularities with limited accountability of key stakeholders. We argue that deniability
 16 was created through four main mechanisms: (1) blurred boundaries between dif-
 17 ferent types of state authority allowing for the dispersion of blame for controver-
 18 sial policy decisions; (2) bridging different sectors by 'institutional nomads', who
 19 often escaped existing conflicts of interest regulations; (3) institutional nomads'
 20 'flexible' methods of influence premised on managing roles and representations;
 21 and (4) coordination of resources and influence by elite cliques monopolizing
 22 exclusive policy expertise. Overall, the greatest power over drug reimbursement
 23 was often associated with lowest accountability. We suggest, therefore, that the
 24 clique theory can be generalized from its home domain of explanation in foreign
 25 aid and privatizations to more technologically advanced policies in Poland and
 26 other post-communist countries. This conclusion is not identical, however, with
 27 arguing the uniqueness of the post-communist state. Rather, we show potential
 28 for using Wedel's account to analyse policy-making in Western democracies and
 29 indicate scope for its possible integration with the classical theories of the state.

30 **Keywords:** Poland; state theory; post-communism; drug reimbursement;
 31 institutional nomads; cliques

32
 33

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2 *Lawrence King and Piotr Ozierański*34 **Introduction**

35 The postwar sociological theory of the Western state has been dominated by five
 36 competing traditions. The 1950s saw a debate between pluralism (McFarland
 37 2004) and Marxism (Miliband 1973; Poulantzas 1976). The centrality of this
 38 opposition was soon questioned by elitism (Mills 2003) and corporate domination
 39 theory (Domhoff 2006). Another contender joining in the 1980s was historical
 40 institutionalism (Skocpol 1985). Only in the 1990s, the status quo between these
 41 traditions was challenged by new accounts stressing, for example, the growing
 42 prominence of governance levels beyond the nation-state (Strange 1996).

43 A key test for the durability of the classic state theories was the fall of com-
 44 munist in Central and Eastern Europe (CEE). The prevalent view on coun-
 45 tries such as Poland, Hungary or the Czech Republic holds that they have
 46 developed formal institutions similar to their West European neighbours
 47 (McMenamin 2005) and thus can be described with concepts taken from plural-
 48 ism (Ekiert and Kubik 2001), historical institutionalism (Grzymała-Busse 2007)
 49 or elitism (Raciborski 2006). This position has been disputed by scholars stress-
 50 ing the need for a new vocabulary to capture informal actors and processes per-
 51 meating post-communist states (Zybertowicz 2005 – for a critical account of this
 52 position see Warczok and Zarzycki 2014). The most influential representative
 53 of this academic camp is Janine Wedel, who conducted extensive ethnography
 54 of foreign aid in CEE to explore interactions among ‘discourses, actors, and
 55 institutions’ (Wedel 2001: 219) shaping the distribution of power in post-
 56 communist society. While Wedel’s inductive mode of theory development did
 57 not involve testing propositions systematically against the classical theories, her
 58 argument merits, we believe, the status of an emerging theory of the post-
 59 communist state. Given the emphasis it places on the activity of elite cliques,
 60 we term it the ‘clique theory’ (for a critique of Wedel’s argument see Sadowski
 61 2011).

62 According to Wedel (2001), the rise of ‘cliques’ can be traced to the spread
 63 of informal networks circumventing the communist ‘shortage economy’ and
 64 authoritarian state, followed by the emergence of a ‘power vacuum’ after the
 65 rapid fall of the communist state. The two processes triggered the colonization
 66 of strategic locations in the post-communist public, private and third sectors by
 67 elite cliques consisting of informal networks. The cliques became the primary
 68 partner for international public and private actors (Wedel 2001, 2004), and a
 69 key element of the post-communist power elite. Clique domination of the post-
 70 communist state contrasts with the classical theories, emphasizing either the
 71 role of bureaucratic elites (historical institutionalism), the corporate, military
 72 and political establishment (elitism), an intersection of the upper class, corpo-
 73 rate community and ‘corporate experts’ (corporate domination theory), the
 74 domination of the state by the bourgeoisie (Marxism) or the dispersion of
 75 power among a multitude of interest groups (pluralism).

76 Wedel specifies several mechanisms that reproduce clique power. Following
 77 Kamiński and Kurczewska's (1994) work, individual clique members are
 78 described as 'institutional nomads'. These actors blur the public-private divide
 79 by continually moving between different sectors or playing roles in multiple
 80 organizations, often with conflicting agendas. This practice is rarely addressed
 81 by conflict of interest regulations, and is therefore referred to as 'coincidences
 82 of interest' (Wedel 2009). A similar mechanism, contrasting with the rational-
 83 bureaucratic state variety described by historical institutionalists, concerns
 84 creating 'agencies', organizations with unclear public-private status able to pri-
 85 vate state power in the absence of strong accountability regulations (Wedel
 86 2004). Also, unlike pluralism and corporate domination theory, focusing on lob-
 87 bying through formal access channels, Wedel's analysis emphasizes 'flexible'
 88 methods of influence ranging from informal persuasion of clique members to
 89 manipulating their many representations in interactions with different audien-
 90 ces. Finally, influence exercised by institutional nomads is coordinated by cli-
 91 ques, bound by a mixture of trust and complicity emerging from involvement in
 92 (nearly) illegal dealings (Wedel 2001).

93 Taken altogether, a central feature of the activity of institutional nomads and
 94 their cliques is 'deniability' (Wedel 2004, 2009) or 'institutionalised lack of
 95 responsibility' (Hausner and Marody 2000). As Wedel (2004: 225) emphasizes,

96 because actors can change their agency, they always have an 'out'. They
 97 can evade culpability for actions that might be questioned by one of the
 98 parties by claiming that their actions were in the service of the other.

99 That is, institutional nomads use blurred institutional boundaries, their own
 100 unclear roles, flexible forms of influence and coordination through cliques to make
 101 themselves less answerable to democratic, bureaucratic and market regulations.

102 Wedel's research on deniability corresponds with Hood's (2011a, 2011b) work
 103 on 'blame avoidance strategies' used by policymakers in Western bureaucracies
 104 to minimize accountability before legislatures and the media. Most relevant for
 105 us is the 'agency strategy', concerned with affecting the perception of blame by
 106 'creative allocation of formal responsibility, competency, or jurisdiction among
 107 different units and individuals' (Hood 2011b: 17, 67). The primary variants of
 108 this strategy comprise 'delegation of responsibility down the line or out from the
 109 center', 'defensive reorganisation or staff rotation', reliance on 'partnership
 110 structures' and 'government by the market' (Hood 2011b: 70) (Web Appendix I
 111 compares the notions of deniability and blame avoidance in greater detail).

112 Wedel's argument is consistent with research on informal power structures in
 113 Poland. For example, a seminal case study of the coal mining sector found that
 114 it was ruled by a tightly-knit social network comprising managers and board
 115 members at publically and privately-owned companies, regulators and experts
 116 (Gadowska 2002). More recently, it has been argued that the distribution EU
 117 funds for infrastructure development is managed by cliques including
 118

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119 politicians, civil servants and private sector subcontractors (Zybertowicz and
120 Lichocka 2013). A next step in developing Wedel's account may involve an
121 examination of a policy process involving extensive utilization of expert knowl-
122 edge, which theoretically should minimize reliance on informal mechanisms of
123 influence preferred by cliques. We apply this approach by considering drug
124 reimbursement, a primary area of Poland's pharmaceutical policy. In particular,
125 drawing on Wedel's theoretical proposition we will seek to identify what (if
126 anything) is unique about the Polish post-communist state.

127 This will be, to our knowledge, the first application of Wedel's account in the
128 political sociology of pharmaceuticals, increasingly dominated by accounts
129 aligned with the main traditions in state theory. For example, Carpenter's
130 (2010) argument about the Food and Drug Administration's (FDA) dominant
131 power over the US pharmaceutical market is consistent with historical institu-
132 tionalism. By contrast, the 'disease-based politics' theory (Daemrich 2004),
133 demonstrating patient organizations' effectiveness in securing favourable poli-
134 cies from the FDA, corresponds with pluralism. Finally, Abraham's (2009;
135 Davis and Abraham 2011) theory of 'neoliberal corporate bias' resembles the
136 corporate domination position in highlighting the pharmaceutical industry's
137 superior access to and decisive influence over the policy process.

138 It is, however, the latter position that has received the strongest support in
139 detailed studies of pharmaceutical policy in the USA and the UK, demonstrat-
140 ing pharmaceutical companies' lobbying of policymakers and the revolving door
141 with regulatory institutions (Abraham 2002), forging financial and other links
142 with expert advisory committees (Abraham 2002; Abraham and Davis 2009),
143 using patient organizations as seemingly independent third parties generating
144 political pressure (Abraham 2009; Davis and Abraham 2011) and corporate con-
145 trol over the conduct and dissemination of results of clinical trials (Krimsky
146 2003). Against this background, we will seek to enrich our understanding of
147 informal social actors and mechanisms involved in drug reimbursement, an area
148 of pharmaceutical policy thus far receiving limited scholarly attention (excep-
149 tions include Abraham 2009). Specifically, we will explore institutional nomads
150 and cliques acting on behalf of multinational drug companies aiming to secure
151 favourable conditions in Poland's state-funded drug reimbursement schemes.

152 In the remainder of this article we first explain why we decided to investigate
153 Poland's drug reimbursement. We then detail our methodology. Subsequently,
154 we present our findings. Finally, we discuss the implications of our research for
155 the theory of the state.

156 **The puzzle of Poland's drug reimbursement policy**

157 In the European Union (EU), drug reimbursement is managed by national
158 authorities, with minor interference from the EU level. In Poland, drug

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159 reimbursement policy regulates prices of prescription medicines, chiefly
160 through state subsidies. Depending on a reimbursement scheme and population
161 or patient group, drugs can be obtained for up to 50 per cent of their original
162 price. The decision about covering a medicine by a state reimbursement is
163 made by the Minister of Health based on a reimbursement application submit-
164 ted by the drug manufacturer. Between two major legislative reforms in 2009
165 and 2012, the Minister considered, but was not bound by, two recommendations
166 – expert and bureaucratic – based on evidence generated by pharmaceutical
167 companies. The former recommendation, taking into account drug effective-
168 ness, safety, cost-effectiveness and budgetary impact was issued by the Consult-
169 ative Council (CC), comprising ten to twelve senior medical experts based at
170 the Agency for Health Technology Assessment (AHTAPol). The latter recom-
171 mendation concentrated on the medicines budgetary impact and was developed
172 by the Drug Management Team (DMT), a bureaucratic body within the Minis-
173 try of Health (MoH), led by the Director of the Department of Drug Policy
174 and Pharmacy (DDPP). Funding for approved medicines was provided by the
175 National Health Fund (NHF).

176 In a middle-income country like Poland, reimbursement policy determines
177 patients' access to medicines, especially patent protected, 'innovative' drugs
178 offered by multinational pharmaceutical companies (Ministerstwo Zdrowia
179 2004: 3). It also impacts public healthcare spending and the profitability of the
180 pharmaceutical industry, enabling it to recuperate costs incurred by drug devel-
181 opment and marketing. Furthermore, funding of expensive, seemingly 'life-
182 saving' drugs for 'newsworthy diseases', such as certain types of cancer, may
183 affect policy-makers' electoral prospects.

184 Despite its societal importance, Poland's reimbursement policy is character-
185 ized by suboptimal outcomes. Between 2004 and 2009 it constituted about a fifth
186 of spending on all healthcare services (Ministerstwo Zdrowia 2010: 9–10),
187 exceeding, among others, primary care (NFZ 2010: 180). Similarly, public and
188 private drug expenditure amounts to 24 per cent of healthcare spending, far
189 exceeding the OECD average of 17.1 per cent (Ministerstwo Zdrowia 2010: 10).
190 Nevertheless, patients' access to medicines is constrained, with out-of-pocket
191 drug spending reaching 62.4 per cent in 2009, one of the highest levels in the
192 OECD (according to WHO, access to drugs is impeded when patients cover
193 over 40 per cent of drug costs) (Ministerstwo Zdrowia 2004: 7). The combination
194 of high spending and limited access results from a complex interplay of factors
195 including high levels of drug consumption, limited state control over prescription
196 by doctors and the relatively low level of healthcare spending (Golinowska
197 2008; HiT 2011). Added to this is increasing budgetary pressure created by sky-
198 rocketing expenditure on several 'innovative' therapies, especially for some rare
199 diseases, whose accessibility has reached levels prevalent in the 'Old' EU (Blan-
200 kart, Stargardt, and Schreyogg 2011). However, policy-makers' prioritization of
201 several novel drugs targeting narrow rather than large patient populations has

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202 been linked to multinational drug companies' aggressive marketing and lobbying
203 practices (Polak 2001; Ozierański, McKee, and King 2012a).

204 One factor featuring prominently in the policy debate yet rarely examined by
205 social scientists is irregularities surrounding policy development. These irregu-
206 larities involved all major stakeholders in the policy process – high-ranking poli-
207 ticians, bureaucrats, medical experts and drug companies – and were
208 remarkably persistent over time, with key actors rarely being held to account
209 based on democratic rules, bureaucratic or business codes of conduct and norms
210 of scientific good practice (Jakubiak 2009; Łapiński 2005: 108; NIK 2004: 21,
211 2006: 10–11, 19, 44; Piecha 2006; Polak 2011: 171, 179, 232, 281, 312–313, 348;
212 Prokuratura Apelacyjna 2010: 147; TVN24 2012) (see Web Appendix II and III
213 for comprehensive evidence). While the impact of these irregularities was often
214 difficult to express as the amount of public money or health lost, these contro-
215 versies were associated with prioritizing private economic gain over the inter-
216 ests of patients or the public budget and therefore likely to result in suboptimal
217 policy outcomes. They can be viewed, therefore, as an aspect of general equal-
218 ity and efficiency problems in CEE healthcare systems caused by widespread
219 corruption (European Commission 2013).

220 What many have seen as showing much promise of improving the transpar-
221 ency of the policy process and efficiency of reimbursement spending was health
222 technology assessment (HTA), a form of policy analysis aiming to provide an
223 evidence base for reimbursement decisions through considering their 'medical,
224 social, ethical, and economic implications' (INHTA 2013). Since the mid-2000s,
225 Poland has pioneered HTA in CEE drawing on Western institutional solutions
226 (Nizankowski and Wilk 2009). However, while the evaluation of drugs has been
227 increasingly compliant with formal HTA requirements (Kolasa Dziomdziora,
228 and Fajutrao 2011), the AHTAPol, the Polish HTA agency, has experienced
229 strong political and corporate pressures (Nizankowski and Wilk 2009; Ozierań-
230 ski, McKee, and King 2012b).

231 Poland's reimbursement policy has been attracting an increasing amount of
232 social science research yet without clear links to state theory. The suboptimal
233 policy outcomes and procedural irregularities have been associated with influ-
234 ence exercised by drug companies over politicians, bureaucrats and medical
235 experts (Ozierański, McKee, and King 2012a, 2012b). Nevertheless, less atten-
236 tion has been devoted to unaccountability of key stakeholders. For instance,
237 official reports emphasize the intricate nature of pharmaceutical policy, result-
238 ing in 'objective difficulties' in uncovering corruption (Majewski 2007: 8). A
239 more convincing analysis is provided by the analysis of new forms of corruption
240 in the pharmaceutical sector, unrecognized by existing regulations (Polak
241 2011), without, however, a systematic examination of social resources allowing
242 policy actors to minimize their accountability.

243 In this article, we apply Wedel's concept of deniability to explore why
244 Poland's reimbursement system combined suboptimal policy outcomes and

245 procedural irregularities with limited accountability of key stakeholders. Before
246 we do this, we must describe how we conducted our research.

247 **Methods**

248 We carried out our fieldwork between May 2008 and April 2010 employing
T1 249 Wedel's (2001) methodology. As Table I shows, we conducted 109 in-depth,
250 semi-structured interviews with representatives of major stakeholders in the
251 reimbursement process. We cast a 'wide-net' to recruit interviewees (Wedel
252 2001: 221), combining purposive sampling (57 positive responses out of 70 inter-
253 view requests) and snowball sampling (all 26 requests were successful). The
254 total number of interviewees was 83, with 23 individuals, representing a cross-
255 section of stakeholders, interviewed up to three times as key informants. We
256 stopped interviewing when subsequent interviews provided little new insight
257 into initial data analysis (Charmaz 2006: chapter 5).

258 To maximize the interviewees' candour, we typically refrained from tape-
259 recording interviews, taking extensive notes instead. The interview framework
260 concerned several broad questions highlighted by the theories of the state:
261 mechanisms of reimbursement policy, resources, methods of influence and rela-
262 tionships between stakeholders in the reimbursement process. The

Table I: *Interviewee sample*

Organization	Number of interviews
Ministry of Health	21
National and regional consultants	4
National Health Fund	3
Agency for Health Technology Assessment	8
Parliament	8
Multinational pharmaceutical companies	17
Associations of innovative drug companies	2
Associations of generic drug companies	3
Chamber of commerce associating multinational drug companies	1
American Embassy	1
Law firms	4
Lobbying firms	3
Freelance lobbyist	1
Public relations firms	4
HTA firms	2
Contract research organization	2
Pharmaceutical market consultancies	2
Patients' organizations	7
Journalists	6
Medical doctors dealing with drug reimbursement in their professional activity	10
Total	109

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263 questionnaires for each interviewee category were used flexibly to maximize
264 access to interviewees' unique knowledge. Rather than asking possibly threat-
265 ening questions about the details of specific reimbursement decisions, we
266 focused on general social mechanisms underlying the policy process.

267 Combining Wedel's (2001) research with grounded theory (Charmaz 2006;
268 Glaser and Strauss 1967), we looked for mechanisms generating deniability at
269 different levels of Poland's reimbursement system. We initially coded the inter-
270 views using categories generated from the research questions and 'sensitising
271 concepts' (Glaser and Strauss 1967) from Wedel's and Hood's research. The
272 first set of codes was expanded through 'open' and 'in-vivo' coding (Glaser and
273 Strauss 1967) based on comparing accounts of deniability offered by different
274 interviewees. We then established code families and networks capturing the
275 themes most grounded in the data. Towards the end of the fieldwork, we used
276 'theoretical sampling' (Charmaz 2006: chapter 5) to refine our analysis by
277 follow-up interviews with the key informants. In presenting the findings, we
278 seek to identify conditions under which the reported mechanisms might be
279 effective, using a variety of organizational perspectives, including 'outliers' that
280 might disprove our argument (Emerson 2001: 302; Charmaz 2006: 7–8). We
281 also triangulated the interviews with the following data sources.

- 282 • Official documents, especially reports issued by the National Chamber
283 of Control (NIK), Poland's main auditing body; policy papers (Minis-
284 terstwo Zdrowia); and Prosecutor's (Prokuratura Apelacyjna) investi-
285 gation of a major lobbying scandal
- 286 • Press coverage of drug reimbursement in the popular and specialized
287 press (*Rzeczpospolita*, *Dziennik*, *Rynek Zdrowia*), including case stud-
288 ies of procedural irregularities summarized by Polak (2011)
- 289 • Personal and organizational websites and social media (LinkedIn,
290 Goldenline)

291 Overall, while not intended to account for every case of deniability reported
292 so far (Web Appendix II), our analysis represents a first step in building a
293 theory of deniability in Poland's reimbursement policy, potentially generaliz-
294 able to other areas of post-communist policy-making.

295 **Generating deniability**

296 We demonstrate how deniability was created in the reimbursement process by
297 exploring four themes emerging from our data. We begin by examining rela-
298 tionships between different types of state authority involved in policy-making.
299 We then analyse the sources of power of key policy actors and their methods of
300 influence. Finally, we examine how influence exercised by these actors was
301 coordinated.

302 ***Blurred institutional boundaries***

303 The reimbursement process blurred the public and private sectors. For exam-
 304 ple, the Agency for Health Technology Assessment (AHTAPol) did not gener-
 305 ate its own analyses but only reviewed evidence submitted by the drug
 306 companies, or, typically, HTA consultancy firms working on their behalf. A
 307 more prominent feature of the policy process was nevertheless unclear bounda-
 308 ries between different types of state authority. We analyse these boundaries
 309 using Hood's (2011b: chapter 4) concept of 'agency strategies', capturing how
 310 the manipulation of lines of responsibility affects the distribution of blame –
 311 and thereby power – within the state.

312 Relationships between political and scientific authority in Poland's reim-
 313 bursement process can be seen as 'blame avoidance through delegation' (Hood
 314 2011b: 69) from the Minister of Health, to the Consultative Council (CC), a
 315 semiautonomous expert advisory body based at the AHTAPol. Though not
 316 legally binding, expert recommendations formed the scientific foundation of
 317 Ministerial reimbursement decisions. Deciding against a negative recommenda-
 318 tion entailed, therefore, a high 'blame risk' (Hood 2011b: 4–9) of attracting
 319 unfavourable media coverage.

320 If the Minister decided to reimburse a drug despite a negative recommen-
 321 dation, difficult questions would arise immediately: 'Who's behind it? Why
 322 did it happen?' (External affairs manager, multinational drug company)

323 However, conforming to a negative recommendation could be equally dam-
 324 aging for the Minister, faced with likely media campaigns orchestrated by drug
 325 companies.

327 If a negative recommendation is followed by social pressure, press publica-
 328 tions, high activity of patients' associations, the Minister may conclude
 329 that the drug is important. (Partner, multinational law firm)

330 In such cases, the Minister could use a semi-formal procedure (not described
 331 in legislation) and ask the CC to reconsider a drug. AHTAPol officials inter-
 332 viewed admitted that requests for reconsideration were rarely justified by the
 333 results of new clinical trials, or significant price decreases. Thus, by altering a
 334 negative recommendation, the CC risked undermining its scientific authority.

336 Essentially, the reason to reconsider an application is the emergence of
 337 new arguments [...]. And there're problems with these arguments [...].
 338 Taking positions in a different manner undermines the rationale behind
 339 the very existence of the CC, because it should take positions based on
 340 data. (High-ranking official, AHTAPol)

341 Nevertheless, according to some, signalling expectations might be sufficient
 342 for the Minister to achieve the desired recommendation, given several layers of
 343 control over the CC, including nominating and dismissing its members and
 344

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345 approving recommendations, initially by the Minister and then the Minister-
346 nominated President of the AHTAPol.

347 The Minister knows what decision he wants to make and just needs to
348 present a rationale for it. The request is supposed to let the people from
349 the CC work it out. (Manager, domestic HTA firm)

350 The boundaries between political and bureaucratic authority were also
351 unclear. In particular, the relationship between the Minister and the Drug Man-
352 agement Team (DMT) represented delegation to a ‘blame-sharing advisory
353 group’ or ‘deflecting blame downwards’ within the Ministry of Health (MoH)
354 (Hood 2011: 27, 36). Not only were DMT recommendations not legally binding
355 but, unlike AHTAPol recommendations, were only internal ministerial docu-
356 ments. None the less, if leaked to the press, a negative recommendation could
357 delegitimize the Minister’s positive reimbursement decision.
358

359 Obviously, these are *in perfecta* regulations, i.e. without legal sanctions.
360 But [if a DMT recommendations is not followed] we then ask: ‘Why did
361 such a breach occur?’ Had there been a corrupt story behind it, we’re
362 dealing with a crime here. (Former high-ranking official, MoH)

363 The relationships between the Minister of Health, on the one hand, and the
364 AHTAPol and the DMT, on the other, represented instances of ‘soft delegation’
365 or ‘plastic division of responsibilities’ (Hood 2011a: 175). However, the Minister
366 enjoyed a greater scope to influence bureaucratic recommendations than expert
367 recommendations. Given the shorter institutional distance between the DMT
368 and the Minister (the DMT was part of the MoH), for some years, Ministers sat
369 at the DMT, whereas later control was exercised through senior DMT members
370 appointed by and maintaining close working relationship with the Minister.
371

372 If the Minister advised himself, that would definitely be unhealthy. [...]
373 Theoretically, the Minister doesn’t influence the DMT’s work. In practice,
374 all sorts of things happen, though. (Middle-ranking official, MoH)

375 The others [DMT members] look at how the DDPP Director is voting and
376 they raise their hands. They do this even though they have an independent
377 voice. (Partner, multinational law firm)

378 The blurred boundaries between political and bureaucratic authority were
379 also evident in informal price negotiations between the MoH and drug compa-
380 nies. As this process was not described in the legislation, some Ministers used
381 blame avoidance through delegation to the Director of the Department of
382 Drug Policy and Pharmacy (DDPP) to avoid partaking in sensitive talks, some-
383 times resulting in accusations of corruption.
384

385 It all depends [...] whether the Minister wants to have a hand in it.
386 There’ve been ‘scared’ Ministers who left these issues with the DDPP
387 Director. (Former high-ranking official, MoH)

388 The central stage in the policy process, taking reimbursement decisions,
 389 sometimes involved a blame avoidance strategy characterized not by diffusion
 390 but expansion of the Minister's political authority. Specifically, to avoid blame,
 391 and perhaps even gain credit, for reimbursement decisions constraining patient
 392 access to novel treatments, the Minister entered the sphere of scientific author-
 393 ity of the European Medicines Agency by claiming that the drugs it had
 394 licenced were unsafe.

395 It happens that both the AHTAPol and the DMT issue positive recom-
 396 mendations. But the Minister says: 'I don't know, it may be dangerous.'
 397 This is a very interesting populist argument. [...] If the drug wasn't safe, it
 398 shouldn't be on the market at all. For its safety does not depend on being
 399 reimbursed. (Partner, multinational law firm)

400 What enabled this strategy was the Minister's flexibility in applying formal
 401 reimbursement criteria. The legislation stated that a reimbursement decision
 402 had to be premised on evidence-based medicine criteria, including clinical effec-
 403 tiveness and safety, cost-effectiveness ratio and budget impact. Our interviewees
 404 sometimes complained, however, that these criteria could be ignored in practice.

406 How certain drugs are placed on the [reimbursement] lists is completely
 407 unclear to me. (American diplomat)

408 The final stage of the reimbursement process, the funding of Ministry-
 409 approved therapies by the National Health Fund (NHF), involved 'passing
 410 blame sideways' (Hood 2011b: 37) within the government structures, from the
 411 MoH to the NHF. Formally, the funding of drugs involved implementing posi-
 412 tive reimbursement decisions by the NHF. Nevertheless, access to complex hos-
 413 pital therapies was often disrupted by lengthy patient recruitment or financial
 414 problems experienced by hospitals towards the end of a fiscal year. Even so, the
 415 Minister could protect him/herself even in drastic instances of disruption by
 416 shifting blame to hospitals or the overseeing NHF by turning them into 'light-
 417 ning rods' (Hood 2011a: 172) attracting public outrage.

419 The stage of rationing those medical services [expensive hospital thera-
 420 pies] has been shifted [from the MoH] to other levels in the system. A
 421 positive reimbursement decision doesn't necessarily result in that all the
 422 waiting patients will receive their drug. This can be seen as a method of
 423 introducing savings, since many of those people who are, for example, can-
 424 cer patients won't hold on and make it to become a 'cost'. (Manager,
 425 domestic HTA firm)

426 Overall, unclear boundaries between different types of state authority were
 427 exploited primarily by political decision-makers striving to spread the percep-
 428 tion of blame to experts and bureaucrats, while securing the decisive impact
 429 over policy outcomes through formal and informal control. Taking these
 430

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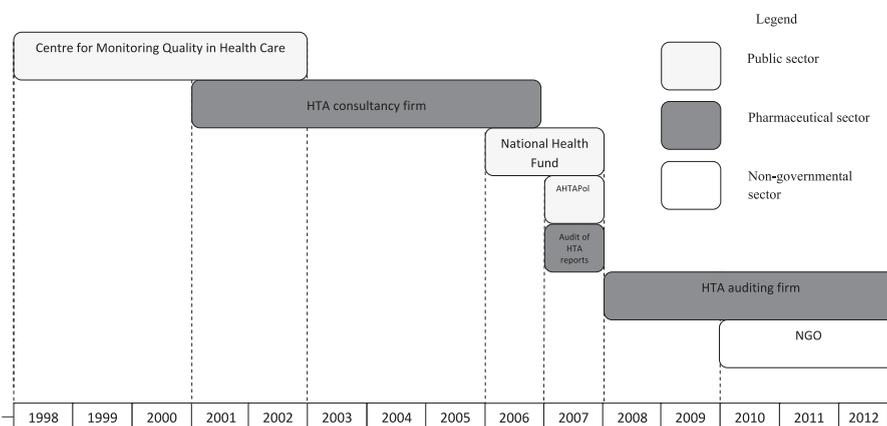
431 mechanisms into account helps us understand why political elites taking sci-
 432 tifically dubious or unpopular reimbursement decisions enjoyed limited
 433 accountability to patients and, ultimately, voters.

434 Having explored the institutional set-up of the reimbursement process, we
 435 now analyse how deniability was generated by boundary-crossing actors.

436 **Institutional nomads**

437 Consistent with Wedel’s argument, key actors in the reimbursement process
 438 often displayed characteristics of institutional nomads playing multiple roles in
 F1 439 different sectors. Figure I summarizes the career path of person X who, accord-
 440 ing to our interviewees, enjoyed substantial informal power over Poland’s drug
 441 reimbursement. X began working as a high-ranking official at a state institution
 442 introducing HTA to Polish health care. Towards the end of this appointment, X
 443 established a consultancy firm developing HTA reports supporting reimburse-
 444 ment applications submitted by drug companies. Then, after a few years, X
 445 became a senior NHF official, responsible for creating, based on commercial
 446 HTA reports, reimbursement schemes with extremely expensive ‘innovative’
 447 drugs. Around the same time X also worked at the AHTAPol on evaluation of
 448 HTA reports, while also developing evaluations of HTA reports for pharmaceu-
 449 tical companies. This was followed by establishing a company evaluating HTA
 450 reports and, more recently, a non-governmental organization (NGO) advocating

Figure I: ‘Person X’ – a case of social mobility between stakeholders in reimbursement policy-making



Sources: Publicly available documents and information on organizational and social networking websites. Notably, X’s curriculum vitae does not mention the fact of working at the AHTAPol and developing commercial evaluations of HTA reports in 2007

Figure II: Examples of bridging different sectors by institutional nomads



451 proposals for health care reform in Poland. Overall, X's career involved a series
 452 of switches and overlaps at the intersection of the public, private and third sec-
 453 tor. Our interviews and a review of social networking sites suggested that there
 454 were at least several other top-level instances of people operating simultane-
 455 ously in the state and the pharmaceutical sector (Polak 2011: 233).

456 Multiple identities could also be acquired by operating simultaneously in dif-
 F2 457 ferent sectors. Figure II shows three typical configurations (see also Figure I).

458 Relationships between these roles often generated 'coincidences of interest'
 459 whereby playing mutually reinforcing roles in different settings maximized indi-
 460 vidual profits and policy influence.

461 I know a person who owns a public relations agency and at the same time
 462 holds a top position in A [a prominent NGO]. And it's for this very reason
 463 that pharmaceutical firms sign contracts with this public relations company.
 464 It 'arranges' [medical experts] from A for social meetings, conferences etc.
 465 To reach those [medical experts] you have to have good relationships with
 466 this public relations company. (Partner, multinational law firm)

467 In particular, coincidences of interest allowed for accumulating insider
 468 knowledge and personal connections in state organizations and then deploying
 469 them in the private and third sector.
 470

471 [An ex public official] is extremely valuable: he knows a lot, he has con-
 472 tacts. He has the idea of the reimbursement mechanism. So for firm X,
 473 he's so valuable not because he's so hard-working but because he has con-
 474 tacts which he acquired, say, in the MoH. (Journalist, weekly magazine)

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475 Our interviews show that coincidences of interest sometimes raised doubts
476 about public officials' loyalty to their organizations.

477 It's been only recently when Z [senior official] left us and moved to a
478 pharmaceutical company which offered him a sky-high contract. They sim-
479 ply bought [Z], with all [Z's] qualifications, abilities and experience. We
480 felt very sorry, since it was so unexpected, but what can we do about it?
481 People are only people. (High-ranking official, AHTAPol)

482 These coincidences of interest were often undetected by the existing system
483 for monitoring conflicts of interests (Polak 2011: 318–319). For example, there
484 was no policy addressing the 'revolving door' syndrome.
485

486 A manager at such a [HTA consultancy firm] became a high-ranking offi-
487 cial in [one of state organisations] and dealt with [HTA]. [...] [a]nd then
488 [...] returned to the firm [...] But everything is *lege artis*. (Former high-
489 ranking official, MoH)

490 Furthermore, existing regulations concerning roles played in the private and
491 third sector (AHTAPol 2011) were not applied consistently. Reports from CC
492 sessions show, for instance, that expert X (see Figure I) reported conflicts of
493 interest regarding one drug but was nevertheless allowed to evaluate HTA
494 reports commercially despite working for the AHTAPol at the same time.
495

496 Overall, the configurations of resources accumulated by institutional nomads
497 had significant potential for generating unaccountability. We now take a step
498 further to see these assets were used to influence the policy process.

499 **Flex influence**

500 Institutional nomads operating in drug reimbursement pursued four major
501 'flex' methods of influence (Wedel 2004, 2009) characterized by situational
502 changes of identities and bending formal rules in different sectors. These meth-
503 ods could be offensive or defensive, depending on whether they aimed to
504 change or protect the policy status quo (cf. Clamen 2005: 170).

505 A primary offensive technique was *informal fixing* relying on personal con-
506 nections to bureaucrats, politicians and experts in key positions in the reim-
507 bursement process. Given its purely informal nature, this method was often
508 hidden behind other economic activity such as consulting or education.

509 Personal relationships are vital. It's of secondary importance which firm
510 someone represents. What's crucial is who comes on behalf of the firm.
511 (Key account manager, multinational drug company)

512 These consultants offering workshops and advisory services are in fact lob-
513 byists. They possess individual connections through which they can
514 achieve something. (Partner, domestic law firm)

515 A key case of informal fixing was exposed by a Prosecutor's investigation
 516 showing that informal negotiations between a drug company and a high-
 517 ranking MoH official over the introduction of a medicine to reimbursement
 518 were facilitated by a well-connected real estate tycoon and an influential politi-
 519 cian not involved directly in pharmaceutical policy-making (Prokuratura Apela-
 520 cyjna 2010).

521 Another offensive technique was *attachment* (cf. Zybertowicz 2005) whereby
 522 a special interest was covered under a general one. The prevalent form of
 523 attachment was legitimizing policy positions favourable for drug companies
 524 through associating them with patients' interests or rights.

525 Firms can do very little in their own name, since this is regulated by the
 526 law. Against this background, the role of patients' organisations is gigantic.
 527 [...] This results in firms concentrating on 'broadening patients' access to
 528 treatment'. (Communications manager, multinational drug company)

529 Similarly, associations of pharmaceutical companies were sometimes used to
 530 advance the interests of particular firms.
 531

532 There is no point for firm X in arranging an individual meeting. After a
 533 long history of allegations of corruption, it's vital for the MoH to demon-
 534 strate that the meeting is trustworthy, transparent and can be explained.
 535 If there's a group of firms, [and] this association endorses an initiative,
 536 there is no problem. [...] The association serves as an umbrella. (Repre-
 537 sentative, chamber of commerce associating multinational drug
 538 companies)

539 *Managing identities* was an offensive or defensive technique (cf. Wedel 2009:
 540 17–18) in which institutional nomads used their most comfortable identities
 541 depending on a situation. For example, some lawyers working for drug compa-
 542 nies also acted as 'independent' media commentators.
 543

544 [Lawyers] May be used as creators of opinion. Legal newspapers publish
 545 articles signed by someone. And at the same time this person represents
 546 someone's interest. Lawyer's opinions feature very prominently in
 547 pharmacy-related topics. (High-ranking official, MoH)

548 *Managing identities* was also illustrated by the Medical Director at a pharma-
 549 ceutical company who earned the reputation of 'the king of pharmaceutical lob-
 550 bying' (Jachowicz 2007); and a HTA consultancy firm using the 'edu' extension
 551 in its Internet address, suggesting the educational profile of its activity (cf. Polak
 552 2011: 97, 344–6).
 553

554 *Buffering*, by contrast, was a purely defensive technique (cf. Zybertowicz
 555 2005) using intermediaries to carry out actions with a high risk of negative pol-
 556 icy consequences. For instance, some drug companies hired lobbying firms to
 557 lobby policy-makers to avoid accusations of corruption.

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558 We ourselves prefer not to approach decision-makers. In the current political
559 configuration it's too risky a venture. Even if the talk is balanced and
560 non-marketing, someone may always see us together and say that this is
561 corruption. [...] It's much better to act through an agency. (External
562 affairs manager, multinational drug company)

563 A more sophisticated version of buffering was using other ministries or par-
564 liament as sources of endorsement before the MoH.
565

566 They [drug companies] reach the MoH through other ministries. The
567 MoH can make a lot of fuss saying a patients' association is lobbying on
568 behalf of drug companies but they have to respond to a call from the Min-
569 ister of Economy. (Journalist, daily paper)

570 A shared feature of the four methods of influence was reliance on interme-
571 diaries combining overt and covert activity. For example, although officially
572 denied, some interviewees mentioned instances of combining routine develop-
573 ment of HTA reports with informal fixing.
574

575 We advise [pharmaceutical firms] on various issues. We're now interested
576 in developing methods of persuading decision-makers. First, we want to
577 exercise pressure. Second, we want to establish methods of manipulation,
578 i.e. presenting data which leads in a desired direction and eventually guar-
579 antees the decision we want to achieve. (Manager, domestic HTA
580 company)

581 Most importantly, ambiguity associated with the flex methods of influence
582 made them inherently difficult to detect.
583

584 Rumour has it that drug companies attempt to influence politicians but I
585 cannot prove anything [...]. After a series of press publications a few years
586 ago this has become more discreet and less prevalent. (Journalist, daily
587 paper)

588 We now move to the group level of analysis to look at cooperation between
589 individual institutional nomads.
590

591 **Elite cliques**

592 The institutional nomads we identified belonged to elite cliques, most promi-
593 nently exemplified by a network of HTA experts operating at the intersection
594 of the state and the pharmaceutical sector, whose activity can be inferred from
595 documentary data (AHTAPol 2007, 2009; see also Nizankowski and Wilk
596 2009). Most of its core members came from the same geographical area,
597 received similar education in medicine and public health, and then training in
598 state organizations introducing HTA to Poland. Subsequently, they usually
599 established HTA firms or joined multinational drug companies, while a few

600 others continued working as state officials or academics. After a few years, the
 601 group cooperated again in drafting guidelines on how the AHTAPol should
 602 evaluate HTA reports supporting reimbursement applications, developed pri-
 603 marily by their own HTA firms (Polak 2011 describes other examples of clique
 604 activity).

605 Consistent with Wedel's (2001) characterization of foreign aid almost 20
 606 years before, the near-monopolization of exclusive expertise enabled this clique
 607 to become a broker between multinational drug companies and local health
 608 authorities. This introduced a complex interplay of science and personal rela-
 609 tionships at the intersection of the AHTAPol, the public HTA agency, and pri-
 610 vate HTA firms working for pharmaceutical companies.

611 When an AHTAPol official receives a HTA report, he can tell that it has
 612 been prepared by a so and so. It's not that this report will get a better
 613 mark. This official will simply know that this report will be good, reliable.
 614 And, on the other hand, he knows where the author makes silly mistakes.
 615 It works. These are former colleagues. It is much easier to read and rate a
 616 colleague's report. You trust your colleague more than a stranger on the
 617 street. You have to consider the human factor. (External affairs manager,
 618 multinational drug company)

619 Some people have greater capabilities [to meet with AHTAPol officials]
 620 than others. If a [pharmaceutical] firm lacks them, it translates into limited
 621 access. And I am not even talking about 'fixing' here, but just about simple
 622 access. (Communications manager, multinational drug company)

623 Given its unique position, the clique was unaffected by changes in the politi-
 624 cally nominated leadership of the AHTAPol. The immunization of clique activ-
 625 ity from party politics was a broader feature of the reimbursement process,
 626 which seemed to result from reliance on expert medical and procedural knowl-
 627 edge. For example, prominent civil servants, medical experts and industry rep-
 628 resentatives remained in their positions for years, and even political nominees
 629 often returned as representatives of associations of the pharmaceutical industry.

630 Drawing on personal relationships and shared biographies cliques were
 631 instrumental in pooling together resources and coordinating influence exerted
 632 by institutional nomads.
 633

634 Trust plays the key role. If you know someone very well, you trust them
 635 and you have more confidence that you won't hit a landmine. (Key
 636 account manager, multinational drug company)

637 Alternatively, loyalty could be forced on non-complying members (Zybertow-
 638 wicz 2005), as indicated by the limited conflicts of interest disclosure.
 639

640 This information translates into great power, particularly it allows [politi-
 641 cal elites] for manipulating people on whom they have collected dirt. This
 642 mechanism is similar to that used by communist secret services in relation

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643 to their secret collaborators. The message is clear: ‘If you want to make
644 money peacefully, just do your job.’ Thus, instead of ensuring the impar-
645 tiality of [expert] recommendations, the declarations [of conflicts of inter-
646 est] are *de facto* [...] employed to mute potential opponents. (Manager,
647 domestic HTA firm)

648 Coincidences of interest generated within cliques were even more difficult to
649 detect and manage than those resulting from overlapping roles played by insti-
650 tutional nomads.
651

652 I learnt that Y [a high-ranking MoH official] had relationships with firm
653 Z. I came to know this from my colleague who had spoken with Y, so this
654 was not gossip but information. I felt that it was my civic duty to call [Y’s
655 superior] and report this case. But nothing happened. (Journalist, daily
656 paper)

657 This was primarily because the social milieu dealing with drug reimburse-
658 ment often viewed coincidences of interest as a taboo belonging to the private
659 sphere.
660

661 In the West, people are used to conflicts of interest. [...] In Poland, the sit-
662 uation is different. None of the members of [a ministerial advisory body]
663 has declared a conflict of interest. [...] After all, this body comprises doc-
664 tors and even representatives of an association of drug companies. And
665 even this person claims he has no conflict of interest. This is absurd, they
666 defy reality! (Middle-ranking official, MoH)

667 Therefore, even the discovery of serious irregularities in the policy process
668 was often left without any consequence, suggesting that some high-ranking offi-
669 cials were ‘unsinkable’ (Polak 2011: 348). Alternatively, instances of misconduct
670 were dealt with quietly, without public denunciation, and those involved were
671 provided with ‘landing strips’ in the pharmaceutical sector (Polak 2011: 348),
672 namely lucrative career opportunities provided by drug companies reciprocating
673 past favours.
674

675 [T]he Ministry [...] loosened cooperation with the previous [national] con-
676 sultant [a senior ministerial adviser] because he agreed to support a treat-
677 ment programme [...] developed by a drug company. The firm called it a
678 ‘national programme’ and the national consultant was the chairman [...] [T]he
679 term ‘national’ is reserved for governmental initiatives but here we
680 had an initiative coming from non-governmental entities. And the national
681 consultant legitimised it as a representative of the Ministry. This is back-
682 stairs information, really... Officially, the consultant resigned. (National
683 consultant)
684

685 Many ex decision-makers establish their own firms and search for con-
686 tracts from drug companies which owe them something. For the
687

688 pharmaceutical firms, this situation is like a skeleton in the closet. (Key
689 account manager, multinational drug company)

690 While our interviewees commonly conceded that reimbursement policy-
691 making was often premised on informal relationships within cliques, there were
692 some opposing voices.
693

694 There're people who maintain some distance while being on [official]
695 posts. It's not that everyone goes to drink vodka with anyone. Lobbyists
696 can get this impression because it's them who pay for this vodka. (Journal-
697 ist, weekly paper)
698

699 **Conclusion**

700 Building on Wedel's ethnography, we developed an explanation of why it was
701 possible that drug reimbursement, a key part of Poland's pharmaceutical policy,
702 displayed a combination of suboptimal outcomes, irregularities in decision-
703 making, and limited accountability of key stakeholders. Our data indicates four
704 mechanisms generating deniability in reimbursement policy-making.

705 Consistent with the patterns of manipulation of the state-private divide
706 (Wedel 2001, 2004), unclear boundaries between different types of state author-
707 ity allowed political elites to reduce the perception of blame for controversial
708 policy decisions, without sacrificing control over the policy process. The blame
709 avoidance strategies we identified followed the agency types described by Hood
710 (2011a, 2011b) in Western bureaucracies. It appears, however, that Poland's
711 reimbursement process offered a greater scope for 'behind-the-scenes interven-
712 tion and arm-twisting' (Hood 2011b: 90), drawing on regulatory loopholes and
713 informal mechanisms of control.

714 At the individual level, boundaries between the public, private and third sec-
715 tor were crossed by institutional nomads. In the absence of strong monitoring
716 mechanisms, these actors amassed insider knowledge and connections through
717 establishing coincidences of interest involving overlapping roles in different
718 institutional settings. This finding corresponds with Wedel's (2001, 2009) obser-
719 vations from policy contexts ranging from privatizations to media regulation.

720 Institutional nomads deployed their resources through 'flexible' methods of
721 influence, which could be classified as offensive or defensive (Clamen 2005).
722 Regarding specific methods, informal fixing and managing identities closely
723 resembled two fundamental techniques described by Wedel (2009) – 'personal-
724 ising bureaucracy' and 'juggling roles and representations'. Nevertheless, infor-
725 mal fixing was broader than personalizing bureaucracy, as it also concerned
726 using connections to politicians and experts. Separately, attachment and buffer-
727 ing were similar to the repertoire of post-communist secret services, including
728 methods like 'kompromat' (Zybertowicz 2005; Ledeneva 2006: chapter 3).

729 Finally, institutional nomads' activities were coordinated by elite cliques,
730 mediating between the local reimbursement system and multinational drug
731 companies. The methods of coordination, ranging from trust to complicity,
732 reflected those described by Wedel (2001) and Zybertowicz (2005) in relation
733 to other informal actors in transition. Furthermore, a high level of tolerance for
734 conflict of interest within cliques reflected the attitudes of the post-communist
735 power elite *en large* (Wedel 2001). Also like Wedel (2001), we found that clique
736 power was founded on the monopolization of unique technical expertise newly
737 introduced to Poland.

738 While deniability constituted a serious issue in Poland's reimbursement pol-
739 icy, we could not determine its full extent, a problem also reported in Wedel's
740 ethnography (2009: chapter 1). Like Wedel's (2004, 2009) earlier research into
741 irregularities in postcommunist policy-making, ours faced a limitation related to
742 inferring possible mechanisms of deniability from 'positive cases' rather than a
743 mixed sample comprising both successful and failed attempts at securing unac-
744 countability. Furthermore, while seeking theoretical saturation based on our
745 interview dataset, it is unlikely that we identified mechanisms universally consti-
746 tuting necessary conditions for deniability, as institutional nomads and their cli-
747 ques have every interest in expanding this repertoire. Similarly, the mechanisms
748 we characterize may not always be sufficient causes of deniability, because, as
749 we noted, their operation may be constrained by other factors, such as insuffi-
750 cient personal connections. Following the logic of grounded theory, our propo-
751 sitions should therefore be tested as explanatory hypotheses in future research
752 systematically tracing the development of a random sample of reimbursement
753 decisions, a rigorous design likely to face challenges in obtaining relevant docu-
754 mentation protected by state and commercial secrecy.

755 The clique theory, as elaborated by our study, offers several distinctive
756 insights into the nature of the Polish post-communist state. Unlike mainstream
757 analyses of parliamentary, governmental and business elites using traditional
758 positional indicators of power (Raciborski 2006), it highlights that power may be
759 concentrated by informal groups operating at the intersection of various state
760 organizations and other sectors. Likewise, the complexity of 'flexible' methods
761 of influence suggests that analyses applying the notion of lobbying familiar from
762 the Western literature (McMenamin 2005) may overlook key aspects of power
763 under post-communism. Furthermore, in contrast to research on clientelism,
764 concerned with vertical bonds of loyalty between patrons and clients (Gadowska
765 2002), our account places more emphasis on horizontal mechanisms integrating
766 post-communist elites. Lastly, we highlight strong links between power and
767 unaccountability by demonstrating that actors enjoying the greatest power tend
768 to be the ones least accountable based on democratic, bureaucratic and market
769 regulations. This observation may help explain a key paradox of the post-
770 communist transition, namely that key actors in prominent corruption scandals
771 have typically eluded serious charges (Sojak and Wicenty 2005).

772 We may safely expect that our conclusions will hold true in other techno-
773 logically advanced sectors dominated by Western multinationals, which, like
774 pharmaceutical companies, are likely to rely on well-connected cliques in
775 negotiations with local elites. For example, similar mechanisms of influence
776 have been reported in relation to telecommunications (Zybertowicz and Pili-
777 towski 2009), media regulation (Wedel 2009: 63–8) and banking (Jasiecki
778 2013: 268–9). While clique activity has also been identified in heavy-industry
779 sectors with significant state ownership, such as coal mining (Gadowska
780 2002), it is less distinguishable from other forms of ‘state capture’, such as cli-
781 entelism or nepotism (Gadowska 2002; Jarosz 2001). More broadly, our argu-
782 ment about the ‘persistence of cliques’ below the uppermost levels of the
783 power structure is consistent with Jadwiga Staniszkis’ (1999) influential
784 theory of post-communist ‘political’ and ‘public sector’ capitalism, emphasiz-
785 ing the role of informal elite negotiations and power brokers in post-
786 communist transition.

787 Furthermore, our conclusions appear generalizable to the Visegrad countries
788 of CEE (the Czech Republic, Slovakia and Hungary), which, according to
789 Wedel (2001), share essential features of the Polish variety of the post-
790 communist state. In particular, the pharmaceutical sectors in the region, also
791 dominated by Western multinationals, display widespread informal mechanisms
792 of influence similar to the ones identified by our study (European Commission
793 2013). This corresponds with the well-documented role of informal networks
794 bridging the public and private sectors in early privatizations (Stark 1996). The
795 persistence of informal relationships between political and economic elites is
796 further confirmed by more recent case studies across the region (Meyer 2006).
797 Beyond the Visegrad countries, elite networks resembling Wedel’s cliques have
798 wielded major policy influence in Bulgaria (Ganev 2007) and Romania (Ver-
799 dery 1996). Against this background, a rigorous application of the clique frame-
800 work offers scope for integrating this diverse literature into a coherent theory
801 of the post-communist state.

802 The potential of the emerging clique theory to explain post-communist pol-
803 icy-making should not be equated, though, with an argument about the unique-
804 ness of the post-communist state. More recently, Wedel (2009) has rejected the
805 prevalent view about the direction of convergence between post-communist
806 and Western states. Her ‘new theory of power and influence’ holds that the
807 trend toward deregulation and establishing public-private partnerships has
808 caused Western states to acquire characteristics similar to those earlier identi-
809 fied in CEE. Thus, blurred institutional boundaries, institutional nomads and
810 cliques have been replicated as ‘flex organisations’, ‘flexians’ and ‘flex nets’ in
811 the West (Wedel 2009). In this respect, our study suggests that much insight
812 could be gained from integrating Wedel’s analysis of informal actors and pro-
813 cesses of influence with Hood’s research on formal mechanisms of blame avoid-
814 ance in Western bureaucracies.

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815 The potential to apply Wedel's account outside post-communism raises the
 816 question about its relationship with the classical theories of the state. There is
 817 little common ground, we suggest, between the clique theory and pluralism,
 818 with the latter emphasizing well-defined interest groups, lobbying as a linear
 819 communication process, and politicians' responsiveness to the electorate
 820 (McFarland 2004). Furthermore, unlike Wedel's theory, historical institutional-
 821 ism posits the concentration of power within state bureaucracy, the *esprit the*
 822 *corps* of career civil servants, and clear-cut distinctions between different types
 823 of state authority and between the public, private, and third sector (Skocpol
 824 1985). What Wedel's position shares with elitism is an interest in the revolving
 825 door between different sectors and the resulting diverse organizational back-
 826 grounds of the power elite. However, for Mills (2003) the ruling group still com-
 827 prises top-level elites, not power brokers situated below the highest level of
 828 organizational hierarchies.

829 The analysis of institutional nomads' methods of influence can be inte-
 830 grated with the notion of 'processes of power' in corporate domination
 831 theory and related concepts in 'instrumental Marxism', while in the context
 832 of pharmaceuticals it can inform work from the neoliberal corporate bias
 833 perspective. Specifically, the notion of institutional nomads may be used to
 834 advance our understanding of new intermediaries in the lobbying process at
 835 the firm or sectoral level (Domhoff 2006), such as scientific consultancy firms
 836 or contract research organizations operating in the pharmaceutical sector.
 837 Unlike traditional lobbying companies, these actors draw resources from mul-
 838 tiple domains, including bureaucracy, science, media, or civil society. Simi-
 839 larly, 'juggling roles and representations' is an inherent feature of the 'third
 840 party technique', whereby seemingly independent but in fact tightly con-
 841 trolled actors become a source of endorsements for multinationals (Miller
 842 and Dinan 2007). In particular, 'assimilated allies' like patient organizations
 843 or medical experts are used extensively in pharmaceutical marketing and lob-
 844 bying (Abraham 2009; Davis and Abraham 2011). More generally, Wedel's
 845 techniques of generating deniability resemble the 'opinion-shaping process'
 846 (Domhoff 2006) or 'processes of legitimation' (Miliband 1973), instrumental
 847 in creating deniability in relation to the spillovers created by the societal
 848 dominance of the capitalist class.

849 The most significant difference between the clique theory, on the one hand,
 850 and corporate domination theory and instrumental Marxism, on the other, con-
 851 cerns the composition of the dominant class. While for Domhoff and Miliband
 852 it comprises an integrated network of big capitalists, Wedel posits the existence
 853 a number of small cliques of well-connected power brokers working on behalf
 854 of Western multinationals. Their power does not derive ultimately from com-
 855 mon ownership of the major means of production, but from their social net-
 856 works and their history in state bureaucracies. In this respect, Wedel's account
 857 resembles, therefore, the 'structural' Marxist argument about the role of

858 'comprador classes', such as local cliques, in dominating global peripheries
859 (Poulantzas 1976).

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866

867 Bibliography

869 **Abraham, J.** 2002 'The Pharmaceutical
870 Industry as a Political player', *The Lancet*
871 360: 1498–502.

872 **Abraham, J.** 2009 'Partial Progress: Govern-
873 ing the Pharmaceutical Industry and the
874 NHS, 1948–2008', *Journal of Health Politics,*
875 *Policy and Law* 34(6): 931–77.

876 **Abraham, J. and Davis C.** 2009 'Drug Eval-
877 uation and the Permissive Principle: Con-
878 tinuities and Contradictions between
879 Standards and Practices in Antidepressant
880 Regulation', *Social Studies of Science* 39(4):
881 569–98.

882 **AHTAPol** 2007 *Guidelines for Conducting*
883 *Health Technology Assessment*, Krakow-
884 Warszawa. [http://www.archiwum.aotm.
885 gov.pl/pliki/edu/Wytyczne%20HTA%20w%
886 20AOTM_EN.pdf](http://www.archiwum.aotm.gov.pl/pliki/edu/Wytyczne%20HTA%20w%20AOTM_EN.pdf) (accessed 15 March
887 2012).

888 **AHTAPol** 2009 *Guidelines for Conducting*
889 *Health Technology Assessment*, Warsaw.
890 [http://www.aotm.gov.pl/assets/files/wytyczne_
891 hta/2009/09.06.29_wytyczne_HTA_eng_MS.
892 pdf](http://www.aotm.gov.pl/assets/files/wytyczne_hta/2009/09.06.29_wytyczne_HTA_eng_MS.pdf) (accessed 15 March 2012).

893 **AHTAPol** 2011 *Regulamin Rady Konsulta-*
894 *cyjnej Agencji Oceny Technologii Medycz-*
895 *nych*, [http://aotm.gov.pl/assets/files/rada/
896 regulamin-29-03-2011/Regulamin RK
897 AOTM_29032011.pdf](http://aotm.gov.pl/assets/files/rada/regulamin-29-03-2011/Regulamin_RK_AOTM_29032011.pdf) (accessed 23 Novem-
898 2011).

899 **Blankart, C., Stargardt T. Schreyogg J.** 2011
900 'Availability of and Access to Orphan
901 Drugs. An International Comparison of
902 Pharmaceutical Treatments for Pulmonary
903 Arterial Hypertension, Fabry Disease,

Hereditary Angioedema and Chronic Mye-
loid Leukaemia', *Pharmacoeconomics*
29(1): 63–82.

Carpenter, D. 2010 *Reputation and Power: Organizational Image and Pharmaceutical Regulation at the FDA*, Princeton: Princeton University Press.

Charmaz, K. 2006 *Constructing Grounded Theory. A Practical Guide Through Qualitative Analysis*, London: Sage Publications.

Clamen, M. 2005 *Lobbings i jego sekrety*, Warszawa: Wydawnictwo Felberg.

Daemmrich, A. 2004 *Pharmacopolitics*, Chapel Hill: University of North Carolina Press.

Davis, C. and Abraham, J. 2011 'Desperately Seeking Cancer drugs', *Sociology of Health and Illness* 33(5): 731–47.

Domhoff, G.W. 2006 *Who Rules America? Power, Politics & Social Change*, Boston: McGraw-Hill.

Elkier, G. and Kubik, J. 2001 *Rebellious Civil Society: Popular Protest and Democratic Consolidation in Poland, 1989–1993*, Ann Arbor: University of Michigan Press.

Emerson, R. 2001 'Producing Ethnographies. Theory, Evidence and Representation' in **Emerson R.** (ed) *Contemporary Field Research. Perspectives and Formulations*, Long Grove: Waveland Press.

European Commission 2013 *Study on Corruption in the Healthcare Sector*. Luxembourg: Publications Office of the European Union.

- 987 **Gadowska, K.** 2002 *Zjawisko klientelizmu*
 988 *polityczno-ekonomicznego. Systemowa ana-*
 909 *liza powiązań sieciowych na przykładzie*
 910 *przekształceń sektora górniczego w Polsce,*
 911 Kraków: Wydawnictwo Uniwersytetu
 912 Jagiellońskiego.
- 913 **Ganev, V.** 2008 *Preying on the State: The*
 914 *Transformation of Bulgaria after 1989,* Ithaca
 915 and London: Cornell University Press.
- 916 **Glaser, B. and Strauss, A.** 1967 *Discovery*
 917 *of Grounded Theory. Strategies for Qualita-*
 918 *tative Research,* Chicago: Aldine De Gruyter.
- 919 **Golinowska, S.** (ed.) 2008 *Finansowanie*
 920 *ochrony zdrowia w Polsce. Zielona Księga*
 921 *II,* Warszawa.
- 922 **Grzymała-Busse, A.** 2007 *Rebuilding the*
 923 *Leviathan: Party Competition and State*
 924 *Exploitation in Post-communist Democra-*
 925 *cies,* Cambridge: Cambridge University
 926 Press.
- 927 **Hausner, J. and Marody, M.** (eds) 2000
 928 *Jakość rządzenia: Polska bliżej Unii*
 929 *Europejskiej?,* Kraków: Małopolska Szkoła
 930 Administracji Publicznej Akademii Ekono-
 931 micznej w Krakowie.
- 932 **HiT** 2011 'Poland: Health System Review',
 933 *Health Systems in Transition* 13(8): 1–193.
- 934 **Hood, C.** 2011a 'Blame Avoidance and
 935 Accountability: Positive, Negative, or Neu-
 936 tral?' in **M. Dubnick** and **H. Frederickson**
 937 (eds) *Accountable Governance: Problems*
 938 *and Promises,* New York: M.E. Sharpe.
- 939 **Hood, C.** 2011b *The Blame Game: Spin,*
 940 *Bureaucracy and Self-Preservation in Gov-*
 941 *ernment,* Princeton: Princeton University
 942 Press.
- 943 **INHTA** 2013 *HTA Resources. Definitions,*
 944 <http://www.inahta.org/HTA/> (accessed 10
 945 December 2013).
- 946 **Jachowicz, J.** 2007 'Robert Pachocki – szara
 947 eminencja, rynek leków', *Dziennik,* 23
 948 November, [http://www.dziennik.pl/polityka/](http://www.dziennik.pl/polityka/article85835/Robert_Pachocki_szara_emi-nencja_ryнку_lekow.html)
 949 [article85835/Robert_Pachocki_szara_emi-](http://www.dziennik.pl/polityka/article85835/Robert_Pachocki_szara_emi-nencja_ryнку_lekow.html)
 950 [nencja_ryнку_lekow.html](http://www.dziennik.pl/polityka/article85835/Robert_Pachocki_szara_emi-nencja_ryнку_lekow.html) (accessed 25
 951 October 2010).
- 952 **Jakubiak, L.** 2009 'Sutent – kontrowersje
 953 wokół wprowadzenia leku do programów
 954 terapeutycznych', *Rynek Zdrowia,* 18 June,
 955 [http://www.rynekzdrowia.pl/Farmacja/](http://www.rynekzdrowia.pl/Farmacja/Sutent-kontrowersje-wokol-wprowadzenia-)
 956 [http://](http://www.rynekzdrowia.pl/Farmacja/Sutent-kontrowersje-wokol-wprowadzenia-

 leku-do-programow-terapeutycznych,8148,6.

 html (accessed 9 May 2010).</p>
<p>Jasiecki, K. 2013 <i>Kapitalizm po polsku.</i>

<i>Miedzy modernizacja a peryferiami Unii</i>

<i>Europejskiej,</i> Warszawa: Wydawnictwo IFiS

 PAN.</p>
<p>Jarosz, M. 2001 'Rady nadzorcze w kleszc-

 zach interesów partyjnych i grupowych' in

Jarosz M. (ed.) <i>Manowce polskiej prywaty-</i>

<i>zacji. Studia pod redakcją Marii Jarosz,</i>

 Warszawa: Wydawnictwo Naukowe PWN,

 Instytut Studiów Politycznych PAN.</p>
<p>Kamiński, A. and Kurczewska J. 1994

 'Main Actors of the Transformation: The

 Nomadic Elites' in E. Allardt and W. Weso-

lowski (eds) <i>The General Outlines of Trans-</i>

<i>formation,</i> Warszawa: IFIS PAN

 Publishing.</p>
<p>Kolasa, K., Dziomdziora M. and Fajutrao

L. 2011 'What Aspects of the Health Tech-

 nology Assessment Process Recommended

 by International Health Technology Assess-

 ment Agencies Received the Most Attent-

 ion in Poland in 2008?', <i>International</i>

<i>Journal of Technology Assessment in Health</i>

<i>Care</i> 27(1): 84–94.</p>
<p>Krimsky, S. 2003 <i>Science in the Private</i>

<i>Interest: Has the Lure of Profits Corrupted</i>

<i>Biomedical Research?,</i> Lanham: Rowman

 & Littlefield Publishers.</p>
<p>Łapiński, M. 2005 <i>Walka z sitwą,</i> Wars-

 zawa: Offsetowa Drukarnia Wydawnicza.</p>
<p>Ledeneva, A. 2006 <i>How Russia Really</i>

<i>Works? The Informal Practices That Shaped</i>

<i>Post-Soviet Politics and Business,</i> Ithaca:

 Cornell University Press.</p>
<p>Majewski, P. 2007 <i>Raport na temat korupcji</i>

<i>w polskim systemie ochrony zdrowia.</i> <a href=)
[www.mz.gov.pl/wwwfiles/ma_struktura/docs/](http://www.mz.gov.pl/wwwfiles/ma_struktura/docs/rnkpsoz_21062007.pdf)
 2013).
 rnkpsoz_21062007.pdf (accessed 12 January
 2013).
- Marczak, M.** 2009 'Etyki jak na receptę.'
Newsweek Poland, 9 November, [http://](http://www.newsweek.pl/artykuly/etyki-jak-na-recepte,48471,1)
[www.newsweek.pl/artykuly/etyki-jak-na-](http://www.newsweek.pl/artykuly/etyki-jak-na-recepte,48471,1)
 recepte,48471,1 (accessed 17 May 2010).
- McFarland, A.** 2004 *Neopluralism. The*
Evolution of Political Process Theory, Kan-
 sas: Kansas University Press.
- McMenamin, I.** 2005 'NeoWestern
 Business-Government Relations: The Case

- 1004 of Poland', *Working Papers in International*
 1005 *Studies*, Dublin: Centre for International
 1006 Studies Dublin City University. <http://doras.dcu.ie/2129/1/2005-3.pdf> (accessed 25 July 2014).
- 959 **Meyer, G.** (ed.) 2006 *Formal Institutions*
 960 *and Informal Politics in Central and Eastern*
 961 *Europe: Hungary, Poland, Russia and*
 962 *Ukraine*, Leverkusen: Budrich UniPress.
- 963 **Miller, D.** and **Dinan W.** (eds) 2007
 964 *Thinker, Faker, Spinner, Spy: Corporate PR*
 965 *and the Assault on Democracy*, London:
 966 Pluto Press.
- 967 **Miliband, R.** 1973 *The State in Capitalist*
 968 *Society*, London: Quartet Books Limited.
- 969 **Mills, C.W.** 2003 *The Power Elite. New Edi-*
 970 *tion with a new Afterword by Alan Wolfe*,
 971 New York: Oxford University Press.
- 972 **Ministerstwo Zdrowia** 2004 *Polityka lekowa*
 973 *Państwa 2004–2008*.
- 974 **Ministerstwo Zdrowia** 2010 *Uzasadnienie*
 975 *projektu ustawy o refundacji leków, środków*
 976 *spożywczych specjalnego przeznaczenia*
 977 *żywnościowego oraz wyrobów medycznych*
 978 *przyjęty przez rząd 14 października 2010 r.*
- 979 **NFZ** 2010 *Sprawozdanie z działalności Nar-*
 980 *odowego Funduszu Zdrowia za 2009 rok*,
 981 Warszawa.
- 982 **NIK** 2004 *Informacja o wynikach kontroli*
 983 *funkcjonowania systemu tworzenia wykazu*
 984 *leków refundowanych*.
- 985 **NIK** 2006 *Informacja o wynikach kontroli*
 986 *wprowadzania do obrotu produktów lecz-*
 987 *niczych oraz finansowania leków niepodle-*
 988 *gających refundacji na podstawie przepisów*
 989 *dotyczących powszechnego ubezpieczenia*
 990 *zdrowotnego*.
- 991 **Nisztor, P.** 2011 'Wiceminister w konflikcie
 992 interesów?', *Rzeczpospolita*, 30 November,
 993 <http://www.rp.pl/artykul/762642.html>
 994 (accessed 10 December 2011).
- 995 **Nizankowski, R.** and **Wilk, N.** 2009 'From
 996 Idealistic Rookies to a Regional Leader:
 997 The History of Health Technology Assess-
 998 ment in Poland', *International Journal of*
 999 *Technology Assessment in Health Care* 25:
 1000 156–62.
- 1001 **Ozierański, P., McKee, M. and King, L.**
 1002 2012a 'Pharmaceutical Lobbying under
 1003 Post-communism: Universal or Country-
 specific Methods of Securing State Drug
 Reimbursement in Poland?', *Health Eco-*
nomics, Policy and Law 7(2): 175–95.
- Ozierański, P., McKee, M. and King, L.**
 2012b 'The Politics of Health Technology
 Assessment in Poland', *Health Policy*
 108(2–3): 178–93.
- Piecha, B.** 2006 *Remark made during the*
31st session of the Senate of the Republic of
Poland, <http://www.senat.gov.pl/k6/dok/sten/031/12.HTM> (accessed 26 September 2010).
- Polak, P.** 2011 *Nowe formy korupcji. Ana-*
liza socjologiczna sektora farmaceutycznego
w Polsce, Kraków: Nomos.
- Poulantzas, N.** 1976 *The Crisis of the Dicta-*
torships, London: The Left Books.
- Prokuratura Apelacyjna** 2010 *Postanowienie o*
umorzeniu śledztwa. Prokuratura Apelacyjna
 w Krakowie, Sygn. Akt Ap.V Ds. 20/09/S.
- Raciborski, J.** (ed.) 2006 *Elity rządowe w*
III RP. Portret socjologiczny, Warszawa:
 Wydawnictwo Naukowe Scholar.
- Sadowski, I.** 2011 'Book Review: Janine R.
 Wedel, *Shadow Elite*', *Polish Sociological*
Review 174(2): 255–62.
- Skocpol, T.** 1985 'Bringing the State Back
 in: Strategies of Analysis in Current
 Research', in **P.B. Evans, D. Rueschemeyer**
 and **T. Skocpol** (eds) *Bringing the State*
Back in, Cambridge: Cambridge University
 Press.
- Sojak, R. and Wicenty D.** 2005 *Zagubiona*
rzeczywistość. O społecznym konstruowaniu
niewiedzy, Warszawa: Oficyna Naukowa.
- Staniszki, J.** 1999 *Post-communism – The*
Emerging Enigma, Warsaw: Institute of
 Political Studies, Polish Academy of
 Sciences.
- Stark, D.** 1996 'Recombinant Property in
 East European Capitalism', *American Jour-*
nal of Sociology 101(4): 993–1027.
- Strange, S.** 1996 *The Retreat of the State: The*
Diffusion of Power in the World Economy,
 Cambridge: Cambridge University Press.
- TVN24** 2012 'Resort uspokaja: leki będą.
 Na razie import lub zamienniki', 18 April,
<http://www.tvn24.pl/wiadomosci-z-kraju,3/resort-uspokaja-leki-beda-na-razie-import-lub-zamienniki,207260.html> (accessed 8
 September 2012).

- 1007 **Verdery, K.** 1996 *What Was Socialism and*
 1008 *What Comes Next?*, Princeton: Princeton
 1009 University Press.
- 1010 **Warczok, T. and Zarzycki T.** 2014 'Bour-
 1011 dieu Recontextualized: Reconfigurations of
 1012 Western Political Thought in the Periph-
 1013 ery', *Current Sociology* 62(3): 334–51.
- 1014 **Wedel, J.** 2001 *Collision and Collusion. The*
 1015 *Strange Case of Western Aid to Eastern*
 1016 *Europe*, New York: Palgrave.
- 1017 **Wedel, J.** 2004 'Blurring the State-Private
 1018 Divide: Flex Organisations and the Decline
 1019 of Accountability' in **M. Spoor** (ed.) *Glob-*
 1020 *alisation, Poverty and Conflict*, Kluwer Aca-
 1021 demic Publishers.
- 1022 **Wedel, J.** 2009 *Shadow Elite. How the*
 1023 *World's New Power Brokers Undermine*
 1024 *Democracy, Government, and the Free Mar-*
 1025 *ket*, New York: Basic Books.
- 1026 **Zybertowicz, A.** 2005 'Anti-Developmental
 1027 Interest Groups (Preliminary Outline)', *Pol-*
 1028 *ish Sociological Review* 149(1): 69–90.
- Zybertowicz, A. and Lichočka J.** 2013 *III*
RP. Kulisy systemu, Lublin: Slowa i mysli.
- Zybertowicz A. and Pilitowski B.** 2009
 'Polityczna pogoń za rentą: peryferyjna
 czystrukturalna patologia polskiej trans-
 formacji?' in *Nierownosci społeczne a*
wzrost

SUPPORTING INFORMATION

Additional supporting information may be found in the online version of this article at the publisher's web-site

Appendix I: Comparison of the notions of deniability and blame avoidance

Appendix II: The persistence of irregularities in Poland's reimbursement process in the 2000s

Appendix III: Instances of unaccountability regarding political, bureaucratic, business and scientific regulations

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