Evidence-based policy-making: the politics of a science

From: Generating political priority for maternal mortality reduction in five developing countries, paper forthcoming in *American Journal of Public Health*, 2007

Jeremy Shiffman, Ph.D.
Associate Professor of Public Administration
The Maxwell School of Syracuse University, USA
jrshiffm@maxwell.syr.edu

Presentation at Delivering Safe Motherhood – Sharing the Evidence
February 21st, 2007

The study

- Investigation of state of political priority for maternal mortality reduction in five countries of significant interest to safe motherhood researchers:
    - India: Number one globally in numbers of maternal deaths
    - Nigeria: Number two globally in numbers of maternal deaths
    - Indonesia: Village midwife program subject of critical scrutiny
    - Honduras: One of few countries to have experienced, recent documented major decline
    - Guatemala: Honduran neighbor that despite greater wealth shows uncertain evidence of maternal mortality change
- Set of replicated case studies

Country studies: collaborators and papers

- Jeremy Shiffman. 2003. "Generating political will for safe motherhood in Indonesia." *Social Science and Medicine.*
- Jeremy Shiffman, Cynthia Stanton, Ana Patricia Salazar. 2004. "The emergence of political priority for safe motherhood in Honduras." *Health Policy and Planning.*
- Jeremy Shiffman, Ana Lucía Garcés del Valle. 2006. "Political history and safe motherhood disparities between Guatemala and Honduras." *Population and Development Review.*
- Jeremy Shiffman, Friday Okonofua. 2007. "The state of political priority for safe motherhood in Nigeria." *British Journal of Obstetrics and Gynaecology.*
- Jeremy Shiffman, Rajani Ved. Working paper. "The state of political priority for safe motherhood in India."

The study

- ☐ Case study process-tracing methodology from political science
  - ■ Interviews with members of safe motherhood policy communities
    - ☐ 124 interviews in total
    - ☐ Most lasting between one and two hours
    - ☐ Largely unstructured
  - ■ Analysis of documents
  - ■ Observation of implementation
- ☐ Methodology:
  - ■ Facilitates identification of causal factors, and analysis of political and historical processes
  - ■ Methodology limits capacity to make strong causal inferences
- ☐ Exploratory rather than explanatory: factors identified must be subject to additional comparative inquiry

Maternal mortality levels

Maternal Mortality Ratio

- Honduras: 108
- Guatemala: 153
- Indonesia: 230
- India: 540
- Nigeria: 704
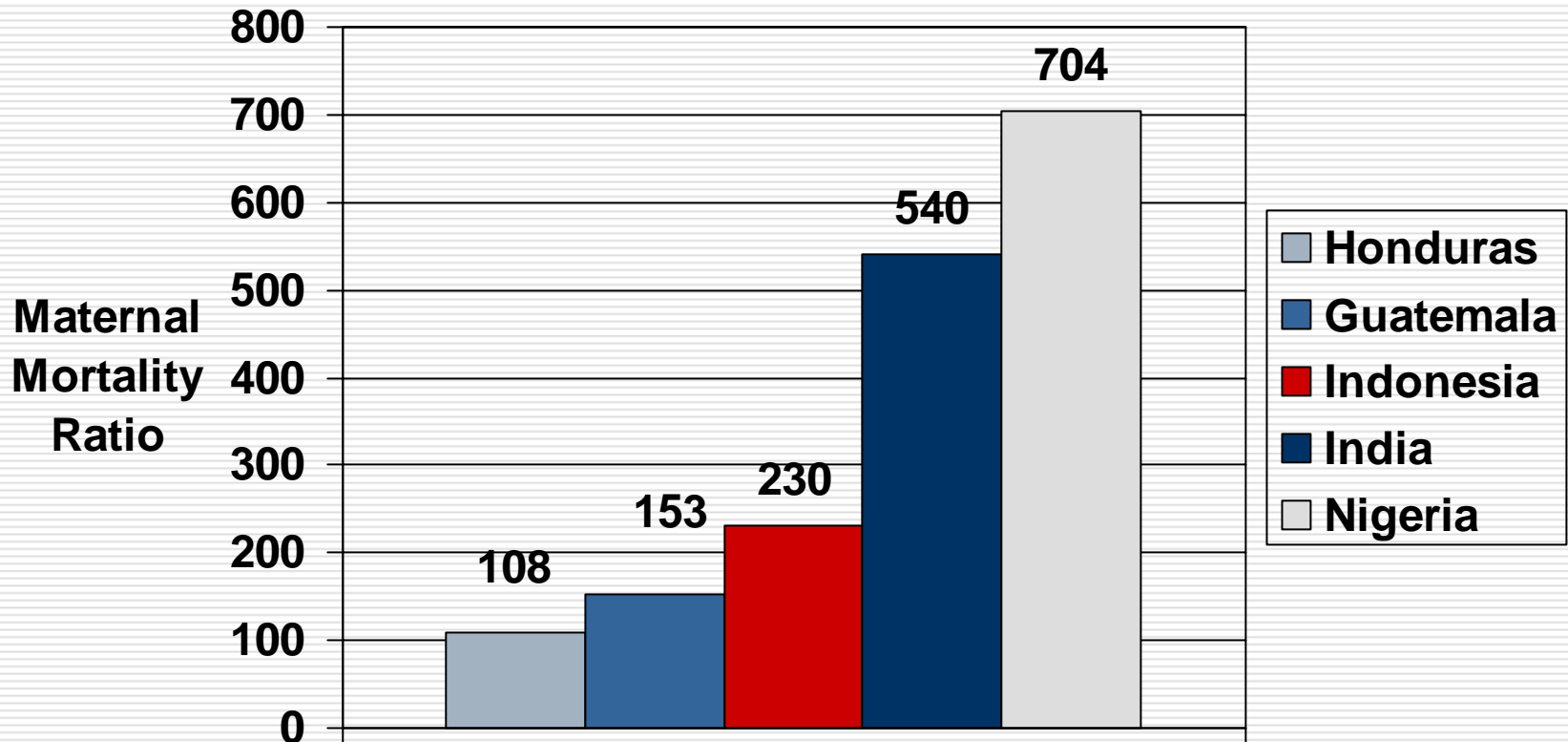
Observations on state of safe motherhood field

- ☐ Medical causes well understood
- ☐ Measurement tools being refined
- ☐ Interventions exist to prevent to maternal death in childbirth
- ☐ Political priority insufficient

Meaning of political priority

- ☐ Left as unopened black box
- ☐ What causes countries to pay attention and devote resources?
- ☐ Little explicit attention to this issue

Generating priority difficult

- ☐ Even if right knowledge, right interventions, international priority, no guarantee national political leaders will pay attention.

- ☐ They have thousands of issues to sort through each year, minimal resources to deal with these and conflicting political imperatives.

Meaning of political priority

- Degree to which political and social leaders at national and sub-national levels identify a cause as a concern, and back up that concern with the provision of financial, technical and human resources commensurate with the severity of the problem

Meaning of political priority

- ☐ Three key elements
  - ■ Leadership attention
  - ■ Existence of national program
  - ■ Resource provision
- ☐ Agenda-setting v. implementation
  - ■ Study focus is agenda-setting, the first stage in the public policy process
  - ■ Not the same as implementation effectiveness, which concerns the third stage
  - ■ Being on the agenda is a facilitating condition for implementation effectiveness

Research questions

- Orienting questions
  - Why does maternal mortality reduction receive political priority in some countries but not others?
  - What power does evidence have?
- *Not* the main concern
  - What medical and technical interventions are necessary to reduce maternal mortality?
  - An important concern, but not the only issue
- Part of broader research agenda
  - Why do some health issues reach national and global agendas while others remain neglected?
  - Relevant for newborn health, child survival, HIV/AIDS, neglected diseases, family planning, health sector strengthening and many other health issues

Levels of political priority

- ☐ Variance in level of political priority across countries:
    - ■ Honduras: very high
    - ■ Indonesia: was high, now uncertain
    - ■ India: moderate, now rising
    - ■ Nigeria and Guatemala: low

Influential factors

- ☐ Confluence of nine factors of three kinds have shaped degree of political priority
  - ■ Transnational
  - ■ Domestic advocacy
  - ■ National political environment
- ☐ Not a formulaic process
- ☐ But there may be lessons for other settings

Influential factors

- ☐ Transnational
    - ■ Norm promotion
    - ■ Resource provision
- ☐ Domestic advocacy
    - ■ Policy community cohesion
    - ■ Political entrepreneurship
    - ■ Credible indicators
    - ■ Attention-generating focusing events
    - ■ Clear, effective policy alternatives
- ☐ National political environment (many factors, two key)
    - ■ Political transitions
    - ■ Competing health priorities

Transnational:
Norm promotion

- ☐ What it is:
  - ◼ Efforts to establish a global norm concerning unacceptability of maternal death in childbirth
- ☐ Why it matters:
  - ◼ Nation-states, like individuals, are socialized into preferences
- ☐ Examples:
  - ◼ 1987 Nairobi conference
  - ◼ 2000 Millennium Development Goals
- ☐ Power of evidence:
  - ◼ 1985 WHO estimates (from Robert Cook) showing half a million deaths annually gave this norm power
  - ◼ Numbers provide the basis for MDG number five

Transnational: Resource provision

- [ ] **What it is:**
  - Offer of financial and technical assistance from donors
- [ ] **Why it matters:**
  - Enticement amidst scarce resources
- [ ] **Examples:**
  - USAID MotherCare program
  - Gates funding to AMDD
  - DFID: funding to achieve maternal health MDG

Domestic advocacy:
Policy community cohesion

- [ ] What it is:
  - Degree of coalescence among safe motherhood promoters
- [ ] Why it matters:
  - Shapes capacity of promoters to translate moral/technical authority into political power
- [ ] Examples:
  - Honduras – coalescence of policy community in early 1990s
  - Nigeria – ongoing fragmentation of policy community despite many talented individual advocates

Domestic advocacy:
Political entrepreneurship

- ❑ What it is:
  - ■ Presence of respected national political champions willing to promote cause
- ❑ Why it matters:
  - ■ They have unique leadership capabilities and capacity to bring issue to attention of top political elites
  - ■ A set of capabilities that only a select few have
- ❑ Examples:
  - ■ Assistant Minister for Women's Roles and Ministry of Health doctors in Indonesia
  - ■ Former PAHO official and colleagues in Honduras
- ❑ Power of evidence:
  - ■ Indonesian/Honduran entrepreneurs responded directly to emergence of alarming data on maternal mortality

Domestic advocacy: Credible indicators

- ☐ What it is:
  - ■ Availability and strategic deployment of reliable evidence
- ☐ Why it matters – the power of evidence:
  - ■ Numbers are more than markers
  - ■ Catalysts for action that can be used to convince political elites of existence of a problem
  - ■ The most consistent finding in the study
- ☐ Examples:
  - ■ Honduras: 1990 RAMOS study
  - ■ Guatemala: 1989 RAMOS study
  - ■ Indonesia: 1994 DHS
  - ■ India: 1992-93 and 1998-99 NFHS studies
  - ■ Nigeria: absence of credible sub-national data

Domestic advocacy:
Focusing events

- ☐ What it is:
    - ■ An occasion such as a forum, discovery or disaster that sparks national attention
- ☐ Why it matters:
    - ■ Brings visibility to that which may otherwise remain hidden
    - ■ Jolts public policy process
- ☐ Examples:
    - ■ Nairobi conference; Indonesian follow-up
    - ■ March to Taj Mahal in India

Domestic advocacy:
Clear policy alternatives

- ☐ What it is:
  - ■ Availability of coherent, effective solutions
- ☐ Why it matters:
  - ■ Political elites more likely to act on issues they think they can do something about
- ☐ Power of evidence:
  - ■ Safe motherhood field has had difficulty generating evidence-based consensus and developing clear messages; may have hampered capacity to move political elites to action

National political environment: Political transitions

- ☐ What it is:
  - ■ Major political transformations such as democratization or decentralization
- ☐ Why it matters:
  - ■ Alters nature of policy-making process and possibilities for safe motherhood promotion
  - ■ Even if safe motherhood promoters cannot control, they must be cognizant of these transformations in strategy development
- ☐ Examples:
  - ■ Democratization in Nigeria creates space for social pressure
  - ■ Decentralization in Indonesia increases number of decision points

National political environment: Competing health priorities

- ☐ What it is:
  - ■ Priority for other health causes
- ☐ Why it matters:
  - ■ Given scarce resources and capacities, policy-maker attention diverted away from maternal mortality
- ☐ Examples:
  - ■ AIDS attention in Nigeria may be detracting from safe motherhood promotion
  - ■ Maternal mortality reduction in India history has until recently taken back seat to population control and child health
- ☐ Power of evidence:
  - ■ AIDS, family planning, child health advocates were more effective than safe motherhood advocates in using evidence strategically to make their case to policy-makers

1) Generating priority has systematic elements

- ☐ International actors promoted a safe motherhood 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
  - ■ Competing priorities in health

2) Generating priority involves utilizing political power of evidence

- ☐ Strategic deployment of evidence (or lack thereof) shaped priority levels in all five countries.
- ☐ This was the most consistently influential factor among the nine.
- ☐ Evidence also interacted with other factors to shape priority
  - ■ Norm promotion
  - ■ Political entrepreneurship
  - ■ Clear policy alternatives
  - ■ Competing health priorities

3) Generating priority is not formulaic

- ☐ Strategies contextual
- ☐ Each policy community succeeded, or has yet to succeed, due to unique constellation of factors
- ☐ Successful communities used intuitive understanding of agenda-setting devices to craft political strategies appropriate to national context

4) Generating priority is more than a medical/technical challenge

- Focus of safe motherhood research has been on biomedical and technical issues
- Maternal mortality reduction is also a political challenge
- Requires as much attention to generation of political strategies as to medical/technical strategies
- Past country experiences show political priority can be generated if approached strategically