

Anthropology 208: Medical Anthropology



Week 11:
Global Health & Development

Zoom Mini-Lecture...

2020 Semester 1

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Introductions

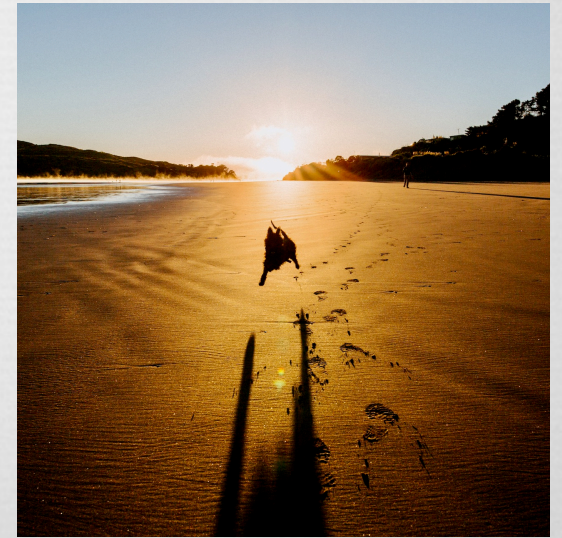


Who am I?

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Agenda & Readings

Week 11: 1 June 2020



Agenda in Three Parts

Readings

Part I

- Introduction
- The Transition from “International Health” to “Global Health”
- Definitions
 - Global Health
 - Development

Part II

- Global Health Partnerships
- Health Governmentalities
 - Practical Questions for the Ethnographer

Part III

- Applied Medical Anthropology
- Development Studies at the University of Auckland

Required Reading:

- Brown, Theodore M, Marcos Cueto, and Elizabeth Fee. 2006. “The World Health Organization and the Transition from International to Global Public Health” *American Journal of Public Health* 96 (1): 62-72.
- Brown, Hannah. 2015. “Global Health Partnerships, Governance, and Sovereign Responsibility in Western Kenya” *American Ethnologist* 42 (2): 340-355
- Joralemon, Donald. (2017). Chapter 8: Applying Medical Anthropology. In *Exploring Medical Anthropology* (pp. 88-103). Taylor & Francis.

Recommended Reading:

- Benton, Adia. 2015. *HIV Exceptionalism: Development Through Disease in Sierra Leone*. Minneapolis, MN: University of Minnesota Press. Preface and Introduction (pp.ix-xii, pp.1- 24).

The Alma Ata Declaration, 1978



- ❧ Health: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” – Article 1
- ❧ Establishes health as a human right
- ❧ Recognizes the imperative of addressing health inequalities as a development issue for socioeconomic improvement
- ❧ Broadly defines the multi-sectoral aspects of a “primary health care” agenda
 - ❧ Contrast against the successor to PHC: Selective Primary Health Care
- ❧ Recommends increasing health budgets (over “armaments and military conflicts”)
- ❧ Health for all “by the year 2000”... 🤔



The Transition from “International Health” to “Global Health”



TABLE 1—Number of Articles Retrieved by PubMed, Using “International Health” and “Global Health” as Search Terms, by Decade: 1950 Through July 2005

| Decade | International Health ^a | Global Health ^a |
|----------------|-----------------------------------|----------------------------|
| 1950s | 1 007 | 54 |
| 1960s | 3 303 | 155 |
| 1970s | 8 369 | 1 137 |
| 1980s | 16 924 | 7 176 |
| 1990s | 49 158 | 27 794 |
| 2000-July 2005 | 52 169 ^b | 39 759 ^b |

^aPicks up variant term endings (e.g. “international” also picks up “internationalize” and “internationalization”; “global” also picks up “globalize” and “globalization”).

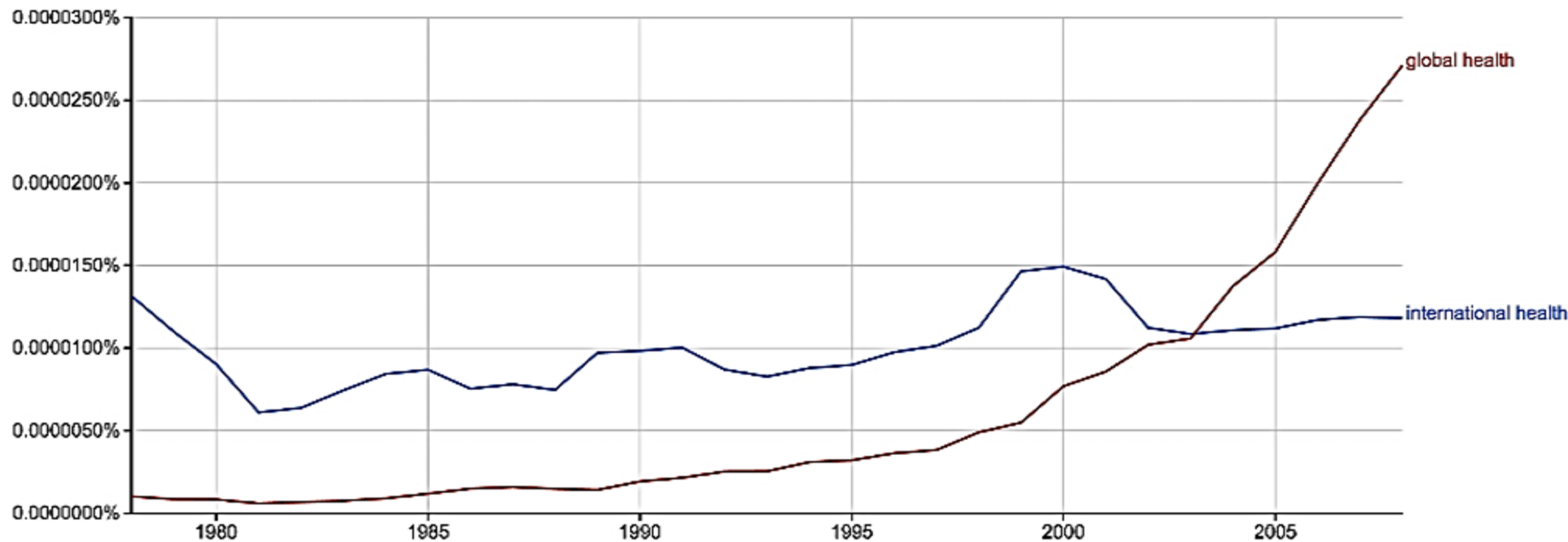
^bNumber for 55 months only.

The Transition from “International Health” to “Global Health”



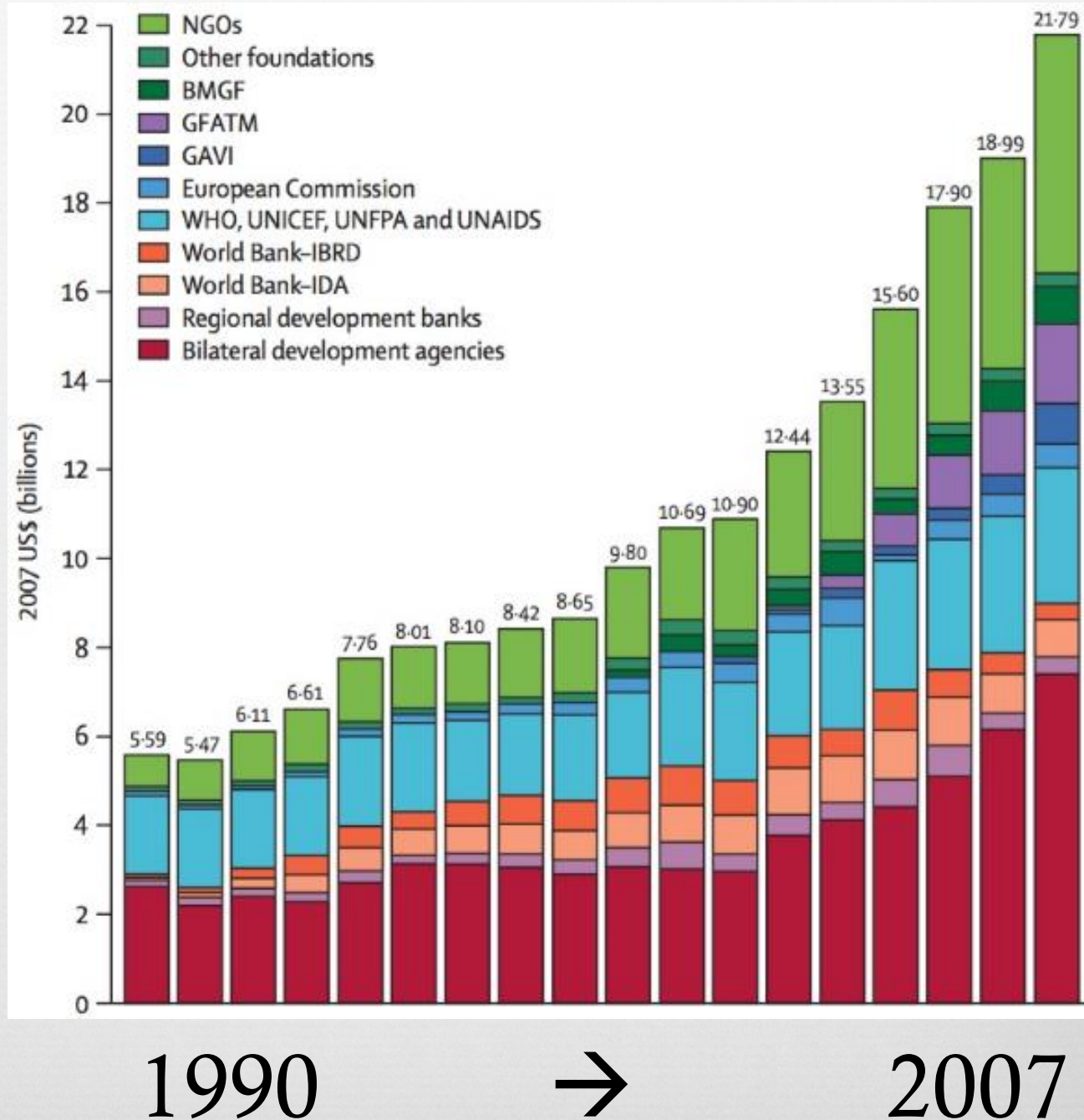
Google books Ngram Viewer

Graph these comma-separated phrases: ☐ case-insensitive
between and from the corpus with smoothing of [Search lots of books](#)

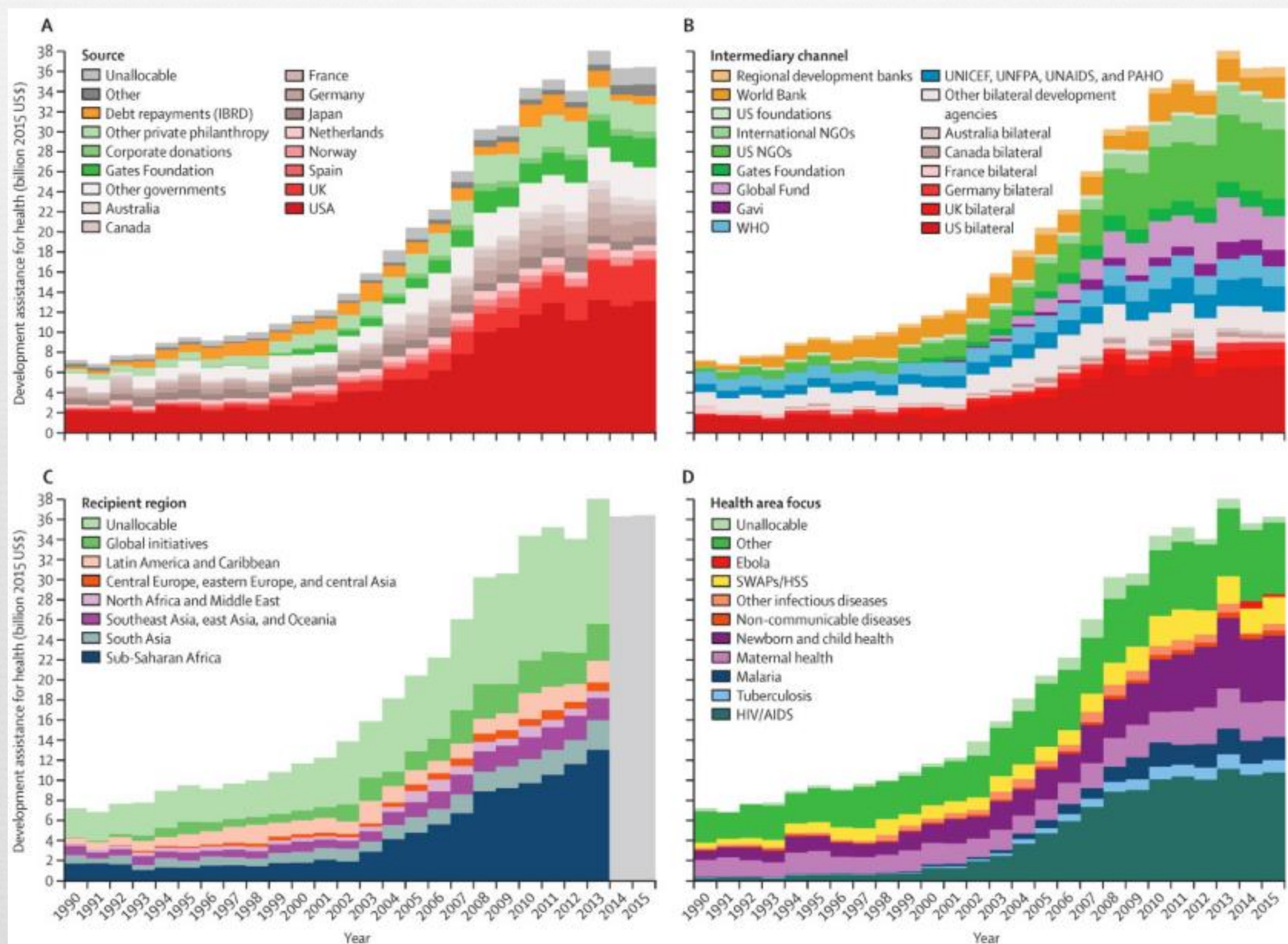


Development assistance for health from 1990 to 2007 by channel of assistance

Ravishankar, Nirmala et al. 2009. Financing of global health: Tracking development assistance for health from 1990 to 2007. *The Lancet* 373 (9681): 2113-2124



Disaggregated Development Assistance for Health, 1990–2015



Dieleman, Joseph L, Matthew T Schneider, Annie Haakenstad, Lavanya Singh, Nafis Sadat, Maxwell Birger, Alex Reynolds, et al. 2016. Development assistance for health: Past trends, associations, and the future of international financial flows for health. *The Lancet* 387 (10037): 2536-2544. [http://dx.doi.org/10.1016/S0140-6736\(16\)30168-4](http://dx.doi.org/10.1016/S0140-6736(16)30168-4)

What is International Health?

What is Global Health?



- ❧ International Health: emphasizes the nation-state as the base unit of comparison and implies a focus on relationships among states.
- ❧ Global Health: recognizes the role of non-state institutions, such as international NGOs, private philanthropists, and community-based organizations.
- ❧ Global Health also recognizes that...
 - ❧ Pathogens (and other disasters) do not recognize international borders...
 - ❧ ...and increasingly, neither does war, nor capital.
 - ❧ Furthermore, health disparities are not only found among nations, but within them.
- ❧ Global Health: “a collection of problems rather than a discipline”
 - ❧ (kind of like Development Studies)
- ❧ Not mutually exclusive categories: “WHO is an intergovernmental agency that exercises international functions with the goal of improving global health.” (Brown, Cueto, and Fee 2006, 62)
- ❧ Deeper Implications: “Global” suggests pretensions toward worldwide reach, and universal shared understandings about health (...in ways that transcend the nation-state)

Two Regimes of Global Health

Lakoff, Andrew. 2010. "Two Regimes of Global Health" *Humanity: An International Journal of Human Rights, Humanitarianism, and Development* 1 (1): 59-79.



- ❧ Global Health Security
- ❧ Humanitarian Biomedicine
- ❧ “While these two regimes by no means exhaust the expansive field of global health, their juxtaposition usefully highlights some of the tensions inherent in many contemporary global health initiatives” (p.59).
- ❧ What do these “two regimes” have in common?

Table 1: Regimes of Global Health

| | <i>Global Health Security</i> | <i>Humanitarian Biomedicine</i> |
|---------------------------------------|---|---|
| Type of threat | Emerging infectious diseases that threaten wealthy countries | Neglected diseases that afflict poor countries |
| Source of pathogenicity | Social and ecological transformations linked to globalization | Failure of development; lack of access to health care |
| Organizations and actors | National and international health agencies; technocrats | NGOs, philanthropies, activists |
| Techno-political interventions | Global disease surveillance; building response capacity; rapidly develop biomedical interventions to manage novel pathogens | Provide access to essential medicines; drug and vaccine research and development for diseases of the poor |
| Target of Intervention | National public health infrastructures | Suffering individuals |
| Ethical stance | Self-protection | Common humanity |

What is Development?



- ❧ My quick and dirty definition: “schemes for improvement”
 - ❧ *Seeing Like a State* – James Scott
 - ❧ *The Will to Improve* – Tania Murray Li
- ❧ Anthropology of Development takes a critical stance:
 - ❧ asks how schemes for improvement rarely go according to plan
 - ❧ studies development as a social process
- ❧ What is the “development imaginary”?
 - ❧ What are “social imaginaries” more broadly?
- ❧ What is Development Studies?
 - ❧ “Development Studies engages you in the critical issues of social change which are transforming global society.” – University of Auckland website

Let's Take a Break!



Video Break

Global Health Partnerships:

The Prevailing “Scheme for Improvement” in Contemporary Global Health

the implementation (via international donors) of new forms of plural health governance, operating “within a broader network of partners, whereby... funding is complemented by the activities, expertise and resources of other agencies, national governments, NGOs, civil society organizations, and private sector partners” (Oomman et al. 2007:31, cited in Taylor & Harper 2014.)

studying partnership ethnographically reveals interactions shaped by power and inequalities that resonate across scales, from personal interactions to the broader structures of global aid priorities... these engagements are dynamic fields of governance, shaped at an individual level by the personalities of those involved and by the wider context of the changing landscapes of funding, institutional configurations, and global health priorities. *Partnership is arguably a key institution for pluralistic and dispersed forms of governance in the contemporary world.* (Brown 2015:350)

“partnership is visible and it is branded.”

Brown 2015:341



Post-Tsunami Clinic Renovation by IOM. Aceh, Indonesia. November 2005.

Partnerships:

When Biopower meets the Humanitarian Politics of Life
(a schematic, stereotyped dichotomy)



Biopower / Biopolitics

- ❧ The regulation of populations
- ❧ Technologies defining, studying, counting, controlling, and, more generally, “normalizing” populations.
- ❧ Ministries of Health must manage their entire national populations, not just a particular type of “biological citizen” (e.g. HIV+)

Politics of Life

- ❧ The deployment of moral sentiment unequally, in a way that privileges the disadvantaged over the advantaged, which in turn (re)inscribes political hierarchies of value.
- ❧ Fassin, Didier. (2007). Humanitarianism as a Politics of Life. *Public Culture*, 19(3), 499-520.
- ❧ Partner organizations are often specifically tasked with delivering specialized health services to some people (e.g. HIV+) but not others.

Four Practical Questions for Ethnographic Studies of Health Governmentalities and the Limits of Biopower



- ☞ Governmentality: an analytical framework used to examine how practices of rule articulate elements of government, sovereignty, and discipline. A way of understanding how power works and what it does. (Li 2007)
 - ☞ Biopower: “The form of governmentality that deals with life... Biopower is at work any time the quantification of life leads to the categorization of life” (Hanna & Kleinman 2013)
1. **What are the limits of governmentality in concrete cases?**
 - ☞ In a governmentality frame, total power is an oxymoron. It requires a relation of “permanent provocation,” because biopower is only effective insofar as it enables one to act.
 2. **What aspects of social life are not subject to governmentality?**
 - ☞ Climate, epidemics, landscape (non-human forces that nonetheless have determinate effects on social relations)
 - ☞ Obdurate social relations (every act of governance occurs in a historical time and place... “There are processes and interactions, histories, solidarities and attachments, that cannot be reconfigured according to plan”)
 3. **How do a variety of governing agents reflect on their own practices? Do they acknowledge practical limits to their power? Do they look at past interventions? Do they assess risk? Do differential assessments of risk come into conflict among governing agents?**
 4. **At the “tense frontier” between governmental rationality and critical praxis, what are the sources of critical insight? Are these sites of contestation and change? OR (more likely) opportunities to further extend and consolidate the reach of biopower?**
 - ☞ Sources of insight include: studies of overlapping, contradictory, uncoordinated programs; the gap between expectations and actual outcomes;



The Changing Governance of Maternal and Child Health Services in Indonesia



(my current research)

Grayman, Jesse Hession et al. 2018. Indonesia - Long-Term Generasi Qualitative Study (English). Washington, D.C.: World Bank Group.

Grayman, Jesse Hession. 2017. Topography and scale in a community-driven maternal and child health program in Eastern Indonesia. *Medicine Anthropology Theory* 4 (1): 46-78

Grayman, Jesse Hession, Nelti Anggraini, and Siti Ruhanawati. 2013. *Opportunities and Approaches for Better Nutrition Outcomes in PNPM Generasi. A Qualitative Study, Conducted in: Sukabumi (West Java), East Manggarai (Flores, East Nusa Tenggara), and Pamekasan (Madura, East Java)*. Jakarta: PNPM Support Facility.

Community Driven Development (CDD) in Indonesia



PNPM: *Program Nasional Pemberdayaan Masyarakat*
National Program for Community Empowerment

PNPM Generasi Sehat dan Cerdas (GSC)
PNPM Healthy and Smart Generation



Competing Programs, Competing Partnerships



Generasi works with the national government and implements through sub-district and village governments

The Australia-Indonesia Partnership for Maternal and Neonatal Health works through the Ministry of Health, at the provincial level and implemented through sub-district public clinics



Bonde sub-district govt office
(where community driven development programs operate)

Bonde sub-district health clinic
(where AIPMNH operates)

Exploring the Governance of Maternal and Child Health Services in Indonesia



1. What are the limits of governmentality in concrete cases?
2. What aspects of social life are not subject to governmentality?
3. How do a variety of governing agents reflect on their own practices? Do they acknowledge practical limits to their power? Do they look at past interventions? Do they assess risk? Do differential assessments of risk come into conflict among governing agents?
4. At the “tense frontier” between governmental rationality and critical praxis, what are the sources of critical insight? Are these sites of contestation and change? OR (more likely) opportunities to further extend and consolidate the reach of biopower?



Let's Take a Break!



Video Break

Applied Medical Anthropology



- ∞ Joralemon identifies two important traps:
 - ∞ Anthropologist troubleshooters (pp.91-92)
 - ∞ Cultural Competence (pp.97-99)
- ∞ “How to function within a system while simultaneously critiquing it?” (Joralemon 2017, 99)
 - ∞ Focus on...
 - ∞ ...process
 - ∞ ...relations... including inequalities
 - ∞ ...limits
- ∞ “Good enough critically applied anthropology” (Bourgois & Schonberg 2009, 298)
 - ∞ “rooted in critical theory and aimed at redressing the ‘useless suffering’ that is imposed politically and institutionally on the socially vulnerable.”
 - ∞ “By using the term *good-enough critically applied anthropology*, we want to emphasize the need for humility and self-reflection when building theory to inform urgent public debates.”
 - ∞ Bourgois, Philippe. I., & Schonberg, Jeff (2009). *Righteous Dopefiend*. Berkeley: University of California Press.
 - ∞ translating academic techno-science to the street

“Intervention as a Mode of Inquiry”

Good, Byron (2012, pp.527-531)



Reflections on mental health reform in Indonesia, and in post-conflict Aceh in particular

Good, M.-J. D., Good, B. J., & Grayman, J. H. (2010). Complex Engagements: Responding to Violence in Postconflict Aceh. In D. Fassin & M. Pandolfi (Eds.), *Contemporary States of Emergency: The Politics of Military and Humanitarian Intervention* (pp. 241-266). New York: Zone Books.

Good, B. J. (2012). Theorizing the ‘subject’ of medical and psychiatric anthropology. *Journal of the Royal Anthropological Institute*, 18(3), 515-535.

Good, B. J., Grayman, J. H., & Good, M.-J. D. (2015). Humanitarianism and “Mobile Sovereignty” in Strong State Settings: Reflections on Medical Humanitarianism in Aceh, Indonesia. In S. Abramowitz & C. Panter-Brick (Eds.), *Medical Humanitarianism: Ethnographies of Practice* (pp. 155-175). University of Pennsylvania Press.

Good, B. J., Good, M.-J. D., & Grayman, J. H. (2016). Is PTSD a ‘Good Enough’ Concept for Post-Conflict Mental Health Work?: Reflections on Work in Aceh, Indonesia. In D. Hinton & B. J. Good (Eds.), *Culture and PTSD: Trauma in Global and Historical Perspective* (pp. 387-417). Philadelphia: University of Pennsylvania Press.

“The nature of what we learn about other’s subjectivity depends on the positions that we ourselves occupy. In this case, we have been involved on the side of intervention. We chose to work closely with IOM [the International Organization for Migration] – or, perhaps more accurately, we felt compelled by the stories we heard to become as deeply involved as we could in advocating for mental health care for terribly traumatized communities in a region with great need and only five psychiatrists for 4 million people. Although we know all of the arguments about the potential that the category [PTSD] serves to medicalize suffering and the critiques of the humanitarian industry, we reject using these as an excuse not to try to help those affected by the violence. We have been privileged to see individuals and communities recover, with the help of the committed young Acehese doctors and nurses with whom we worked.”

“As a part of teams of doctors and nurses, we have been able to go into villages and ask questions, even when these issues were terribly sensitive politically; we have listened in on persons telling doctors their stories; and we have been in a position to ask people to talk about their recovery precisely because we are involved in the intervention and its evaluation.”

Development Studies at University of Auckland



- ❧ Bachelor of Arts (Honours) in Development Studies
- ❧ Master of Arts in Development Studies
- ❧ Four Core Courses
 1. Development Praxis
 2. Development Theory
 3. Research Methods in Development Studies
 4. Development Policies and Institutions
- ❧ Postgraduate Advisor: Prof. Andreas Neef
 - ❧ a.neef@auckland.ac.nz
- ❧ More information:
 - ❧ <http://www.arts.auckland.ac.nz/en/about/subjects-and-courses/development-studies.html>
 - ❧ Twitter: @DevStudiesUoA

Research Interests in Development Studies at UoA



| Professor Andreas Neef | Associate Professor Yvonne Underhill-Sem | Senior Lecturer Jesse Hession Grayman |
|---|---|--|
| Natural resource governance | Gender and development | Humanitarianism |
| Land grabbing | Critical population geographies | Global health |
| Participatory approaches to agricultural and environmental research | Political ecology | Conflict and development |
| Rural innovation processes | Enculturating economic processes | Community driven development |
| Post-disaster response and recovery | Progressive social movements | Medical anthropology |
| Climate change adaptation | Pacific development | Civil society |

Development Studies

Post-Graduate Electives (that I teach)



DEVELOP 716:
Global Health and Development



DEVELOP 717:
Humanitarian Interventions



More info, email me: j.grayman@auckland.ac.nz

Two Key Texts in DEVELOP 716

Global Health and Development



... and MANY ethnographic case studies from Anthropology and other social science journals

Questions?



about the assigned readings or previous discussion
Please post on the Canvas Discussion page

Thank You!



☞ Contact:

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