Generation of political priority for global health initiatives:

A research program, framework, and case study of maternal mortality*

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Photo credits: White Ribbon Alliance for Safe Motherhood, World Health Organization/P. Virot, 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

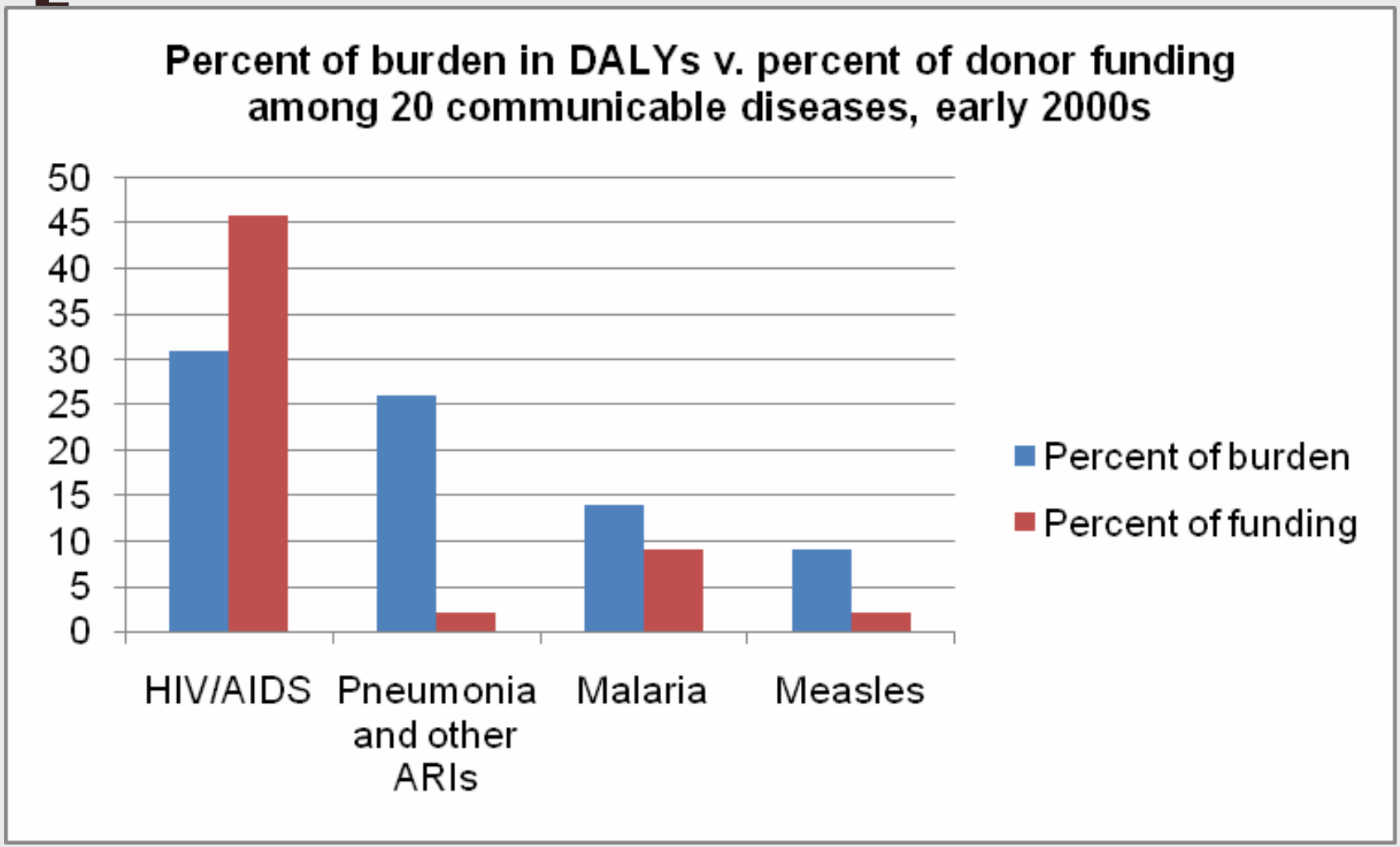
Six simplistic hypotheses (not wrong but inadequate)

- It's about particularly powerful, rich or glamorous individuals
  - Begs the question: how do President Obama, Bill Gates, Angelina Jolie determine their priorities? They do not operate in a vacuum.
- It's about resources, especially financial
  - Of course it is, but this begs the question: what explains why donors and governments give financial resources to some causes and not others?
- It's about what rich countries fear
  - May explain SARS; Avian Flu; HIV/AIDS
  - But what about river blindness, polio, and guinea worm disease that have received significant resources but pose little threat to rich countries?

Six simplistic hypotheses (not wrong but inadequate)

- It's about advocacy
  - Statement doesn't help much. Almost every issue has advocates. Among other things we are trying to *identify* determinants and *explain* elements of effective advocacy.
- It's about the media
  - The media has influence, but responds as much as it leads.
- It's faddish and random
  - Undoubtedly randomness plays a role. But research on agenda-setting provides strong evidence there are some systematic elements to issue attention.

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

The research program: GHAPP (Global Health Advocacy and Policy Project)

- What is the GHAPP?
  - 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: GHAPP (Global Health Advocacy and Policy 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

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

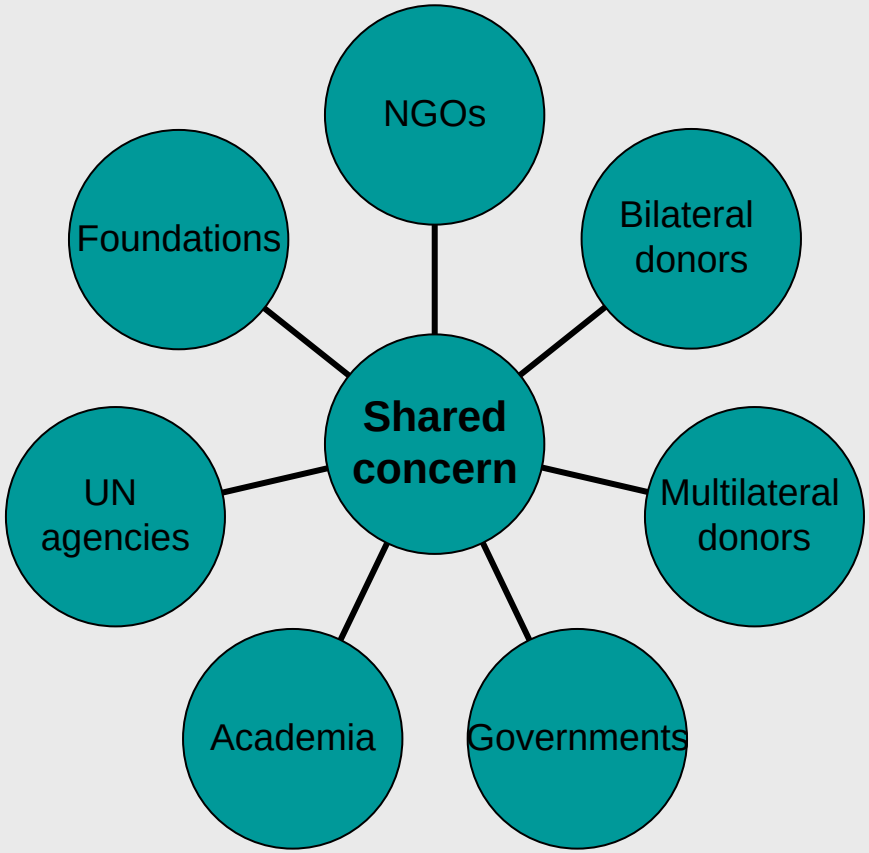
Findings on the global safe motherhood initiative

- Difficult history:
  - Disappointing levels of political support
  - Due to problems in each of four categories
- New momentum:
  - Particularly since 2007
  - Influence of MDGs
  - International leaders on board
  - New funding commitments
- Rationale for examining past difficulties:
  - Enables identification of past problems, increasing likelihood of transcending these and building political momentum
  - Builds knowledge on issue ascendance in global health

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

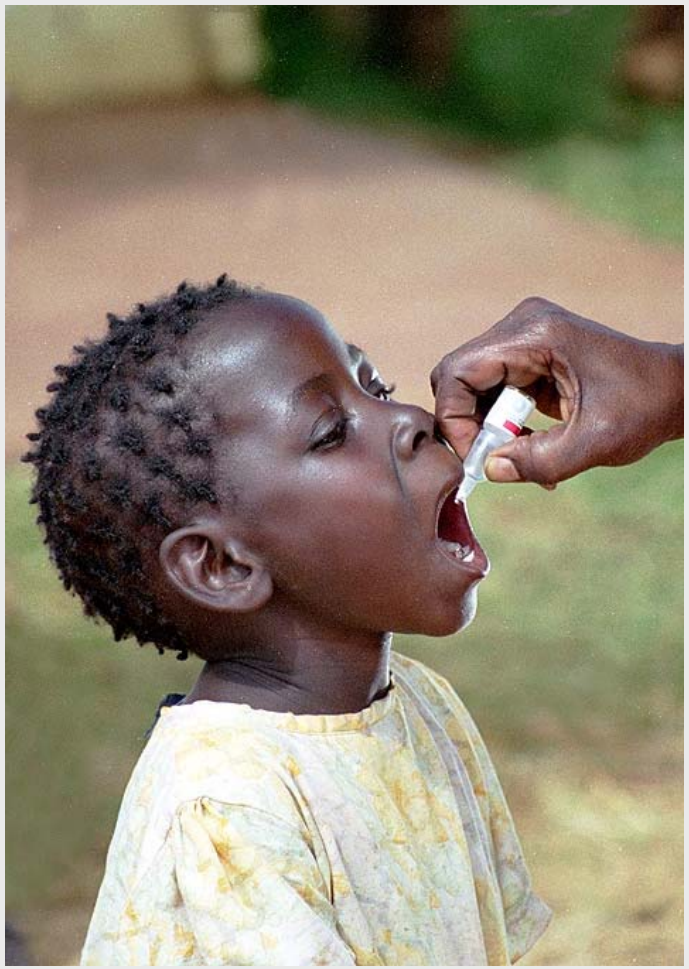
"[People became] extremely defensive about their ideas...If you didn't agree with the idea you were bad and wrong…It was kind of like President Bush. If you are against this idea then you are a traitor."

-- Statement from respondent

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

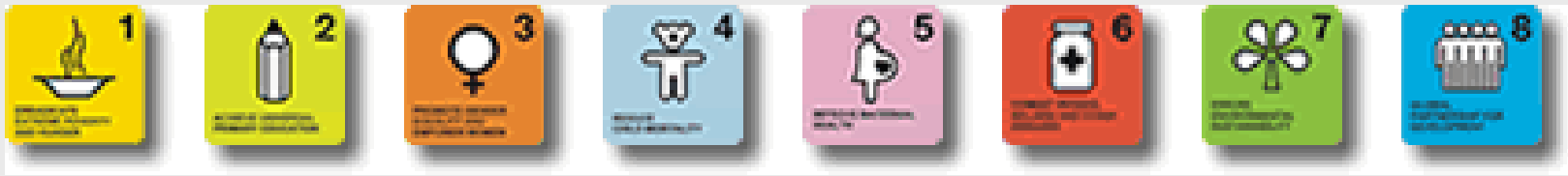
Ideas: Findings on the safe motherhood initiative

- 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

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

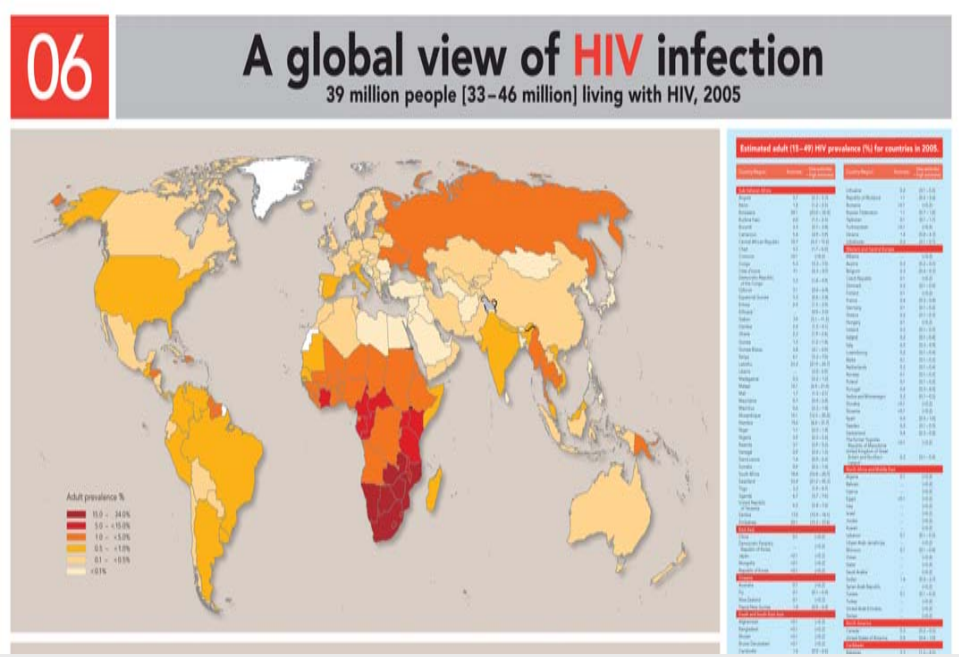
Political contexts: Findings on the safe motherhood initiative

- 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

Issue characteristics (category four)

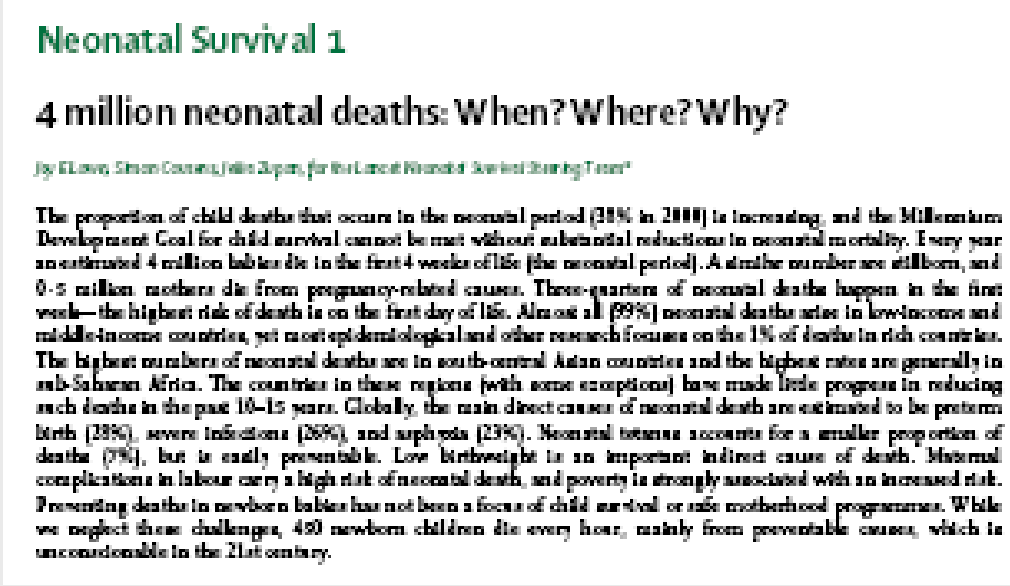
Issue characteristics: Clear indicators (factor 9)

- What these are:
  - Credible measures that demonstrate severity of the problem
- Why they matter:
  - Numbers can alarm politicians
  - They may also be used to convince politicians progress is being made



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



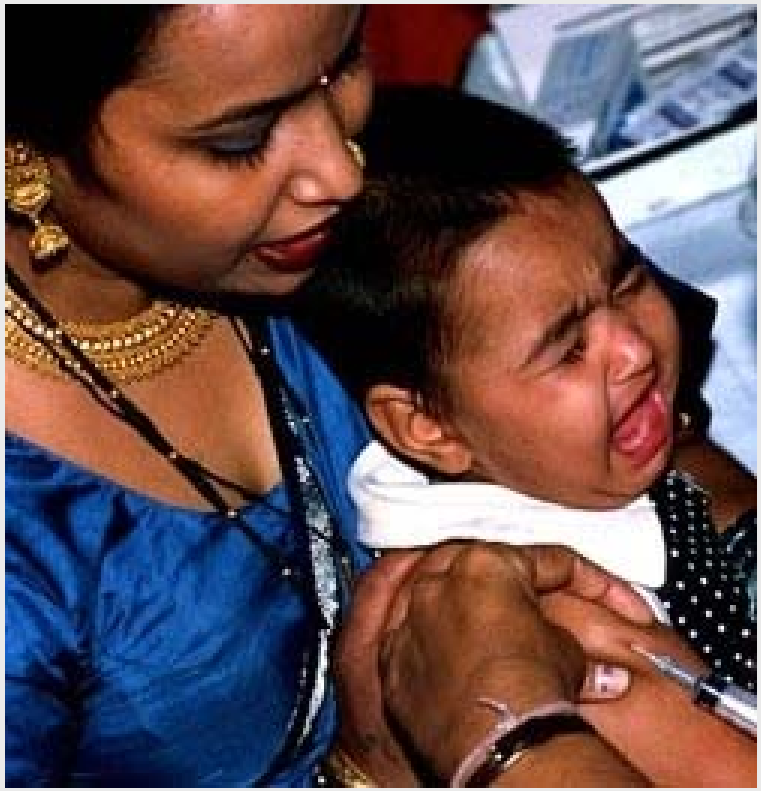
Neonatal Survival 1

4 million neonatal deaths: When? Where? Why?

The proportion of child deaths that occurs in the neonatal period (28% in 2008) 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 occur 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 (28%), 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, 480 newborn children die every hour, mainly from preventable causes, which is unconscionable 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
  - $1.3 billion funding request of US government from maternal health community
- 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
  - Financial commitments from Norwegian and British governments
- 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
  - Opponents
  - People living with the disease (HIV/AIDS; diabetes)
  - Private sector interests (drug development)
  - Media
- Ideas:
  - Sociological studies of characteristics of frames that resonate
- Political context
  - Global political economy (food industry)
  - Limited agenda space: competing health and non-health issues
- Issue characteristics
  - Issue contentiousness (abortion)
  - Nature of target group (children; mothers; adult workers)
  - Fear of contagion (communicable v. non-communicable diseases)
  - Sexiness

Developing the framework: identifying fundamental factors

- Hunch that policy communities, ideas and institutions are core (factors nos. 1, 3 and 6)
- Challenge to perception that objective ‘severity’ of the issue may be the strongest determinant of issue ascendance
- New framework paper: ‘A social explanation for the rise and fall of global health issues’
  - Focuses on factors 1, 3 and 6

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 and Policy Project (GHAPP): A research program

	Diseases •AIDS •Malaria •Pneumonia	**Risk factors** •Tobacco use •Unsafe sex •Malnutrition	**Target groups** •Children •Newborns •Mothers	**Systems** • Health systems (2000s) •Health sector reform (80s/90s) •PHC (70s/80s)
Actor power				
Ideas				
Political contexts				
Issue characteristics				

The Global Health Advocacy and Policy Project (GHAPP): 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 GHAPP

- 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!