## Four Challenges that Global Health Networks Face

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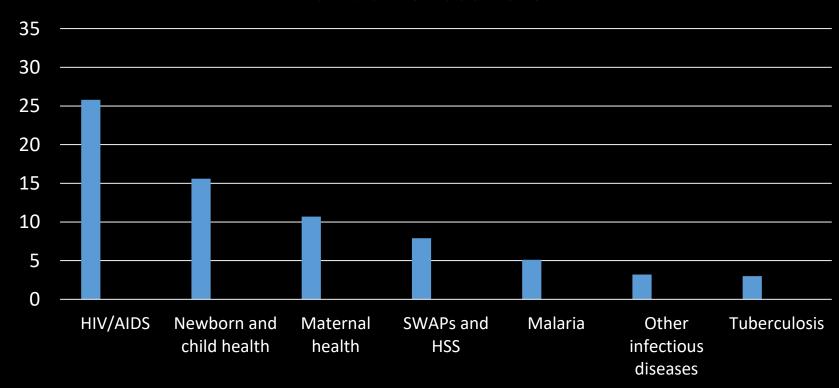
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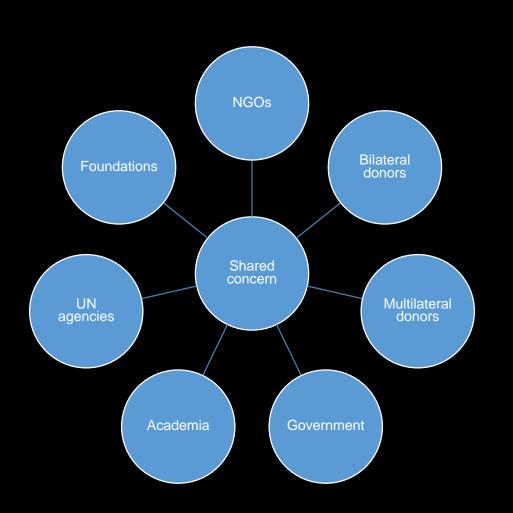
# Backdrop: Variance in Policy Attention and Resource Allocation Across Global Health Issues

Percentage of Development Assistance for Health Cumulative 2000-2013\*



<sup>\*</sup>Source: Dieleman et al. 2015. *Lancet*. Development assistance for health: past trends, associations, and the future of international financial flows for health. Published Online. April 13, 2016. http://dx.doi.org/10.1016. Data are in 2015 US dollars.

## Backdrop: Emergence of Networked Governance in Global Health



- Over past 25 years proliferation of global health networks
  - Now exist for most highburden conditions
  - Not the case a quarter century ago
  - Shift in way global health is governed.
- Global health networks
  - Webs of individuals and organizations linked by shared concern for a global health issue
  - Link multiple kinds of actors
- Example—formal
  - Stop TB Partnership
- Example—informal
  - Surgical conditions

## Backdrop: The Erroneous Presumption of a Rational World

 Presumption that 'evidence is enough' is not supported by the evidence.

Political strategies needed, too.





### Questions

- To what extent is variance in attention connected to effectiveness of global health networks?
  - Alternative explanations include crises, donor priorities, individual activity, severity, intervention availability
- If networks influence attention, what factors shape their ability to do so?



### Eight cases

- Alcohol harm
- Early childhood development
- Maternal survival
- Newborn survival
- Pneumonia
- Surgical conditions
- Tobacco control
- Tuberculosis

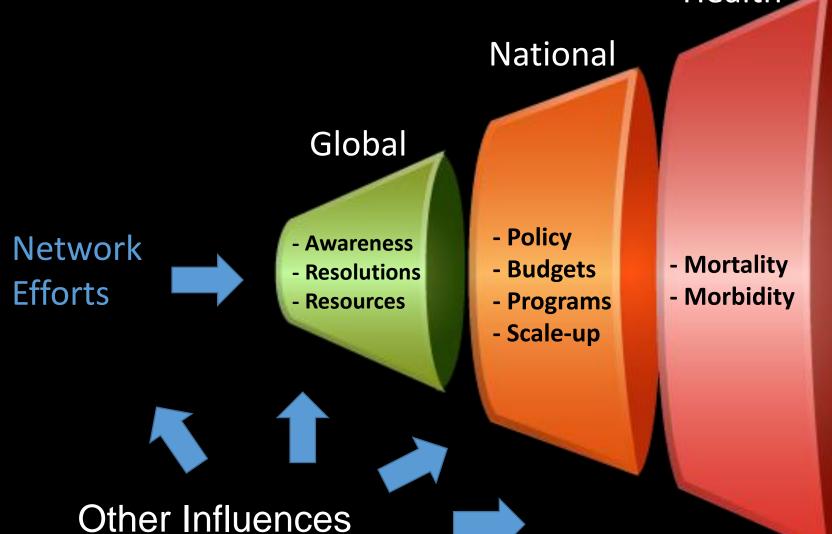


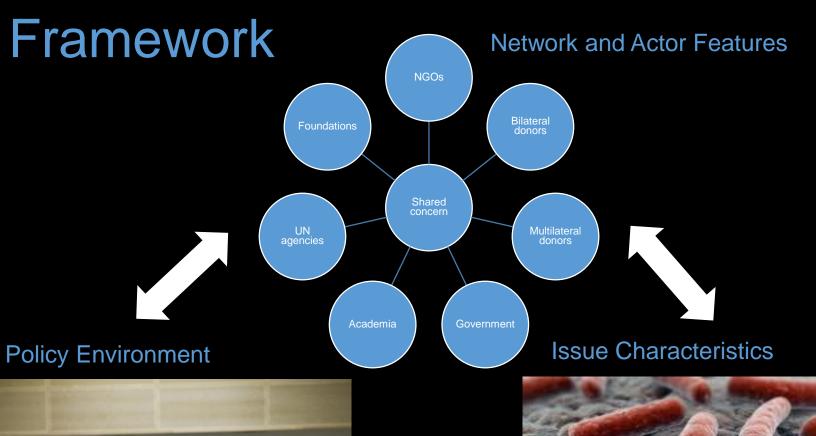
### Methodology

- Qualitative case studies, using process tracing
- Resulting in historical narratives
- Triangulation among data
  - Key informant interviews
  - Document analysis
  - Observation
- Data analysis
  - Construct narrative
  - Secure feedback from involved actors
  - Assess alternative explanations
  - Compare across cases

### Design: Funnel of Effects

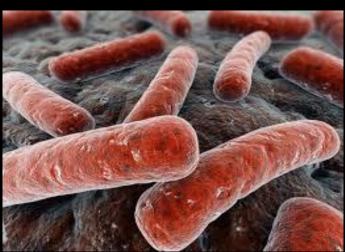
Population Health











### Framework

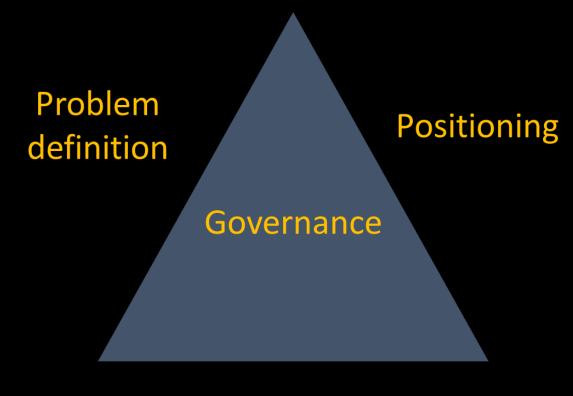
Category	Factor	Example
Network and actor features	Leadership	James Grant
	Governance	Task Force for Child Survival
	Composition	Homogeneity vs. heterogeneity
	Framing strategies	HIV/AIDS as existential threat
Policy environment	Allies and opponents	Tobacco industry
	Funding	For big diseases
	Norms	SDGs
Issue characteristics	Severity	Road traffic injuries
	Tractability	Vaccines
	Affected groups	Children vs. injection drug users

### Framework

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### Core challenges

Variance may be connected in part to network effectiveness in addressing four challenges:



Coalition-building

### Problem definition

- What this is:
  - Generating internal consensus on the nature of the problem and solutions
- Why this matters:
  - Community coherence, credibility and leverage
- Examples:
  - Tuberculosis
  - Maternal mortality





### Positioning

- What this is:
  - Portraying the issue in ways that inspire external audiences to act
- Why this matters:
  - Only some resonate widely
  - Different frames resonate with different audiences
- Examples:
  - HIV/AIDS





### Coalition-building

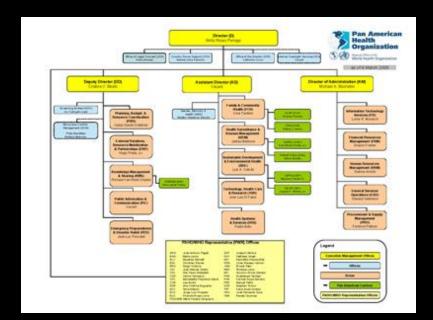
- What this is:
  - Forging alliances with external actors
- Why this matters:
  - Health sectors typically weak
  - Need broader political support
  - Need civil society pressure
- Example:
  - Tobacco control





### Governance

- What this is:
  - Establishing institutions to facilitate collective action
- Why this matters:
  - Enables community to steer effectively toward agreed upon goals
- Example
  - Task Force for Child Survival and Development





### The case of newborn survival\*

- About 2.7 million deaths annually
- Priority: from invisibility to relative prominence
  - Origins in 1999 seminar at Hopkins; Bang work introduced
  - Priority:
    - SDG neonatal mortality target
    - · Every Newborn Action Plan
    - Funding priority for Gates
  - Although insufficient resources and national priority
- Influence of issue characteristic:
  - Growing percentage of child mortality
- Influence of four challenges:
  - Most addressed well



<sup>\*</sup> J. Shiffman. 2016. "Network Advocacy and the Emergence of Global Attention to Newborn Survival," *Health Policy and Planning* 31 (Suppl 1): i60-i73

# The case of early childhood development (ECD)\*

- ECD encompasses health, education, nutrition, welfare, protection
- Priority: ongoing difficulties
  - Some high-profile resolutions and global and national initiatives
  - But many problems
    - Only 2% of education budget in Africa for pre-primary
    - Cognitive deficits for 200 million children
- Influence of issue characteristic:
  - Inter-sectoral issue
- Influence of four challenges:
  - Struggling on each



\* Y. Shawar and J. Shiffman. 2017. "Generation of Global Political Priority for Early Childhood Development: The Challenges of Framing and Governance," *The Lancet* 389: 119-124

### Problem definition

#### **Newborn survival: cohesive**

- Clear focus on neonate and mortality reduction
- Intervention
   disagreements
   managed without
   fracturing network

#### **ECD:** contested

- Differences on
  - Who is the 'early child'
  - Contours of field
  - Priority interventions
- Concerns over child survival prominence
- "We don't have a unified problem statement...we desperately need to articulate one"





### Positioning

### Newborn survival: cohesive although not yet adequate

- Focus on:
  - Share of child mortality
  - Centrality to MDGs/SDGs
- Still searching for compelling national positionings

#### **ECD:** contested

- Policy-makers confused:
  - Misperception of no immediate payoffs
  - What's the ask?
- "ECD is too nebulous a concept"





### Coalition-building

### Newborn survival: narrow but broadening

- Tight core of healthoriented professionals
- Expansion beyond health sector historically slow, but growing in SDG era

#### **ECD:** unstable

- Limited allies outside involved sectors
- Even internally across sectors, a coalition not yet consolidated





### Governance

### Newborn survival: historically cohesive

- Informal network of health-oriented professionals exercises effective leadership
- New mechanisms may be needed

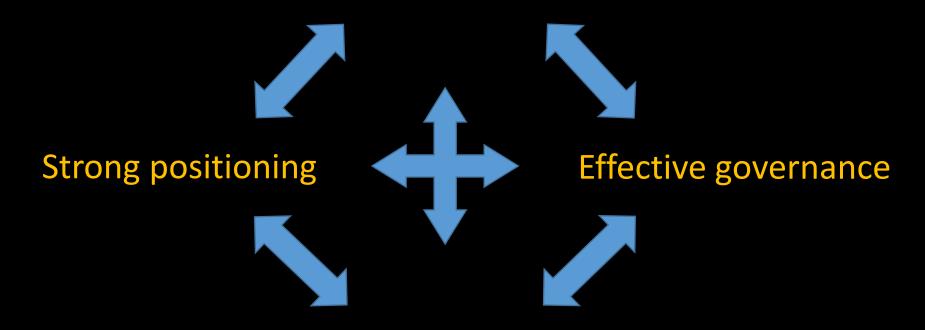
#### **ECD: fragmented**

- Inter-sectoral nature of issue makes governance challenging
- Absence of global individual and institutional leadership
- National level fragmentation
- "Competition and silos dominate. People are jockeying for money and trying to get credit for what they are doing"



### Linkages among challenges

Consensus problem definition



Powerful coalition

### Pitfalls and key considerations

- Problem definition
  - Avoiding fractionalization
- Positioning
  - Moving beyond public health to consider social justice, economic and threat frames
- Coalition-building
  - Avoiding insularity; building allies beyond health; being politically, not just technically-oriented
- Governance
  - Balancing centralization and flexibility



### Reasons to Affirm and Question Legitimacy

#### Reasons to Affirm

- Raise attention to neglected issues.
- Bring expertise to bear.

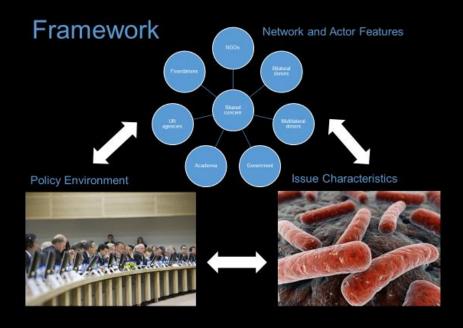
#### Reasons to Question

- Many dominated by actors from highincome settings; little voice for those most affected.
- Fragment global health governance.



### Future research needs

- Finding more robust ways to assess network effects
- Detecting additional factors shaping network influence
  - Network type
  - Network age
  - Formal governance
- Evaluating alternative explanations
  - Issue characteristics
  - Policy environment



# Broad implications of studies

- Challenge to impersonal explanations focused solely on issue characteristics or structural forces
- Human agency likely matters
  - Networks alter social reality, including understanding of the issue
  - Policy attention is historically conditioned but not historically determined
- Optimistic finding for neglected issues









