

# The effectiveness of global health policy networks

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## What I will discuss

- Motivation for study on global health policy networks
- Conceptual framework and methodology
- Initial observations and future research

## Motivation

- Variance across global health issues in reducing mortality and morbidity
- Greater progress:
  - Polio
  - Malaria
  - Tuberculosis
- Lesser progress:
  - Pneumonia
  - Diarrheal diseases
  - Maternal mortality

## Motivation

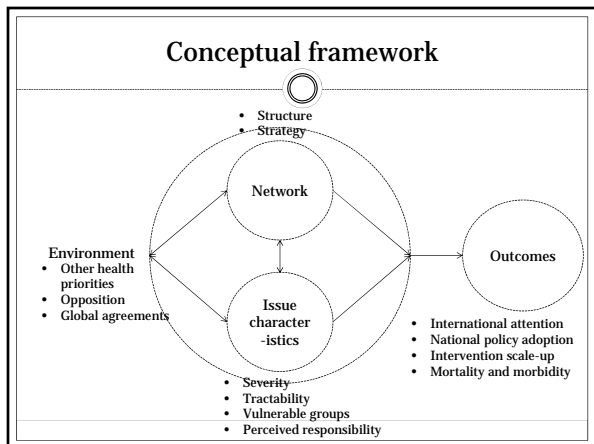
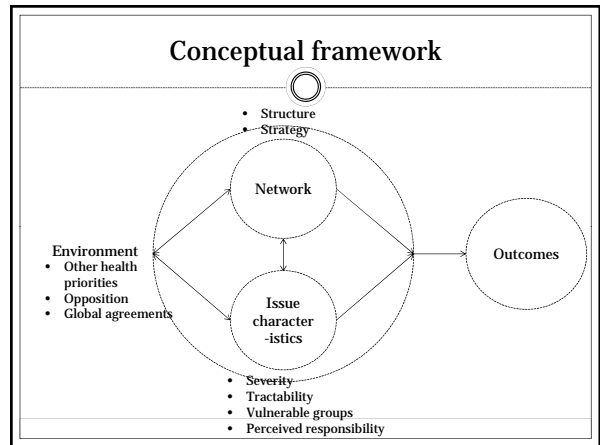
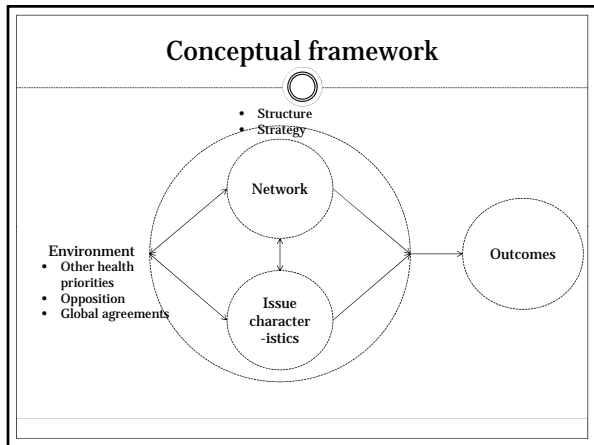
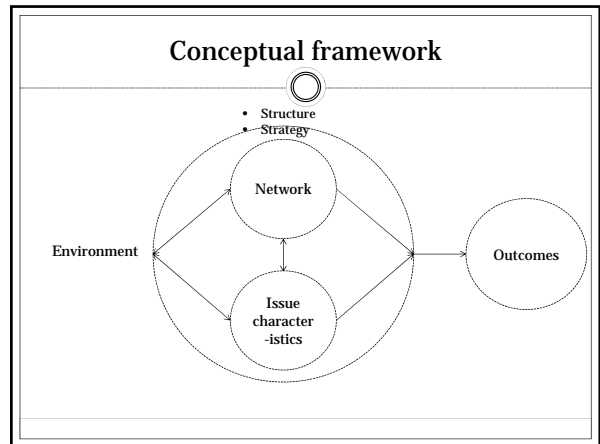
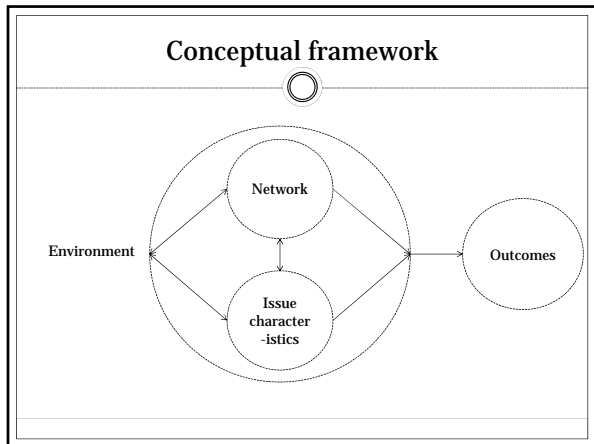
- Conventional focus of global health research
  - On interventions (bed nets; vaccines)
- But where is the analysis of the actors? (Walt and Gilson, Pelletier)
  - Creating interventions
  - Mobilizing for attention and resources
  - Facilitating national policy adoption
  - Finding mechanisms to scale-up
- Presumably some actors do this better than others

## Motivation

- Proliferation of global health policy networks
  - Communities of individuals and organizations linked by shared concern for a global health issue
- Examples - formal
  - Roll Back Malaria
  - Stop TB Partnership
  - Global Polio Eradication Initiative
- Examples – informal
  - Newborn survival
  - Injury prevention
  - Neglected tropical diseases

## Global Health Advocacy and Policy Project (GHAPP)

- Three-year initiative
- Examining effectiveness of six global health policy networks, in three pairs
  - Tuberculosis and pneumonia
  - Tobacco and alcohol
  - Newborn survival and maternal survival
- Now in second year; presenting preliminary observations



- ### Methodology and reports
- Six case studies: process tracing
    - Interviews
    - Document analysis
    - NVIVO 9 software
    - Member checks
    - Consultations among research team
  - Three comparative studies
  - Thematic studies

## Global neonatal mortality

- 3.1 million deaths per year to babies under one month of age
- Primary biomedical causes:
  - Complications from pre-term births
  - Birth asphyxia
  - Infections

## Global neonatal mortality

- Prior to 1999: no network for newborn survival
- Concerned pediatricians but working in isolation

## Influence of network activity



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- Support and build evidence base on tractability
- Disseminate evidence on severity
- Join boards and institutions of other organizations
- Argue MDG 4 cannot be achieved without attention to newborn

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### Tuberculosis and pneumonia: the puzzle

- **TB and pneumonia**
  - Two leading causes of death and illness among communicable diseases of respiratory system
- **Pneumonia higher global burden**
  - 1.5 million deaths at least from pneumonia among children alone
  - 1.1 million deaths in total due to TB
- **TB greater progress**
  - TB:
    - 180 countries now implementing DOTS strategy
    - Estimated 6.8 million lives saved compared with pre-DOTS care
    - Between 46 million people successfully treated between 1995 and 2010
  - Pneumonia
    - Only half of affected children see a doctor
    - Only 20% receive antibiotics
    - Half of cases could be prevented by two vaccines; but are reaching only 42% and 6% of children

### Tuberculosis and pneumonia: possible explanations for difference

	<b>TB</b>	<b>Pneumonia</b>
Issue characteristics	• Sudden appearance in US and Europe in late 1980s	• Continuous but manageable in US and Europe
Environment	• Own programs and funding stream, helped by HIV/AIDS co-infection and Global Fund	• Loses identity as integrated into broader child survival initiatives
Network	• Stop TB Partnership • Branding of DOTS as core intervention strategy	• Network newly formed • Historical tensions among intervention clusters

### Pneumonia network structure



### Tobacco and alcohol: the puzzle

- **Tobacco and alcohol**
  - The two leading causes of death and illness among addictive substances
- **Roughly equal burden; alcohol may be higher**
  - Alcohol global disability adjusted life-years in 2004: 4.5% (third among all risk factors)
  - Tobacco global disability adjusted life-years in 2004: 3.7% (sixth among all risk factors)
- **Tobacco much greater progress**
  - Primary difference: Framework Convention on Tobacco Control, enacted in 2004
  - No equivalent global agreement for alcohol

### Tobacco and alcohol: possible explanations for difference

	<b>Tobacco</b>	<b>Alcohol</b>
Environment	• An industry that actively pushes consumption	• An industry that actively pushes consumption
Issue characteristics	• Effectively reframed from individual to social responsibility	• Never effectively reframed from individual to social responsibility
Network	• Tight network integrating scientists and advocates	• Loose network consisting largely of scientists

### Newborn and maternal survival: presumed puzzle

- **Newborn and maternal survival**
  - Two groups highly vulnerable at birth
  - 3.1 million deaths annually to babies under one month of age
  - 350,000 deaths annually to women due to childbirth complications; 20 times that number of injuries
- **Newborn survival initiative launched later**
  - Newborn: 2000
  - Maternal: 1987
- **But apparently more rapid progress**
  - Newborn by 2012 a priority for a number of global organizations and governments
  - Maternal initiatives as of 2007 disappointing progress

### Newborn and maternal survival: complexity in comparison

- **Maternal survival surge since 2007; can no longer claim behind newborn**
  - UN Global Strategy for Women's and Children's Health
  - \$40 billion in commitments
- **Revised basis for comparing:**
  - Explaining maternal surge
  - Common causal factors

### Newborn and maternal: points of comparison

	Maternal survival	Newborn survival
Environment	• Global agreement: MDG 5	• Global agreement: MDG 4
Issue characteristics	• Growing but still uncertain evidence on tractability	• Growing but still uncertain evidence on tractability
Network	• Hampered by intervention disputes; then consensus	• Learned from maternal: keep disputes in house

### Summary: factors that may be influencing networks and outcomes

Category	Factors	Examples
Environment	Other health priorities	• AIDS helps TB • Child integration hurts pneumonia
	Opposition	• Tobacco industry a barrier, but galvanizes tobacco control network
	Global agreements	• MDGs 4 and 5 help newborn and maternal
Issue characteristics (perceived and actual)	Severity	• High mortality and morbidity a spur for all
	Tractability	• Clear DOTS strategy helps TB • Uncertainty on newborn/maternal
	Vulnerable groups	• TB surprises Americans: good for TB Maternal/newborn deaths 'only' a problem in poor countries
	Perceived responsibility	• Tobacco framed as less individual, more social than alcohol
Network	Structure	• Formal network for TB spurs global action • Scientists and advocates for tobacco; mostly only former for alcohol
	Strategy	• Maternal network manages disagreements poorly; newborn network does this well

### Emergent themes

- **Network strategic management (shaping issues and environment)**
  - Managing disagreements
  - Deciding on structure
  - Framing responsibility
  - Developing interventions
  - Negotiating environment
- **Reciprocal influence: issues and environments shaping networks**
  - Severity brings in actors
  - Opposition galvanizes networks
- **Role of agency: how much difference?**
  - Declining TB, neonatal, maternal, pneumonia mortality
  - But only on TB do we find large network public health impact
- **Your reflections and observations on global health policy network formation and influence are welcome**