**Codebook — Political Priority of Preterm Birth Studies**

*All codes designed around the Shiffman-Smith framework for political priority.*

* **Prioritization**: Meant to capture the broad, general discussion of prioritization. The specifics of these factors are included in other codes.
	+ **Facilitating, gaining priority**: This code looks at the factors cited that helps preterm birth gain priority in global health, LMICs. Factors may include: partnerships, available funding, policy windows, and consensus about best practices between policymakers.
	+ **Lack of priority, detracting priority**: This code looks at the factors cited that detract from preterm birth’s priority in global health, LMICs. Factors may include: competition for resources, lack of recognition of the issue by policymakers, internal dispute around prevention and care practices among experts, etc.
* **Challenges/barriers**: This code may at times overlap with the detracting priority code, but looks specifically at issues that participants identify as challenges within the preterm birth community. These challenges likely act as barriers to priority, but may not have been identified in this framing directly. Examples of challenges/barriers may include: lack of accurate gestational age tool, weak health systems the inhibit scale-up, stigma, etc.
* **Strengths/neutral:** This code may overlap with the facilitating priority code, but looks specifically at the factors participants identify as strengths, or neutral factors, within the preterm birth community. Examples of strengths may include: partnerships, policy windows. Neutral may include things that could be improved about the preterm birth community, but are not detracting from priority.
* **Integration**: Refers to integration of interventions (across sectors, a continuum of care, or patient lifespan), RMNCH advocacy framework, and integration of organizations, programs, and priorities at the global level.
* **Actor Power**
	+ **Cohesion, connectivity, collaboration**: These codes refer to examples of cohesion or collaboration among leaders in the global health space. An example would be when everyone agrees or recognizes something (e.g. “everyone recognizes the 37-week definition of preterm birth”), collaboration may refer to partnerships more specifically.
	+ **Leadership**: This code refers to examples of leadership in the preterm birth, newborn health space. Leaders can include individuals or organizations, champions at the global or country-level. An example includes ENAP, the major partnership among newborn mortality groups.
	+ **Lack of Actor Power**: Code is applied when participant cites a lack of leadership, lack of champions at the global level or in LMICs. An example may include a note about the lack of champions in grassroots organizations in LMICs.
	+ **Guiding institutions**: Refers to the institutions or organizations that really determine the norms and standards around the preterm birth field, be it research or programming, and comments about these institutions. For example, most participants cite the World Health Organization as the major guiding institution in setting norms and standards around prematurity.
	+ **Civil Society Engagement/Grassroots Advocacy**: Code refers to examples of civil society engagement or grassroots advocacy around the issue of preterm birth. Includes mention of a lack of grassroots advocacy in LMICs as a factor inhibiting prioritization of the issue at the global and country level. Also includes examples of success.
* Ideas
	+ Internal frame
		- **Prevention agenda**: This refers to how leaders in the field interpret, understand and position the prevention agenda within the preterm birth field and among the field’s priorities. Prevention refers to mechanisms for preventing preterm birth prior to conception and during pregnancy. Also examines whether there is consensus about prevention priorities.
		- **Care agenda**: This refers to how leaders in the field interpret, understand and position the preterm birth care agenda within the preterm birth field and among the field’s priorities. Also examines whether there is consensus about care priorities.
		- **Implementation/Scale-up**: This refers to how leaders in the field believe scale-up/implementation of interventions in the care and prevention agendas. Often, participants delineate between consensus around what interventions should be used but note consensus falls off when discussing how to implement them (e.g. Everyone agrees that KMC is important, but nobody seems to agree how it should be implemented).
	+ **External frame**: Refers to comments about how preterm has been framed to policymakers. Refers also to how participants feel the issue of preterm birth *should* be framed to policymakers to best generate attention and priority toward the issue. This can also center around advocacy messaging.
* Political Contexts
	+ **Policy windows**: Refers to opportunities (past or future) in the political environment to get preterm birth on the global health agenda. Examples may include the Millennium Development Goals (past) or Sustainable Development Goals (future).
	+ **Weak opportunities**: As described, opportunities where the issue may have capitalized on political momentum on the global health agenda but didn’t, or areas that probably should not have been pursued or should not be pursued.
	+ **Governance structure**: Refers to whether actors have a platform to advocate for the issue of preterm birth, either at a global level (e.g. World Health Assembly) or at the national level (LMICs Ministries of Health).
* Issue Characteristics
	+ **Data and indicators**: This code refers to discussions about the quality of the data and existing data collection mechanisms in place. The available data and quality of indicators may be factors that facilitate or inhibit priority.
	+ **Severity**: Do policymakers (at global level or in LMICs) recognize preterm birth as a big problem, severe priority?
	+ **Effective interventions**: This code refers to discussions about the quality of existing interventions (or need for new interventions) to prevent preterm birth and care for preterm infants, and how to implement them/bring them to scale. Also examines what the participants feel are the top priority interventions to implement in LMICs.
* **UCSF PTBi**: This code refers to mentions/questions about the UCSF Preterm Birth Initiative.