Bringing politics in:
Political research in disease control

Dr Nai Rui Chng[1,2] & Dr Neil Munro[1]
[1]School of Social and Political Sciences &
[2]Boyd Orr Centre for Population and Ecosystem Health

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Why

"Science can identify solutions to pressing public health problems, but only politics can turn most of those solutions into reality"

(Oliver 2006: 195)

To put it another way…

Agenda

- What is Politics?
- Politics as the art of Government
- Politics as power
- Neil Munro
- Nai Rui Chng: Regulatory and contentious politics of public goods

What is Politics?

"the making, preserving and amending of general social rules"

(Heywood 2013: 2)

Narrow definition:

Politics = Government

Broad definition:

Politics = Power

Politics as the art of Government

Public health policy

- Agenda setting & policy formulation: Translation of health issues into policy issues

- How policy changes occur I: Incrementalism

- How policy changes occur II: Innovation

- Implementation

(Oliver 2006)

Politics as power

"[politics] consists of the pervasive and unavoidable (and necessary) activities of conflict, negotiation and compromise involved wherever and whenever human beings in groups have to take decisions about how resources are to be used, produced and distributed"

(Leftwich 2011: 3)

Neil Munro's current research

courtesy of www.hieronymus-bosch.org

An example related to public health

Trust in and support for authorities, eg. why do Chinese people trust the central government more than their local government?

Methods (related to scale):
- Public opinion surveys
- Focus group discussions
- Individual interviews

Regulatory and contentious politics of public goods

A political *Theory of Change* in disease intervention

To intervene is to change

- Behaviour

- ***Balance of power***

Disease intervention:
A political *theory of change*

"Change occurs when the balance of power changes"

(Hudson & Leftwich 2014: 106)

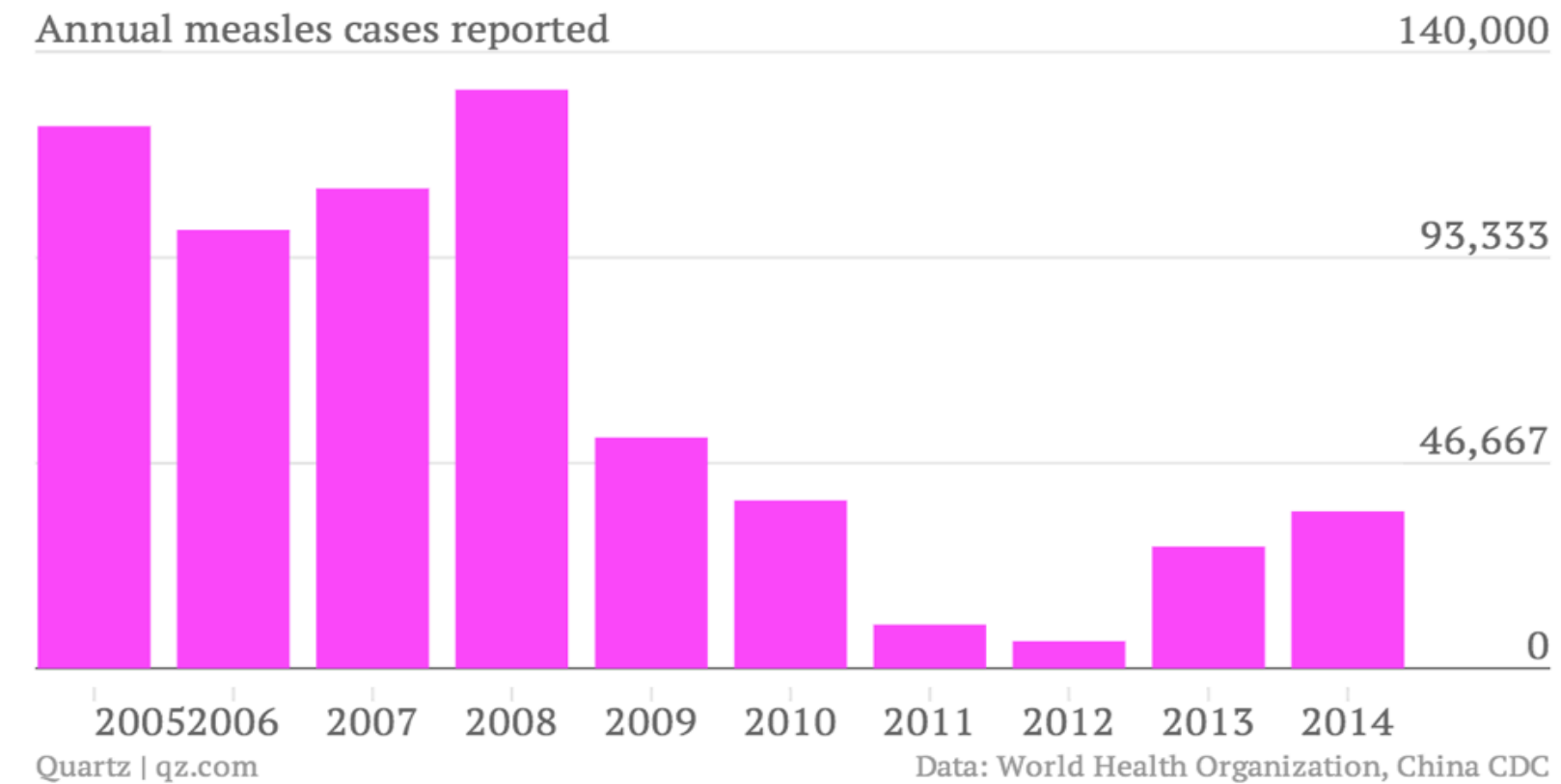Agents are the drivers of change (but not under circumstances of their own choosing)

Disease intervention:
A political *theory of change*

Research Questions

1   How and under what conditions do developmental (health) agents emerge (in particular leaders at all levels), rather than predatory or corrupt ones?

2   How they can be helped to emerge?

3   What factors shape the success of their efforts?

An example:
Measles in China

In 2006, China set a goal of eliminating measles by 2012

Annual measles cases reported — 140,000, 93,333, 46,667, 0 — 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014

Quartz | qz.com   Data: World Health Organization, China CDC

Measles elimination in China: Experience from Guangxi province

- Changing financial landscape affected provision of free services like preventive activities

- Rapid staff turnover and system inefficiencies

- Unreliable surveillance and poor-quality immunization services (like cold-chain)

- Relatively high birth rate

→ Need more than 'business as usual'

(Zhuo *et al*. 2011)

Measles elimination in Guangxi: Power analysis

- Visible will of national leadership
- Unique structure of the political system and its interaction with the health care system:
  - Limited role of NGOs
  - Government principal stakeholder
  - Upstream health authorities limited influence
  - local public health institutions under local government control
  - leaders of local government are decisive for the success of any disease control programs

(Zhuo *et al*. 2011)

Measles elimination in Guangxi:
Using surveillance data harness political will

- Expanding scope of Guangxi EPI surveillance
  - covers epidemiologic indicators (eg, immunization)
  - *social and organizational factors associated with inadequate political commitment and insufficient inputs from local governments*

→**Quantify overall immunization performance of health care agencies and support from non–health-related governmental departments**

(Zhuo *et al*. 2011)

Measles elimination in Guangxi:
Using surveillance data harness political will

- Working closely with key decision makers
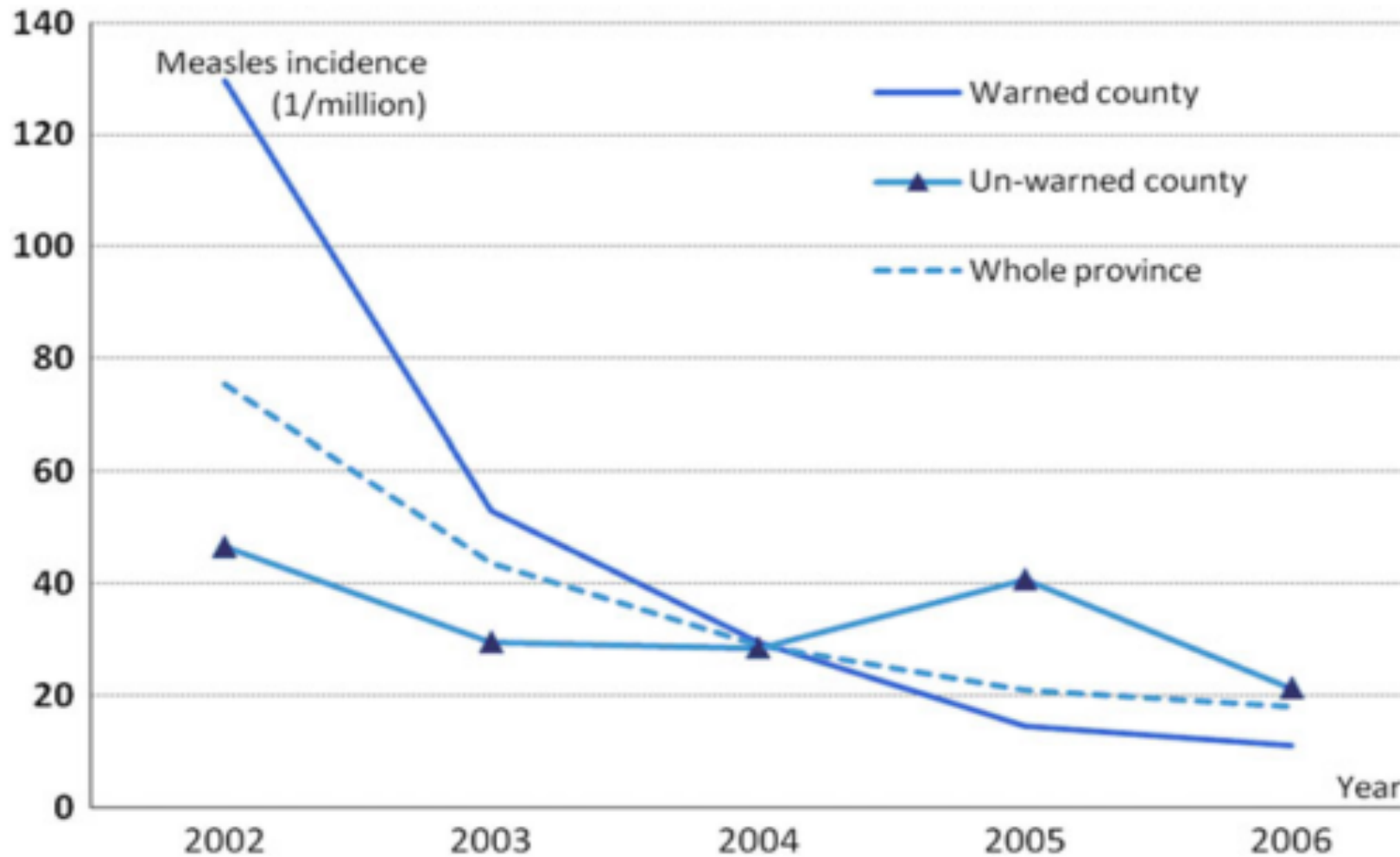- Policy intervention through blacklisting poor performers ('Yellow Card Alerting System')

(Zhuo *et al*. 2011)

Innovative control strategy in Guangxi: Impact

- Between 2001 and 2006:

  - per capita internal funding increased by 216% in counties that received a yellow card, and by 112% for Guangxi as a whole

  - Vaccination coverage increased from 80% to 97%

  - Disease incidence decreased by 86%

                                    (Zhuo *et al*. 2011)

Innovative control strategy in Guangxi: Impact

(Zhuo *et al*. 2011)

Innovative control strategy in Guangxi: Analysis

- When 'business *unusual*' is required
- Innovative use of surveillance data for *political change*
- Use data to identify and reach out to strategic local partners who are or may emerge as developmental (health) agents for change

Research that needs to be done

Previous and current applications:

- Distribution of water supply in urban poor communities in Metro Manila, Philippines

- Public participation in environmental governance in Zhejiang province, China

- *Informing control programmes for other infectious diseases in other contexts*

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Dr Nai Rui Chng

NaiRui.Chng@glasgow.ac.uk

@nairuichng

Dr Neil Munro

Neil.Munro@glasgow.ac.uk

Thank you!