Generating political priority for maternal mortality reduction in 5 developing countries


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

Presentation at Cornell University, March 6th, 2008

Funding for case studies from MacArthur Foundation; Bill and Melinda Gates Institute for Population and Reproductive Health; Syracuse University; United States’ National Security Education Program

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


Maternal mortality levels

- Medical causes well understood
- Measurement tools being refined
- Interventions exist to prevent 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 question
  - Why does maternal mortality reduction receive political priority in some countries but not others?
- Not the main concern
  - What medical and technical interventions are necessary to reduce maternal mortality?
  - An important concern, but not the only issue
- Broader research agenda
  - How do health agendas form, globally and nationally?
  - Relevant for HIV/AIDS, primary healthcare, health sector reform, family planning 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

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
### Domestic advocacy: Credible indicators

- **What it is:** Availability and strategic deployment of reliable evidence
- **Why it matters:** Numbers are more than markers; Catalysts for action that can be used to convince political elites of existence of a problem
- **Examples:**
  - Honduras: 1990 RAMOS study
  - Guatemala: 1989 RAMOS study
  - Indonesia: 1994 DHS
  - 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
- **Examples:**
  - Safe motherhood field has had difficulty generating 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

### 1) Generating priority has systematic elements

- **What it is:**
  - 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
- **Why it matters:** They were facilitated or hampered by factors in their political environments, including:
  - Political transitions
  - Competing priorities in health
2) 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

3) 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