Generation of political priority for global health initiatives:

A framework and case study of maternal mortality*

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*Published in Lancet Women Deliver issue
Acknowledgements

Study supported by the MacArthur Foundation and the Center for Global Development

Photo credits: White Ribbon Alliance for Safe Motherhood, World Health Organization/P. Virot, UNAIDS, the Lancet
Two orienting questions

Why do some global health initiatives receive political priority while others remain neglected?
- Not fully explained by burden
- Development of a framework

What factors have shaped levels of political priority for the global safe motherhood initiative?
- Application of framework to this initiative
Relevance of framework for the Partnership?

- Partnership has a leadership role in global initiative to intensify action for maternal, newborn and child health

- Framework may help in identifying:
  - Areas for strategic focus
  - Dimensions for evaluating Partnership effectiveness
Meaning of political priority

- **Definition:**
  - Degree to which leaders of international organizations and national political systems actively pay attention to an issue, and provide resources commensurate with the problem’s severity

- Political priority does not guarantee public health impact

- But it facilitates impact and is therefore essential to investigate
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
How the framework was developed

- Drawing on:
  - Social science research on collective action
  - In-depth case study of global safe motherhood initiative

- Framework in formative stage

- This framework expands and deepens prior framework from five-country maternal mortality study*

Framework on determinants of political priority for global health initiatives

<table>
<thead>
<tr>
<th>Category</th>
<th>Factor (none necessary or sufficient)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actor power</strong></td>
<td>1. Policy community cohesion*</td>
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<td>2. Leadership</td>
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<td>3. Guiding institutions*</td>
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<td>4. Civil society mobilization</td>
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<td>7. Policy windows</td>
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<td><strong>Issue characteristics</strong></td>
<td>9. Credible indicators</td>
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<td>10. Severity</td>
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<td>11. Effective interventions</td>
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*Particularly critical political role for Partnership?
Findings on the global safe motherhood initiative

- Difficult history:
  - Disappointing levels of political support
  - Due to problems in each of four categories

- New momentum:
  - Particularly since 2007

- Rationale for examining past difficulties:
  - Enables identification of past problems, increasing likelihood of transcending these and building political momentum
Actor power (category one)
**Actor power: Policy community cohesion (factor 1)**

- **What it is:**
  - Coalescence among network of concerned organizations
  - Policy communities can include multiple organizational types

- **Why it matters:**
  -Enhances policy community authority and political power
Actor power: Leadership (factor 2)

- Who they are:
  - Individuals acknowledged as strong champions for the cause

- Why they matter:
  - Defining issue; inspiring action; bringing together policy communities

- Example:
  - Jim Grant for child survival
Actor power: **Guiding institutions** (factor 3)

- **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 power:

**Civil society mobilization** (factor 4)

- **What it is:**
  - Engaged social institutions that press political authorities to act

- **Why it matters:**
  - Source of bottom-up pressure on political leaders
Actor power: Findings on the safe motherhood initiative

- **Policy community cohesion:**
  - Historically problematic; now growing

- **Leadership:**
  - Many talented advocates and researchers; dearth of unifying leaders

- **Guiding institutions:**
  - Historically no strong institutions and lack of coordinated UN leadership; some institutions may now be emerging

- **Civil society mobilization:**
  - Relatively weak; gender inequities give many poor women little political voice
“[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 respondent
Ideas (category two)
Ideas:

**Internal frame** (factor 5)

- **What it is:**
  - Common policy community understanding of definition of problem and solutions

- **Why it matters:**
  - Averts fractiousness; enhances credibility
Ideas:

External frame (factor 6)

- What it is:
  - Public positioning of the issue that inspire external audiences, especially political leaders, to act

- Why it matters:
  - Only some resonate widely, and different frames may resonate with different audiences

- Examples:
  - Finance ministers may pay more attention to economic cost-benefit frames
  - Health ministers may be inspired more by public health impact frames
Ideas: Findings on the safe motherhood initiative

- **Internal frame:**
  - Long-standing agreement that maternal mortality a neglected crisis demanding redress
  - Until recently difficulty finding other points of agreement, especially surrounding solutions

- **External frame:**
  - Struggle to find public positioning of issue that resonates with political leaders
  - May now be changing
Political contexts (category three)
Political contexts: 

**Policy windows** (factor 7)

- What they are:
  - Moments in time when *global conditions align favorably* for an issue
  - Often follow disasters (tsunami), discoveries (vaccines), forums (global UN conferences)

- Why they matter:
  - Present global windows of opportunity for issue promotion

- Example:
  - The MDGs: advantageous to those health causes on it
Political contexts: Global governance structure (factor 8)

- **What they are:**
  - Set of institutions that govern a sector globally

- **Why they matter:**
  - Where strong and cohesive, present possibilities for effective global collective action

- **Example:**
  - Increasingly complex global health architecture can create difficulties for global coordination on health
Political contexts: Findings on the safe motherhood initiative

- **Policy windows:**
  - Some have opened, facilitated by MDG 5
  - Not clear how well policy community has taken advantage of these

- **Global governance structure:**
  - Not ideal for safe motherhood, with complex global health architecture and unclear leadership on issue within UN system
Issue characteristics (category four)
Issue characteristics: 

Clear indicators (factor 9)

- **What these are:**
  - Credible measures that demonstrate severity of the problem

- **Why they matter:**
  - Numbers can alarm politicians
  - They may also be used to convince politicians progress is being made
Issue characteristics: Severity (factor 10)

- **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
Issue characteristics: Effective interventions (factor 11)

- 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’
Issue characteristics: Findings on the safe motherhood initiative

- **Credible indicators:**
  - Maternal mortality more difficult to measure than many other health outcomes such as fertility

- **Severity:**
  - If indicated by deaths alone, high, but not as high as other conditions such as HIV/AIDS and malaria

- **Effective interventions:**
  - Do exist but not as simple as those for other conditions such as vaccine-preventable diseases
  - Also, policy community disagreements in past have confused politicians concerning what they are being asked to do
Issue characteristics: Consequence of intervention and measurement problems

“We focus on uncertainties. That is the truth but it will not convince the Minister of Finance.”

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

-- Statements from respondents
# The framework applied to the initiative

<table>
<thead>
<tr>
<th>Category</th>
<th>Factor</th>
<th>Status of safe motherhood initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actor power</strong></td>
<td>1. Policy community cohesion</td>
<td>Has been weak; now growing</td>
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<tr>
<td></td>
<td>2. Leadership</td>
<td>Talented advocates, but leadership gap</td>
</tr>
<tr>
<td></td>
<td>3. Guiding institutions</td>
<td>No strong coordinating mechanism</td>
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<tr>
<td></td>
<td>4. Civil society mobilization</td>
<td>Only in a few localities; gender inequities</td>
</tr>
<tr>
<td><strong>Ideas</strong></td>
<td>5. Internal frame</td>
<td>Difficulty generating; may be emerging</td>
</tr>
<tr>
<td></td>
<td>6. External frame</td>
<td>Still being developed and tested</td>
</tr>
<tr>
<td><strong>Political contexts</strong></td>
<td>7. Policy windows</td>
<td>Several significant ones, including MDGs</td>
</tr>
<tr>
<td></td>
<td>8. Global governance structure</td>
<td>Not ideal for collective action in health</td>
</tr>
<tr>
<td><strong>Issue characteristics</strong></td>
<td>9. Credible indicators</td>
<td>Maternal mortality hard to measure</td>
</tr>
<tr>
<td></td>
<td>10. Severity</td>
<td>Fewer deaths than other conditions</td>
</tr>
<tr>
<td></td>
<td>11. Effective interventions</td>
<td>Exist but have not been clearly explained</td>
</tr>
</tbody>
</table>
New momentum for the safe motherhood initiative

- MDG number five
- Increasing consensus on interventions
- Formation of the Partnership
- Women Deliver conference
- Global Plan for the Health MDGs
The framework and possible (broad) ways of evaluating Partnership work

- **Policy community cohesion** (factor 1)
  - The Partnership’s effectiveness in building a common MNCH policy community identity that transcends existing divisions among its members

- **Guiding institutions** (factor 3)
  - The Partnership’s ability to establish legitimacy as the international guiding institution for global efforts on maternal, newborn and child survival

- **Internal frame** (factor 5)
  - The Partnership’s capacity to establish a *genuine* embrace of the continuum of care frame among its members

- **External frame** (factor 6)
  - The Partnership’s success in developing public positionings of the issue that resonate with international and national political leaders in ways that spur them to provide resources for MNCH