Author's response to reviews

Title: The emergence of maternal health as a political priority in Madhya Pradesh, India: a qualitative study

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Dear Editor,

We would like to thank the reviewers for their valuable comments. The detailed and constructive feedback has guided our revision of the manuscript in a way we hope will satisfy the reviewer and be of interest to the readers. We have responded to the requests made by the reviewers. The changes are marked in the manuscript in track change mode and the explanations to the changes made are provided below.

Reviewers’ requests and comments (Reviewers’ requests and comments are in black color and our replies and changes made are in blue color):

**Reviewer: 1. Tarek Meguid**

This is in my opinion a very relevant and important article that could widen the clinicians view and perception of her/his possibilities to effect positive change in and for maternal health.

Well written and clear in all aspects.

We thank the reviewer for review and comments.

**Reviewer: 2. Karen Hardee**

We would like to appreciate the review done by the reviewer and the comments provided. Detailed responses are provided below:

This study falls into a growing group of studies, guided by the work of Shiffman et al., of how various health issues makes it on to the policy agenda. While the treatment of the material through the lens of Kingdon’s policy streams is appropriate, the analysis and conclusions are not entirely convincing. I think the analysis in this paper needs to be rethought before it is ready to be published. The authors of this paper contend that the factors contributing to political attention to maternal mortality in Madhya Pradesh were:

- Emerging evidence of the high magnitude of the problem
• Civil society positioning of MM as a human rights violation
• Increasing media coverage

The title of the paper says that the analysis is about Madhya Pradesh, but the three factors above were evident first at the national level – is there any way that Madhya Pradesh would have taken on the topic if it had not first been highlighted at the national level (with data showing that Madhya Pradesh was among the lagging states)? The work to position MM as a human rights violation was done for advocacy at the national level as well as within states. Likewise, media coverage did not only emerge in the state nor did it only focus on the state.

Another way to look at the evidence would be that the reason Madhya Pradesh raised maternal mortality as a political priority was because it became an MDG in 2000, the GOI took it on and in 2005 started the National Rural Health Mission (NRHM) which contributed significantly to funding state health programs. Because maternal mortality was a priority in the NRHM, how could it not have been put on the priority list by the state, given the push to work on maternal mortality and the resources available to address the issue? It seems likely that the central government put some pressure on all relevant states, including Madhya Pradesh, to take addressing MMR seriously. On page 13 the paper notes that, “Madhya Pradesh was selected by the central government among 18 out of the 28 states for comprehensive and focused support under the NRHM based on its poor situation in terms of maternal and child health.” On page 18, the paper continues, “The central government started providing additional funds to the state governments under the NRHM and also included its dialogue with the state governments which motivated the state government of Madhya Pradesh to prioritize the issue of maternal health.” Interestingly, on page 5 the paper mentions the 2000 population policy of Madhya Pradesh, but says, “However, it could not be institutionalized as a priority backed by the required political and resource support.” Why couldn’t it be institutionalized then? Again, wasn’t the catalyst the NRHM being set up in 2005 and the government choosing Madhya Pradesh as one of the priority states to focus on maternal health?

At the same time, if the chief minister in Madhya Pradesh, who started in 2005, was also committed to improving the status of maternal health – that seems to be the policy stream coming together – the central government pushed and the chief minister was receptive, that would bode well for the state policy pronouncements that followed.

Other factors that emerged that support the alternate explanation that are in the paper but were not among the three listed above:
India’s aspiration of global leadership (page 16: the government realized that its social indicators were not keeping pace with its aspirations for economic growth, thus in 2004 for the central government started paying attention. The NRHM was established in 2005).

International influence (on page 16: “The respondents stressed that the declaration of MDGs in 2000 also played a significant role in the emergence of maternal health as a political priority in India and in Madhya Pradesh.”) India had signed on to the MDG in 2000 and given the periodic reviews of progress, it must have been seeing by 2004 and 2005 that the country was not on track to reach MDG goal 5.

While the factors identified by the authors are likely important, it seems that they were important at the central level and then cascaded to the states rather than that those factors were pivotal in Madhya Pradesh itself. Also, they were among the factors, but do not seem to be the most important.

We are thankful to the reviewer for these comments. We agree with the reviewer that the following 3 factors were not the only or the most important factors contributing to political attention to maternal mortality in Madhya Pradesh:

- Emerging evidence of the high magnitude of the problem
- Civil society positioning of MM as a human rights violation
- Increasing media coverage

We have explicitly mentioned in the revised manuscript (page 22-23) that ‘In this paper we show that the development of several factors was important and made noteworthy contribution in the emergence of maternal health as a priority in Madhya Pradesh policy agenda. While grading the importance of the factors was not the purpose of the study, the emergence of political priority for maternal health in the state was, to a large extent, the result of developments taking place at national level such as the launch of the NRHM, results of various surveys, advocacy by civil society, India’s aspiration of global leadership and increased media coverage which cascaded to the state level.’
We have also mentioned in the manuscript (page 24) that ‘In this case, the influence of the developments at international and national level permeated to the state level. We did not find any evidence that Madhya Pradesh would have taken on the issue of maternal health improvement on the policy agenda if it had not first been highlighted at the national level.’

We also agree with the reviewer’s point on the significant contribution of the launch of NRHM at national level in the emergence of political priority for maternal health at state level in Madhya Pradesh. We have highlighted in the revised manuscript (page 25) that: ‘The launch of NRHM at national level in 2005 followed by the launch of it in the state contributed significantly in bringing the issues of improving maternal health and reducing maternal mortality on the priority policy agenda in Madhya Pradesh.’

Comments on the methodology:

Given that no policymakers were interviewed in this study, it is not really possible to say why policymakers chose to position maternal mortality as a political priority. I realize that the authors need to protect the confidentiality of respondents in the study, but it is actually important to know the balance of the groups of interviewees, particularly because there were only 20. How many of them were in each of the four groups? How were the groups defined? Each category is big – government officials, development partners, civil society and academics. Were all the respondents from Madhya Pradesh? Or were some from the national level?

We did not interview any politician but the respondents in the government officials group included the Commissioner of the Department of Health in Madhya Pradesh and the Director of Health Services. These are high level officials and they have very important role in policy making on health issues in the state. All the respondents were from Madhya Pradesh state. We have made the following changes in the manuscript (page 9):

‘There were 5 respondents in each group. The group ‘government officials’ was defined as state level officials of the health department who have important role in policy making as well as ensuring the implementation of these policies. The respondent group ‘development partners’ included senior officials of international and bilateral development agencies which are supporting the state government on health issues. The respondents in the ‘civil society’ group included the senior representatives of civil society organisations and groups which actively influence the policy debates and play a key role in agenda setting
in the state. The respondent group ‘academics’ consisted of senior academicians working in medical colleges and research institutions with significant influence on policy decisions in the state.’

An analysis of the quotes used in the paper indicates over-reliance on certain respondents: The only government official quoted is I-5 (three times) and the only development partner is I-11 (four times). Were they the only representatives of those categories of respondents in the study? One civil society respondent (I-6) is quoted twice, with 2 others quoted once and two academic participants are quoted.

We highly appreciate this comment. We have reviewed it and have made revision in the results section of the manuscript. Now we have quotes from 3 government officials, 3 civil society representatives, 4 development partners and 3 respondents of the academics group.

From looking at the quotes, it also isn’t clear in all cases whether the respondents were talking about the national or the state level. The timeframe of the quotes is also not clear. For example, on page 11, a civil society respondent said: “The problem of material mortality became a burning issue because different factors such as new information on poor status of maternal health came out from the results of various surveys…” When did maternal health become a burning issue? Is the respondent talking about the country? The state? Another quote on page 12 by an academic says, “Media played a pivotal role in highlighting these problems and issues.” A development partner said, “These problems are getting attention of politicians and policy makers because of huge numbers of new items in papers and electronic media…” Again, where and when? National? State? When did the media attention start?

We have included the years and levels such as national and state in squared brackets [ ] in the quotes and we have also included more quotes from respondents which clearly mention the state or national levels and the timeframe.

Finally, why was Madhya Pradesh chosen among the states of India for this study? Who funded this study and why?

This study is part of a larger research focusing on maternal health in Madhya Pradesh state conducted under the frame of a PhD program. Madhya Pradesh was selected because the principal investigator works in this state. This study was partly supported by the Umeå Center for Global Health Research, funded by FAS, the Swedish Council for Working Life and Social
Research (Grant no. 2006-1512). This support is stated in the acknowledgement section of the paper.

Has this topic been studied in any other states? If so, how do the findings compare?

We have checked the peer reviewed and non-peer reviewed literature, and also within the scholarly community in various states in India. To the best of our knowledge, this topic has not been studied in any other state of India.

We have mentioned in the manuscript (page 28) that ‘Through the launch of the NRHM, the central government put pressure on all the states lagging behind in reducing maternal mortality including Madhya Pradesh. It would have been important to compare the processes in Madhya Pradesh with other states. However, it was not possible in this study due to the unavailability of studies on this topic in other states and logistic issues did not allow us to conduct these studies in other states. We recommend further research in this direction.’