



# Generation of political priority for global health initiatives:

A research project, framework, and  
case study of maternal mortality\*

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\*Based on J. Shiffman, S. Smith. 2007. Generation of political priority for global health initiatives: a framework and case study of maternal mortality. *Lancet* 370: 1370-79.

# [ Acknowledgements ]

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Photo credits: White Ribbon Alliance for Safe Motherhood, World Health Organization/P. Viroit, UNAIDS, the Lancet

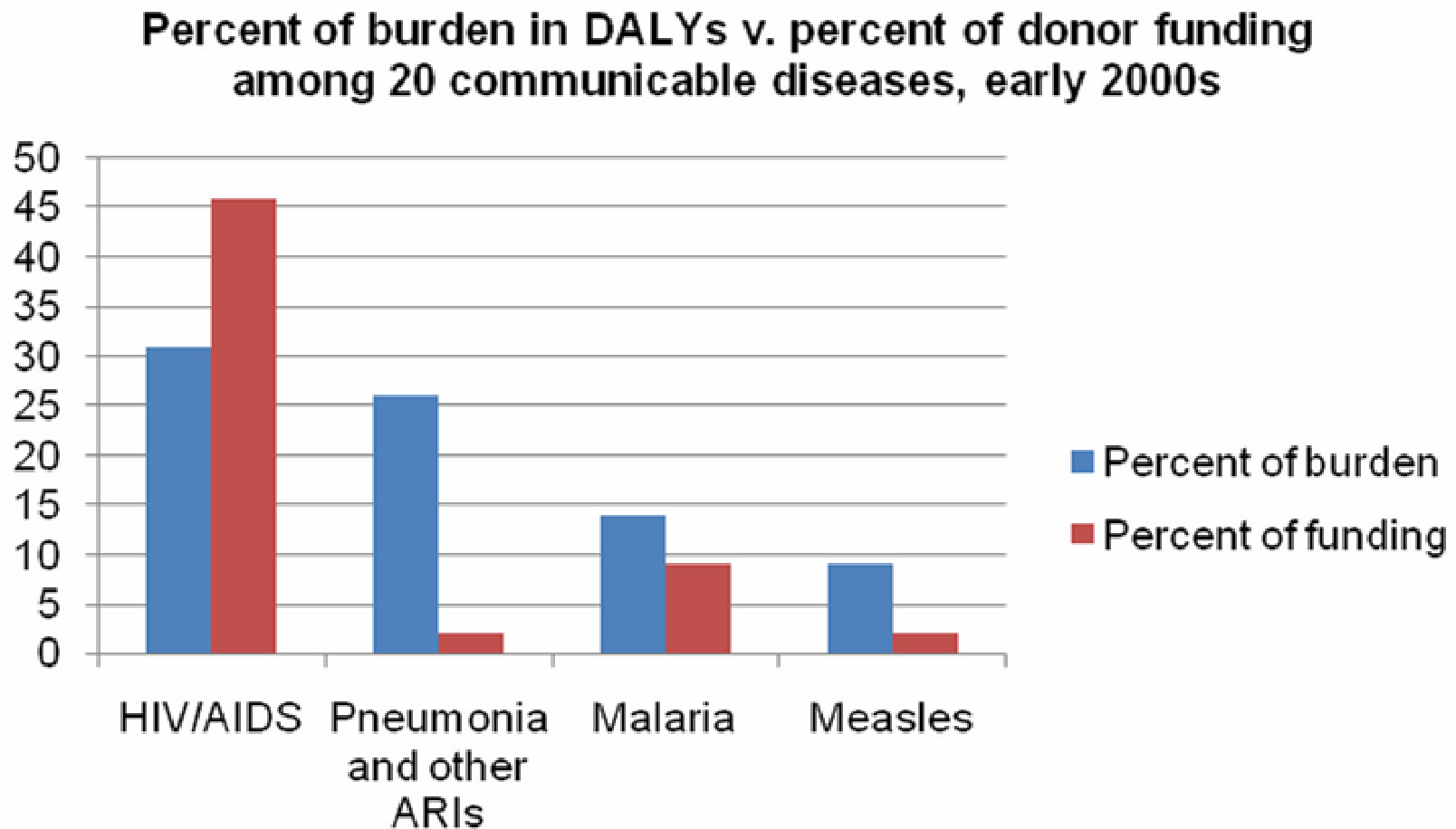
# The question that drives this research

- Why do some global health issues attract extensive political support (i.e. attention and resources) while others remain neglected?
  - High burden, high support:
    - HIV/AIDS (presently)
    - Family planning (in the past)
    - Child immunization (in the past)
  - High burden, minimal support:
    - Malnutrition
    - Pneumonia
    - Diarrheal diseases

# [ Why variance across initiatives? ]

- Much speculation:
  - Severity of problem?
  - Availability of intervention?
  - Media interest?
  - Sudden crises?
  - Effective global champions?
  - Rich country fears?
  - Strong advocacy?
  - Donor whims?
- Little research

# Severity/need is not likely an adequate explanation\*



\*Jeremy Shiffman. 2006. Donor Funding Priorities for Communicable Disease Control in the Developing World *Health Policy and Planning*. 21: 411-420.

# My dependent variable is political priority (not public health impact)

- Definition:
  - Degree to which leaders of international organizations and national political systems actively pay attention to an issue, and provide resources commensurate with the problem's severity
- Political priority does not guarantee public health impact
- But it facilitates impact and is therefore essential to investigate

# [ What I will present today ]

- A research program concerning **issue ascendance** in health
- A preliminary framework to explain issue ascendance in health
- Results from a first study on this subject: the case of maternal death in childbirth

# The research program: GHAP (Global Health Advocacy Project)

- What is the GHAP?
  - Research program involving in-depth studies of 12 global health initiatives (including maternal survival, child survival, newborn survival, HIV/AIDS, tobacco control, health systems strengthening), plus health itself
- Unit of analysis is the ‘global health initiative’:
  - A collective action effort that links organizations across borders
- Core questions:
  - Why do some health issues receive attention and others remain neglected?
  - Why and how has *health* as a general issue risen to global prominence over the past decade, and what can be done to keep it on the global development agenda?

# The research program: GHAP (Global Health Advocacy Project)

- Aim is to build a knowledge to:
  - Offer evidence-based (rather than speculation-based) explanations concerning what works in global health advocacy
  - Ensure sustained political attention for the health of the poor in low-income settings
- Draws on social science theory to inform public health policy-making

# [ Initial steps on GHAP ]

- Study of maternal survival
  - Already completed; supported by MacArthur Foundation
- Study of newborn survival
  - Presently conducting with support from Gates Foundation-funded Saving Newborn Lives program
- Study of health systems strengthening
  - Presently conducting with support from Rockefeller Foundation
- Information gathering on several other issues:
  - HIV/AIDS
  - Malaria
  - Pneumonia

# First study: maternal survival and development of initial framework\*

- Half a million deaths annually due to complications from childbirth
- Almost all in low-income countries
- Leading cause of death globally for adult women of reproductive age
- Two decade-long safe motherhood initiative (begun in 1987) seems to have made little difference in mortality levels

\*J. Shiffman, S. Smith. 2007. Generation of political priority for global health initiatives: a framework and case study of maternal mortality. *Lancet* 370: 1370-79.

# Developed an initial framework on issue ascendance in global health

- Drawing on:
  - Social science research on collective action
  - In-depth case study of global safe motherhood initiative
    - Process-tracing methodology
- Framework in formative stage: intended to stimulate further research
- Many issues remain:
  - Causal weights of factors
  - Context dependent causality
  - Missed factors
  - Interactions among factors
  - Deeper theoretical base

# Framework on determinants of issue ascendance in global health

Category	Factor (none necessary or sufficient)
Actor power	1. Policy community cohesion
	2. Leadership
	3. Guiding institutions
	4. Civil society mobilization
Ideas	5. Internal frame
	6. External frame
Political contexts	7. Policy windows
	8. Global governance structure
Issue characteristics	9. Credible indicators
	10. Severity
	11. Effective interventions

# Findings on the global safe motherhood initiative

- Difficult history:
  - Disappointing levels of political support
  - Due to problems in each of four categories
- New momentum:
  - Particularly since 2007
- Rationale for examining past difficulties:
  - Enables identification of past problems, increasing likelihood of transcending these and building political momentum



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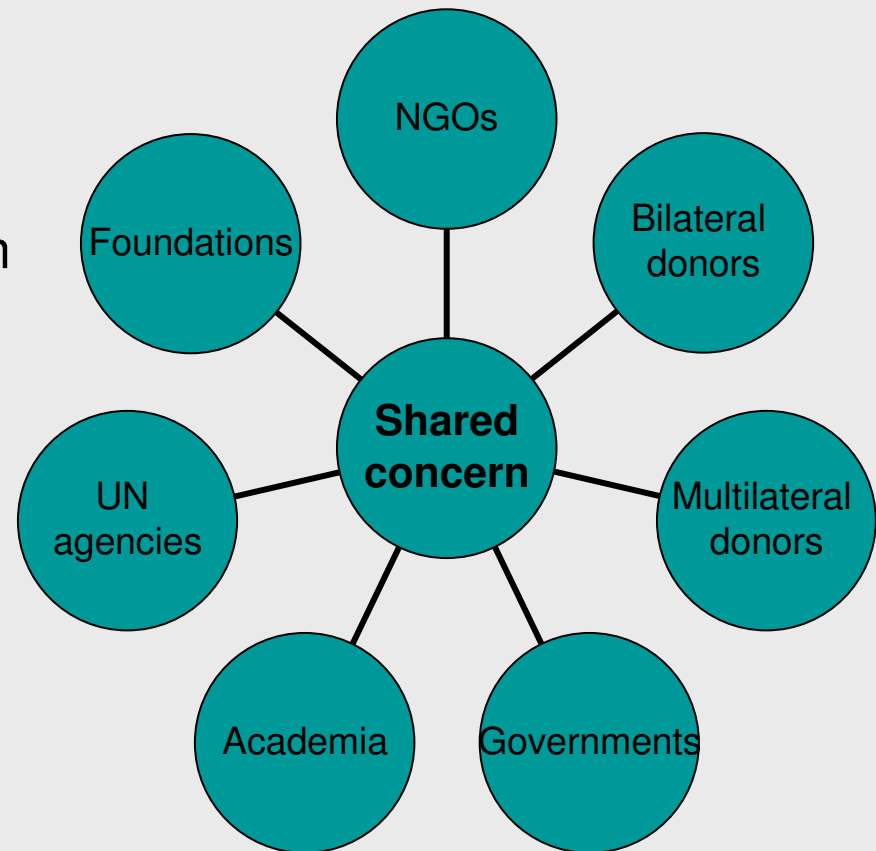
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Actor power (category one)

Actor power:

Policy community cohesion (factor 1)

- What it is:
  - Coalescence among network of concerned organizations
  - Policy communities can include multiple organizational types
- Why it matters:
  - Enhances policy community authority and political power



# Actor power: Leadership (factor 2)

- Who they are:
  - Individuals acknowledged as **strong champions** for the cause
- Why they matter:
  - Defining issue; inspiring action; bringing together policy communities
- Example:
  - Jim Grant for child survival



# Actor power:

## Guiding institutions (factor 3)

- What they are:
  - Powerful coordinating mechanisms with mandate to lead initiative
- Why they matter:
  - Especially, initiative sustainability
- Example:
  - Task Force for Child Survival and Development (formed in 1984 linking Rockefeller Foundation, WHO, UNICEF, UNDP, World Bank)



# Actor power: Civil society mobilization (factor 4)

- What it is:
  - Engaged social institutions that press political authorities to act
- Why it matters:
  - Source of bottom-up pressure on political leaders



# Actor power: Findings on the safe motherhood initiative

- **Policy community cohesion:**
  - Historically problematic; now growing
- **Leadership:**
  - Many talented advocates and researchers; dearth of unifying leaders
- **Guiding institutions:**
  - Historically no strong institutions and lack of coordinated UN leadership; some institutions may now be emerging
  - Some wonder if an initiative still exists
- **Civil society mobilization:**
  - Relatively weak; gender inequities give many poor women little political voice



# Actor power: Intervention debates hinder policy community cohesion

“[People became] extremely defensive about their ideas...If you didn’t agree with the idea you were bad and wrong...It was kind of like President Bush. If you are against this idea then you are a traitor.”

-- Statement from respondent



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Ideas (category two)

# Ideas:

## Internal frame (factor 5)

- What it is:
  - Common policy community understanding of definition of problem and solutions
- Why it matters:
  - Averts fractiousness; enhances credibility



# Ideas:

## External frame (factor 6)

- What it is:
  - Public positioning of the issue that inspires external audiences, especially political leaders, to act
- Why it matters:
  - Only some resonate widely, and different frames may resonate with different audiences
- Examples:
  - Finance ministers may pay more attention to economic cost-benefit frames
  - Health ministers may be inspired more by public health impact frames



# Ideas: Findings on the safe motherhood initiative

- **Internal frame:**

- Long-standing agreement that maternal mortality a neglected crisis demanding redress
- Until recently difficulty finding other points of agreement, especially surrounding solutions

- **External frame:**

- Struggle to find public positioning of issue that resonates with political leaders
- May now be changing



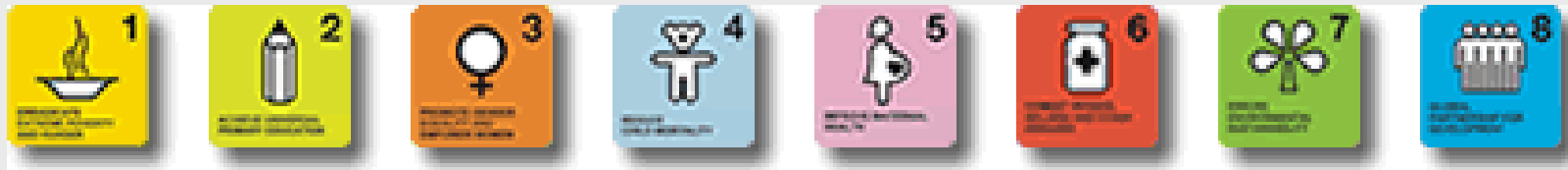
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Political contexts (category three)

# Political contexts:

## Policy windows (factor 7)

- What they are:
  - Moments in time when **global conditions align favorably** for an issue
  - Often follow disasters (tsunami), discoveries (vaccines), forums (global UN conferences)
- Why they matter:
  - Present global windows of opportunity for issue promotion
- Example:
  - The MDGs: advantageous to those health causes on it



Political contexts:

## Global governance structure (factor 8)

- What they are:
  - Set of **institutions** that govern a sector globally
- Why they matter:
  - Where strong and cohesive, present possibilities for effective global collective action
- Example:
  - Increasingly complex global health architecture can create difficulties for global coordination on health



# Political contexts: Findings on the safe motherhood initiative

- **Policy windows:**
  - Some have opened, facilitated by MDG 5
  - Not clear how well policy community has taken advantage of these
- **Global governance structure:**
  - Not ideal for safe motherhood, with complex global health architecture and unclear institutional leadership on issue



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Issue characteristics (category four)



# Issue characteristics:

## Severity (factor 10)

- What it is:
  - Large burden relative to other problems
- Why it matters:
  - Other things being equal policy-makers prefer to devote resources to causes they perceive to be serious

### Neonatal Survival 1

#### 4 million neonatal deaths: When? Where? Why?

By ELove, Simon Cousens, Felix Dupon, for the Lancet Neonatal Survival Steering Team\*

The proportion of child deaths that occurs in the neonatal period (31% in 2000) is increasing, and the Millennium Development Goal for child survival cannot be met without substantial reductions in neonatal mortality. Every year an estimated 4 million babies die in the first 4 weeks of life (the neonatal period). A similar number are stillborn, and 0.5 million mothers die from pregnancy-related causes. Three-quarters of neonatal deaths happen in the first week—the highest risk of death is on the first day of life. Almost all (99%) neonatal deaths arise in low-income and middle-income countries, yet most epidemiological and other research focuses on the 1% of deaths in rich countries. The highest numbers of neonatal deaths are in south-central Asian countries and the highest rates are generally in sub-Saharan Africa. The countries in these regions (with some exceptions) have made little progress in reducing such deaths in the past 10–15 years. Globally, the main direct causes of neonatal death are estimated to be preterm birth (38%), severe infections (26%), and asphyxia (23%). Neonatal tetanus accounts for a smaller proportion of deaths (7%), but is easily preventable. Low birthweight is an important indirect cause of death. Maternal complications in labour carry a high risk of neonatal death, and poverty is strongly associated with an increased risk. Preventing deaths in newborn babies has not been a focus of child survival or safe motherhood programmes. While we neglect these challenges, 450 newborn children die every hour, mainly from preventable causes, which is unacceptable in the 21st century.

# Issue characteristics: Effective interventions (factor 11)

- What these are:
  - Means of addressing the problem backed by evidence and clearly explained
- Why they matter:
  - Policy-makers more likely to act on issues they think they can do something about
- Example:
  - 'Immunize children'



# Issue characteristics: Findings on the safe motherhood initiative

- **Credible indicators:**
  - Maternal mortality more difficult to measure than many other health outcomes such as fertility
- **Severity:**
  - If indicated by deaths alone, high, but not as high as other conditions such as HIV/AIDS and malaria
- **Effective interventions:**
  - Do exist but not as simple as those for other conditions such as vaccine-preventable diseases
  - Also, policy community disagreements in past have confused politicians concerning what they are being asked to do



# [ Issue characteristics: Consequence of intervention and measurement problems ]

“We focus on uncertainties. That is the truth but it will not convince the Minister of Finance.”

“I would go with my ideas [to a donor] and [X] would go with hers and who was to say who was correct.”

-- *Statements from respondents*



# The framework applied to the initiative

Category	Factor	Status of safe motherhood initiative
Actor power	1. Policy community cohesion	Has been weak; now growing
	2. Leadership	Talented advocates, but leadership gap
	3. Guiding institutions	No strong coordinating mechanism
	4. Civil society mobilization	Only in a few localities; gender inequities
Ideas	5. Internal frame	Difficulty generating; may be emerging
	6. External frame	Still being developed and tested
Political contexts	7. Policy windows	Several significant ones, including MDGs
	8. Global governance structure	Not ideal for collective action in health
Issue characteristics	9. Credible indicators	Maternal mortality hard to measure
	10. Severity	Fewer deaths than other conditions
	11. Effective interventions	Exist but have not been clearly explained

# New momentum for safe motherhood

- New momentum for issue:
  - MDG number five
  - Increasing consensus on interventions
  - Women Deliver Conference
- Linking with other issues (continuum of care frame):
  - Formation of Partnership for Maternal, Newborn and Child Health
  - Deliver Now for Women and Children
  - Countdown to 2015: maternal, newborn and child survival
  - Global Campaign for the Health MDGs
  - G8 attention
- Tension:
  - How do linkages help safe motherhood?
  - How do they hurt safe motherhood?
    - (diffusing identity of issue)



# Four key political challenges

- Need to institutionalize priority to ensure issue receives sustained attention and resources even after wave of enthusiasm passes
- Political challenges
  1. Solidify **policy community cohesion**
  2. Develop **external frames** that resonate
  3. Build strong **guiding institutions**
  4. Link with grassroots **civil society** initiatives



# Developing the framework: other factors

- Actors
  - Private sector interests (drug development)
- Ideas:
  - Sociological studies of characteristics of frames that resonate
- Political context
  - Global political economy (food industry)
- Issue characteristics
  - Issue contentiousness (abortion)
  - Nature of target group (children; mothers; adult workers)
  - Fear of contagion (communicable v. non-communicable diseases)

## Developing the framework: identifying fundamental factors

- Hunch that ideas and institutions are core (factors no. 3 and no. 6)
- Challenge to perception that objective 'severity' of the issue may be the strongest determinant of issue ascendance

# Developing the framework: applying to health issue X

Category	Factor	Relevance of factor	Status
Actor power	1. Policy community cohesion	?	?
	2. Leadership	?	?
	3. Guiding institutions	?	?
	4. Civil society mobilization	?	?
Ideas	5. Internal frame	?	?
	6. External frame	?	?
Political contexts	7. Policy windows	?	?
	8. Global governance structure	?	?
Issue characteristics	9. Credible indicators	?	?
	10. Severity	?	?
	11. Effective interventions	?	?

# The Global Health Advocacy Project (GHAP): A research program

	<b>Diseases</b>	<b>Risk factors</b>	<b>Target groups</b>	<b>Systems</b>
	<ul style="list-style-type: none"> <li>•AIDS</li> <li>•Malaria</li> <li>•Pneumonia</li> </ul>	<ul style="list-style-type: none"> <li>•Tobacco use</li> <li>•Unsafe sex</li> <li>•Malnutrition</li> </ul>	<ul style="list-style-type: none"> <li>•Children</li> <li>•Newborns</li> <li>•Mothers</li> </ul>	<ul style="list-style-type: none"> <li>• Health systems (2000s)</li> <li>•Health sector reform (80s/90s)</li> <li>•PHC (70s/80s)</li> </ul>
<b>Actor power</b>				
<b>Ideas</b>				
<b>Political contexts</b>				
<b>Issue characteristics</b>				

# [ The Global Health Advocacy Project (GHAP): A research program ]

- Need to look at specific health issues to build knowledge on issue ascendance
- But also ask about health itself: how did it get on the global development agenda and how can we keep it there?
- And how to surmount the fragmentation that emerges from disease/cause-specific health advocacy?

# Goals of the GHAP

- Build a general explanation concerning **issue ascendance and sustainability** in global health
- Ground the explanation in *evidence* rather than speculation or ‘expert/practitioner wisdom’
- Provide knowledge for advocates of neglected issues in health, and for global health itself, on how to generate political attention
- Hypotheses on causes of issue ascendance in global health are welcome!