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Commentary

Global health politics: neither solidarity nor policy

Comment on "Globalization and the diffusion of ideas: why we should acknowledge the roots of mainstream ideas in global health"

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Abstract

The global health agenda has been dominating the current global health policy debate. Furthermore, it has compelled countries to embrace strategies for tackling health inequalities in a wide range of public health areas. The article by Robert and colleagues highlights that although globalization has increased opportunities to share and spread ideas, there is still great asymmetry of power according to the countries' economic and political development. It also emphasizes how policy diffusion from High Income Countries (HICs) to Low- and Middle-Income Countries (LMICs) have had flaws at understanding their political, economic, and cultural backgrounds while they are pursuing knowledge translation. Achieving a fair global health policy diffusion of ideas would imply a call for a renewal on political elites worldwide at coping global health politics. Accordingly, moving towards fairness in disseminating global health ideas should be driven by politics not only as one of the social determinants of health, but the main determinant of health and well-being among—and within—societies.

Keywords: Global Health, Global Health Governance, Health Policy, Health Politics

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Introduction

The global health agenda has been dominating the current global health policy debate. It has compelled countries to embrace strategies for tackling health inequalities in a wide range of public health issues, such as communicable and non-communicable diseases, essential medicines shortfalls, access to healthcare delivery services, and health systems strengthening (1).

Currently, achieving global health governance is depicted as a quest to undertake these challenges. Since weaknesses in shared global decision-making were identified, the second report on the post-2015 development agenda encompass global community to engage into a renewed global partnership, which could allow to strengthen it (2). Nevertheless, it seems that political global landscape is far from achieving a shared global decision-making framework. Meanwhile, the global political and economic paradigms still hinder moving toward a novel and comprehensive global development agenda for a fair policy diffusion of ideas that is as the countries' willingness to generate or adopt policy ideas independently from the economic environment where ideas have been conceived.

The article of Robert and colleagues highlighted two key remarks on why Low- and Middle-Income Countries (LMICs) should (not) embrace the mainstream ideas in global health (3). One of them is related to the issue that although globalization has increased opportunities to share and spread ideas elsewhere, there is still great asymmetry of power according to countries' economic and political development. The second thought emphasizes how policy diffusion from High Income Countries (HICs) to LMICs have had flaws at understanding their political, economic, and cultural backgrounds, even when LMICs have been broadly targeted for being part of the hegemonic policy options designed and disseminated by the developed world.

Accordingly, attaining a new global scenario for policy diffusion is a political challenge. Nonetheless, the global health agenda has been concentrating its efforts on policy diffusion as a result of solidarity and policy development. Both of them as outcomes of knowledge translation from HICs to LMICs lack the politics to gather a global community for engaging with global health challenges.

The aim of this paper is to address two major political constraints for global health policy diffusion defined as the political process through which global health mainstream ideas are posed worldwide. The first section discusses the lack of political foundations at pursuing the global health policy diffusion. Secondly, global health will be argued as an opportunity for power redistribution among -and within- societies rather than a new wave of economic and social harnessing of thinking. Finally, a call for action on a fair political process worldwide will be stated as a path to strengthen global health policy diffusion.

Why global health lacks politics?

Along recent decades, politics of global health has been narrowly debated. On the contrary, global health governance has been the milestone for politics and political processes to

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influence the shaping of population health goals worldwide. Despite that several authors have developed theoretical frameworks for global health governance (4–6), politics have been conceived as one driver rather than the core for a shared governance covenant worldwide. Nevertheless, and notwithstanding that current theoretical efforts have focused on seeking for renewal in global health as a conceptual framework (7,8), politics still remain hindered by financing and policy initiatives. Thus, identifying an ideology behind global health is also a global quest by itself.

Global politics has posed the social determinants of health as a cross cutting paradigm to understand population health. Nevertheless, as a social determinant of health, politics has led a misguided debate on what are global health's ideological roots. Also, it has contributed to a misleading global health advocacy debate that can be driven based on the perceptions of two conflicting policy trends: one philanthropic-based and the other state-based.

The philanthropic-based trend conceives global health as a path for enhancing population health throughout specific initiatives mainly financed by private donors and international agencies, where there is no political commitment behind their goals. On the other hand, the state-based trend foresees global health problems as possible domestic threats. Therefore, political involvement is strong while countries are encountering health problems out of their control. Both conflicting policy trends are further described in Table 1.

These two trends have been disseminated broadly since global health strikes capitalism as the core of the current human development arrangements. Global health issues raise reasonable concerns of capitalism as an economic model, and about their consequences on population health and well-being. Examples include the effects from global trade, migration policies, social conflicts, and economic crisis. Consequently, there has not been political will for a thorough and comprehensive political debate from different world's stakeholders for addressing gaps in the economic model.

Global health will remain lacking in politics while its challenges and principles undermine the economic model as the political driver worldwide. Moreover, moving toward politics-based global health would nudge HICs to embrace a different path for development where LMICs would not be part of their enrichment policies. For policy diffusion of ideas, a lack of global health politics implies the capture of the global policy agenda by HICs while LMICs development continues tied to the global extracted economic model. Therefore, sharing global solutions shaped from LMICs' backgrounds would still be seen as a threat by HICs.

What should be the political ideology behind global health endeavors? It is clear that there is not an easy pathway to answer the question without tackling the global economic and political shortfalls.

Global health means power redistribution

The main global health challenges for improving population health and well-being in LMICs are related to overcoming the high concentration of political and economic power from HICs. For those LMICs, which are striving with social, cultural, and political clashes, chances for being involved in knowledge translation for global health solutions are politically banned. Moreover, the global transit of expert knowledge leads to establish different relations of power between policy-makers and those who are thinking as a policy target (9).

The power relationships for global health policy diffusion have been discussed as a governance challenge. For some authors, the lack of global health governance will not allow the design of programs to achieve international health objectives (10). Further discussion has centered on seeking a comprehensive analysis of power (11). Although a global health fair policy diffusion of ideas will be achieved only if countries worldwide are willing to share power on global health decision-making; it seems neither multilateral agencies nor advocacy agencies would be capable to move the boundaries from the current global political edge.

Undoubtedly, enhancing and strengthening political fairness should be considered as a global health tenet. Nonetheless, coping a fair global health policy diffusion should be based on a new global governance without military and economic development as coercion measures for ideas adoption elsewhere. Hence, overcoming the post-Cold War paradigm on global allocation of power would demand not only moving toward a broader and new health governance global understanding, but also to new drivers for a fair distribution of power. Also, it would imply that countries should be able to choose between cooperation and isolation as a foreign policy to face global health challenges (Table 2).

For HICs, adopting an isolation-based foreign policy approach would mean accepting their own fragility and vulnerability since they have achieved greater levels of population health than LMICs. Therefore, health issues from LMICs are posed as threats. On the other hand, encompassing global health cooperation should not be understood as current international aid endeavors. Achieving cooperation means to surpass the political threshold on power redistribution at global health decision-making among countries, independently of their economic development.

Moving toward Universal Health Coverage (UHC) fits as an example of possible isolation-based approach for foreign

Table 1. Policy trends to understand global health

Philanthropic-based	State-based
• Low or no state involvement	• High level of state involvement
• Private donors as main drivers	• State as a main driver for policy
• Focused in low- and middle- income countries	• Focused in high income countries
• Initiatives are fragmented and driven by donor's interests	• Policy initiatives are highly centralized

Table 2. Cooperation and isolation as foreign policy approaches for global health challenges

Cooperation-based	Isolation-based
• Global health as a challenge for mankind	• Global health as a private endeavor
• National health systems as global health systems	• Global health problems are targeted as a threat
• Global health problems shared as local health problems	• Policy-making focused on protecting country from global health problems
• Shared health governance in policy-making	• Health governance based on sovereignty

policy. For some developed countries, moving forward into better health and social welfare schemes could be seen as an economic and political threat since they are attracting migrants looking for a better quality of life (12). In a cooperation-based counterfactual scenario, developed countries would see UHC as an opportunity for strengthening their own healthcare delivery organization since they are attracting people from different settings that carry their own social construction of health with them.

In the European Union, tobacco control agreement is a good example of cooperation. The states moved towards a shared sovereignty for tobacco control from population health integration instead of terms for economic arrangements only (13). Although it seems the European Union case on tobacco control was able to avoid incentives for isolation of a particular global health issue, moving forward a cooperation-based scenario cannot be attempted without changes in the economic model, and politics as its custodian. Hence, global health policy diffusion would be worthless while their foundations remain based on capitalism as a political driver to reach their goals.

Toward a fairer political process

A fair policy diffusion process needs to fulfill the lack of a shared political ideology behind global health challenges. Solidarity and policy diffusion are not enough if countries are not able to see global health challenges as their own. Fairness in a global political process should be shaped not for the economic model, but for social and cultural backgrounds. Therefore, economic growth and wealth are not enough for isolating HICs once global health issues are not only circumscribed to LMICs, but also in their own social and cultural changes.

Globalization itself has blurred boundaries on the spread and control of disease. Fostering countries to move from isolation to cooperation on policy diffusion of ideas will require a global understanding regarding health problems as a shared challenge for global development. There is also compromised shifting of political and economic pathways for wealth generation.

Enhancing and strengthening political fairness should be considered a global health tenet for better governance. Once global community is able to understand that global health threats are beyond economic growth and political instability, a fair policy diffusion of ideas should be a shared goal to achieve high levels of health and well-being.

Finally, a fair global health policy diffusion of ideas would imply a call for a renewal on both academic and political leaders worldwide on undertaken novel paradigms. Accordingly, moving towards fairness on dissemination of global health ideas should be driven from politics not only as one of the social determinants of health, but the main path for fair policy diffusion of global health ideas which are seeking better health and well-being among—and within—societies.

Ethical issues

Not applicable.

Competing interests

Author declares that he has no competing interests.

Author's contribution

CAM is the single author of the manuscript.

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