Generating political priority for neonatal mortality reduction in 4 developing countries

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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

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

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

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

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

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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

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<td></td>
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<td>Tobacco use and alcohol abuse</td>
<td>Newborn survival and maternal survival</td>
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Policy adoption

Intervention scale-up

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