

A decorative graphic consisting of a teal circle on the left side, partially overlapping a dark green horizontal bar. A large, dark brown left square bracket is positioned on the left side of the bar, and a teal right square bracket is on the right side. The main title text is centered within the dark green bar.

Generating political priority for global health initiatives

A framework and case study of maternal mortality

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Global health initiatives vary in levels of political support

- High burden, high support:
 - HIV/AIDS
- High burden, emerging support:
 - Newborn survival
- High burden, low support:
 - Malnutrition

Political support

- Definition:
 - Degree to which national political and international agency leaders actively pay attention to an issue, and provide resources commensurate with the problem's severity
- Political support does not guarantee effectiveness in inducing change
- But it is a critical facilitating condition for such change and therefore important to examine

Why variance across initiatives?

- Much speculation:
 - Severity of problem?
 - Availability of intervention?
 - Media interest?
 - Sudden crises?
 - Effective global champions?
 - Rich country fears?
 - Strong advocacy?
 - Donor whims?
- Little research

Developing the framework

- Drawing on:
 - Social science research on collective action
 - Social movements (sociology)
 - Transnational networks (political science)
 - Advocacy coalitions (policy studies)
 - In-depth case study of safe motherhood
 - Case studies of other initiatives
- Framework in formative stage
 - Requires stronger evidence base
 - Needs external critique and further refinement

Factors that facilitate acquisition of political support

Category	Factor (none necessary or sufficient)
Actor capability	Cohesive advocacy community
	Effective leaders
	Strong guiding institutions
	Mobilized civil society
Frame	Internally resonating frame
	Externally resonating frame
Political opportunity	Global political opportunities
	National political opportunities
Issue characteristic	High severity
	Clear indicators
	Effective interventions

Factors will shape depth of collective action

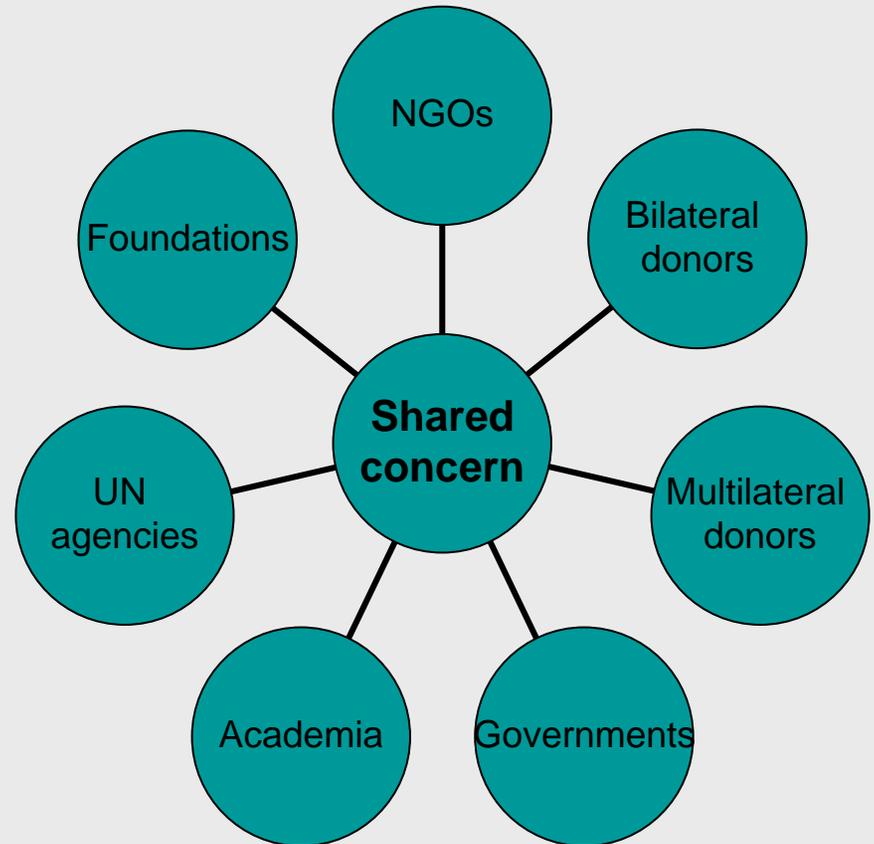
- Networks
 - Information exchange
- Coalitions
 - Cross-national campaign
- Transnational movements
 - Grassroots social mobilization

Factors will shape pace of evolution (Mauss)

- Incipency
- Coalescence
- Institutionalization
- Fragmentation
- Demise

Actor capability: Cohesive advocacy community

- What it is:
 - Coalescence among network of concerned organizations
 - Advocacy communities can include multiple organizational types
- Why it matters:
 - Enhances advocacy community authority and political power
- Example:
 - Global reproductive health advocacy community leading up to ICPD



Actor capability: Effective leaders

- Who they are:
 - Individuals acknowledged as **strong champions** for the cause
- Why they matter:
 - Defining issue; inspiring action; bringing together advocacy communities
- Example:
 - Jim Grant for child survival



Actor capability:

Strong guiding institutions

- What they are:
 - Powerful coordinating mechanisms with mandate to lead initiative
- Why they matter:
 - Especially, initiative sustainability
- Example:
 - Task Force for Child Survival and Development



Actor capability:

Mobilized civil society

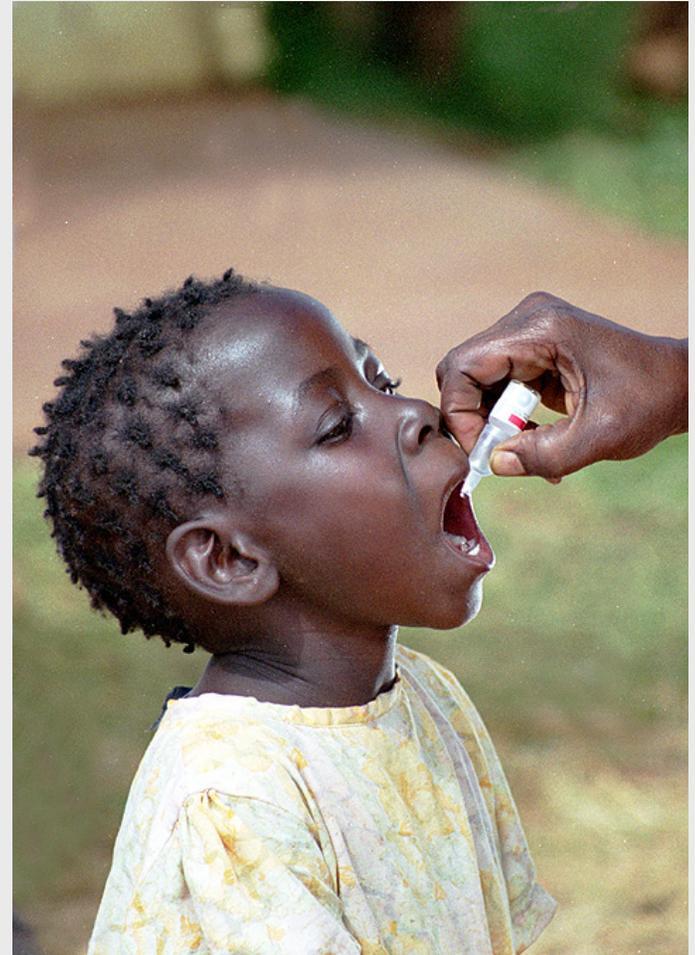
- What it is:
 - Engaged social institutions that press political authorities to act
- Why it matters:
 - Source of bottom-up pressure on political leaders
- Example:
 - AIDS activism in Brazil and the United States



Frame:

Internally resonating frame

- What it is:
 - Common advocacy community understanding of definition of problem and solutions
- Why it matters:
 - Averts divisive fractiousness; enhances credibility
- Example:
 - Shared internal frame of global polio advocacy community:
 - Disease must be eradicated as a humanitarian imperative, through global vaccination of children



Frame:

Externally resonating frame

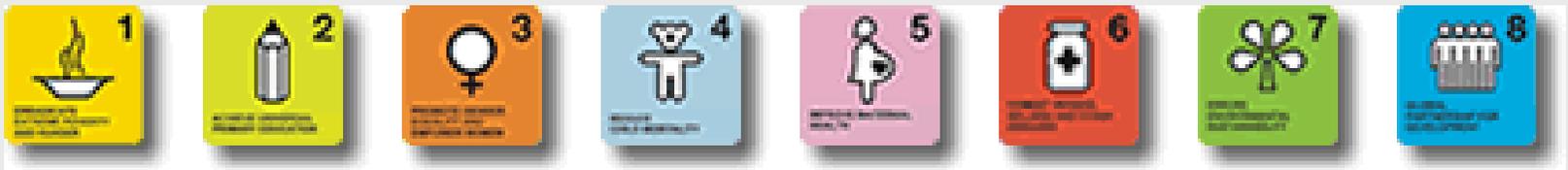
- What it is:
 - Public positioning of the issue that inspires external audiences, especially political leaders, to act
- Why it matters:
 - Only some resonate widely
- Examples:
 - A frame that may not have been effective:
 - HIV/AIDS as a serious public health problem, especially among certain target groups
 - Frames that may have been effective:
 - Addressing HIV/AIDS as a humanitarian and moral imperative
 - HIV/AIDS as a threat to the stability of societies



Political opportunity:

Global political opportunities

- What they are:
 - **International occurrences**, often unexpected, such as crises and global commitments
- Why they matter:
 - Present global windows of opportunity for issue promotion
- Example:
 - The MDGs: advantageous to those health causes on it



Political opportunity: National political opportunities

- What they are:
 - National occurrences such as political transformations
- Why they matter:
 - Present national windows of opportunity for promotion of particular issues
- Example:
 - Democratic transition in Nigeria enables NGOs to pressure government on safe motherhood



Issue characteristic:

High severity

- What it is:
 - Large burden relative to other problems
- Why it matters:
 - Other things being equal policy-makers prefer to devote resources to causes they perceive to be serious
- Examples:
 - High neonatal death figures (four million per year) have helped the initiative develop political support and donor funding

Neonatal Survival 1

4 million neonatal deaths: When? Where? Why?

By Elzavir Simon-Covares, Jelle Zupan, for the Lancet Neonatal Survival Steering Team*

The proportion of child deaths that occurs in the neonatal period (38% in 2000) 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 4 weeks of life (the neonatal period). A similar number are stillborn, and 0.5 million mothers die from pregnancy-related causes. Three-quarters of neonatal deaths happen in the first week—the highest risk of death is on the first day of life. Almost all (99%) neonatal deaths arise in low-income and middle-income countries, yet most epidemiological and other research focuses on the 1% of deaths in rich countries. The highest numbers of neonatal deaths are in south-central Asian countries and the highest rates are generally in sub-Saharan Africa. The countries in these regions (with some exceptions) have made little progress in reducing such deaths in the past 10–15 years. Globally, the main direct causes of neonatal death are not treated by preterm birth (38%), severe infections (26%), and asphyxia (23%). Neonatal tetanus accounts for a smaller proportion of deaths (7%), but is easily preventable. Low birthweight is an important indirect cause of death. Maternal complications in labour carry a high risk of neonatal death, and poverty is strongly associated with an increased risk. Preventing deaths in newborn babies has not been a focus of child survival or safe motherhood programmes. While we neglect these challenges, 450 newborn children die every hour, mainly from preventable causes, which is unacceptable in the 21st century.

Issue characteristic: Effective interventions

- What these are:
 - Means of addressing the problem backed by evidence and clearly explained
- Why they matter:
 - Policy-makers more likely to act on issues they think they can do something about
- Example:
 - 'Immunize children'



The global safe motherhood initiative

- Launched at international conference in Nairobi in 1987
- To spark action on global problem of maternal mortality
- Estimated half a million deaths annually



[Assessment of performance]

- On several indicators, evidence of weak impact
- Acquisition of political support has been problematic



[The case study]

- Examination of history of the initiative:
 - Assessment of factors shaping its capacity to generate political support
 - Focus on international, not national or community levels
 - Methodology: process-tracing, including interviews and archival research
- Key findings - despite two decades of effort:
 - Initiative is still in phase of incipency/launch
 - Only a network, albeit a strong one, rather than a coalition or social movement
 - But recent momentum



History of the initiative

- Launch: 1985-1989
- Stall: 1990-1999
- Partial resurgence: 2000-2007



[Launch – initiating factors]

- End of UN Decade for Women
 - Search for issues to sustain women’s agenda
- WHO studies
 - First evidence on extent of problem
- Lancet article: “Where is the M in MCH?”
 - By Allan Rosenfield and Deborah Maine
 - Highlights absence of the ‘Maternal’



[Launch – initial activities]

- The Nairobi conference
- Formation of Inter-Agency Group (IAG)
- As of 1989: much optimism



Stall through 1990s: three debates

- Intervention
- Measurement
- Guiding institutions



[Stall: intervention debates]

- Traditional birth attendants, antenatal care, skilled attendance, emergency obstetric care
- Different actors associated with different preferred interventions: link between technical position and identity in safe motherhood field



[Stall: intervention debates]

“[People became] extremely defensive about their ideas...If you didn't agree with the idea you were bad and wrong...It was kind of like President Bush. If you are against this idea then you are a traitor.”

-- Statement from informant



[Stall: measurement debates]

- Difficulty in measuring maternal mortality
- Process versus outcome indicators



[Stall: measurement debates]

“I would go with my ideas [to a donor] and [X] would go with hers and who was to say who was correct.”

-- *Statement from respondent*



[Stall: institutions debates]

- Who will be in the Inter-agency Group?
 - Decision to remain small; allowing for open discussion
 - USAID and other agencies excluded; upset about this
- Who will lead the initiative?
 - “Safe motherhood doesn’t have a Jim Grant. Where’s the ambassador?” – Statement from respondent
- Which UN agency will take the lead?
 - UNFPA, UNICEF, WHO: no clear UN venue



[Stall: institutions debates]

“The problem with the safe motherhood movement is that no UN agency embraced it very clearly. UNICEF was involved but children are its bread and butter...UNFPA was neither here nor there...It had advocacy and policy but not programs. The WHO balances between norms and standards and implementation – back and forth – it deals with many things. So safe motherhood doesn’t have a home in the United Nations and that’s a big problem.”

-- *Respondent statement*



Partial resurgence: 2000-2007

- Millennium Development Goals
 - Maternal health becomes MDG number five; nation-states respond
- Lancet series
 - Intervention consensus may be emerging
- New partnership
 - For maternal, newborn and child health
- Twentieth anniversary of initiative
 - Sparks renewed attention



Application to safe motherhood

Category	Factor	Status of safe motherhood initiative
Actor capability	Cohesive advocacy community	Has been weak; now growing
	Effective leaders	Talented champions, but leaders lacking
	Strong guiding institutions	No lead agency or coordinating mechanism
	Mobilized civil society	Only in a few localities; gender inequities
Frame	Internally resonating frame	Difficulty generating; may be emerging
	Externally resonating frame	Not yet discovered
Political opportunity	Global political opportunities	Several significant ones, including MDGs
	National political opportunities	Only in a few countries
Issue characteristic	High severity	Lower burden than other conditions
	Clear indicators	Maternal mortality hard to measure
	Effective interventions	May exist but there is disagreement

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Areas to consider in further development of framework

- Degree of issue contentiousness
 - Abortion contentious
 - Immunizing children much less so
- Efficacy in building political coalitions and rebutting opponents
- Nature of incentives for politicians to prioritize issue

Ongoing research questions concerning framework

- Relative causal weight of included factors?
- Significant factors missed?
- Multiple paths to issue ascendance?
 - Different combinations
 - Variance by issue type
- Ideational v. objective factors?
- Can we predict? Role of randomness?

Value of ongoing research on issue ascendance in global health

- Explanatory:
 - Expand knowledge concerning how global health issues acquire political support
- Practical:
 - Guidance for neglected initiatives on generating political support