

## **Closing the Development Gap: Improving Health Care in Southeast Asia**

Proposal for Undergraduate Research Opportunities Program Assistance Spring 2015

Department of Political Science

Sample

**Statement of research topic:**

Eradicating global health inequities is imperative to international development (1). Despite medical advances, improvements in sanitation conditions, and international, non-profit, and for-profit initiatives to support health development, poor health persists in populations around the world (2). In 2011, there was a 36-year gap in life expectancy between countries (4). Every day, an average of 21,000 children under the age of five die due to diseases of poverty exacerbated by under nutrition (4), and approximately 800 women die because of avoidable pregnancy and birth complications (3). Health disparities not only exist between countries, but also within them, with the highest prevalence of health underdevelopment occurring within a country's rural regions (3). Beyond these traditional health concerns, the rise of non-communicable diseases (NCDs) across countries of all development levels has created new challenges for global health governance as governments and organizations seek to halt the rise of expensive and deadly chronic disease. Scholars and policymakers alike contribute such deficiencies in global health development to inadequate health development strategies (1). This research explores how health care development strategies are applied in the Southeast Asia region, and seeks to determine which initiatives are the most effective at improving population health statuses. The scope of research is addressed through analysis of five main hypotheses:

*H1: Countries with a higher degree of resource allocation to health have better population health statuses than countries with a low degree of resource allocation to health.*

*H2: Countries with larger amounts of health-specific donor aid contributions have better population health statuses than countries without health-specific donor aid, or with smaller amounts of donor aid.*

*H3: Countries who engage in disease or service-specific global health initiatives have better population health statuses than countries who do not engage in such initiatives.*

*H4: Countries with lower state investment in infrastructure (e.g. air and water quality, access to electricity, and education) have poorer health outcomes than countries with high state investment in infrastructure.*

*H5: Countries with pro-poor health financing schemes have better population health statuses than countries without any government health financing.*

Both quantitative and qualitative analysis will be performed. By utilizing data on various health indicators, such as life-expectancy, child and maternal mortality rates, and non-communicable disease rates, obtained from the World Bank, the World Health Organization, and the Institute for Health Metrics and Evaluation, a longitudinal analysis of health care development initiatives and improvements in select countries will be conducted. To understand the unique circumstances, whether political, social, economic, or policy-related, associated with an individual country's health care status, a qualitative case study analysis will also be performed. I hope that countries of different stages of socioeconomic and health system development will elicit different types of health interventions. An understanding of the characteristics surrounding specific interventions that are most efficient in improving health should shape the focus and content of future international health development initiatives.

#### **Relevant Background/Literature Review:**

This research will employ a thorough review of public health, global health, and international development literature related to global health interventions. Particularly important will be an analysis of the most current state of global health development interventions, and health development progress made through the United Nations Millennium Development Goals.

#### **Literature Review Excerpt:**

Modern international development policies originated in the 1940s with the creation of the United Nations (UN) (6). While global health challenges have concerned governments for centuries, improving world health disparities through concerted international policy was not normalized until the creation of the UN Millennium Development Goals (MDGs) in 2000. The continuously evolving paradigm of policy-making is a consequence of the inherent construction and legitimization of policy strategies through theory and research-based evidence. Improving health is a relatively new approach to development, and is thus still central to current development strategy debates.

Prior to the Millennium Declaration and the establishment of the MDGs, standard economic theory formed the basis of development. Simply put, economic progress was synonymous with development progress. The 1950s development era emphasized international aid as a necessary input to realize capital-poor nations' capacity for development (7). The rise of neoliberal economic theories in the 1970s built upon this standard and conceptualized development as a linear process reliant on economic growth. Neoliberal development theorists posit that positive economic transformation is not only necessary for development, but it is also a central indicator of success. Samuel H. Preston's 1975 "Preston Curve" provided research-based evidence of the positive relationship between life expectancy and real GDP per capita (8). Preston's analysis that greater national income levels correlate with longer life expectancy, a development indicator, positioned neoliberal economic development strategies as the cornerstone not only of development policies as a whole, but also for global public health policy through the 1990s (9).

The emergence of health as a component of development can be attributed to a shift in development ideas to encompass human development, not just economic. In 1981, World Bank economists criticized past international development strategies for not addressing development disparities between and within nations (10). Despite the aggregate progresses made world-wide through international organization emphasis on economic investment, standard economic strategies did not

improve circumstances in the poorest segments of world populations. The World Bank economists revolutionized development thought by asserting that basic human needs, including education, health, nutrition, housing, water supply, and sanitation, should be included in policies aimed at reducing poverty and country development as a whole (10). Amartya Sen's theoretical development framework furthered the idea of including human development in development discourse, and has since redefined international development policy priorities and objectives to be people-centered (7)(11). Sen's work, "Development as Freedom" specifically notes that development strategies must go beyond the simple relation between wealth and progress, and include a broader focus on improving quality of life and living conditions (11). Promotion of the freedom to live healthy, long lives through health-specific development strategies and infrastructure investments enhances the opportunity for people to economically contribute to societal progress (12). Thus, the promotion of good health is integral to good development.

Unanimous support for the 2000 UN Millennium Declaration and the MDGs reflects the mainstream acceptance of the importance of human development as a means to eradicate poverty, and the role of the international community in development efforts. Included in the MDGs are three core development targets that specifically address global health disparities (13). Of the eight MDGs, two health-specific targets are among those that were not achieved by the 2015 Millennium goal deadline (14). The underachievement of health-related MDGs is just one example of the policy inadequacies surrounding global health. Despite world-wide support for health development throughout the MDGs' fifteen-year initiative, global health disparities still exist and show slow signs of improvement. The remainder of this literature review will discuss the specific interventions employed by the international community in an effort to achieve the MDGs, and why such strategies will not be enough in the next era of health care development.

#### **Plan of Action:**

1. **Review of literature**, with annotations. Select core pieces of research and theories that contribute to the overall idea of the paper. (3 weeks)
2. **Compilation of data**. Gather health development indicator data from various publicly held data warehouses, including the World Bank, the Institute for Health Metrics and Evaluation, and the World Health Organization. Use statistical analysis to aggregate and analyze data for relevant evidence. (3 weeks)
3. **Case study analysis**. Conduct case study research on Southeast Asian countries. First pass of country-level research will be used to determine which countries should be further analyzed. Three countries will be selected to provide qualitative examples of health care status and development interventions over time. Countries will be selected to represent three different stages of health system development within Southeast Asia, as well as various stages of socioeconomic and population health status. (3 weeks)
4. **Policy implications** determined based on case study analysis. (2 weeks)
5. **Write policy paper**. (5 weeks)

#### **Relationship of proposed work to the expertise of the faculty mentor:**

My faculty advisor is an expert in comparative politics and has recently published articles on HIV regulatory policy and various aspects of public health strategies, including the importance of the protection of data in public health policy. With a background in international politics and an expanding interest in public health, my advisor will guide my research so that it can contribute to strengthening future international health interventions. As a professor and active researcher, my advisor has written extensively for multiple policy and political journals. His expertise and experience in the field of international policy research will be essential to guiding my scope of research and writing format so that it is consistent with other research in the field.

**Relationship of proposed work to future goals:**

After graduation, I plan to obtain either a JD or MD, coupled with a Master's in Public Health. With this education, I hope to pursue a career in international policy, specifically in global health and human rights. The process of analyzing existing literature, critiquing current international policies, and conducting qualitative case study analysis will help me to develop skills that will be invaluable for my future career and contributions to the policy-making field. Most of my past research has focused on international politics and contemporary global issues. While my past research has been published in student journals and foreign policy blogs, a more rigorous and robust research process that includes the generation and analysis of original thought will be beneficial to my scholarship development. Through this research endeavor, I hope to utilize the knowledge I have gained throughout my undergraduate coursework and apply it to developing my own policy recommendations. This assistantship will help me understand the type of research that will be necessary to further my education, and ultimately, how to conduct accountable and professional research.

# Sample

**Resources**

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14. Harris R, Provos C. Millennium Development Goals: Big Ideas, Broken Promises? *TheGuardian* [Internet]. 2013 Sep 24; Available from: <http://www.theguardian.com/global-development/interactive/2013/sep/24/millennium-development-goals-data-interactive>

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