The effectiveness of global health policy networks

JEREMY SHIFFMAN, PH.D.
ASSOCIATE PROFESSOR
DEPARTMENT OF PUBLIC ADMINISTRATION AND POLICY
AMERICAN UNIVERSITY
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Project Researchers: Jorge Arrunategui, David Berlan, Markus Hofbauer, Ines Mergel, Mariela Rodriguez, Katy Quissell, David Pelletier, Hans Peter Schmida, Jeremy Shiffman, Stephanie Smith, David Van Slyke, Gill Walt

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:
  o Polio
  o Malaria
  o Tuberculosis
• Lesser progress:
  o Pneumonia
  o Diarrheal diseases
  o Maternal mortality

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

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

Global Health Advocacy and Policy Project (GHAPP)
• Three-year initiative
• Examining effectiveness of six global health policy networks, in three pairs
  o Tuberculosis and pneumonia
  o Tobacco and alcohol
  o Newborn survival and maternal survival
• Now in second year; presenting preliminary observations
Conceptual framework

Environment
- Other health priorities
- Opposition
- Global agreements

Network

Issue characteristics

Outcomes

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
- 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
**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
    - 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**

<table>
<thead>
<tr>
<th></th>
<th>TB</th>
<th>Pneumonia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issue characteristics</strong></td>
<td>• Sudden appearance in US and Europe in late 1980s</td>
<td>• Continuous but manageable in US and Europe</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td>• Own programs and funding stream, helped by HIV/AIDS co-infection and Global Fund</td>
<td>• Loses identity as integrated into broader child survival initiatives</td>
</tr>
<tr>
<td><strong>Network</strong></td>
<td>• Stop TB Partnership</td>
<td>• Network newly formed</td>
</tr>
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**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**

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

**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

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<thead>
<tr>
<th>Category</th>
<th>Maternal survival</th>
<th>Newborn survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td>• Global agreement: MDG 5</td>
<td>• Global agreement: MDG 4</td>
</tr>
<tr>
<td>Issue characteristics</td>
<td>• Growing but still uncertain evidence on tractability</td>
<td>• Growing but still uncertain evidence on tractability</td>
</tr>
<tr>
<td>Network</td>
<td>• Hampered by intervention disputes; then consensus</td>
<td>• Learned from maternal: keep disputes in house</td>
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Summary: factors that may be influencing networks and outcomes

<table>
<thead>
<tr>
<th>Category</th>
<th>Factors</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Environment Other health</td>
<td>priorities</td>
<td>• AIDS helps TB</td>
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<tr>
<td></td>
<td>• Child integration hurts pneumonia</td>
<td></td>
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<tr>
<td>Opposition</td>
<td>Tobacco industry a barrier, but galvanizes tobacco control network</td>
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<tr>
<td>Global agreements</td>
<td>MDGs 4 and 5 help newborn and maternal</td>
<td></td>
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<tr>
<td>Severity</td>
<td>High mortality and morbidity a spur for all</td>
<td></td>
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<tr>
<td>Tractability</td>
<td>Clear DOTS strategy helps TB</td>
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<td>Vulnerable groups</td>
<td>• TB surprises Americans; good for TB \n</td>
<td>• Uncertainty on newborn/maternal</td>
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<tr>
<td>Perceived responsibility</td>
<td>Tobacco framed as less individual, more social than alcohol</td>
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<tr>
<td>Structure</td>
<td>Formal network for TB spurs global action</td>
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<td></td>
<td>Researchers and advocates for tobacco; mostly only former for alcohol</td>
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<tr>
<td>Strategy</td>
<td>Maternal network manages disagreements poorly; newborn network does this well</td>
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Emergent themes

- Network strategic management (shaping issues and environment)
  - Managing disagreements
  - Dwindling 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?
  - Defining 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