International Relations and the Global Politics of Health: A State of the Art

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Despite consistent political attention to health-related issues crossing national borders, public health and international relations have not engaged in a coherent dialogue. Public health scholars denounce studies of politics as not directly relevant to the governance of health, which they envisage as based on evidence and medical knowledge. The marginal place of the global politics of health in international relations is surprising given the richness of political interactions, diversity of actors involved, and the existential nature of health politics. This article outlines the main themes in the literature on global and public health politics, highlights the points of convergence and divergence, and discusses how we can build on the strengths and overcome the differences in search of a more comprehensive dialogue between the two disciplines.

INTRODUCTION

Health issues have been the subject of transnational political cooperation since international efforts to contain infectious disease epidemics began in the nineteenth century. They secured a permanent place on the global political agenda with the establishment of the League of Nations Health Organisation in 1922, whose work was inherited by the World Health Organisation (WHO) in 1948. The body of literature covering different aspects of the global politics of health including governance, health security, the political economy of health, and the impact of globalisation and trade liberalisation on health, experienced intense expansion in recent decades. But despite such consistent political attention, public health and international relations (IR) have not engaged in a coherent dialogue.[1] International relations' engagement with the politics of public health is limited and its discussion of global health politics has remained on the margins of the discipline. Other than a small number of studies, public health scholars continue to shun studies of politics and governance as not directly relevant to the governance of health, which they envisage as being evidence-based and driven by medical knowledge.

The marginal place of the global politics of health in the discipline of IR is surprising, given the richness of political interactions, the diversity of public and private actors involved, and the existential value of health politics for people across the world. This article discusses some of the reasons for the limited engagement of the IR community with the global politics of health and looks into some of the obvious obstacles to more in-depth collaboration between public health and international relations. Overcoming some of these barriers, could potentially contribute to an improved understanding of international politics and enrich theoretical debates. It would also better inform the public health community about the complexity of global political interactions and institutional structures and their impact on health issues of national and international concern. The influence of politics, power relations, and

institutional dynamics on public health is inevitable and significant, and cannot be ignored by those in the field. Equally, international relations scholars cannot fully understand health politics without insight from the practical and academic fields of public health and health policy analysis. Attention to politics, policy implementation, and evaluation has already been drawn upon in the health policy analysis (HPA) literature. However, the latter focuses primarily on domestic politics and policy dynamics, as well as policy implementation in low- and middle-income countries, thus excluding analysis of global power relationships, norms, priorities, and policies.

This article consists of four parts. The first one reviews the literature on global health and public health politics, identifying some of the main themes. The second deliberates further possible contributions from the field of international relations, while the third part outlines the points of convergence and divergence between the international relations and public health literature. The concluding fourth part discusses how we can build on the strengths and overcome the differences in search of a more comprehensive dialogue between the disciplines.

THE GLOBAL POLITICS OF HEALTH – A STATE OF THE ART

The International Relations View of Health Politics

Health issues secured a permanent place on the international political agenda early on in the twentieth century, evidenced by the relatively early creation of regional and global inter-governmental institutions.[2] They remained outside the purview of international relations, however, because they were classified by traditional IR scholars as issues of 'low politics,' i.e. not of strategic significance. It was not until the 1990s in the post-Cold War context and in search of the next set of threats to security that U.S. analysts pointed to the dangers that global pandemics of emerging and re-emerging infectious diseases and bioterrorism posed to the United States.[3] Other IR scholars argued that the problem was one facing the whole world, not just the United States —that this was an issue that IR ought to deal with under the rubrics of national security, foreign policy, and global security politics.[4] Since then, various aspects of health politics have been examined in an IR context with a focus on questions of governance, intergovernmental institutions, human rights, trade, globalisation, and intellectual property rights.

Attention was drawn to the role of civil society, epistemic communities and corporate actors in the governance of health issues, to the work of the World Health Organisation and the fact that the World Bank had surpassed it as the largest donor to health programmes worldwide, which were all at the heart of the rapidly expanding global health governance literature.[5] The creation of the World Trade Organisation and the associated signing of the TRIPs and GATS agreements in Marrakesh in 1994 generated studies of the political economy of global health, which examined questions of global trade and health, as well as the impact of TRIPs on health, including access to and affordability of medicines and the relationship between GATS and the delivery of health services.[6] The increased volume of transnational trade and travel often referred to as the core of globalisation have also been studied in relation to health by IR academics. They examine both the impact of globalisation on health and the consequences of ill-health for a globalised economy.[7] These studies have been built around existing theoretical frameworks (predominantly constructivism), making them accessible to scholars in the

field. They have, however, rarely sought to engage in dialogue or themselves contribute to IR's theoretical debates, confining the politics of health governance to a more marginal position in the broader field.

Some political scientists also sought to develop analysis infused with epidemiological insight regarding emerging and re-emerging infectious diseases. Articles discussing actual and potential global epidemics of HIV/AIDS and influenza, in particular, and their impact on national and global security appeared on the pages of political science journals in the early 2000s.[8] Overall, the predicted doomsday scenarios did not materialise, even though the world came close to some of them with the rapid spread of HIV/AIDS prior to the development of anti-retroviral drugs. As a result, some interest in infectious diseases and bioterrorism as security threats has been lost and some IR scholars have argued that health issues no longer belong on the global security agenda.[9] The high mortality resulting from ill-health, however, compared with any other factor, including violence and war, leaves open important questions about the way we view health politics in relation to other aspects of global politics.

The Public Health View of Politics

In 1966, Herbert Kaufman argued that public health has paid far too little attention to politics, and that political science has largely ignored the field of public health.[10] He drew attention to the political character of the creation and jurisdiction of public health agencies, their financing, selection of personnel, relationship with other agencies, etc. as relevant political questions for public health. At the start of the twenty-first century, the situation has not changed much and the politics of public health remain largely understudied.[11] This is attributed by Brown to public health's aversion to politics, seen as too subjective and 'tainted' by competing interests, in contrast to health's scientific and objective nature,[12] while Bambra *et al* argue that political science's limited view of public health merely as the provision of healthcare is to blame.[13] Walt and Gilson further emphasise the 'paucity of theoretical and conceptual approaches to analysis of the processes of health policy in low- and middle-income countries,'[14] which hinders political analysis. While there are different views about the causes of the insufficient dialogue between political science and public health, there seems to be agreement that such engagement ought to be encouraged in order to foster a deeper and more detailed understanding of the complexities of health politics.

Scholars of public health recognise the lack of an unequivocal definition of the term 'public health' as a significant obstacle to effective policy advocacy and policymaking.[15] Public health is broadly defined as a collection of organised measures aimed at preventing disease, prolonging life, and promoting health and wellbeing for the whole of society.[16] In practice, however, policymaking and resources are often directed towards responding to disease, rather than at health promotion and prophylaxis. As Bambra *et al* discuss, 'the conceptualization of health as non-political is also in part due to medicalization – the transfer of power over and responsibility for health from individuals, the public and therefore political life, to powerful elites, namely the medical and health professions and the multinational pharmaceutical companies.'[17] Such contrasting views of health and public health result in a mismatch between overall political intention (as defined by the WHO and academics) and the practical reality of policy responses.

The identity of the central authority in public health is also subject to debate. Thomas Oliver postulates that public health commonly involves 'governmental action to produce outcomes – injury and disease prevention or health promotion – that individuals are unlikely or unable to produce by themselves.'[18] Lawrence Brown defines public health as the 'arts and science, which advisors to and agents of the State employ in exercising their public authority to identify and address threats that derive from sources in the *environment* for the health of *populations*.'[19] Others, however, see a role for private and public bodies in the governance of public health. The Institute of Medicine in the United States, for example, argues that the organisational framework of public health includes activities undertaken not only by the government and its agencies, but also 'the associated efforts of private and voluntary organizations and individuals.'[20] The WHO also refers to public health as including 'all organised measures (whether private or public) to prevent disease, promote health and prolong life among the population as a whole.'[21] Bambra *et al* observe the role pharmaceutical companies have carved out for themselves in regards to individual health.[22] Other studies examine the influence of private philanthropy on the development of health systems,[23] the pressures from the World Bank to streamline healthcare, reduce costs, and increase private provision,[24] as well as the role of civil society organisations and think tanks in public health.[25] This discussion is deeply political because it hinges on questions of legitimacy, authority, governance, and responsibility, all of which are central to political science and international relations. It demonstrates the complexity of the politics of public health and the broad spectrum of actors involved in them, giving rise to concerns about the role of public and private interests, power relations, and institutions.

Analyses of agenda setting and health policy formulation and implementation are the focus of Health Policy Analysis (HPA), which has attempted to bring together studies of public health and political economy, sociology, political science, and other social sciences. In one of the field's most influential works, Walt and Gilson outline the 'policy triangle' as a way of developing a better understanding of policy development and implementation. It draws attention not only to the content of policies, but also to actors, processes, and context.[26] The policy triangle has now become the framework of choice for much of health policy analysis, but while it links political science to the field of public health, HPA studies are no substitute for substantive engagement between PH and IR. HPA studies are not particularly theory oriented and are predominantly dedicated to analysing health policy formulation and implementation in low and middle-income countries,[27] while international relations seeks a more global perspective. They do not sufficiently question international policy dynamics, power inequalities, or how power and knowledge influence policy-making and implementation, which are questions at the core of international relations analysis.

Looking at the state of the art, there are two main directions for further development of the politics of health discussion. Firstly, the international relations analysis of health politics can be enhanced by infusing it with a more theoretical discussion – both as a means of critically evaluating the current state of the literature (including health security, globalisation and health, global health governance, and the political economy of health) and seeking to engage further in the disciplinary theoretical debates. Secondly, it is vital to build more substantial and enduring bridges between the fields of public health and international relations. This will require a more sustained

interdisciplinary dialogue and further diffusion of knowledge from disciplines with contradictory epistemologies and mismatched ontologies, as will be discussed below.

GLOBAL HEALTH POLITICS AND IR THEORY

Health politics are of great significance to people across the world. Health issues are closely connected to other prominent themes in international relations such as conflict and security, development, poverty alleviation, trade, human rights, environmental degradation, and global governance. It is therefore surprising that discussions of the global politics of health governance have not engaged with and informed the broader field of international relations theory more extensively. This section combines an overview of some of the shortcomings of the current global health literature with reflections on how these might have contributed to health issues that do not draw greater attention from the wider field of international relations. Four interrelated issues are explored in the remainder of this section – the over-reliance on conventional constructivism as a framework for analysis, the resulting state-centrism of global health politics analysis, the limited attention paid to differentials of political power, and the lack of attempts to use empirical analysis to contribute to broader IR theorising, testing, or critiquing existing theories.

Firstly, there is a relatively small community of scholars analysing the global politics of health, many of whom have gravitated towards constructivism as their preferred theoretical paradigm. Constructivism has been very *en vogue* post-Cold War. At its core, it is premised upon the importance of ideas, norms, identities, and interests in international politics.[28] Constructivism is more of an approach than a traditional grand theory of international relations and brings together scholars with various ontological preferences - state-centric, institutionalist, structural, agentic.[29] Constructivists are divided in their epistemological views in two identifiable groups – critical and conventional.[30] Studies of the global politics of health have premised analysis on conventional constructivism, which is mostly state-centric, preferences a positivist epistemology, and does not depart too radically from mainstream international relations. The global health literature does not reflect critically on this choice of a theoretical framework, or its implications for the resulting analysis.

Conventional constructivism is only one, and perhaps a rather weak, example of critical approaches to international politics.[31] Others include Marxism, feminist approaches, post-structuralism, and postcolonialism. As Robert Cox highlights, critical theory 'stands apart from the prevailing order of the world and asks how that order came about.' It does not 'take institutions and social power relations for granted but call[s] them into question by concerning itself with their origins and how and whether they might be in the process of changing.'[32] Critical theories offer different perspectives on the sources and implications of power differentials in world politics, on identities and interests, values, and norms. They raise questions about the legitimacy of political authority, the pathologies of power, the relationship between authority/power and knowledge, and the consequences of this relationship - questions relevant in one form or another to studies of the global politics of health.

Secondly, most global health studies remain implicitly state-centric. This is a direct consequence of using conventional constructivism as a theoretical framework. Only a small proportion of scholars highlight the influence of civil society organisations,

charities, philanthropic foundations, or the indirect coercion exercised by corporate power on health politics. While the activities of these actors are documented in the political economy, global health politics, and global health governance studies, their consequences for understanding governance processes or the implications of their work for people in different income settings are rarely examined in great depth. Neoliberal economics dictate that private actors generally have a positive impact on health in low- and middle-income countries in particular, and their work and influence is almost taken for granted.[33] Further analysis is needed of the influence of non-state actors, as they interfere with government policymaking, generating dynamics which cannot be explained solely by focusing on the politics between states and inter-governmental institutions.

Philanthropic foundations, for example, have been shown to modify national health systems, to determine the focus of national health campaigns, and pre-select the health priorities for recipient governments, thus shifting the direction of domestic politics and policies.[34] Therefore, an omission of such actors from the overall analysis of health politics obscures important power dynamics, as well as the reasons for and constraints on the policy choices of some governments. An overall conclusion that public health is better off with private actors and public-private health partnerships draws a veil over the politics of unequal power relations and their consequences. The work of civil society organisations comes with its own benefits and weaknesses, which have also been underexplored. Agentic constructivism is one framework for analysis that explores the role and influence of a broad spectrum of actors on formulating norms and principles in international politics.[35] Ontologically, critical theory and feminisms also stand apart from state centric paradigms. Their proponents see state-centrism as obscuring power relationships and inequalities at the grassroots level.[36] Health politics are very complex, spanning different levels of analysis (global, regional, state, local) and if we try to understand them solely at the international or national level in isolation from other political, social and economic dynamics and influences, our analysis is likely to be rather deficient.

Continuing on from this theme, a third limitation of global health studies, particularly of health security, but also of global health governance, is the little attention paid to the analysis of power relations and authority. These are two central themes in international relations. Power relations among states, between states and different types of international actors (including intergovernmental organisations) lie at the heart of both traditional and critical paradigms of international politics, but for different reasons. Power inequalities within states, however, are the purview of feminist and postmodernist thought. Postmodernists pay specific attention to the relationship between power, knowledge, and language.[37] Such issues, along with the politics of power and its consequences, demand attention in the realm of global health politics, as well. Power relationships influence and shape international agendas, policy priorities, funding, etc. and power differentials impact weaker states and actors in many ways. Multisectoralism is a distinct characteristic of politics in the field of health governance, signifying the existence of multiple and competing sources of authority.[38] With the World Bank and private philanthropic foundations as the largest donors to public health and health programmes, questions about authority and its legitimacy are particularly prominent. While current health governance studies have identified the idiosyncrasies of governance in the field, further analysis is needed of the causes and consequences of

these features, particularly if we are aiming to understand, inform, and improve global policy.

The final shortcoming of the field to be discussed here is the little effort that has been made to engage with, challenge, or test IR theories. Virtually no insight from global health governance studies has been used to contribute to theoretical debates in IR. Discussions about governance, power, authority, legitimacy, the form and nature of international and global cooperation and coercion, and the creation and implementation of international norms can all enrich theoretical debates. Other IR subfields formerly considered as 'low politics' – such as environmental politics, human rights politics, trade politics, and political economy – have all made such contributions. We now talk about green IR theory, about building bridges between the disciplines of international law and international relations, understanding international cooperation through trade regimes, etc. This has provided crucial points of engagement and debate between the subfields and the theoretical core of the subject, also feeding back critical questions from theoretical debates back to the subfields. Broader engagement with the discipline and theories of international relations can draw attention to aspects of global health politics that may have otherwise been neglected, or highlight areas of concern often omitted by mainstream theorising.

DIALOGUES BETWEEN INTERNATIONAL RELATIONS AND PUBLIC HEALTH – DIVERGENCE AND CONVERGENCE

The dialogue between international relations and public health has not flowed seamlessly or naturally. There are a number of reasons for this. Firstly, as previously discussed, even though public health and political analysis have expanded in practical and theoretical terms, 'their trajectories are mainly parallel, rarely convergent.'[39] On the one hand, as the review of the literature suggests, public health professionals prefer to define their field as scientific, objective, and apolitical, seeing politics as an unnecessary distraction that subjects science to political interests. They often distance themselves from analysis of political power and institutions, believing that medical knowledge alone drives decision-making. On the other hand, understanding public health requires complex specialist knowledge. This makes it harder for non-specialists such as political science and international relations scholars to gain good working knowledge and a competent understanding of the subject matter sufficient for an informed discussion of the politics of the field.

Secondly, there are some ontological and epistemological differences between international relations and public health. Ontologically, international relations and public health 'see' the world differently. International relations 'sees' a world of sovereign states and other non-state actors operating in a system with no authority higher than the state. Mainstream theories acknowledge the state as the core unit of analysis, due to its sovereignty, defined as the freedom of states to conduct their internal and external affairs free from intervention. This sets it apart from all other actors in the global arena. Some IR scholars recognise the agency of non-state actors in the global arena on the basis that these actors, although not sovereign, have the capacity to influence global politics. Public health operates at a different level of analysis, as it is governed primarily within national borders by government agencies.[40] In some cases, private actors (both for-profit and not-for-profit) and public-private partnerships

influence public health policy. Most definitions of public health do not specify where agency lies in public health governance, but if agency is defined as authority and capacity to create policy, then we can argue that it lies with governments and government agencies, supplemented by the influence of private actors. A point of convergence between the fields of international relations and public health is that they are both seeking to better understand the role of private actors in health policymaking, the interplay between public and private power in health politics, the definition of power and authority, as well as the role of ideas, social constructions, and scientific knowledge – all of which are questions of significance for both fields and require further research. Debates will be significantly enriched by a more focused dialogue between the two disciplines.

The differences in relevant agency in IR and PH are set in the context of differences in the character of the structure within which politics are taking place. Structure in international politics is anarchic – defined by the lack of an authority above sovereign states that can force them to behave in a particular way. Authority is, therefore, distributed horizontally, and states are both the governors and the governed in the international system. Domestic political structures, within which public health is governed, are vertical structures of authority – where political authority resides with the state – the government (legislature), the executive, and the judiciary - and all other actors are subject to its jurisdiction. These qualitatively different structures affect the nature and character of political processes and the forces that drive them. In IR, the anarchic structure of international politics and differentials in the power capabilities of states are believed to determine the conflictual nature of international politics.[41] International politics are competitive because the possession and access to scarce resources define the power capabilities of states. Domestic politics are also driven by competition for scarce resources, but these are distributed by the government. The relationship between the anarchic and hierarchic structures of global and domestic governance, along with its influence on the politics of health governance is virtually unexplored.

In epistemological terms, public health and international relations are almost at the opposite ends of the spectrum. Public health relies on empirical epistemologies and scientific methodologies.[42] Epidemiology, health systems, and health promotion, which are all part of public health, are all evidence-based fields, grounded in scientific knowledge.[43] International relations belongs to the family of social sciences. Under the influence of American social science, traditional IR scholars have embraced a positivist epistemology in an attempt to emulate the natural sciences.[44] Traditional IR scholars, however, are also the ones who perceive health as an issue of 'low politics' and therefore of little relevance to the strategic political agenda. Critical IR theories (broadly defined) are the ones which do not differentiate between high and low politics and provide space for consideration of topics such as health on the global political agenda. They are also the ones, however, that adopt post-positivist epistemologies and qualitative research methods in direct contrast to the positivism and empiricism of public health. Exploring the possibilities in such epistemological debates could have profound effects on both PH and IR understanding of the global politics and governance of health.

If we accept the possibility of objective and neutral scientific knowledge, the epistemological schism between public health and international relations would be impossible to bridge or close. However, if we consider scientific knowledge as socially-

conditioned and constructed, as proposed by the sociologists of scientific knowledge, then the links between the local and global political contexts and the knowledge produced by public health practitioners and scholars become more discernible. Sociology of scientific knowledge (SSK) scholars argue that knowledge is produced through a social process and is shaped and influenced not purely by the discoveries of scientific research, but also by social, cultural, political, and economic factors and power relations, premised on professional standing and influence.[45] This is assuming a social nature of scientific knowledge makes a dialogue between political scientists and public health scholars compulsory.

CONCLUSIONS: POLITICS AT THE JUNCTION OF INTERNATIONAL RELATIONS AND PUBLIC HEALTH

This article set out to provide a broad overview of the main themes and discussions in the global politics of health governance literature with the aim of identifying avenues for its further development and improvement. The literature review has demonstrated that in some areas like security politics, for example, we have reached an impasse in the dialogue between IR and public health, while in others, like governance and trade analysis, the dialogue has become a bit closed and stale. Discussions of the global politics of health governance remain on the margins of the discipline of international relations, due in part to their limited engagement with theory testing and development, while public health continues to be myopic about the impact of global political dynamics and institutions on health policy and financing.

In a globalised world, ill-health can neither be contained within state borders, nor is it determined solely by domestic factors in isolation from external ones. With by far the largest number of deaths per year caused by disease, the politics of health are of existential importance, more so even than the politics of security. The stakes are high, as political decisions in health governance directly affect individual well-being. The discipline of international relations provides comparative frameworks and theories from the analysis of inter-state politics in different political realms including governance, the politics of power, conflict, competition, cooperation, law, economics, etc. that can build a more in-depth understanding of the global governance of health. Critical and post-modernist approaches, for example, can help to draw attention to inequalities and power differentials, and the mechanisms through which authority is re-enforcing these. Feminist approaches can highlight the gender-based nature of contemporary health politics and pinpoint gender-driven policies. Political economy can expose the impact of neoliberal economics on health politics. At the same time, a more sophisticated understanding of the global politics of health can raise new challenges for the understanding of security politics, the role of public-private partnerships in global governance, and the interplay between different sub-fields of international relations. It can provide new insight into agency with analysis that cuts through different levels of aggregation – i.e. individual/state/international.

Engaging public health knowledge in the political analysis of the governance of health is of great importance, as the latter will be infused with specialist knowledge. Such engagement also has the potential to expose causal relationships that shape political interactions, which may otherwise remain obscure. A dialogue between public health and international relations is overdue, but is unlikely to be easy due to the

ontological and epistemological differences between the disciplines. New approaches ought to be sought out in order to facilitate such dialogue – the overreliance on constructivism and qualitative methodologies on the part of IR scholarship and the over-commitment to evidence-based scientific knowledge of public health have not delivered the full potential of bridging these two disciplines.

The governance of health is taking place in an ever-changing political context - political spaces of domestic and international politics are increasingly overlapping, watering down the inside/outside dichotomy that has defined the field of international relations since its inception. International agendas set by intergovernmental institutions influence national health policies. Intensifying international trade and travel, the internationalisation of production, and the emerging global trends in consumption mean that no part of the world can remain isolated from emerging and re-emerging communicable diseases, nor from the prevailing non-communicable diseases. The health-related agendas of state and non-state actors stretch beyond state borders, creating an urgent need to examine public health politics and international politics in tandem.

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