**GENERATING POLITICAL PRIORITY (RP5E)**

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**Purpose**

This exercise contributes to the module learning objectives by asking participants to apply the components of the Windows of Policy Change framework to the Bangladesh neonatal mortality case study.

**Time Required**

- 1 hr. and 15 mins.

**Activity Description**

This exercise usually directly follows the *Fundamentals of the Policy Process (RP4L)* presentation. All participants have been asked to read a case study article for homework. A good choice is *Generating Political Priority for Neonatal Mortality Reduction in Bangladesh* by Jeremy Shiffman; you should be comfortable with the content of the article you choose. Split the group into small groups; each group should have 3-5 members. Working in small groups, participants answer the questions on the activity worksheet. Allow 30-45 minutes for the small groups to work together. They can summarize their answers on flip chart paper or just on the worksheet from the binder.

When the small groups have addressed all questions on the worksheet, call the large group back together (allow at least 30 minutes for the groups to come back together and report). Ask each group to report on one or two questions from the exercise. After each group finishes its report, ask the other groups to add anything that might have been missed.

Question 3 asks which ‘element’ helped bring about the change. The answer is that all three elements helped the three streams come together, creating a Window of Opportunity. After the last group presents their response to Question 5, foster a discussion about why this case study may or may not be replicated in another place. Trainers can select a different article or case study for this exercise if they wish. The case study should highlight a policy change process, including examples of the types of policy communication activities that are described in the Windows of Policy Change framework (policy learning, policy communities, attention focusing). The trainer should review the case study carefully in advance and be prepared with answers to the questions on the worksheet.
A supplemental video (Uzma Syed and Jeremy Shiffman: Raising Political Will for Neonatal Health in Bangladesh) for this exercise is available on PRB’s YouTube channel. In this video interview, viewers gain additional insight to the policy communication activities that transpired in Bangladesh. If you choose to include this video, you can assign as homework or show to the group after completing the exercise.

Key Learning Concept(s)
- Identifying components of the Windows of Policy Change framework in a real case study

Materials Needed
- Flip chart (1-2 pieces of paper for each small group) and markers
- Projector, screen, and speakers if you wish to show the supplemental video at the end

Associated Presentations
- Fundamentals of the Policy Process PPT

Required Preparation
Small Group Exercise: Generating Political Priority
Worksheet Answer Key

After reading “Generating Political Priority for Neonatal Mortality Reduction in Bangladesh” and listening to the presentation on the Fundamentals of the Policy Process, answer the following questions. Select one person to be the recorder and another person to be the presenter for your small group.

1. What policy(ies) changed?

(Many of the policy changes listed below are included in a summary in column 1 on page 628.)

- Creation of National Neonatal Health Strategy
- Inclusion of neonatal mortality reduction as a goal in national health plans
- Initiation of multiple government and donor-led programs, including funding
- Neonatal mortality is prioritized in government health sector program for 2011-2016, including an operational plan
- Newborn position added to Integrated Management of Childhood Illness unit of MoHFW
- Maternal health voucher scheme
- Newborn care indicators added to DHS
- Allocation of gov’t funding to train health workers in newborn care
2. Considering the model of policy change that we discussed in the presentation, categorize activities and events in the article into the three spheres below:

**Political Environment**
- Since independence, unstable, semidemocratic rule
- High turnover in politicians and civil servants with regime change
- Locus of control for newborn survival fragmented in MoHFW
- Study tour to Nepal for MoHFW officials
- Involvement of policymakers from inception on new projects

**Problems**
- High level of neonatal mortality, slow rate of decline
- Small numbers of nurse midwives
- Lack of skills among health providers
- Low levels of postnatal coverage
- Low levels of skilled birth attendance and facility delivery

**Solutions**
- Research from Abhay Bang and Sylhet district/Projahnmo research project demonstrating tractability of bio-medical causes of death, even in areas with poor access to health care
- Module on newborn care for healthworker training
- Increased numbers of community health workers
- Policy, strategy, and operational plan documents
- *Some of these solutions became policy changes, noted in first question*
3. Considering the model of policy change that we discussed in the presentation, categorize activities and events in the article into the three characteristics below:

**Policy Communities:**
- Newborn Working Group
- SNL cultivated ownership of the issue among multiple organizations and individuals
- Active members from the medical associations
- Informal network of 6 policy champions who met and coordinated strategy

**Policy/Program Learning:**
- Research results from intervention studies
- Study tour for MOHFW officials

**Attention Focusing:**
- MDG4, and transnational influence
- Focusing events – launch of DHS reports, dissemination meetings for research reports
- Focusing events - Healthy Newborn Partnerships 2003 meeting in Dhaka, International Bangladeshi Perinatal Congress
- Dhaka Declaration for Newborn Health
- Television coverage of many events

4. Describe which of the “characteristics” helped the issue reach the national agenda.

Trick question – you can’t choose just one of the characteristics above. It was all of them working together to open the window of opportunity for policy change!
5. Do you think this case example can be generalized or replicated elsewhere? Why or why not?

Foster a discussion of generalizability. Points for discussion, if needed:

- This case study took place over 10 years. It sounds clear and systematic in retrospect, but was a long and challenging process.
- Highlight political turmoil from page 627, column 3 – the political environment was a challenge, and probably not dissimilar to many other countries.
- Bangladesh has a long tradition of strong health research and strong local research institutions (ICCDRB) – the health sector may have been more primed to respond to data than in other countries.
- Newborn survival is a problem nobody is against – everybody supports saving babies’ lives. Issues that are more controversial could bring out other types of challenges.

6. Note any observations, comments, or questions that members of your group have.

You may want to close the discussion by noting the actual improvements in neonatal survival that are happening in Bangladesh.

- On page 628, under the heading “Impact of Newborn Survival Promotional Efforts Through 2011” the authors share data indicating improvements in newborn survival interventions and preliminary data suggesting that neonatal survival has improved. Data from the 2015 Bangladesh DHS survey confirms this. For example, neonatal mortality is 28 per 1000 births; mothers initiating breastfeeding within 1 hour is now 57%; and births delivered by skilled attendants are now 42%.
- This illustrates that all of these policy and program changes are making a difference in health, and saving lives. Which, of course, is the ultimate aim of making these types of policy changes and investments.