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Rowing Against the Tide Is How You Drown: A Response to Recent Commentaries

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The five commentaries on our two-part analysis of the healthy societies literature agree with our diagnosis and largely with one another. Liwanag and Howard name the problem socio-political inertia; Khalil calls for a shift from technical fixes to a justice-oriented paradigm; Fisher relocates the foundations of a healthy society to the community arena and the public-interest duty of the democratic state; Di Ruggiero shows that the field measures problems rather than the actions and governance that would address them.[1-4] Like us, each finds power under-analysed. Repullo-Labrador draws a strategic conclusion from that finding, which invites further engagement.[5] He accepts that the frameworks are technocratic, that intersectoral action founders on the worldviews and interests of ministries, and that redefining progress is "a real battle of values."[6,7] He then surveys the political weather, names Trump, Milei and Netanyahu, and concludes that the next five to ten years call for "defensive strategies" to protect what has been achieved. Building healthier societies, his title says, is rowing against the tide. It is an honest position. We think, however, that it is mistaken, and the other four commentaries help explain why.

Defence is not a new strategy. It is what public health has practised since the 1980s. The 68 documents we reviewed, from Lalonde in 1974 to the pandemic, envision and re-envision ever more components and connections whilst offering almost no account of why earlier visions were not realised.[7] Equity, human rights and empowerment are declared in preambles and left unoperationalised. Contestation and resistance are ignored as drivers of progressive change.[7] The decades in which Alma Ata should have been implemented were the decades in which the state was rolled back and prevention was left with less than a tenth of health spending.[7] Public health did not stop rowing. It stayed in the same stretch of water.

The metaphor is apt, but the tide is the problem with it. Tides are not weather, something to be surveyed and survived; they are produced by identifiable forces. In our first paper we identified them: the concentration of wealth and corporate power, the normalisation of individual responsibility, and the retreat of the redistributive state. These operate on every component of a healthy society: on people, places, products and planet alike.[7] Liwanag and Howard call the result inertia.[1] The term is generous, and they half concede so when they call for it to be moved. Inertia implies that nothing is moving, whereas the PhilHealth funds they describe were actively moved, from a legislated entitlement back to the treasury. Power of this kind also works less by defeating proposals than by keeping them off the agenda altogether, so that a decade of defence is also a decade in which the agenda is set by others. A rower who treats the current as given exhausts themselves holding position.

If power is the obstacle, it is also the instrument. Repullo-Labrador worries that leaving "the plane of sectoral analysis" for politics with a capital P would cost the health community its legitimacy. Our review suggests there is less to lose than he fears. The healthy societies literature is a health-sector literature, written largely from the global North; ministries of health lack the mandate (and often interests) to lead it, and we concluded that leadership must be found beyond them.[6] The values the literature invokes, equity, gender equality, human rights, sustainability, and empowerment, were not minted by the health sector, and it has rarely been the sector that fought hardest for them. They belong to the labour, feminist, climate, racial justice and youth movements, which possess the constituencies, the organising capacity and the political legitimacy that public health does not appear to have. Fisher is right that the duty of the democratic state to the public interest must be revived; it is these movements, not health ministries, that have forced states to remember it.[3] Two examples from our own review make the point. The laws criminalising gay sex, drug use and sex work, which made effective HIV prevention impossible, were reversed by a movement that treated health as a site of struggle rather than a technical programme.[7] And in 2020 most states paid the wages of furloughed workers within weeks, showing how hard the fiscal lever can be pulled when the demand is organised.[7] Capacity was never the constraint; rather counter-power was missing.

Repullo-Labrador reads the present as a period to be survived. We read it also as a period in which the ground is

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being redrawn. The settlement that fixed which questions were admissible in global health is breaking up; in what Mark Carney has called a world of variable geometry, middle powers, regional blocs and movements are forming coalitions around the issues on which they can agree rather than waiting for consensus that no longer exists. Rupture removes the protections the old settlement provided. It may also remove the veto that kept redistribution, corporate regulation and alternative measures of progress off the table for forty years. Those who are organised – possibly plurilateral groups like BRICS (Brazil, Russia, India, China, and South Africa) or ASEAN (Association of Southeast Asian Nations) – when the rules are rewritten, will shape them.

Accountability is where that organising can start. Di Ruggiero observes that what is not conceptualised is not measured, and that the field measures the social determinants rather than what anyone does about them.[4] Our second paper made the same point: the field's accountability measures are either general principles or narrow procedural checks, when they should hold institutions to account for their conduct on the structural drivers of health.[6] Global 50/50 has done this for years, tracking whether the organisations that govern global health practise the equality they preach. Our 2026 report, Regaining (some) Ground, shows that ground surrendered under political pressure can be regained; an independent monitor cannot compel that recovery, but publishing who has moved and who has not makes retreat visible and harder to sustain.[8] The Lancet Commission on gender and global health drew the wider lesson: gender justice is a precondition for health equity because power, not evidence, determines the result.[9]

Repullo-Labrador is right that the outlook is not optimistic and right that the coming decade will be hard. But we must respectfully disagree that the answer is to hold position. Rowing against the tide is how you drown. The alternative is to interpret the current, join together with other voyagers and build a boat charting course for a different destination altogether.

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Kent Buse is co-founder and co-Chief Executive Officer of Global 50/50. Devaki Nambiar has no interests to declare.

Authors' contributions

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