



# The state of political priority for safe motherhood in India

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# [ Study aims ]

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- Assess state of political priority for maternal mortality reduction in India
- Meaning priority emerges for first time in 2005:
  - Explain how this happened
- Identify challenges in sustaining priority
- Draw lessons for other countries with high maternal mortality

## Fifth of seven study series on generating political priority for maternal mortality reduction

1. Jeremy Shiffman. 2003. "Generating political will for safe motherhood in Indonesia." *Social Science and Medicine*.
2. Jeremy Shiffman, Cynthia Stanton, Ana Patricia Salazar. 2004. "The emergence of political priority for safe motherhood in Honduras." *Health Policy and Planning*.
3. Jeremy Shiffman, Ana Lucía Garcés del Valle. 2006. "Political history and safe motherhood disparities between Guatemala and Honduras." *Population and Development Review*.
4. Jeremy Shiffman, Friday Okonofua. 2007. "The state of political priority for safe motherhood in Nigeria." *British Journal of Obstetrics and Gynaecology*.
5. Jeremy Shiffman, Rajani Ved. 2007. "The state of political priority for safe motherhood in India." *British Journal of Obstetrics and Gynaecology*.
6. Jeremy Shiffman. 2007. "Generating political priority for maternal mortality reduction in 5 developing countries." *American Journal of Public Health*.
7. Jeremy Shiffman, Stephanie Smith. 2007. "Generation of political priority for global health initiatives: a framework and case study of maternal mortality." *The Lancet*.

# [ Study methods ]

- Case study process-tracing methodology
  - Interviews with members of maternal mortality policy community
  - Analysis of documents
- Methodology:
  - Facilitates identification of causal factors
  - Methodology limits capacity to make strong causal inferences
- Exploratory rather than explanatory

# Maternal mortality globally and in India

- Latest estimate: 529 000 maternal deaths each year globally
- Little evidence of change over past two decades
- Approximately one-quarter in India:
  - 136 000
  - More than any other nation on earth

# Observations on state of safe motherhood field

- Medical causes well understood
- Measurement tools being refined
- Interventions exist to prevent to maternal death in childbirth
- **Political priority insufficient**

# [ Meaning of political priority ]

- Left as unopened black box
- What causes countries to pay attention and devote resources?
- Little explicit attention to this issue

# [ Generating priority difficult ]

- Even if right knowledge, right interventions, international priority, no guarantee national political leaders will pay attention.
- They have thousands of issues to sort through each year, minimal resources to deal with these and conflicting political imperatives.



# [ Meaning of political priority ]

- Degree to which political and social leaders at national and sub-national levels identify a cause as a concern, and back up that concern with the provision of financial, technical and human resources commensurate with the severity of the problem

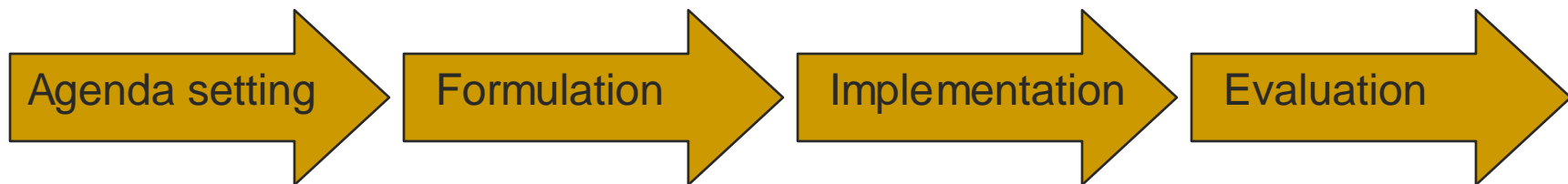
# [ Meaning of political priority ]

- Three key elements
  - Leadership attention
  - Existence of national program
  - Resource provision
- Agenda-setting v. implementation
  - Study focus is agenda-setting
  - Not the same as implementation effectiveness
  - Being on the agenda is a facilitating condition for implementation effectiveness

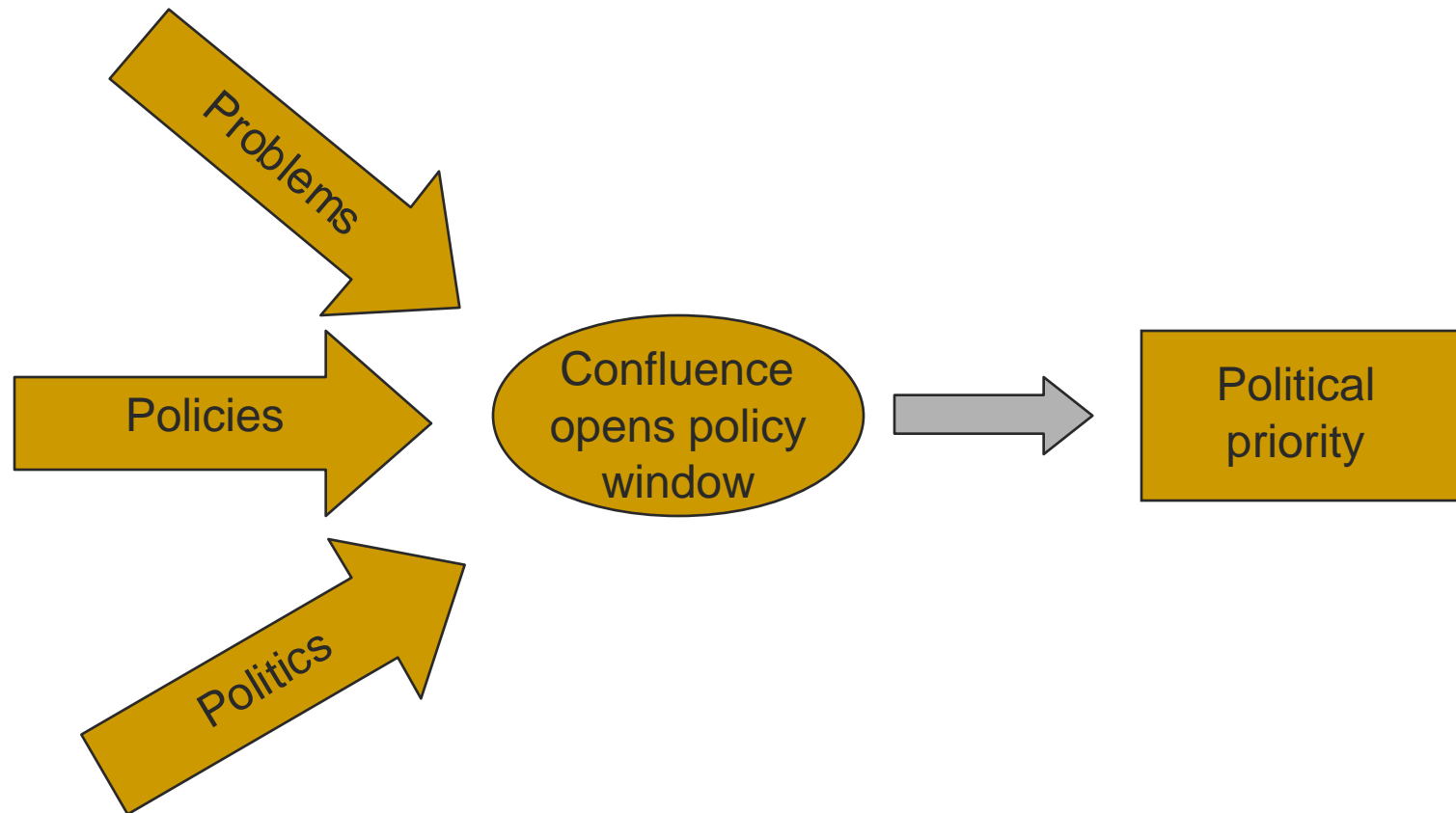
# [ Research questions ]

- Orienting question
  - What is the state of *political priority* for maternal mortality reduction in India?
- *Not the main concerns*
  - What medical and technical interventions are necessary to reduce maternal mortality?
  - What are the implementation barriers?
  - Important concerns, but not the only issues

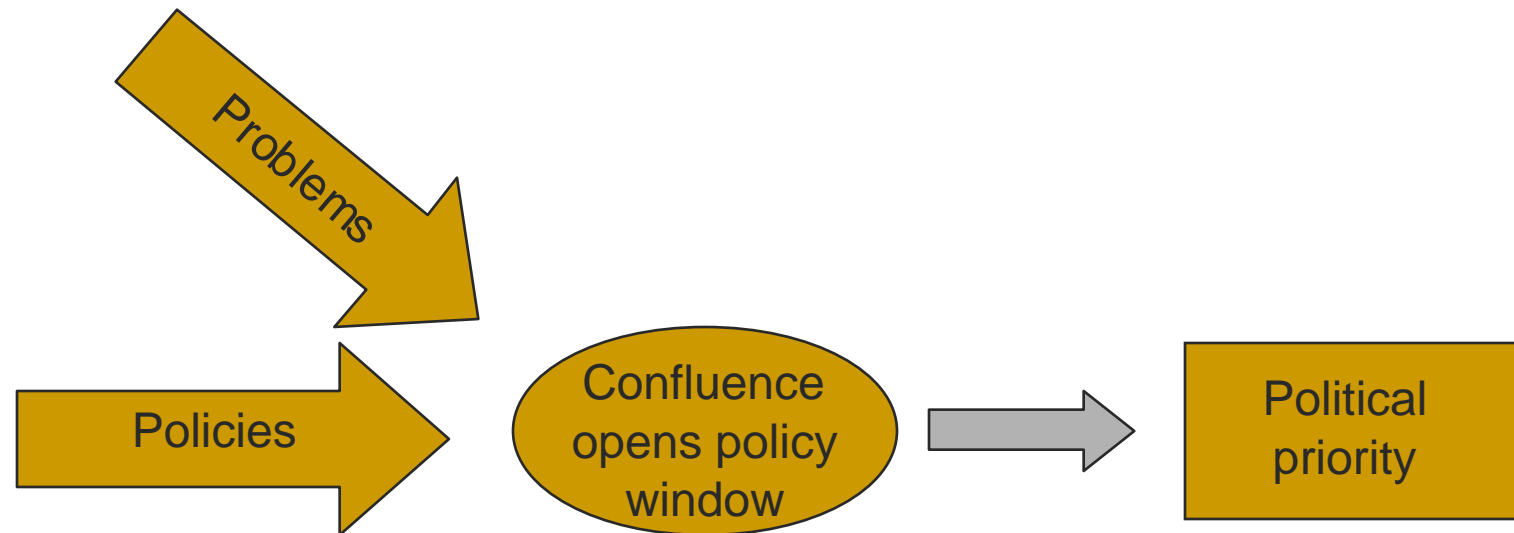
# Conventional linear model of the public policy process



# Kingdon's streams model of agenda setting



# Kingdon's streams model of agenda setting



In 2005 in India the three streams converge for maternal mortality, leading to political priority for the cause.

# [ The problems stream ]

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- The flow of social issues that may come to occupy policy-maker attention
- ‘Problems’ to be distinguished from ‘conditions’
- Factors that facilitate the change from condition to problem status:
  - Indicators
  - Focusing events
  - Policy feedback

# [ The policy stream ]

- The set of alternatives that policy communities develop to solve problems
- Policy communities are relatively 'hidden' members of the process:
  - Researchers
  - Civil servants
  - Consultants
- The policy primeval soup:
  - Alternatives bubble up in a dynamic of survival of the fittest
- The power of policy community consensus
  - Helps convince politicians that something can be done



# [ The politics stream ]

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- Political developments that may help open policy windows
- Actors are 'visible' participants:
  - Prime ministers and other political leaders
  - UN agency heads
  - Parliamentarians
- Among the constituent elements:
  - Changes in government
  - Social protests
  - International political developments

# Priority in India: historical context

- Initial hopes maternal health may be prioritized after Bhore Commission report
- MCH cadre focuses on the 'C' and population control rather than the 'M'
- Long-standing barriers connected to gender
- National programs from 1950 through 1990s sporadic and ineffectual in reducing maternal mortality

# [ The problems stream in India ]

- Gradually indicators, focusing events and policy feedback accumulate to move maternal mortality from 'condition' to 'problem' status by 2005
- This is the first of three transformations that helps put maternal mortality on the policy agenda

# The problems stream in India: indicators

- In 1990s national data on maternal mortality levels receive widespread attention: two NFHS studies and SRS
  - NFHS I (1992-93): MMR = 437
  - NFHS II (1998-99): MMR = 540
- Cause politicians and safe motherhood policy community members to conclude levels have stagnated and possibly increased

# The problems stream in India: focusing events

- 2001 march to Taj Mahal organized by White Ribbon Alliance
- 2005 Delhi Declaration on maternal, newborn and child health
- 2005 Prime Minister speaks publicly on India's high maternal mortality rate

# The problems stream in India: policy feedback

- Assessments of prior programs (CSSM and RCH I) by World Bank show performance is not commensurate with inputs and expectations
- Cited in subsequent program designs

# [ The policy stream in India ]

- Prior to 2005 considerable disagreement on intervention strategies, and fragmented project-based approaches.
- RCH II (Reproductive and child health program II) creation process distinctive in that:
  - It is a program-based approach.
  - It is government-led.
  - It is backed by significant public resources.
  - It involves consultation with states.
- Policy experiments from NGOs contribute to RCH II
- Significance for agenda-setting:
  - Second of three transformations.
  - Appears to signal national safe motherhood policy community consensus on intervention strategy.
  - Contributes to emergence of policy community cohesion, bringing together government and major donors.

# The politics stream in India: national developments

- National and international political developments – third of three transformations that help put maternal mortality on the policy agenda.
- These developments unconnected to India's maternal mortality problems and policy streams, but have impact on political priority for maternal mortality initiatives.
- United Progressive Alliance surprise victory in 2004 parliamentary elections.
- Launch of National Common Minimum Programme in 2004.
- Launch of National Rural Health Mission in 2005, with commitment to increase health expenditures as percentage of GDP.
- Direct implications for maternal mortality reduction efforts:
  - More funding for this cause
  - Incorporates RCH II
  - ASHAs to encourage institutional delivery via JSY



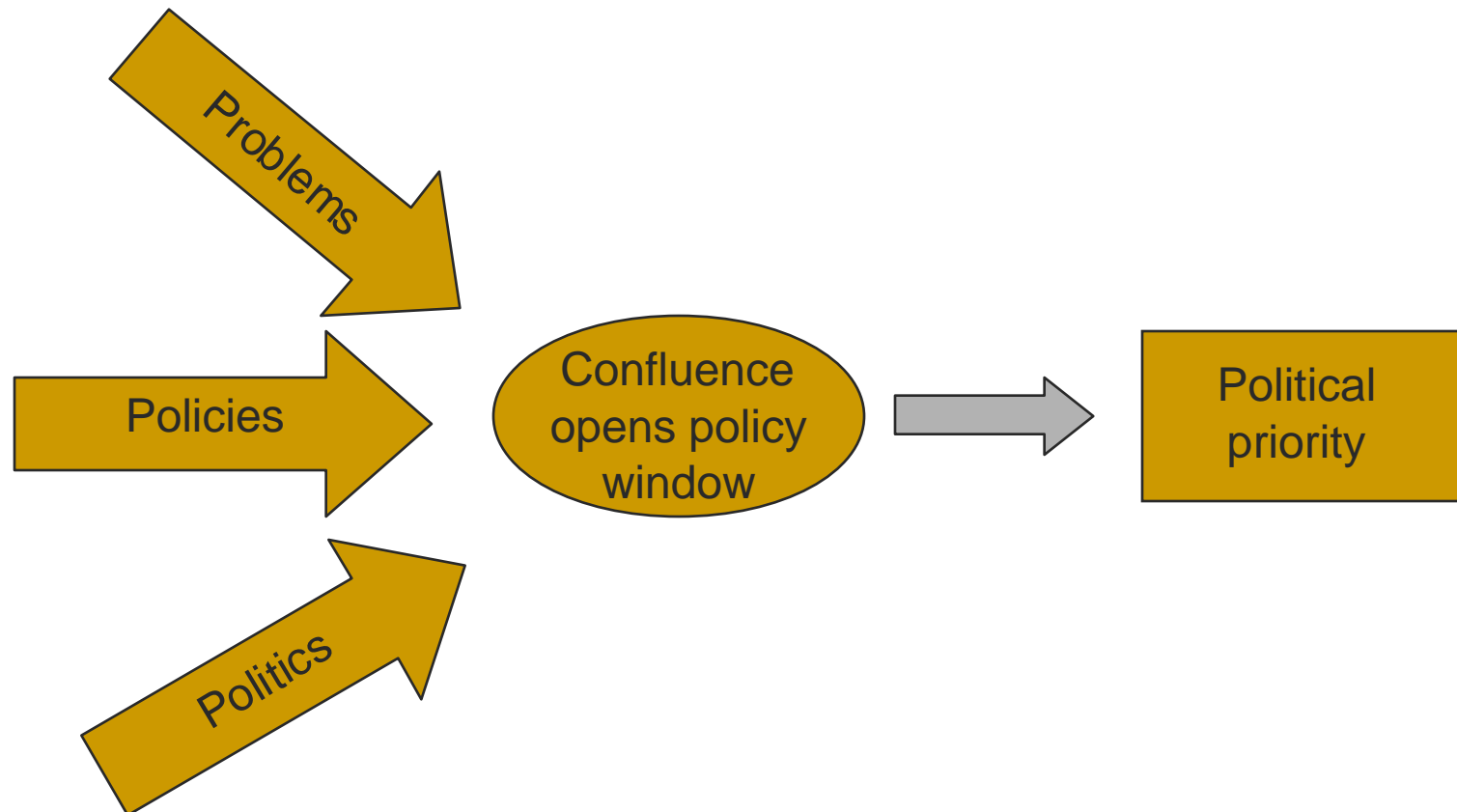
# The politics stream in India: international developments

- MDGs agreed to in 2000
- Call for reduction in global MMR by 75% by 2015
- Many donors participating in Indian health sector re-orient funding toward MDG achievement
- 2004 UN report indicates that India has approximately one-quarter of world's total maternal deaths, far more than any nation on earth
- Contributes to Indian government urgency to address problem and make progress toward MDGs

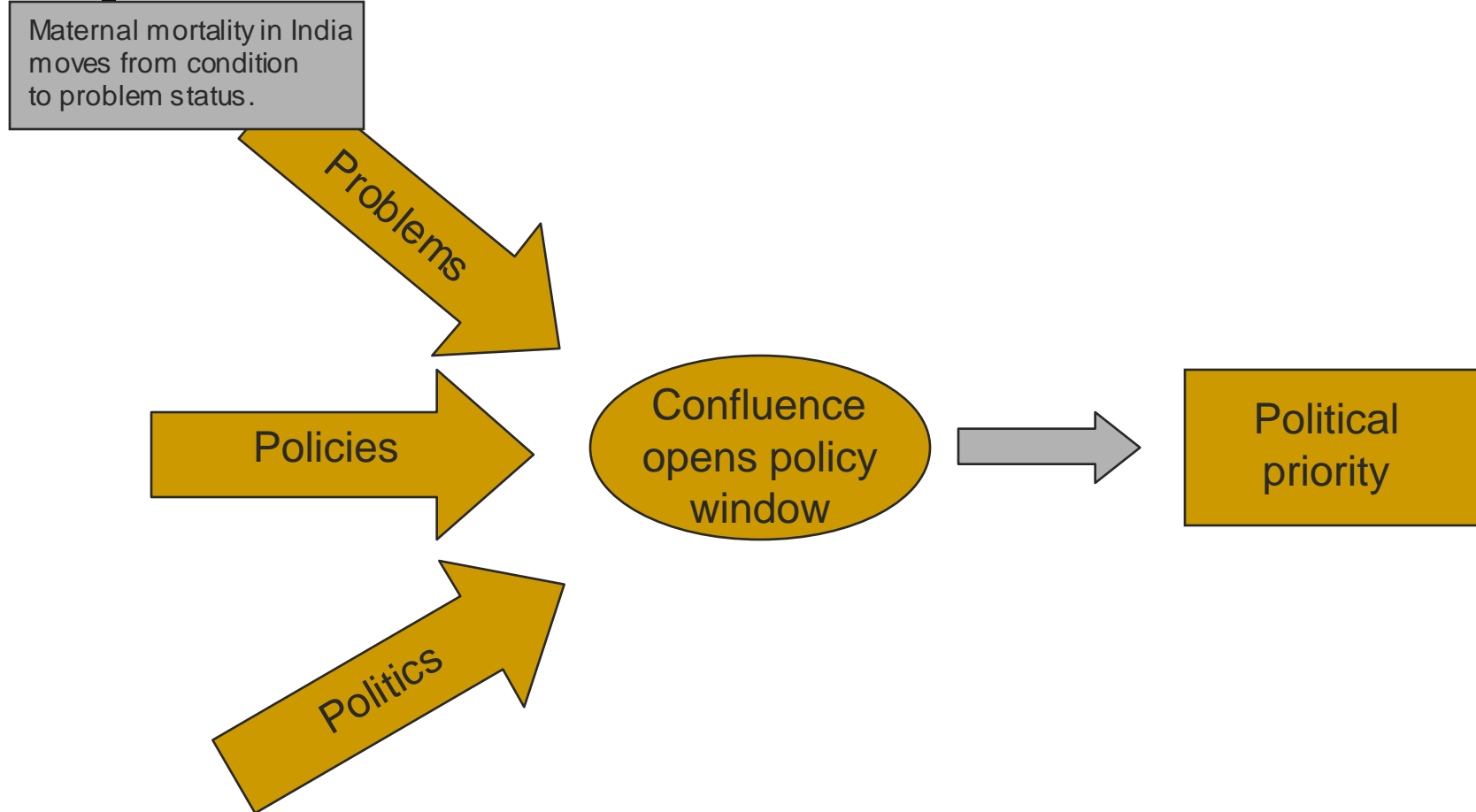
# India: the convergence of streams

- By 2005 in India:
  - Problems stream: Maternal mortality has moved from condition to problem status
  - Policy stream: Policy community consensus and cohesion has emerged and a national program created
  - Politics stream: A new governing coalition and enactment of MDGs creates political opportunity for the cause
- The streams flow together and political priority emerges.

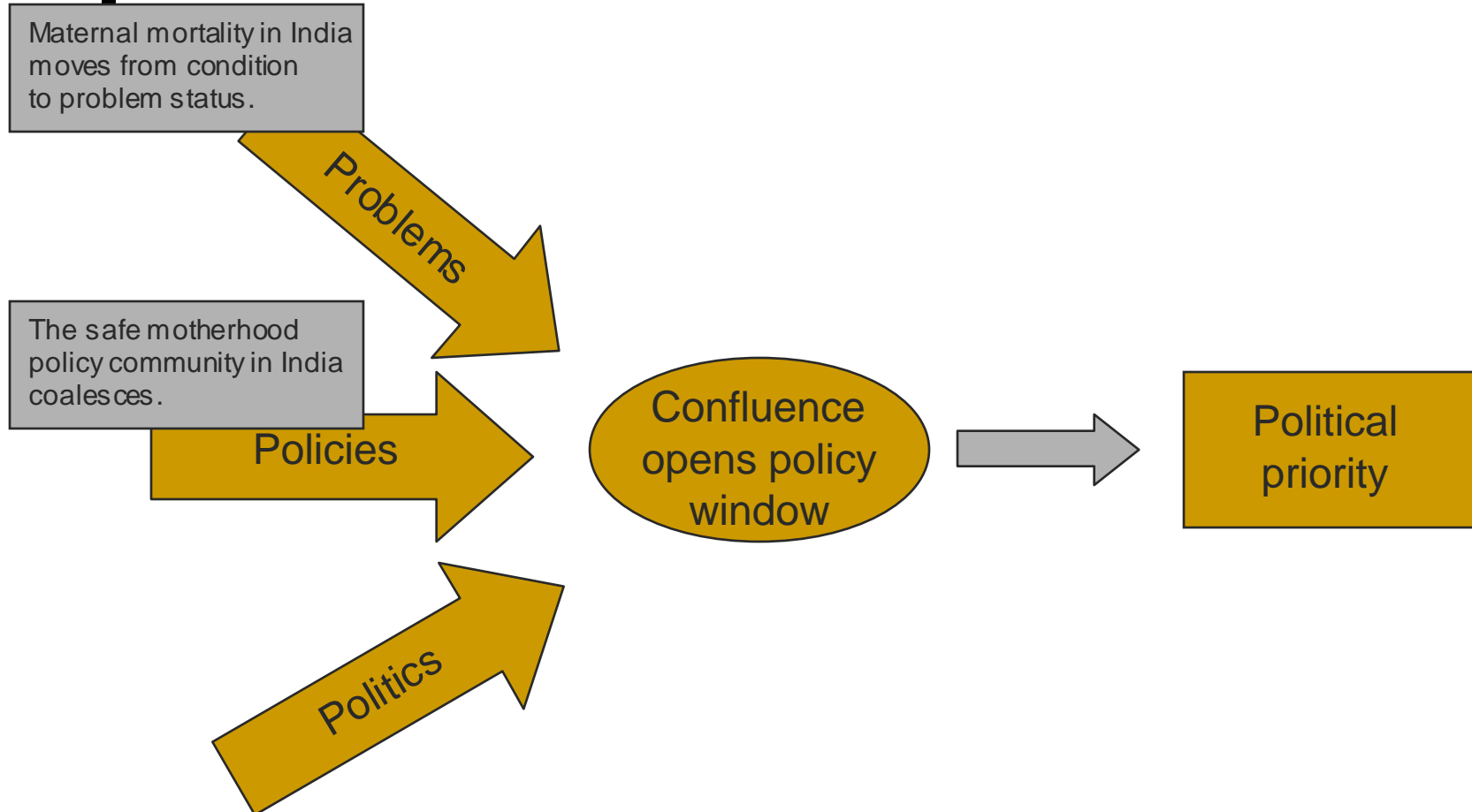
# Kingdon's streams model of agenda setting



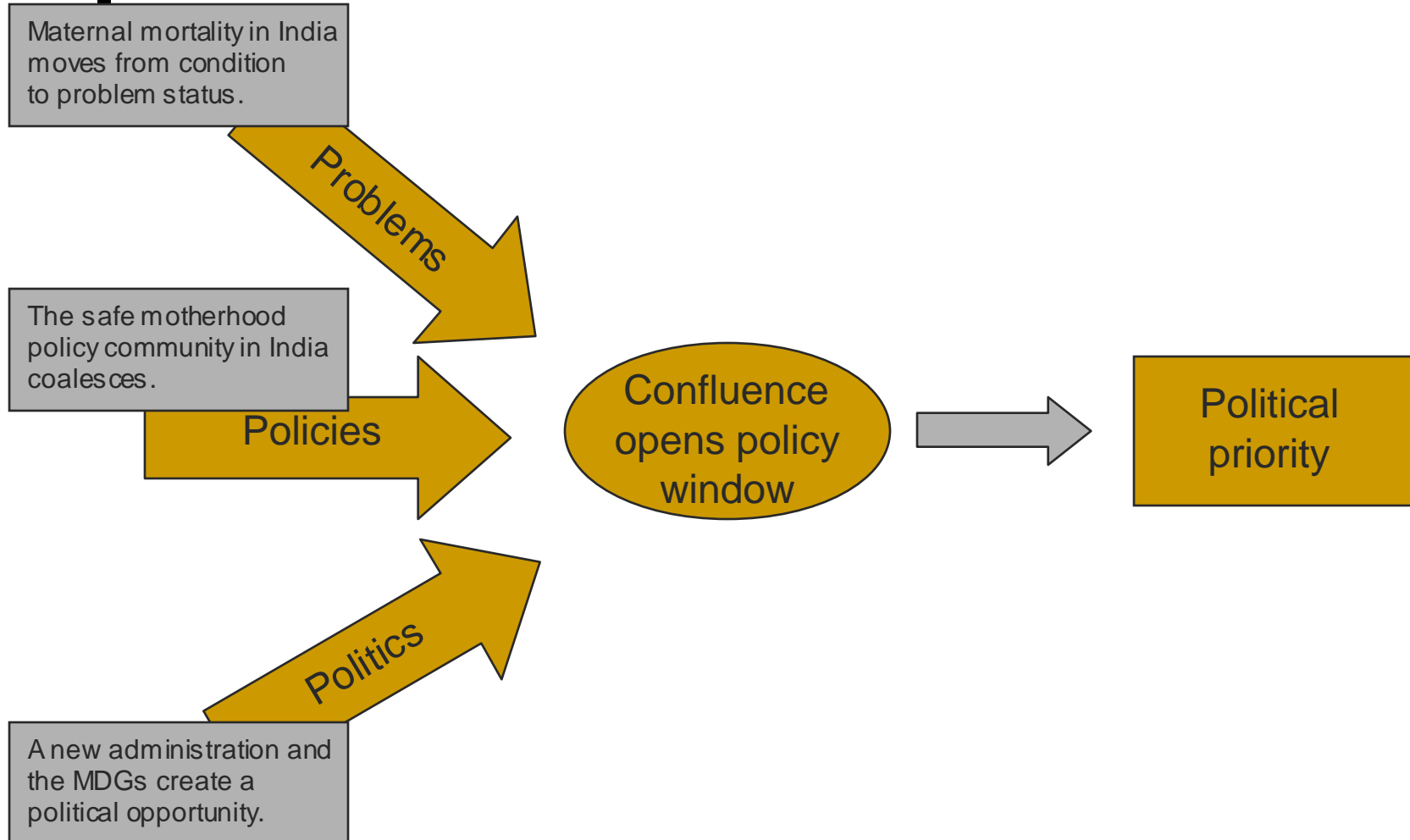
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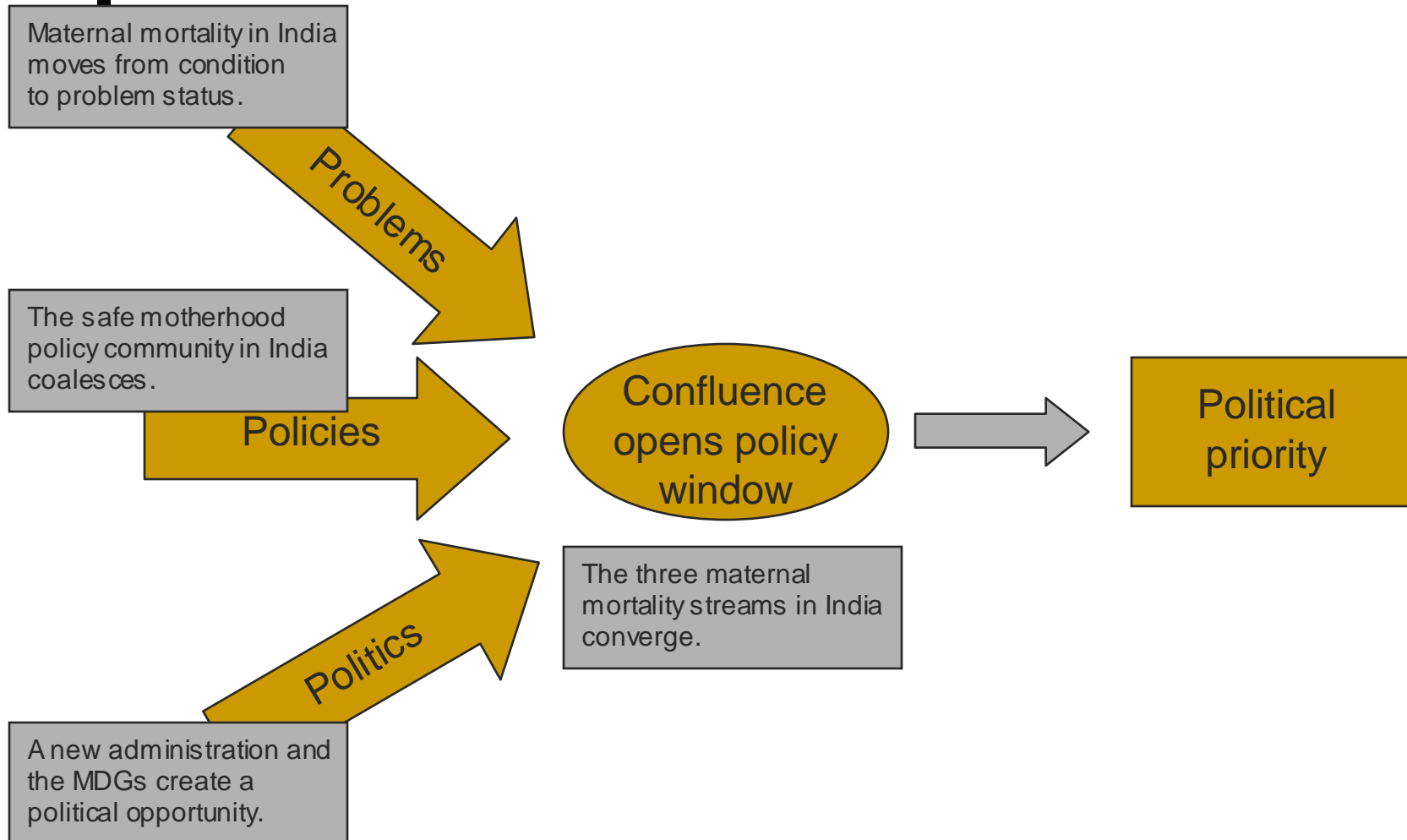
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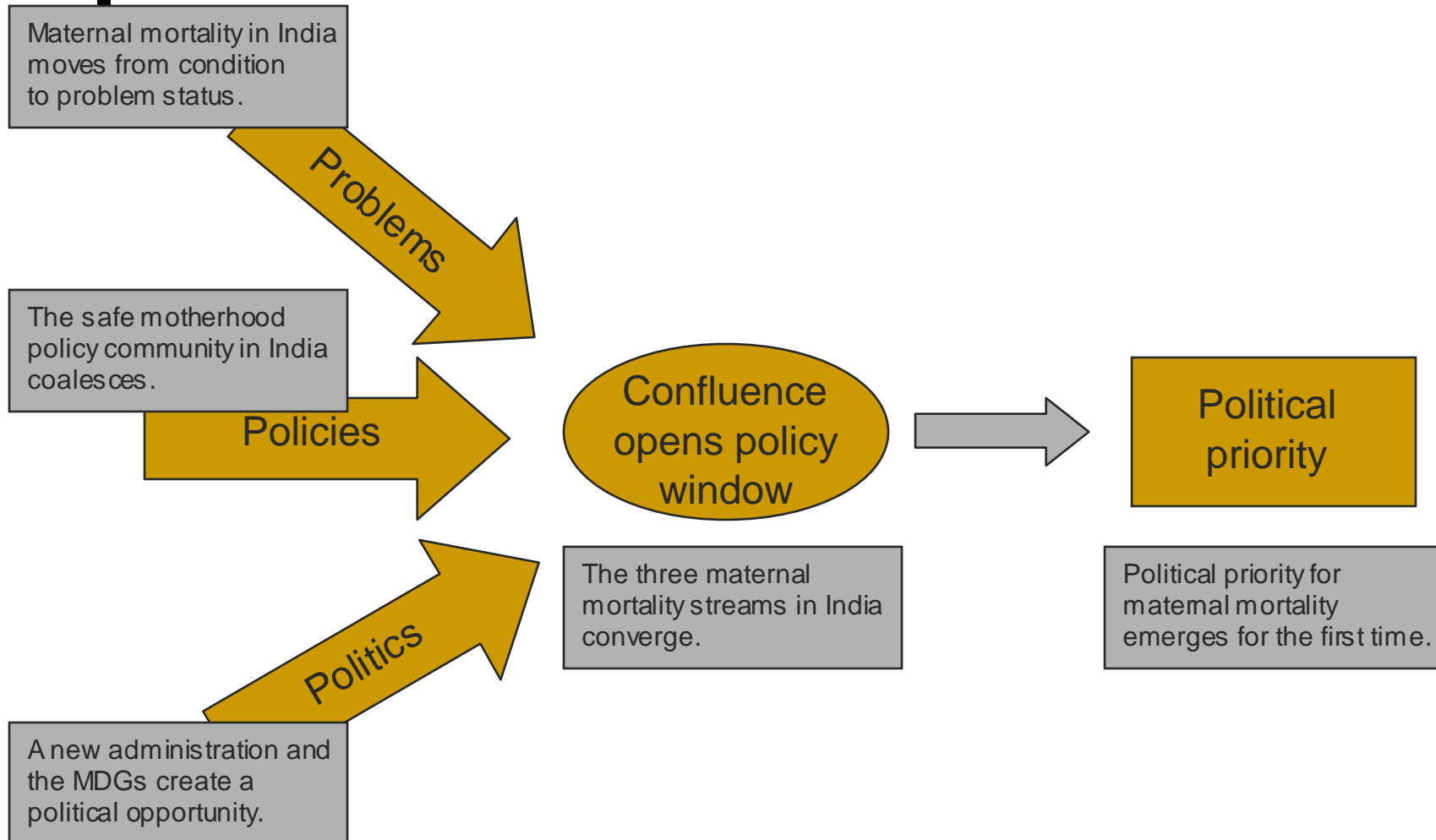
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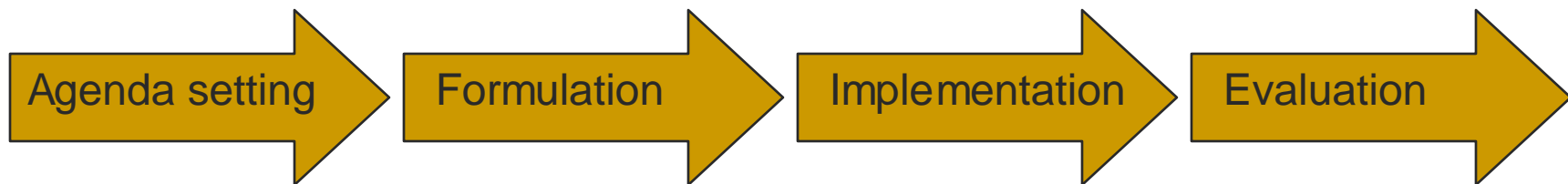


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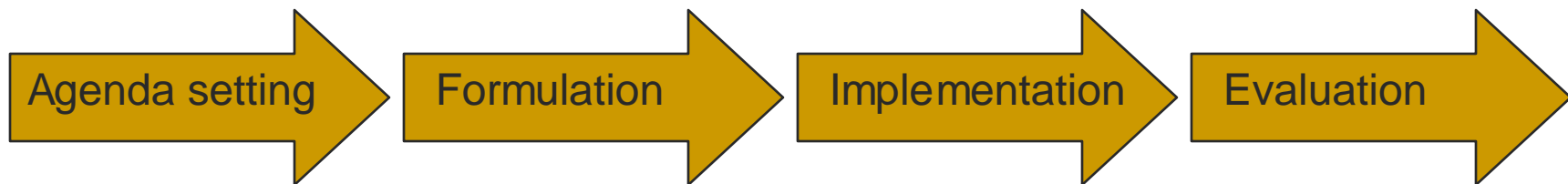




# Conventional linear model of the public policy process



# Conventional linear model of the public policy process



Does not accurately describe how political priority for maternal mortality reduction emerged in India

# Implications for other high maternal mortality countries

- Problems stream:
  - Transforming maternal mortality from a condition to a problem
- Policy stream:
  - Generating consensus on intervention strategy
- Political stream:
  - Taking advantage of policy windows