

the Politics (and anti-politics) *of* Global Health

David McCoy

Centre for Global Public Health, Queen Mary University, London

Peoples Health Movement

Centre for Health and the Public Interest

Medact

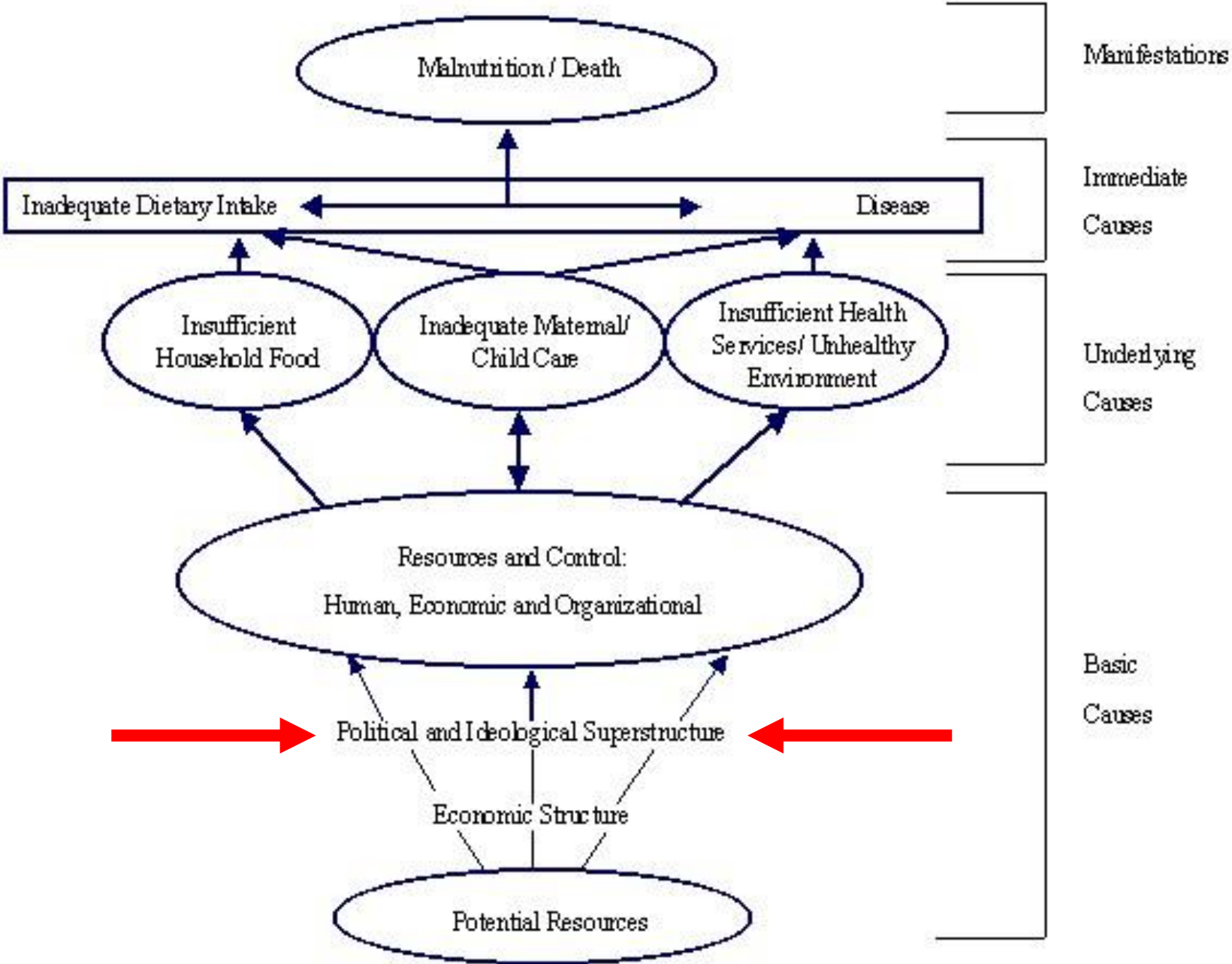
**Rudolf
Virchow
(1821-1902)**

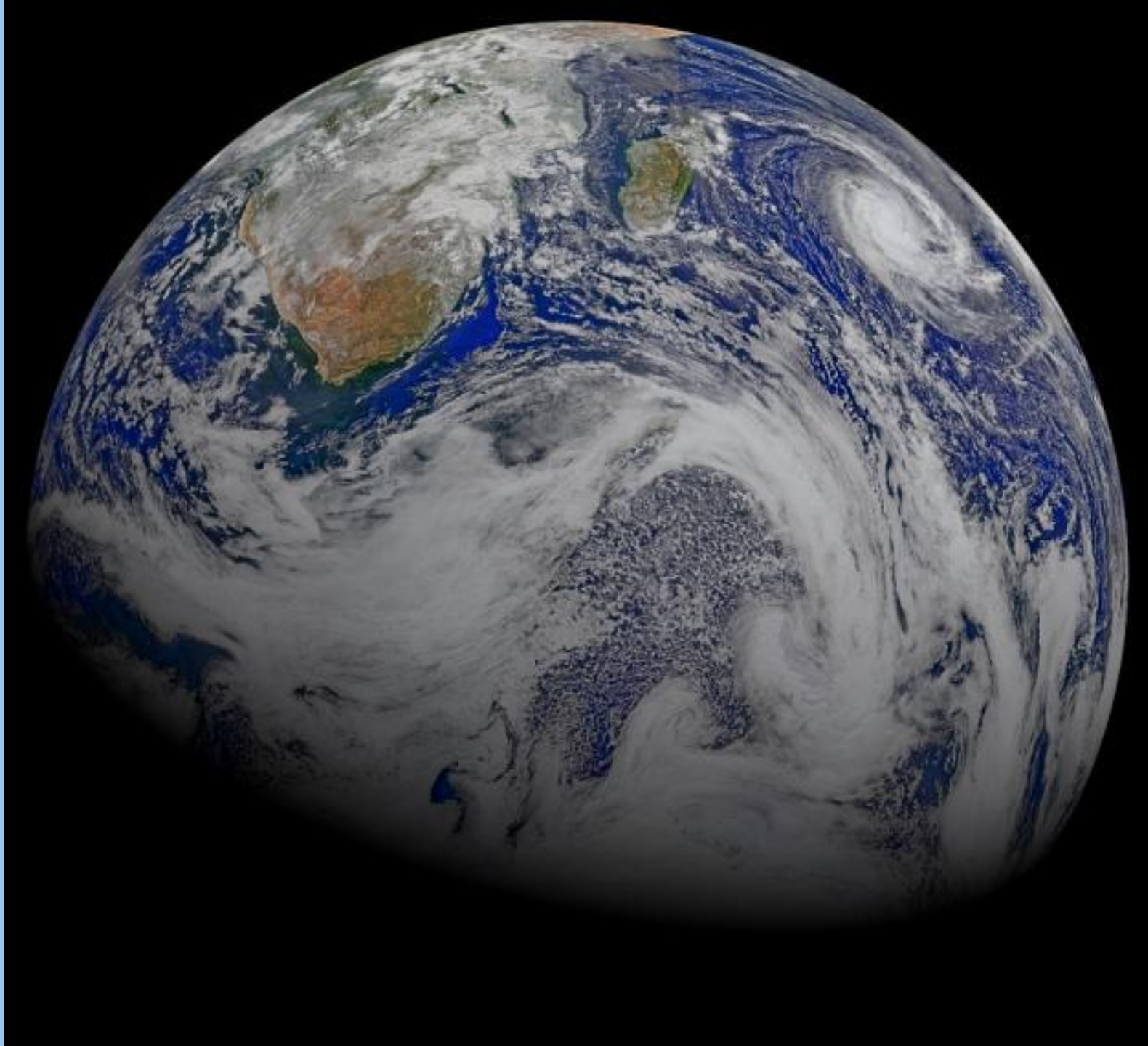


‘politics is nothing
more than medicine
on a larger scale’

“Should medicine ever fulfill its great ends, it must
enter into the larger political and social life ...”

UNICEF
Conceptual Model







Closing the gap in a generation

Health equity through action on
the social determinants of health



- the unequal distribution of global health is not in any sense a natural phenomenon, but the result of “a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics”.
- “any serious effort to reduce health inequities will involve changing the distribution of power within society and global regions”



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2010



OXFAM



Global Governance *for* Health

THE LANCET – UNIVERSITY OF OSLO COMMISSION

My assessment

A for intent and ambition

B for analysis

D. for recommendations

David McCoy on the Lancet Commission

by Medact Staff | Apr 22, 2014 | Blogs

The Lancet Commission on Global Governance for Health – co-organised with the University of Oslo – was established to examine *the political origins of health inequity*, with a focus on ‘global governance’. It was a good idea: we need better and more democratic global governance and a form of ‘globalisation’ that is equitable and sustainable. And we need the global health community actively engaged in making change happen.

But after more than two years, [the outcome of the Commission](#) can be summed up as: *excellent* in intent; *good* with analysis; but *poor* on recommendations. Importantly, having identified the need for systemic and radical change, the Commission ended up with, what one commentator described as, the tame recommendations of “[a talking shop and monitoring mechanism](#)”.

I was disappointed; but also perplexed. How did the [Commissioners](#) (supported by a secretariat and team of researchers) end up with such poor recommendations – especially after so much good analysis had been conducted? Before addressing this question, it’s worth examining the gap between the Commission’s analysis and its recommendations. **Some Good Analysis...**

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A Day of Action to End the Hostile Environment in the NHS

October 29, 2018

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October 26, 2018

The Prevent duty in the NHS: implementation and impacts

October 26, 2018

US and Russia must preserve INF Treaty, begin negotiations for nuclear abolition

October 24, 2018

On Twitter

Why the disconnect between analysis and recommendations?

Tactical pragmatism?

- “the recommendations were designed for an audience who still needed some convincing and persuasion about the analysis”.
- *“we did not see how ‘unequal power’ would ‘go away’ from global governance in the near future, hence we came up with modest recommendations – and we admit they are insufficient”.*

Why the disconnect between analysis and recommendations?

- Tactical pragmatism
- Lowest common denominator?

Is the Harvard School of Public Health Afraid of Politics?

by David McCoy | Oct 27, 2014 | Blogs

To no one's surprise, the Lancet-Oslo Commission did not withdraw its disappointing recommendations on global governance for health. In an earlier [blog](#), I criticised the Commission's failure to act on its own analysis of the impact of politics and power disparities on global health. It called for more research and evidence and another global multi-stakeholder talking shop; but it did not call for anything that would challenge the vested interests that block progressive change.

I suggested three possible explanations for the weak recommendations. One was that the commissioners actually believed that their recommendations were sound and strategic. The second was that the commissioners couldn't agree on a more politically ambitious set of recommendations and settled on ones that were acceptable to all. The third was that the commissioners may have sub-consciously censored themselves in order to avoid appearing too radical or confrontational, especially in the eyes of those who wield power and influence.

Since publishing my blog, I've had private conversations with several commissioners and members of the secretariat, and a face-to-face meeting with Ole Petter Ottersen (Rector of the University of Oslo and Chair of the Commission). Two commissioners (Sigrun Mogedal and Desmond McNeil) posted public responses to my blog; and one wrote to me privately.

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Why the disconnect between analysis and recommendations?

- Tactical pragmatism
- Lowest common denominator
- Self censorship

The power and politics that shapes the global political economy also operates across the global health landscape

Walking the tightrope

- *“privatisation, deregulation, and trade liberalisation” has helped generate “ever greater flows of goods, people, money, information, ideas, and values” and produced “unprecedented growth that has increased material prosperity for hundreds of millions of people and greatly improved their health and wellbeing.”*
- Foreign direct investment *“is widely regarded as an important vehicle to advance economic growth and development”*
- TNCs *“yield enormous benefits by creating jobs, raising incomes, and driving technological advances”.*

Political Spectrums

Jan Aart Scholte

Conformists

uphold and reinforce prevailing structures, systems and norms

Reformists

minimise harm and correct flaws while leaving underlying structures, systems and norms intact

Transformists

change the social and political order

Matthew Sparke

Market fundamentalist CSOs

agents of neoliberalism

Market foster-care CSOs

mitigate the deficiencies and harms of neoliberalism

Market failure CSOs

oppose and resist the underlying political and economic arrangements

A Commission on Power, Politics and Alternatives

Deepen and broaden the analysis of politics and power

Describe how power is structured and organised, and how it uses wealth, political influence, military force, laws, culture *and* ideology to undermine democracy, equity and public health

Critically analyse the role of aid and private philanthropy in global governance and the distribution of power

Examine the influence of the US corporate-military-government complex

Hypothesis

Our Global Health Governance arrangements help block transformative change by

- reinforcing existing power disparities through charity and philanthrocapitalism
- practising the art of anti-politics

Anti-politics

Instrumental anti-politics - political decisions being made by technocratic experts, based on rational cost–benefit analyses.

Amoral anti-politics - the privatization of the public domain; and the reduction of human beings to ‘rational’ utility-maximizing economic beings.

Moral anti-politics – use of ethics and normative principles to stifle democratic debate by characterising any disagreement or dissent as ‘immoral’ or ‘unethical’

Aesthetic anti-politics – use of trivialising images, homilies and images to undermine informed and deliberative communication and debate, marking the triumph of the symbolic over deep understanding

A Commission on Power, Politics and Alternatives

Deepen and broaden the analysis of politics and power

Alternative development paradigm

Develop the point about social movements “challenging undemocratic processes, or protesting against unfair policies”

Power is a zero-sum game

- One commissioner: called for a “*revolution*” and for “*strong movements around the world to show their anger and call for change*”.
- CSDH noted: “collective actions” such as those that led to the emancipation of women and the abolition of slavery would be important in advancing people’s ability to lead a flourishing life.

Conclusions??

“..... a politics that combines ***ambitiously reformist*** and ***cautiously transformist*** measures can substantially reduce potential harms and greatly increase potential gains of heightened trans-planetary connectivity in the 21st century” (Scholte, 2007)

Thanks for listening