

# Issue Ascendance in Global Health: The Case of Newborn Survival



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**PRESENTATION AT ENGENDERHEALTH**  
**FEBRUARY 25<sup>TH</sup>, 2010**

**FUNDED BY GATES-SPONSORED SAVING NEWBORN LIVES PROGRAM OF**  
**SAVE THE CHILDREN USA**

# The Study



- On emergence of global political attention to newborn survival
- Scope of problem:
  - 4 million deaths annually among babies less than one month old
  - 40% of under-five mortality
  - Slow decline in neonatal mortality, unlike under-five mortality
- Rapid rise of attention since 2000
- Use case study to contribute to theory on issue ascendance in global health

# A fundamental question in global health



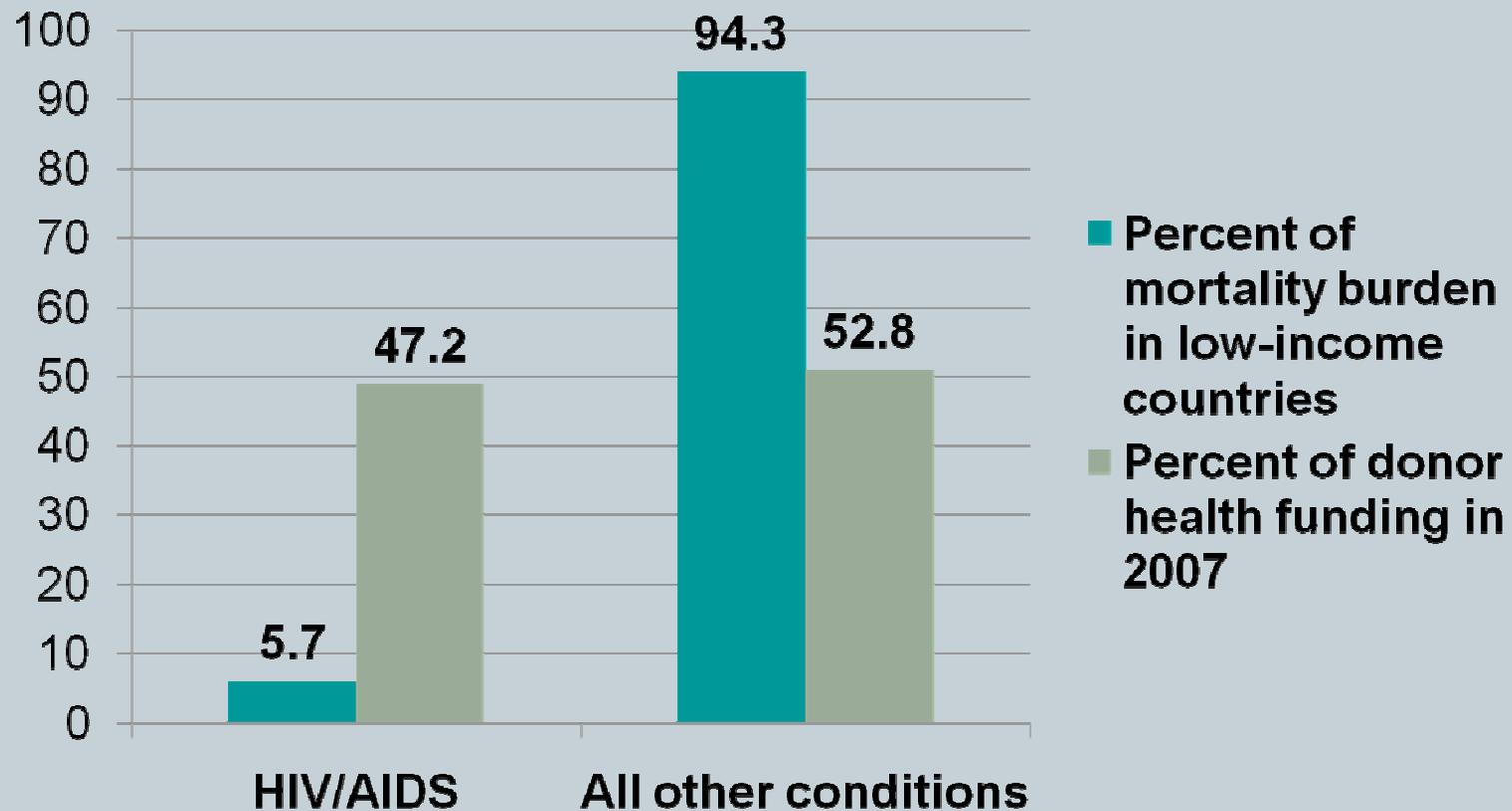
- Why do some global health issues attract extensive political support (i.e. attention and resources) while others remain neglected?
- High burden, high support:
  - HIV/AIDS (presently)
  - Family planning (in the past)
  - Child immunization (in the past)
- High burden, minimal support:
  - Pneumonia
  - Malnutrition
  - Non-communicable diseases

# Why variance across issues?



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

# Severity does not explain variance\*



\*Jeremy Shiffman, David Berlan and Tamara Hafner. 2009. 'Has Aid for AIDS Raised all Health Funding Boats?' *Journal of AIDS*.

# Proposing a social constructionist explanation



- **Framework:**
  - How actors construct social reality surrounding issue
  - Material factors influential but not fundamental
- **Components**
  - Actors
    - ✦ Individuals and organizations linked by shared concern for the issue
  - Narrative
    - ✦ Story the actors tell about the issue
  - Landscape
    - ✦ Environment in which actors operate (other actors; cultural beliefs; existing global commitments)
    - ✦ Actors never face a blank slate
- **Attention a function of how well:**
  - Actors build a network
  - Tell the story
  - Negotiate the landscape

# Methodology



- Process-tracing
- Data sources
  - In-depth interviews with global actors
    - ✦ 33 @ 1.25 hours on average
    - ✦ From low and high income countries
    - ✦ Newborn survival proponents as well as external observers
  - Review of 120 organizational records and published articles
  - Drawing on in-depth interviews with national actors in country studies
    - ✦ 105 interviews @1.25 hours on average

# Rapid ascendance



- **Prior to 2000:**
  - Perception of intractability
  - Few global health organizations working on issue
  - No major global political commitments
  - Few nation-states prioritize the issue
- **As of 2010:**
  - Perception of tractability
  - Dozens of organizations working on issue globally
  - Omnipresence of the category of 'N'
  - Many national governments addressing the issue
- **No changes in material conditions**
  - No new organisms causing death
  - No rise in mortality

# Factors behind rapid ascendance: actors



- **Guiding institution: SNL**
  - Gates funded
  - Agent of diffusion for idea that morally unacceptable to let newborns die
  - Engaging other actors
- **Some other actors:**
  - USAID
  - WHO
  - Gates
  - UNICEF
  - Norwegian government

# Factors behind rapid ascendance: actors



- **Informal network**
  - Core consists of no more than 15 individuals
  - Hand in virtually all major global newborn survival activities across decade
  - Factors facilitating network cohesion:
    - ✦ Clearly defined and shared aim of neonatal mortality reduction
    - ✦ Existence of well-resourced SNL to bring together
    - ✦ Small size
    - ✦ Absence of divisive personalities
    - ✦ Infancy of field so no pre-existing technical conflicts

# Factors behind rapid ascendance: narrative



- **Creating the category: ‘The newborn baby is vulnerable. We must save her.’**
  - Constructing ‘N’ as a new global health category of vulnerable persons
  - Previously just ‘C’ and ‘M’
- **Demonstrating severity: ‘4 million deaths; 40% of under-five deaths; neonatal mortality not declining’**
  - Publicizing WHO figures
- **Establishing tractability: ‘It’s simple to save the life of a newborn’**
  - Initial perception: untenable in low-income countries
  - Efficacy of community-based solutions highlighted in work of an Indian physician
  - Subsequent studies
  - Collegial scientific community
- **Building emotional resonance: ‘It’s the right thing to do’**
  - Humanitarian imperative
  - Surmounting fatalism

# Factors behind rapid ascendance: landscape



- Engaging existing global health architecture
  - UN system
  - Foundations
  - Research institutions
  - NGOs
- Leveraging MDG 4
  - Network members connect MDG 4 achievement to progress on newborn survival
- Connecting with other non-traditional global health actors
  - For instance, *Lancet* neonatal survival series

# Summary: Factors behind rapid ascendance



- **Actors**
  - Effective global guiding institution in form of SNL
  - Effective collaborators
  - Strong informal network
- **Narrative:**
  - Creating a compelling story with evidence on severity, causality, tractability
- **Landscape:**
  - Cultivating organizational support
  - Taking advantage of MDGs

# Much progress, but attention still circumscribed



- **A central concern for only a handful of global actors**
  - Save the Children USA
  - USAID
  - Gates Foundation
  - Arguably several others
- **Minimal global funding**
  - Only \$1.2 billion for newborn and maternal as of 2006
  - More now but not a major rise
- **High on the agenda only in a few nation-states**
  - Bangladesh, Nepal, perhaps several others

# Challenges



- De-normalization
- Institutionalization
- Integration

# De-normalization: surmounting fatalism



- **Remarks from newborn survival proponents in Malawi:**
  - Culturally, the newborns are not treated as another human being.... The neonate is not talked about or treated as people, the way a one-year old or two-year old is...When a neonatal death has occurred in the village, it is not considered as a death.
  - Most communities think [the] death is acceptable because that is how God has made it

# Institutionalization: in national political systems



- Relatively successful cases of national issue promotion: Bangladesh and Nepal
- Even in these:
  - Very strong concern for newborn survival confined to donor and national technical communities
  - Some statements of support from highest political echelons:
    - ✦ Influence of newborn survival advocacy and pressure to achieve MDG 4
    - ✦ But how deep is that commitment?
- Need for national, sub-national, local institutionalization

# Integration: misunderstandings between newborn and maternal survival communities



- Much progress in integrating communities – but difficulties remain
- ‘We have a major initiative that is by and large only talking about maternal health, where the newborn sounds like an afterthought...What’s there not to rally around the newborn?...Is it that we are not seen as effective allies?...We need a session of psychoanalysis.’  
*-- Newborn survival proponent*
- ‘In the maternal health community many people came into it because they care about women’s rights...The newborn in my mind does not have a privileged connection to maternal health.’  
*--Maternal survival proponent*
- ‘There isn’t the recognition in the newborn community of the value of the mother to the newborn or to the mothers of facility-based delivery.’  
*--Maternal survival proponent*

# Questions about issue ascendance in global health



- **Actors:**
  - What are determinants of network formation and efficacy?
- **Narrative:**
  - Which elements of story matter most?
- **Landscape:**
  - Which features of environment are most influential?
- **More broadly:**
  - Role of material v. ideational factors
  - Usefulness of social constructionist framework emphasizing actors, narrative, landscape
- **Why variance in issue attention in global health?**
  - Still largely a matter of speculation
  - Very little empirical evidence to back up claims
  - Your hypotheses are welcome