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Call for Paper Proposals:
Political Economy of Health Reforms in Low- and Middle-Income Countries

Deadline: January 9, 2026

Guest Editors: Ashley Fox, Elize Massard da Fonseca, Jessica Rich, and Sakshi Thorat

The *JHPPL* special issue on "The Political Economy of Health Reforms in Low- and Middle-Income Countries" aims to help us understand how low- and middle-income countries (LICs and MICs) design, negotiate, and pass major health reforms in an era of declining external aid and increasing demands for domestic ownership and fiscal sustainability. We seek theoretical and empirical contributions examining the political, institutional, and structural dynamics shaping major health reforms in LICs and MICs. The aim is to advance understanding of how Universal Health Coverage (UHC) and related health system reforms—including but not limited to financing, service coverage, access to quality health services, and institutional arrangement—gain political traction, evolve through negotiations among a diverse set of actors, and are sustained amid fiscal constraints, geopolitical shifts, and changing development paradigms.

We are interested in qualitative, quantitative, and mixed-methods approaches, and welcome contributions from a wide range of disciplines, including but not limited to political science, economics, sociology, epidemiology, public administration, and global health. We especially value papers offering cross-disciplinary and comparative perspectives, as well as case studies of successful or unsuccessful reforms.

Submissions that cover the following topics are welcome (this is not an exhaustive list):

- *Agenda-setting and reform emergence:* How and why health becomes a government priority; the structural and institutional factors that enable or constrain reform; and how these vary across LICs and MICs. What political or crisis-driven "reform windows" emerge, and how are they used strategically to advance major health reforms?
- *Framing and narratives for health reforms:* The ideas, symbols, and policy frames that generate political momentum for reform—such as "health as investment," "resilience," or "sovereignty"—and how they shape legitimacy and coalition-building.
- *Coalition building:* The coalitions that champion reform and their negotiations with other actors to sustain momentum. This includes the interactions among ministries of finance, health, and planning; political elites; bureaucracies; and civil society organizations that influence reform design, adoption, and implementation.

- *Budget politics:* How decisions about public spending priorities are made and negotiated within governments. We are interested in studies that explore how ministries of finance, health, and planning bargain over resources, how fiscal constraints shape reform choices, and how budget processes reflect broader political priorities and trade-offs in pursuing health reforms.
- *Political economy of global health:* How shifting patterns of aid, international financing, and global health governance affect domestic reform ownership, policy design, and fiscal sustainability in the post-aid era.
- *Public opinion and grassroots mobilization:* The role of citizen preferences, social movements, and community mobilization in shaping political legitimacy for health reforms, influencing electoral incentives, and holding governments accountable for implementation.

Full scope of the special issue

As traditional aid flows decline and domestic fiscal pressures intensify, LICs and MICs face the dual challenge of maintaining reform momentum and asserting ownership over their health policy agendas. Understanding how reforms are initiated, funded, and sustained is critical for both scholarship and policy practice in this post-aid era.

In the context of this special issue, "health reforms" encompass—but are not limited to—the following: (i) non-incremental reforms aimed at expanding financing protection and service coverage and (ii) legislative movement towards universal health coverage or primary healthcare. The Special Issue seeks to bring together comparative perspectives on how political, institutional, and fiscal factors vary across countries and regions. By examining similarities and divergences in reform pathways, and analyzing why some governments succeed in embedding universal health coverage, the issue aims to advance our understanding of how ideas, interests, and institutions interact to shape the political economy of health reform.

Submission instructions

Paper proposals should be submitted as structured abstracts with the following sections: Authors and Affiliations, Research Objective(s), Motivation/Theory, Research Design, Preliminary Results, and Implications. Proposals should be a maximum of 500 words.

Submit paper proposals via email to Jed Cohen, *JHPPL*'s managing editor, at jhppl-editor@duke.edu by January 9, 2026. Please put "Political Economy of Health Reforms" in the subject line.