Notes on Seminar: Introduction to Module 3 (2 January 2013), Mariam Sbaiti

Refers to the essential reading: Shiffman & Smith 2007.

Jeremy Shiffman, political scientist from US, and his team recognised the know-do gap is not sufficient to explain the variation in the priority given to different issues based on available evidence. For instance, based on the linear model of decision making, our knowlegde of the costs and benefits of different policy options fail to explain the policy agendas and priorities within those agendas in real life. Shifman set off to compare the range of priority give to reducing maternal mortality in different countries and created a framework to classify the possible determinants of this. Shiffman and colleague Smith collected data across the 90s and 2000s with particular erference to some Middle-Income and Low-Income countries.

* How do the linear model of agenda-setting differ from Shifman’s framework?
  + Linear models mainly focus on the available evidence whilst Shiffman’s model empahasises social and political factors as having as much or more importance in certain cases
  + Benefits and drawbacks: depends on context.
    - E.g. Linear models poorly suited to highly politicised debates such as economic policy or thrreats to national security and better suited to technical processes (e.g. Top-down policies for mass vaccination) with low scientific ambiguity
* What may be missing from Shiffman’s framework)? (students’ points)
  + A relatively poor attention to “power” and gender (reduced to “actor power” as opposed to the gendered structure of society including in political institutions and GH institutions, which may lead to the low priority of maternal mortality)
  + Little emphasis on the role of grassroot organisations (for this: see the Advocacy Coalition Framework for instance, explained in Buse et al 2012) – though Civil Society is included in Actor Power
  + A lack of “instructions” for those making use of the framework.
    - HP policy frameworks are intended to classify factors determining HP. Models aim to predict future policy changes. Theories aim to explain health policy. Many of these may not have a straightforward application in HP analysis (e.g. the policy triangle is seldom used in academic analysis). It is a good point that it would be useful for the framework to include a statement of reflexivity including where the authors come from, what background and assumptions they have.
* Compare this issue to an issue which has made it successfully onto the agenda. Is the Framework useful in classifying the possible factors which have led to its successful identification as a priority? (students’ points)
  + Neglected Tropical Diseases are a good example of an issue which has achieved a great increase in recognition and funding. Issue characteristics may be a determining factor (effective simple treatment available which does not require a robust health system in place, as opposed to primary/secondary and sometimes tertiary care needed for obstetrics care)