Generation of political priority for global health initiatives:

A 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

Two orienting questions

- Why do some global health initiatives receive political priority while others remain neglected?
  - Not fully explained by burden
  - Development of a framework
- What factors have shaped levels of political priority for the global safe motherhood initiative?
  - Application of framework to this initiative

Meaning of political priority

- 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

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**

How the framework was developed

- **Drawing on:**
  - Social science research on collective action
  - In-depth case study of global safe motherhood initiative
- **Framework in formative stage**
- **This framework expands and deepens prior framework from five-country maternal mortality study***

* J. Shiffman. 2007. Generating political priority for maternal mortality reduction in 5 developing countries. *American Journal of Public Health.*

Framework on determinants of political priority for global health initiatives

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
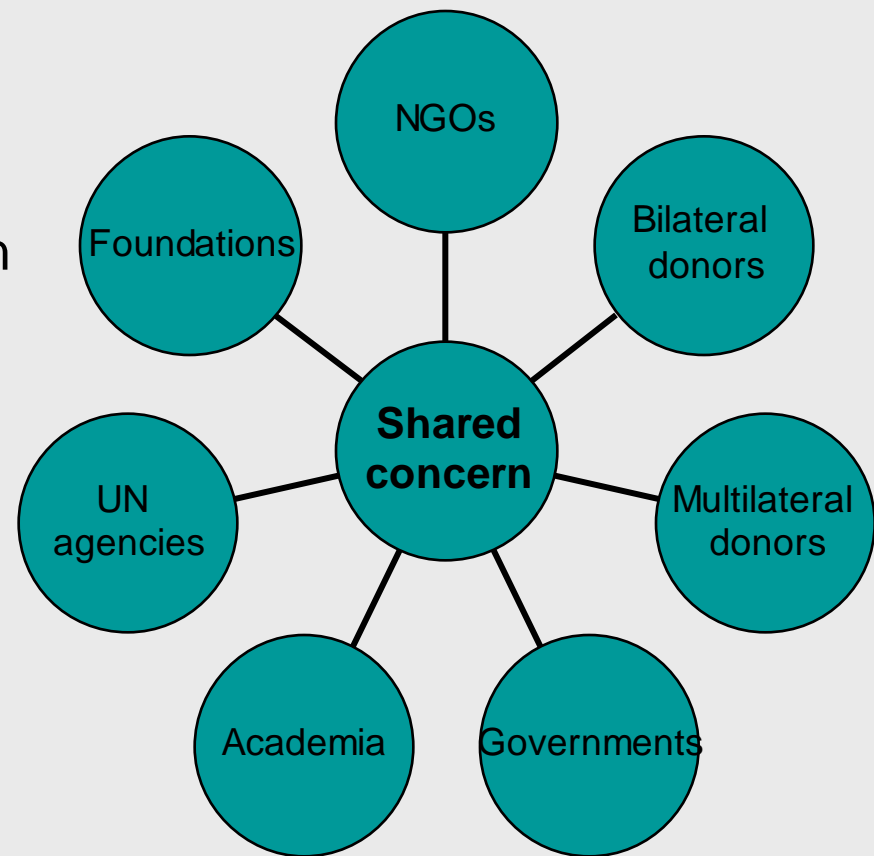
Actor power (category one)

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

The **Task Force** for **Child Survival** and **Development**

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
- **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 inspire 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
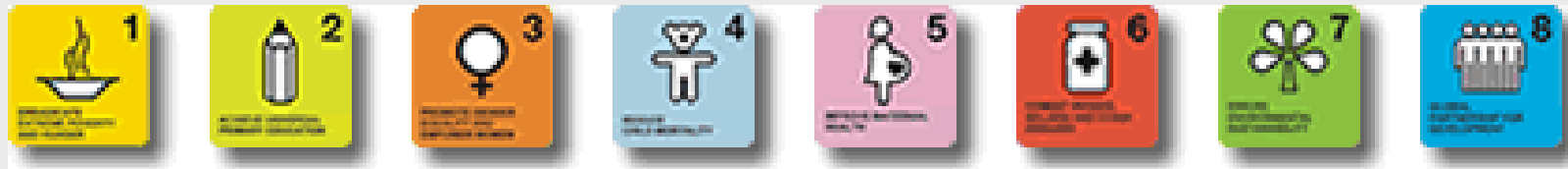
Political contexts:
Global governance structure (factor 8)

- **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 leadership on issue within UN system

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

06 A global view of **HIV** infection
39 million people [33–46 million] living with HIV, 2005
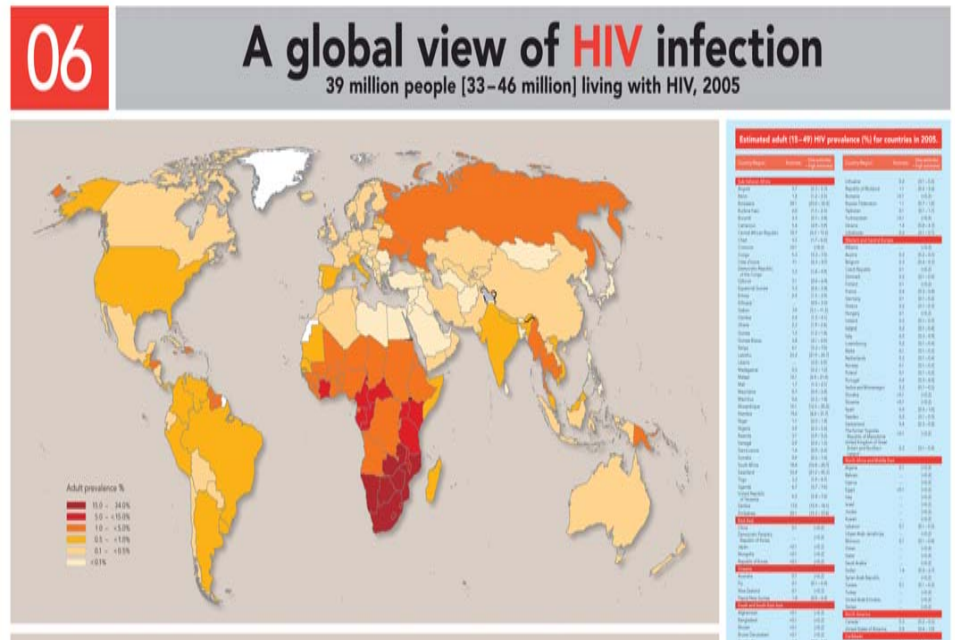
Issue characteristics: Severity (factor 10)

- **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?

Joy E Lawn, Simon Cousens, Jelka Zupan, for the Lancet Neonatal Survival Steering Team

The proportion of child deaths that occurs in the neonatal period (38% 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 (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, 450 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 the safe motherhood initiative

- MDG number five

- Partnership for maternal, newborn and child health

- Increasing consensus on interventions

- Global Business Plan for MDGs 4 and 5

- Women Deliver Conference

Four key political challenges

- Need to institutionalize priority to ensure issue receives sustained attention and resources <u>even after</u> 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

The larger question of this study

- **Why do some global health initiatives receive priority from international and national political leaders whereas others receive little attention?**

- Much speculation; little scholarship

- Value of ongoing research
  - *Explanatory value*: expand knowledge concerning how global health issues acquire political priority
  - *Practical value*: develop guidance for struggling initiatives concerning how to generate much needed political support