

## Generating political priority for neonatal mortality reduction in 4 developing countries

Jeremy Shiffman, PhD  
Associate Professor of Public Administration and Policy  
American University

Stephanie Smith, PhD  
Assistant Professor of Public Administration  
University of New Mexico

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## What I will cover

- A framework on national political priority generation for health issues
- Application to newborn survival in 4 countries
- Future research on determinants of national political priority for health issues

## Broader concerns

- Why and how some health issues come to attract attention and resources in low-income countries?
- Why so many are neglected?

## Newborns (28 days and younger)

- A group vulnerable at birth:
  - 3.1 million deaths annually
  - 40% of under-five deaths
- Primary biomedical causes:
  - Pre-term complications
  - Birth asphyxia
  - Infections
- Barrier to achieving MDG 4
- Organized global efforts since 2000



## Orienting question

- What factors shape the likelihood newborn survival will receive policy attention in a national political system?

## Studies on newborn survival

- Malawi (2009)
- Nepal (2009)
- Bolivia (2010)
- Bangladesh (2010)



## Data for case studies

- Process-tracing methodology
  - Triangulating among multiple sources to check for bias
- Key informant interviews
  - Average of 26 per study
  - With participants, critics, those who can give context
  - Average 70 minutes in length
- Document analysis
  - Average 100 per study
  - From international agencies, governments, NGOs, research
- Analysis in NVIVO 8 software

## Dependent variable is policy attention

- Indicated by:
  - Leadership attention
  - Enactment of national policies
  - Resource provision
- Policy attention does not guarantee:
  - Effective implementation
  - Public health impact
- But facilitates impact

## Variance in priority levels

- Highest in Bangladesh and Nepal
- Emergent in Bolivia, but since 2006 stagnant
- Difficulty getting off the ground in Malawi

## The framework

- From prior study on maternal mortality in 5 countries (AJPH 2007)
- In formative stage
  - Hypothesis generating
  - Factors are probabilistic

## Drawing on collective action research

- Political science
- Global health
- Nutrition

## Drawing on collective action research: political science

- Finnemore
  - Role of norms: shared standards on appropriate behavior
- Sabatier
  - Policy communities: actors linked by shared concern
- Kingdon
  - Political entrepreneurship: capacity of champions to move systems

## Drawing on collective action research: global health

- Walt and Gilson
  - Not just content matters
  - Need to also focus on actors, processes, context

## Drawing on collective action research: nutrition

- Pelletier
  - Strategic capacity of policy communities to manage agenda-setting, formulation and implementation processes
  - Intervention efficacy research cannot by itself reduce burden unless policy process bottlenecks better understood and addressed

## A proposition that is scientifically suspect

- 'If you get the science right on a health issue, political attention and resources will follow.'

→ There is more to generating attention than just this.

## Framework on determinants of national policy attention

Category	Factor (none necessary or sufficient)
Transnational influence	1. Norm promotion
	2. Resource provision
Domestic advocacy	3. Political entrepreneurship
	4. Policy community cohesion
	5. Focusing events
	6. Credible indicators
	7. Clear policy alternatives
	8. Civil society mobilization
National political environment	9. Political transitions
	10. Existing health priorities

## Transnational influence (category one)

## Transnational influence: Norm promotion (factor 1)

- What this is:
  - Efforts to establish expectations about appropriate behavior by governments
- Why it matters:
  - Governments care about reputations
- Examples:
  - MDGs establish global health norms
  - Pride in Nepal and Bangladesh in potentially reaching child survival MDG
    - Recognize importance of neonatal survival to achieving that end



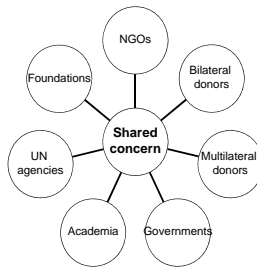
## Transnational influence: Resource provision (factor 2)

- What this is:
  - Offer of financial and technical assistance from donors
- Why it matters:
  - Enticement amidst scarce resources
- Examples:
  - \$40 billion in financial commitments for UN global strategy
  - Gates grant for SNL program
    - Sparks action in Bangladesh, Bolivia, Malawi, Nepal

## Domestic advocacy (category two)

## Domestic advocacy: Policy community cohesion (factor 3)

- What it is:
  - Coalescence among network of concerned organizations
- Why it matters:
  - Enhances policy community authority
- Examples:
  - Bangladesh v. Malawi



## Domestic advocacy: Political entrepreneurship (factor 4)

- What this is:
  - Capable national political champions
- Why they matter:
  - Defining issue; inspiring action
- Examples:
  - Save the Children doctor in Bangladesh (for newborns)



## Domestic advocacy: Focusing events (factor 5)

- What it is:
  - Occasion that sparks national attention
- Why it matters:
  - Brings visibility
  - Jolts public policy process
- Examples:
  - National 'state of the newborn' reports



## Domestic advocacy: Credible indicators (factor 6)

- What these are:
  - Convincing measures that demonstrate severity
- Why they matter:
  - Numbers can alarm politicians
- Examples:
  - DHS data in all four countries

### Neonatal Survival 1 4 million neonatal deaths: When? Where? Why?

by Shona Mehta, Director, Health, Nutrition and Population Research Institute

The proportion of child deaths that occur in the neonatal period (0 to 28 days) 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 month of life. The neonatal period is a critical window for children and is a critical window for the lives of their mothers. At the same time, it is a critical window for the lives of their mothers. The highest rates of neonatal deaths are in sub-Saharan Africa, and the highest rates are generally in sub-Saharan Africa. The neonatal period is a critical window for the lives of their mothers. The neonatal period is a critical window for the lives of their mothers. The neonatal period is a critical window for the lives of their mothers.

**Domestic advocacy:  
Clear policy alternatives (factor 7)**

- What these are:
  - Means of addressing the problem backed by evidence, clearly explained
- Why they matter:
  - Policy-makers more likely to act on issues they think they can do something about
- Example:
  - Shift in perception of tractability
  - Pelletier finding: was not necessary in case of nutrition in five countries



**Domestic advocacy:  
Civil society mobilization (factor 8)**

- What it is:
  - Engaged grassroots social institutions
- Why it matters:
  - Source of bottom-up pressure
- Examples:
  - No major example among four countries



**National political environment  
(category three)**

**National political environment:  
Political transitions (factor 9)**

- What these are:
  - Political changes such as regime transitions
- Why they matter:
  - Alter nature of policy-making process and actors involved
- Examples:
  - Election of Evo Morales in Bolivia in 2005
  - Nutrition and broader social development displaces newborn



**National political environment:  
Existing health priorities (factor 10)**

- What these are:
  - Priority for other health problems
- Why they matter:
  - Diversion
  - Congruence
- Examples:
  - In Nepal and Bangladesh:
    - Child survival congruence
  - In Malawi
    - Maternal survival congruence
    - HIV/AIDS possible diversion



**1) Generating priority had  
systematic elements**

- International actors promoted a newborn survival norm and offered resources
- National policy communities succeeded in mobilizing political systems to degree they:
  - Formed cohesive policy communities
  - Included effective political entrepreneurs
  - Generated and deployed credible indicators
  - Organized effective attention-generating focusing events
  - Developed feasible policy alternatives
- They were facilitated or hampered by factors in their political environments, including:
  - Political transitions
  - Existent priorities in health

[2) Generating priority was not formulaic ]

- Strategies contextual
- Success due to unique constellation of factors
- Successful communities used intuitive political understanding

[3) Generating priority was more than a medical/technical challenge ]

- Required as much attention to generation of political strategies
- Country experiences indicate political priority can be generated if approached strategically

[ Developing the framework ]

- Applying to other health issues
- Identifying other factors
- Discerning fundamental factors
- Subjecting to empirical examination

[ Developing the framework: Applying to health issue X ]

Factor	Status?	Relevance?
1. Norm promotion		
2. Resource provision		
3. Political entrepreneurship		
4. Policy community cohesion		
5. Focusing events		
6. Credible indicators		
7. Clear policy alternatives		
8. Civil society mobilization		
9. Political transitions		
10. Existing health priorities		

[ Developing the framework: Identifying other factors ]

- Distinctiveness of cases:
  - Relatively uncontroversial
  - Inspire sympathy
  - Invisible groups politically
  - Sense of fatalism surrounding deaths
- Other factors:
  - Transnational
    - Rich country fear of contagion (SARS)
  - National
    - Level of contentiousness/congruence with dominant social norms
  - Transnational and national
    - Industrial opponents (tobacco control)
    - Disease constituencies (AIDS; diabetes)

[ Developing the framework: Discerning fundamental factors ]

- Hunch that central factors may be:
  - Global norms (factor 1)
  - Political entrepreneurs (factor 3)
  - Credible indicators (factor 6)
  - Clear policy alternatives (factor 7)

**Developing the framework:  
Subjecting to empirical examination**

Global Health Advocacy and Policy Project (GHAPP): funded by \$1.1 million three-year grant from Gates Foundation

	<b>Diseases</b> Tuberculosis and pneumonia	<b>Risk factors</b> Tobacco use and alcohol abuse	<b>Vulnerable groups</b> Newborn survival and maternal survival
<b>Agenda-setting</b>			
<b>Policy adoption</b>			
<b>Intervention scale-up</b>			

**Developing the framework:  
Subjecting to empirical examination**

- Seeking to:
  - Build a general explanation concerning determinants of policy attention
  - Ground the explanation in *evidence* rather than speculation or 'expert/practitioner wisdom'
- Broader research goal:
  - Help establish field of inquiry on global and national health policy process determinants
  - Small but growing group of scholars (Walt; Pelletier; Reich; Lee; Gilson; Buse)
- Your hypotheses on determinants of policy attention in national health are welcome