



Politics or Technocracy – What Next for Global Health?

Comment on “Navigating Between Stealth Advocacy and Unconscious Dogmatism: The Challenge of Researching the Norms, Politics and Power of Global Health”



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Abstract

Politics play a central part in determining health and development outcomes as Gorik Ooms highlights in his recent commentary. As health becomes more global and more politicized the need grows to better understand the inherently political processes at all levels of governance, such as ideological positions, ideas, value judgments, and power. I agree that global health research should strengthen its contribution to generating such knowledge by drawing more on political science, such research is gaining ground. Even more important is – as Ooms indicates – that global health scholars better understand their own role in the political process. It is time to acknowledge that expert-based technocratic approaches are no less political. We will need to reflect and analyse the role of experts in global health governance to a greater extent and in that context explore the links between politics, expertise and democracy.

Keywords: Global Health, Political Science, Politics, Power, Governance, Interdisciplinarity

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The Political Challenge for Global Health Research

The political economy of global health is as relevant as epidemiology.¹ Politics play a central part in determining health and development outcomes, health is to a large extent a political choice. At present health is back on the political agenda not only because of its significance to economics and security, but also because it plays an increasing role in relation to the legitimacy of the state and the values and expectations of citizens, both in developed and developing countries. It also plays a key role in establishing relations between states either as an entry to collaboration in other areas or as an integral component to an overall foreign policy strategy. The 2014, Ebola outbreak provides ample illustration for involvement in health at the highest political level of states as well as the United Nations (UN). The 2015 Johannesburg Summit on China-Africa Cooperation² identified public health as one of the cornerstones for foreign policy action in “opening a new era of China-Africa cooperation.” There has clearly been an increasing politicization of global health and this has consequence for global health research.

As health becomes more global and more important in the political and economic space global health actors will need to better understand the inherently political processes at all levels of governance that lead to decisions in favor of health or in support of other interests. As Ooms³ indicates global health research can contribute to generating such knowledge by drawing more on political science and strengthening its capacity in political analysis. Many authors have repeatedly drawn attention to the political dimension of global health, including in this journal^{4,5}; there is also a growing literature that aims to develop what has been called a political

epidemiology.⁶ We need such work to gauge what happened during the Ebola outbreak, what drives the most recent trade agreements, what hinders gender equity, what leads to support for health by political clubs such as G7, BRICS or G20, what led to the sugar tax in Mexico, what weakens the World Health Organization (WHO) and what drives communities to fight for their health? Most importantly we need such analysis to understand the significant power shift that is presently under way in global health governance.

The Gap in Multidisciplinary Approaches

Ooms³ underlines that the global health domain requires multidisciplinary approaches and he identifies the contribution of the social sciences and the humanities as a fundamental but undervalued component. An illustration is the recent review by Evelyn de Leeuw et al which shows a disturbing lack of reference to political science theories for the field of health promotion.⁷ Other work shows that part of the failure of the Ebola response was related to the failure to include social science knowledge on community involvement.⁸ The Lancet—University of Oslo Commission on Global Governance for Health – has moved the field of political analysis forward by focusing on seven political domains that shape global health and contribute to inequity within populations: finance, intellectual property, trade and investment treaties, food, corporate activity, migration, and armed conflict.⁹ This research group is now exploring the trade and global health domain in more depth.

Such efforts can only succeed if they build on an extensive interdisciplinary dialogue, as Ooms³ calls for in his second prerequisite. In Germany, the National Academy of Sciences¹⁰

has launched an initiative to move the dialogue between medicine, the humanities and social science forward. But those of us who are fully committed to such work know how difficult it is to get funding from health research councils that are very medically oriented and consider the social sciences as “soft.” The funders that support policy research frequently do not have programmes on global health and political science and international relations departments are only beginning to discover global health as an area of study. More systematic effort must be put into widening the funding sources.

But I venture that the gap in cooperation is not just a lack of intellectual insight or funding but goes much deeper. Ooms³ does not highlight the power differential between the “hard” and the “soft” disciplines sufficiently nor the role of the social sciences in analyzing the distribution of power and resources in global health as well as drawing attention to societal processes such as medicalization or securitization. The paradigm clash becomes most obvious when the social sciences highlight the limits of “the very notion of evidence-based policy-making” as Patrick Fafard¹¹ has outlined in a recent essay.

The Unease Regarding the Political

But - and this is the focus of my argument in response to Gorik Ooms³ contribution - we also need to analyze better the extent to which global health research and expertise are themselves an integral part of the political process. Ooms³ shows in his contribution how strangely contradictory many global health scholars are, not only about politics but also about political analysis. Some researchers see themselves as advocates and pro-actively enter the political arena. Here research meets political ideas and contributes to narratives that can shape decisions in favour of health. This can include anything from defining risks, mapping health inequalities, efficiency of health systems or implementation of policies. There is no way to completely disengage - as each contribution to evidence or problem definition can enter the political arena in a variety of ways. The work of the Commission on Social Determinants of Health¹² is a case in point - and deserves a detailed analysis of its political impact. Katherine Smith's excellent book shows how research becomes part of the decision-making process, but not necessarily always in the way that global health scholars assume.¹³

Others scholars consider politics a “dirty” business that they do not really want to get close to. Much of this disdain relates to experiences with the politicization of public health in the context of formulating policies to address tobacco, pricing of medicines, gun violence or sugary drinks. Kelley Lee has addressed the “disparaging terms” in which some global health scholars speak about power and politics.¹⁴ Such sentiment was also expressed on a panel at a global health conference I attended recently. Yet at the same time the calls to put “high on the political agenda” and to “invest in health” are standard in global health conferences. It begs the question how global health scholars can interact with political decision-makers if they do not trust them or even despise them and their work. Some global health scholars see the solution in a separation of the technical and the political dimensions of global health - for example in the work of the WHO.^{15,16} These - in my view - idealistic proposals are based on the concern for undue

political influence on the technical work of the organization and the inability of politically driven governing bodies to move the global health agenda forward with the necessary speed and commitment. But is the complete separation that some researchers might want to see between the technical and the political even possible?

Is Politics Really Bad for Global Health?

Politics is not something only politicians do. All development processes related to global health are deeply political and need to be recognised and analysed as such.¹⁷ This includes the work of international organisations and alliances as well as the increasing number of regimes and standards - all of which are significantly shaped by experts at the global and the national level.¹⁸ In his work Adrian Leftwich¹⁹ counteracts a narrow definition of politics as a separate realm that one can choose to enter or not. Leftwich sees politics at the heart of all collective social activity - such as development - whether this is formal or informal, public or private. In consequence politics are:

“...all the processes of conflict, cooperation and negotiation in taking decisions about how resources are to be owned, used, produced and distributed. Inevitably, the contours of politics are framed by the inherited institutional environment (both formal and informal), by the political culture and by the differing degrees and forms of power, which participants bring to the process, and by their interests and ideologies.”

When I speak of the political determinants of health,²⁰ I mean the impact of these political processes which involve a wide range of political actors in the global health domain with competing ideas and interests, different levels of power and in many different arenas of action. These processes also include the wide array of scholars, experts, consultants, think tanks, and advocates, all of which are involved in a myriad of ways. An example are the increasing number of commissions and panels aiming to chart the way forward in global health, all defining themselves as independent, all intent on influencing the decisions taken by governments, parliaments and governing bodies of international organizations, especially the WHO. Emblematic for this approach are the many different Commission established by *The Lancet*; but also the WHO itself has gone down this road, as illustrated by the already mentioned Commission on Social Determinants of Health.¹² A recent development that cries for political analysis are the many assessment panels that have been established in the aftermath of Ebola. An Independent Ebola Interim Assessment Panel was established by the Executive Board of the WHO and it delivered its report in July 2015. The UK-US academic community considered this insufficient and probably not trustworthy enough and established two further panels: an Independent Panel on the Global Response to Ebola was convened by The London School of Hygiene & Tropical Medicine and the Harvard Global Health Institute and has delivered its report in November 2015¹⁵ and the US National Academy of Medicine (US NAM) established the Secretariat for an independent, international, multi-stakeholder expert commission to create a global health risk framework for the future. The report by the latter is to be expected in early 2016. Their goal is to recommend - as the US NAM has phrased it: “an effective global architecture for recognizing

and mitigating the threat of epidemic infectious diseases.”²¹ Gaining extensive media coverage for the results of such work in order to reach political decision-makers is essential to such an approach.

Charles Cliff²² in a recent commentary asks if the proliferation of such reports by experts has not been counterproductive in that it “politicizes the whole issue in ways that may not be helpful to achieving a better global response mechanism to disease outbreaks.” It indeed seems that separating the technical and the political is not as straightforward as may be hoped and that unintended consequences can emerge.

The Guardians of Global Health?

The world of evidence and the world of interests and power run on quite different premises. Katherine Smith¹³ has described this brilliantly in her detailed case studies of inequality and tobacco policies. Understanding that one’s work is part of politics does not mean every global health scholar has to enter the political arena – but it does help to reflect what drives the political world and what role one plays. Too many in the global health world still see a too simple a connection between evidence and political decisions and – so it seems to me – would in essence favor technocracy as a system of global health governance. Decisions – so the assumption – would then be driven by science and evidence and decision-makers would follow the advice of experts rather than contest solutions in the arena of political ideas and interests such as the World Health Assembly.

Such technocratic notions about governance have been around for a long time – and they are deeply political in their own fashion, indeed scientific work can be as interest laden as politics. The most famous proposal for technocratic power is put forward in Plato’s “The Republic”²³ where it is proposed that highly educated and interest free ‘Guardians’ take decisions on behalf of all for the common good. The premise is a deficit model that is applied both to politicians and to the general public which assumes that they do not have enough knowledge to understand and decide on complex issues. This is perhaps not very different from the self perception of many professionals working in international organisations, also in global health. Applying science to politics has been popular at various times in history, on the left and the right of the political spectrum and historical analysis shows that it does not guarantee better decisions.²⁴

Presently we see a shift of major global health governance issues from the technical to the political which requires in-depth analysis. Politicians are now establishing political panels on pressing health issues. In March 2015 the UN Secretary General convened a High-Level Panel on the Global Response to Health Crises which will report in early 2016 and in November 2015 he appointed a High Level Panel on Access to Medicines. This is reminiscent of the early meetings to create an international sanitary agreement in the mid-nineteenth century when the diplomats decided to negotiate on their own because the experts could not agree on the causes of cholera. Initially WHO governance included a two step process: the Executive Board was conceived as a board of technical experts that made recommendations to the political body of the World Health Assembly; now both are political. An increasing politicization of health is clearly under way.

If we consider this development and follow Leftwich¹⁹ in his definition of the political then it becomes clear that we cannot disengage and easily separate the technical from the political. It calls for processes which ensure a transparent and accountable management of the political in global health governance, but that does not lie in strengthening technocracy. Indeed the accountability of experts also needs to be considered. David Kennedy²⁵ wrote an insightful analysis challenging the expert rule in global governance: experts present themselves as a-political but have actually gained significant power in defining priorities, framing the political debates and providing proposals for solutions. His conclusion: any expert position is also political. Michael Barr²⁶ goes one step further and speaks of “intellectual conceit” in the context of his analysis of elite governance in Singapore. In Western democracies the influence of experts touches on the future of a democratic process which is grounded in voting for political representation based on political parties with different ideological positions. On what type of legitimacy is their involvement-based?

There are indications that another social and political process is under way. The delegation of the political to politicians and of knowledge production to the scientists no longer holds in modern societies where politicians are no longer trusted and scientific expertise is often as interest laden as the political enterprise. A way forward can be to move beyond the dual relationship between the politician and the expert to a new triangle that engages citizens, science and politics to work towards a common purpose.²⁷ The voice of civil society has always been critical in advancing global health and pushing for transparency in global health governance and for accountability of all global health stakeholders. Initiatives such as Global Health Watch²⁸ contribute to the analysis of the power differentials inherent in global health governance; Citizens’ Hearings²⁹ on global health priorities around the world provide recommendations to political leaders and Citizen’s Science³⁰ is providing new approaches to tracking diseases and policy implementation. I suggest we take Ooms³ proposals forward by adding two essential components: first being self-critical about the expert role and second engaging in the democratization of global health knowledge and expertise.

Ethical issues

Not applicable.

Competing interests

Author declares that she has no competing interests.

Author’ contribution

IK is the single author of the manuscript.

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