Reflections on the role of power in the definition of concepts and methodologies in global health partnerships

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Global Public Health

Structure of this presentation

- Theories of power

- The historical backdrop of global health

- Seeking equity and justice in global health collaborations

Key Considerations
(for my point of departure)

Power and Knowledge

North and South

My own trajectory as a researcher
(and a few words on liminality and disciplinarity)

Part I

Theories of Power
&
Fields of Power

Theories of Power

- Biopower (Foucault)

- Political economy (Marx)

- Necropolitics (Mbembe)

Fields of Power

- Structural violence (axes of inequality and synergies between axes of inequality)

- Disciplinary/Epistemological stigma, discrimination, and inequality (historically constituted inequalities in scientific fields)

Biopower

The genealogy/historical construction
of knowledge and its relation to power

Recognition of the fact that knowledge
can never be produced outside of or independent from
systems of power

Political Economy

The synergies of social and economic exclusion

Geographies of inequality and injustice

The ways in which neoliberal globalization has reproduced the legacies of colonialism and imperialism in relation to knowledge production

Necropolitics

Shifting our focus from the social (and political) determinants of health
to the social (and political) determinants of death

More clearly conceptualizing the role of structural violence in relation to health:
shifting our focus from "poverty" to "economic exclusion", from "race" to "racism",
from "gender" to "gender power and oppression", etc.

Structural Violence
(axes and synergies)

- Poverty and economic exclusion

- Racism and ethnic discrimination

- Gender power oppression

- Sexual discrimination and oppression

- Age discrimination

Disciplinary/Epistemological Stigma, Discrimination, and Inequality

Health research hierarchies (and the history of public health and medicine):

- Bench/laboratory sciences

  (Basic science research in disciplines such as biochemistry, microbiology, physiology, and pharmacology, and their interplay, and involves laboratory studies with cell cultures, animal studies or physiological experiments)

- Clinical medical research

  (Scientific disciplines applied to clinical research, such as cardiology, endocrinology, neurology, psychiatry, and other medical science disciplines)

- Epidemiology and biostatistics

  (Sciences focusing on the causes and distribution of diseases and medical conditions and especially built on using mathematical and statistical analysis regarding issues in public health and medicine)

- Behavioral sciences

  (Sciences that study the behavior of human beings and animals: behavioral psychology, behavioral genetics, cognitive science and other disciplines using experimental methods, controlled settings, empirical outcomes)

- Social sciences

  (Disciplines that study human actions in different social contexts: economics, political science, sociology, demography, anthropology, psychology)
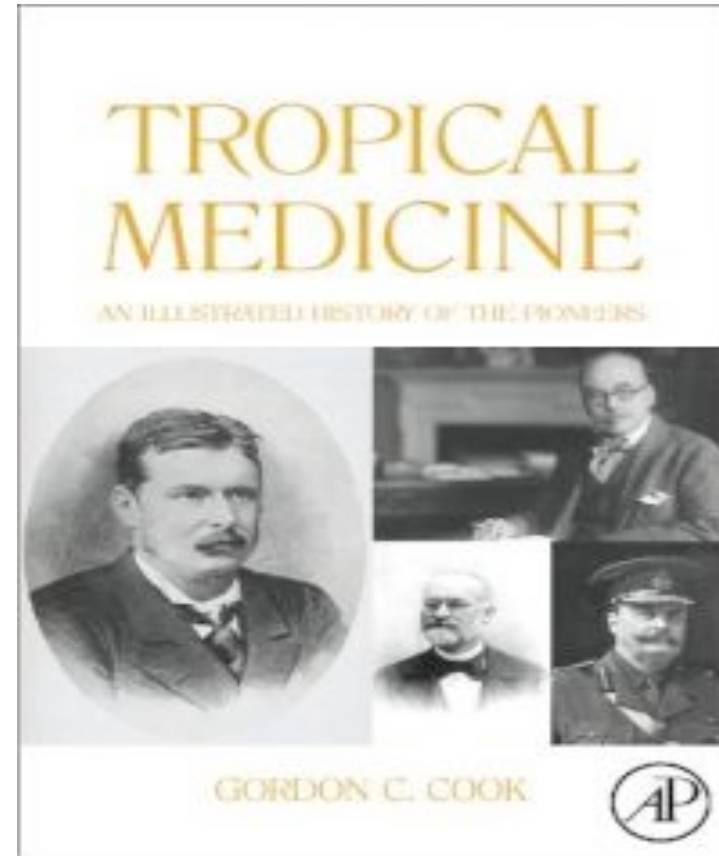
Part II
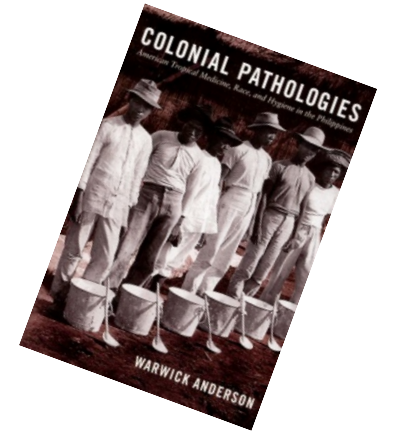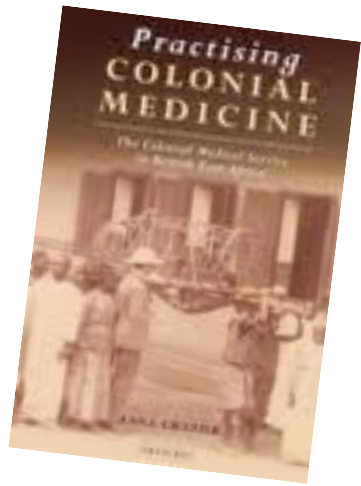# Historical (Colonial) Legacies in Relation to Global Health

- Tropical medicine

- International health

- Global health

Tropical Medicine (mid 19ᵗʰ Century – ???)

- Linked to initially European colonial expansion (and later to US neo-colonial interests)

- Mediating the encounter between "the West" and "the Rest"

- Structured and sustained in relation to geopolitical interests and concerns

TROPICAL MEDICINE

AN ILLUSTRATED HISTORY OF THE PIONEERS
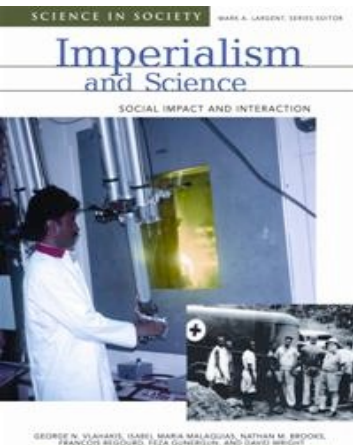
GORDON C. COOK

The Central Importance of Geopolitics and Commerce
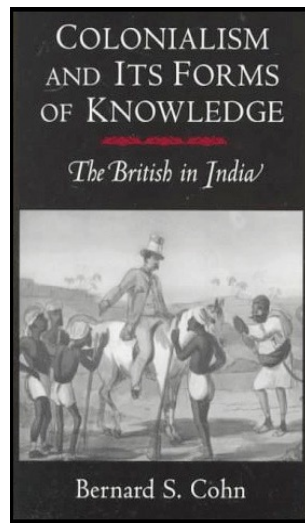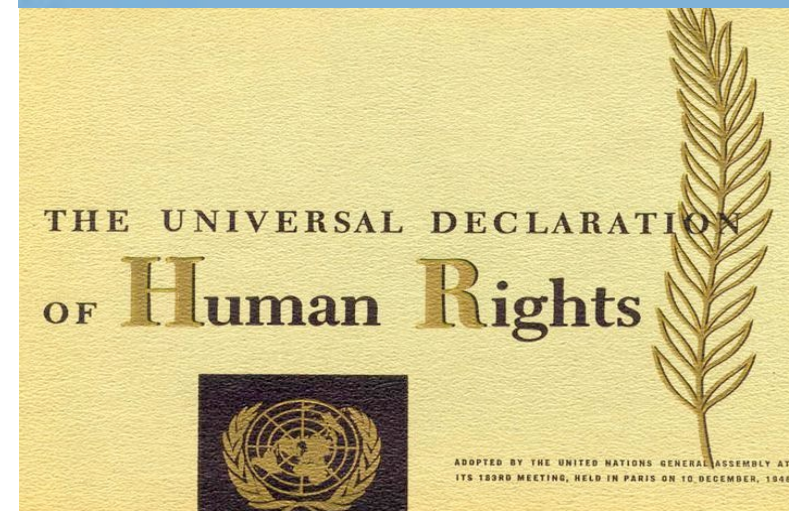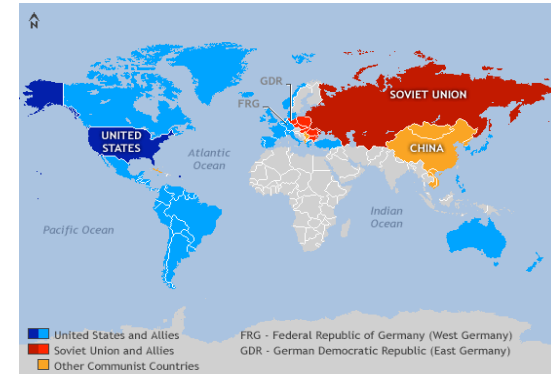
**Lessons (and Lasting Legacies)
of the Tropical Medicine Paradigm**

- Social and political history provides a crucial context for understanding the history of public health efforts

- The deployment of power and the deployment of knowledge are closely linked

- Geopolitical interests and conflicts play a key role in shaping approaches to world health

From Tropical Medicine to International Health (Mid-20th Century - ???)

- The pivotal role of World War II
- The break-up of colonial empires
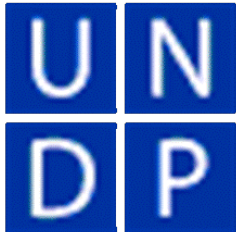- The construction of a new (but sharply divided) world   order

A New Emphasis on International and Intergovernmental Organizations

- The United Nations System
  - WHO, UNICEF, UNESCO, UNDP

- The Bretton Woods Institutions

  ○ World Bank, IMF

- Still relatively limited development of international NGOs
  - Rockefeller Foundation, Ford Foundation, etc.

Legacies of the International Health Paradigm

- New emphasis on cross-national and comparative international health research

- Yet the deployment of power and the construction of knowledge continue to be closely linked – with a strong emphasis on issues relevant to "development" (such as population and demographics) and unexamined assumptions about both "development" and "underdevelopment"

- Geopolitical interests and conflicts continue to play a key role in shaping approaches to world health, with funding of research often being linked to these interests and conflicts

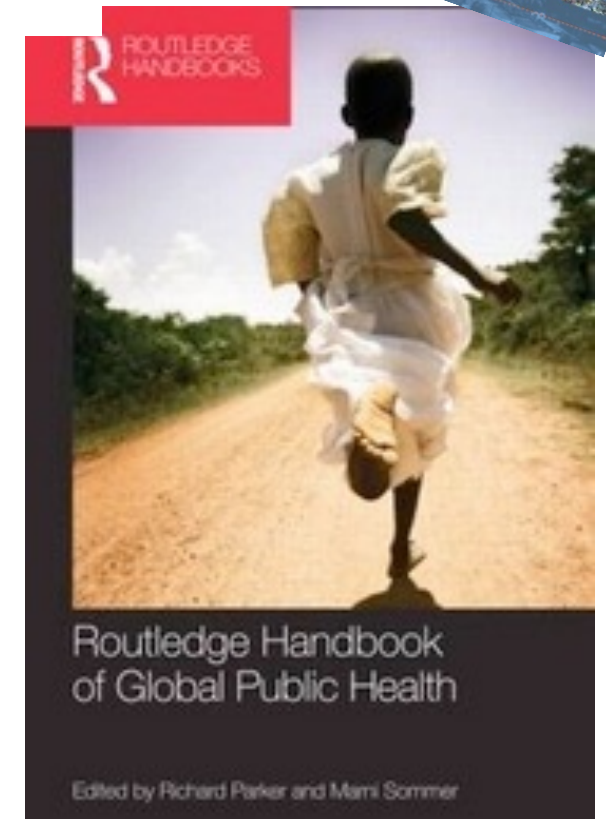# From International Health to Global Health in the 21st Century

- The changing world order (in a post-Cold War world)

- Rethinking security (after the Cold War and after 9/11)

- The pivotal role of the response to HIV/AIDS

The Broader Political Economic Context of the Field of Global Health

- Globalized capitalism

- Neoliberal policy (linked to the interest of globalized capitalism)

- Global governance of health

A New Emphasis on Private Resources and Public/Private Partnerships (PPPs)

- The Bill and Melinda Gates Foundation

- Drugs for Neglected Diseases Initiative

- GAVI (Global Alliance for Vaccines and Immunization) Alliance

- The Global Fund

Why this history matters?

- While the labels may have changed, the legacies of these different systems are still very much with us today (even when we fail to recognize this consciously)

- Everyone who works within the field of global health today operates within frameworks that reproduce relations of power and systems of meaning in which legacies are present

- This is just as true in relation to research as in relation to any other activity, and it is impossible to escape the web of connections that link systems of power to the production of knowledge

- But it is possible to reflect critically and collectively on these connections with the goal of constructing meaningful partnerships based on ethical principles based on equity and justice

Part III
Seeking Equity and Justice
in Global Health Research Partnerships

Not impossible,

but an uphill battle…

Different Types of Global Health Research

Just a few examples:

- Monitoring global trends, especially to inform policy decisions (e.g., University of Washington Institute for Health Metrics and Evaluation https://www.healthdata.org/)

- Epidemiological surveillance and monitoring (on-going health-system surveillance and reporting, sentinel surveillance studies, population-based surveys, laboratory-based surveillance, etc.)

- Clinical trials (treatment trials, prevention trials, cohort studies, case-control trials, etc.)

- Health policy and systems research (studies of financing, governance, implementation of services, etc., with a range of local/national or comparative foci)

- Social and behavioral research (generally field research informed by diverse social and behavioral sciences to identify and analyze social determinants, behavioral risks, and related factor associated with health issues)

Collaborations in Health Policy and Systems Research and in Social and Behavioral Research

- Global health research partnerships in these areas almost always field research

- Theoretical framing can and should draw on multiple theoretical and interpretive traditions (more on this shortly…)

- Research teams are typically not only transnational but also inter- or multi-disciplinary

- Precisely because of this, issues of diversity and difference (in perspectives and backgrounds) are almost an inevitable given

Building More Equitable Partnerships

Principles and strategies:

- Equity and justice don't just happen "naturally" – we have to consciously work to build equitable and just research collaborations

- Because of this, **reflexivity** about power relations and **positionality** of researchers and research teams is essential

- Consciousness-raising (what in Portuguese Paulo Freire described as "*conscietização*") has to be an on-going process

Recommendations
(based on past experience)

- Recognize that the historical legacies of power inequalities are always with us and require ongoing "deconstruction"

- Seek to build long-term collaborations and partnerships

- Structure partnerships prior to designing projects

- Seek to nurture "epistemic justice" and "theoretical diversity"

Build Long-Term Collaborations

- Research collaboration is a social process – it can be supportive (or destructive) depending on how we approach it

- Whenever possible, try to establish and nurture long-term collaborative relationships

- Be aware that long-term collaborations can grow out of a single project, but that this is probably more rare than we would like

- More frequently, long-term collaborations require institutional architectures that are capable of supporting, reinforcing and strengthening collaborative relationships
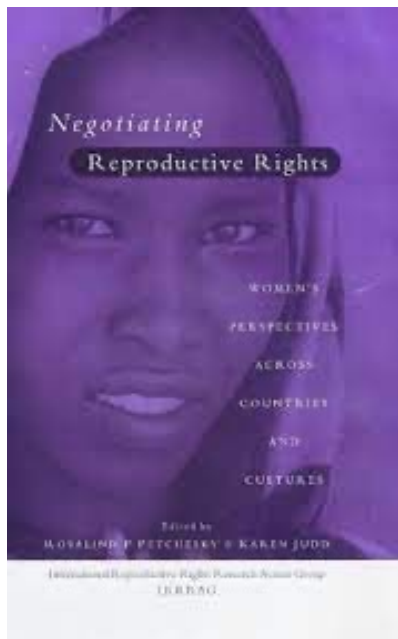
Structure Partnerships Prior to Projects

- Partnerships are often built after the decision to pursue specific studies and funding opportunities – and sometimes this works (but often it doesn't, and it stimulates diverse forms of inequality)

- Building a long-term partnership and then deciding together what projects to develop and what sources of funding to pursue can help build greater equality among the members of a research collaboration

Seek to Nurture Epistemic Justice

- Recognize that theory matters, and that theory is not "neutral" – epistemology is also about power, and "epistemicide"

- Make "Southern Theory" (Connell 2007) central to research design

- Recognize the threat of "Cognitive Injustice" and make epistemologies of the South (Boaventura de Sousa Santos 2009, 2014) a central part of the conceptualization of research design and implementation

- Resist "*o desperdício da experiência*" ("the wasting of experience") (again, Boaventura de Sousa Santos 2000)

Some Examples of Collaborative Projects

- International Reproductive Rights Research Action Group (IRRRAG)

  - Religious Responses to AIDS in Brazil

  - SexPolitics: Reports from the Front Lines

International Reproductive Rights Research Action Group (IRRRAG)

- A four-year collaborative research and analysis project in seven countries: Brazil, Egypt, Malaysia, Mexico, Nigeria, Philippines, and the United States

  - Based on in-depth group and individual interviews with hundreds of women in diverse settings, the book asks when, whether and how grassroots women express a sense of entitlement or self-determination in everyday decisions about childbearing, work, marriage, fertility control and sexual relations. What strategies do women employ in their negotiations with parents, husbands or partners, health providers, and the larger community over reproductive and sexual matters? What role do economic constraints, religion, tradition, motherhood and group participation play in shaping their decisions?

    - General coordination be Rosalind Petchesky, with a coalition of feminist organizations and independent country coordinators in each site

      - Funded by the Ford Foundation and the John D. and Catherine T MacArthur Foundation, with additional contributions from the World Bank, the Netherlands Foreign Ministr, and a range of smaller donors
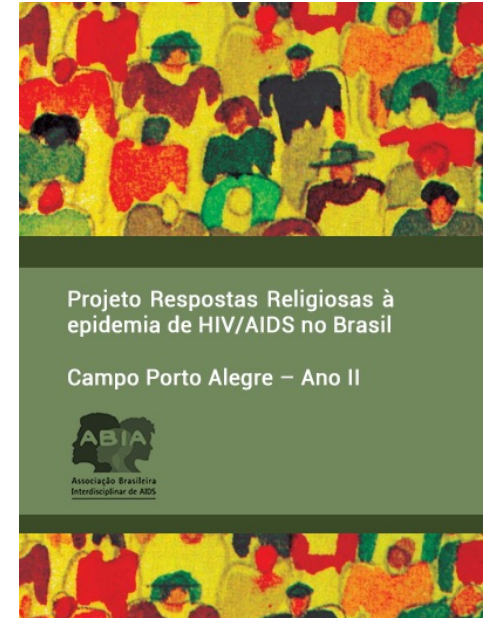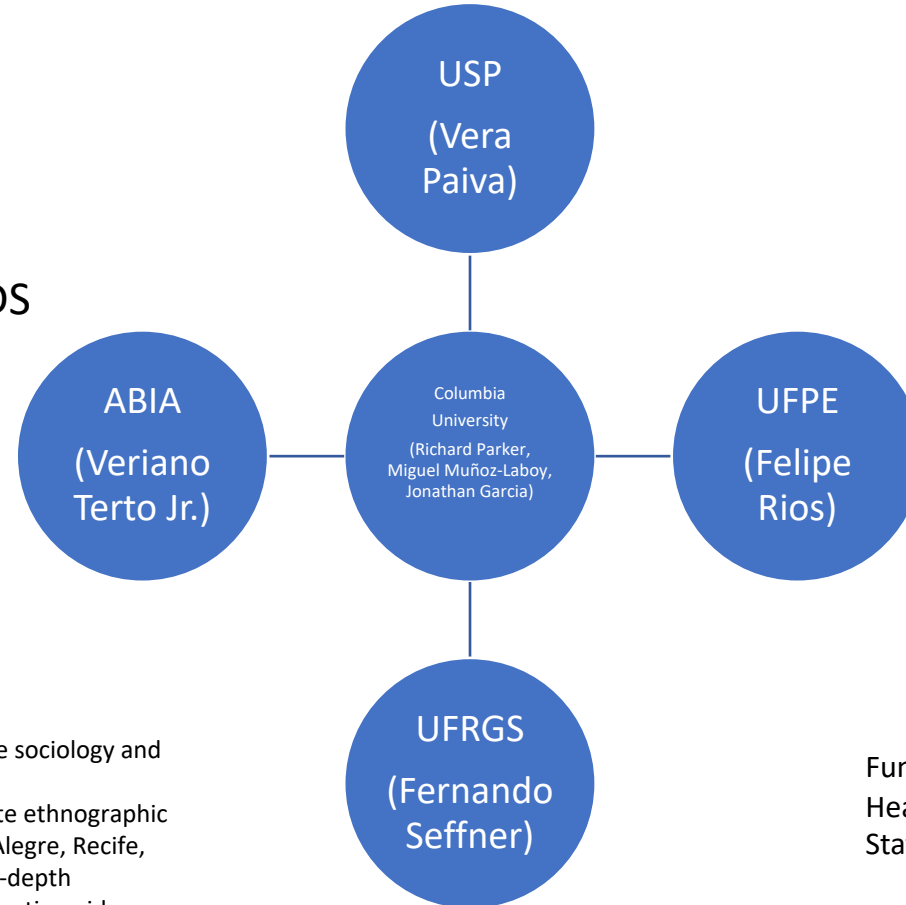
"Respostas Religiosas à Epidemia de HIV/AIDS no Brasil" ("Religious Responses to AIDS in Brazil")

Religious Responses to HIV and AIDS in Brazil:

- Catholic Church
- Evangelical Movement
- Afro-Brazilian Religious Groups

USP
(Vera Paiva)

ABIA
(Veriano Terto Jr.)

Columbia University
(Richard Parker, Miguel Muñoz-Laboy, Jonathan Garcia)

UFPE
(Felipe Rios)

UFRGS
(Fernando Seffner)

- Theoretically grounded in the sociology and anthropology of religion
- Methodology: 5-year multisite ethnographic case studies (Brasília, Porto Alegre, Recife, Rio de Janeiro, São Paulo), in-depth interviews and life histories, nationwide institutional response survey
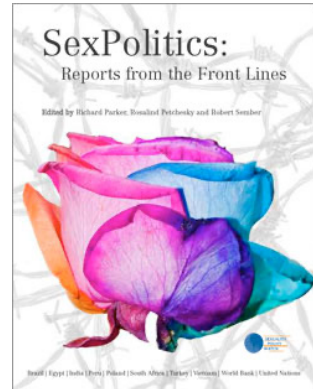
Projeto Respostas Religiosas à epidemia de HIV/AIDS no Brasil

Campo Porto Alegre – Ano II

ABIA
Associação Brasileira Interdisciplinar de AIDS

SexPolitics: Reports from the Front Lines

(Rio de Janeiro: Sexuality Policy Watch, 2007)

https://sxpolitics.org/books/242

- 4-year comparative study developed by Sexuality Policy Watch (a collective of researchers, activists/advocates, and policymakers, with secretariats based at ABIA in Brazil and Columbia University in the USA
  - 9 country/institutional case studies of sexuality policy (related to abortion and reproductive rights, HIV and AIDS, sexuality education, feminist, LGBT and other sexuality/gender-related movements, and other related issues)
    - Theoretical framework elaborated by Corrêa, Petchesky and Parker in *Sexuality, Health and Human Rights* (Routledge, 2008)
      - Funded by the Ford Foundation (with additional support from ABIA and Columbia University)