



# **POWER AND GLOBAL GOVERNANCE FOR HEALTH**

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# OVERVIEW

1. The concept of power
2. A typology of power
3. Interaction of power
4. Conclusions

# POWER

- WHO Commission on Social Determinants of Health (2008):  
“Tackle the Inequitable Distribution of Power, Money, and Resources”
  - What is the distribution?
  - How to re-distribute power?
- Lancet/UiO Commission on GG4H
- # of times “power” appears in Lancet Commission report: 83
- Focus on power disparities, asymmetries, imbalances
- Mental shortcuts:
  - North/South, richer/poorer, states/citizens, industry/civil society

# POWER

- “a critical need to investigate how epistemic and normative power get exercised in the global health field” –Jeremy Shiffman (2014)
- “...global health is shot through with power relationships, that it takes many forms “ –Kelley Lee (2015)

Sources: Shiffman, J. (2014). 'Knowledge, Moral Claims and the Exercise of Power in Global Health', *International Journal of Health Policy and Management*, 3(6), pp. 297-299. doi: 10.15171/ijhpm.2014.120. Lee, K. (2015). 'Revealing Power in Truth; Comment on “Knowledge, Moral Claims and the Exercise of Power in Global Health”', *International Journal of Health Policy and Management*, 4(4), pp. 257-259. doi: 10.15171/ijhpm.2015.42

# DEFINITIONS & CONCEPTIONS OF POWER

- Dahl (1961): ““A has power over B to the extent that he can get B to do something that B would not otherwise do””.

Barnett and Duvall (2005):

- “Power is the production, in and through social relations, of effects that shape the capacities of actors to determine their circumstances and fate.”
- “scholars of international relations must work with multiple conceptions of power...a consideration of power’s polymorphous character will enhance and deepen theoretic understanding of international politics”

# DEFINITIONS & CONCEPTIONS OF POWER

- Hanefeld & Walt (2015): Bourdieu's cultural, economic, social and symbolic capital
- Sriram et al (2018): "is power best understood as power over (one's influence over others) or power to (one's capacity to achieve our goals)? And, how do we reconcile the power of underlying social structures in shaping individual behaviour, with human agency in determining behaviour, thought and action?"

Sources: Hanefeld, J., & Walt, G. (2015). Knowledge and networks - key sources of power in global health: Comment on "Knowledge, moral claims and the exercise of power in global health". *International journal of health policy and management*, 4(2), 119-21. doi:10.15171/ijhpm.2015.25. Veena Sriram, Stephanie M Topp, Marta Schaaf, Arima Mishra, Walter Flores, Subramania Raju Rajasulochana, Kerry Scott; 10 best resources on power in health policy and systems in low- and middle-income countries. *Health Policy and Planning*, Volume 33, Issue 4, 1 May 2018, Pages 611–621, <https://doi.org/10.1093/heapol/czy008>

# 7 TYPES OF POWER IN GLOBAL GOVERNANCE:

1. **Physical**
2. **Economic**
3. **Structural**
4. **Institutional**
5. **Normative**
6. **Discursive**
7. **Expertise**

Sources: Adapting Barnett and Duvall's (2005) 4-type typology for health, in Moon S. (2018) "Global health law and global governance for health: concepts, tools, actors, power and functions." (2018) In *Research Handbook on Global Health Law*, editors Gian Luca Burci and Brigit Toebes. Edgar Elgar. 2018.

# 1. PHYSICAL



Source: <https://www.nbcnews.com/news/world/al-qaeda-apology-terror-group-says-attack-yemen-hospital-was-flna2D11792337>



# 1. ECONOMIC



Source: <http://fortune.com/2018/01/09/bill-gates-jpm18-keynote/>

# 3. STRUCTURAL



the dti

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Department:  
Trade and Industry  
**REPUBLIC OF SOUTH AFRICA**

# 4. INSTITUTIONAL



Source: <https://www.voanews.com/a/new-world-health-organization-director-general/3867557.html>

# 5. NORMATIVE



Source: <http://kathmandupost.ekantipur.com/news/2017-01-28/nobel-peace-prize-winner-malala-heartbroken-by-trumps-refugee-order.html>

## 6. DISCURSIVE

# Opioid crisis declared a public health emergency

A standing order now allows any Virginian to access Naxolone, an emergency overdose-antidote.



# 7. EXPERTISE

Articles

## Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016



GBD 2016 Alcohol Collaborators\*

### Summary

**Background** Alcohol use is a leading risk factor for death and disability, but its overall association with health remains complex given the possible protective effects of moderate alcohol consumption on some conditions. With our comprehensive approach to health accounting within the Global Burden of Diseases, Injuries, and Risk Factors Study 2016, we generated improved estimates of alcohol use and alcohol-attributable deaths and disability-adjusted life-years (DALYs) for 195 locations from 1990 to 2016, for both sexes and for 5-year age groups between the ages of 15 years and 95 years and older.

**Methods** Using 694 data sources of individual and population-level alcohol consumption, along with 592 prospective and retrospective studies on the risk of alcohol use, we produced estimates of the prevalence of current drinking, abstinence, the distribution of alcohol consumption among current drinkers in standard drinks daily (defined as 10 g of pure ethyl alcohol), and alcohol-attributable deaths and DALYs. We made several methodological improvements compared with previous estimates: first, we adjusted alcohol sales estimates to take into account tourist and unrecorded consumption; second, we did a new meta-analysis of relative risks for 23 health outcomes associated with alcohol use; and third, we developed a new method to quantify the level of alcohol consumption that minimises the overall risk to individual health.

**Findings** Globally, alcohol use was the seventh leading risk factor for both deaths and DALYs in 2016, accounting for



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This online publication has been corrected. The corrected version first appeared at *thelancet.com* on September 27, 2018

See [Comment](#) page 987

\*Collaborators listed at the end of the Article

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Source: <https://edition.cnn.com/videos/politics/2018/05/03/trump-attacks-reporter-haberman-for-accurate-report-lawyer-ty-cobb-kth-sot-ac.cnn>

# 7 TYPES OF POWER IN GLOBAL GOVERNANCE:

1. **Physical:** physical force
2. **Economic:** economic resources
3. **Structural:** position in the social structure
4. **Institutional:** rules and decision-making procedures
5. **Normative (“soft”):** ideas on “appropriateness”
6. **Discursive (“soft”):** framing how an issue is understood
7. **Expertise (“soft”):** establishing what is true or factually correct

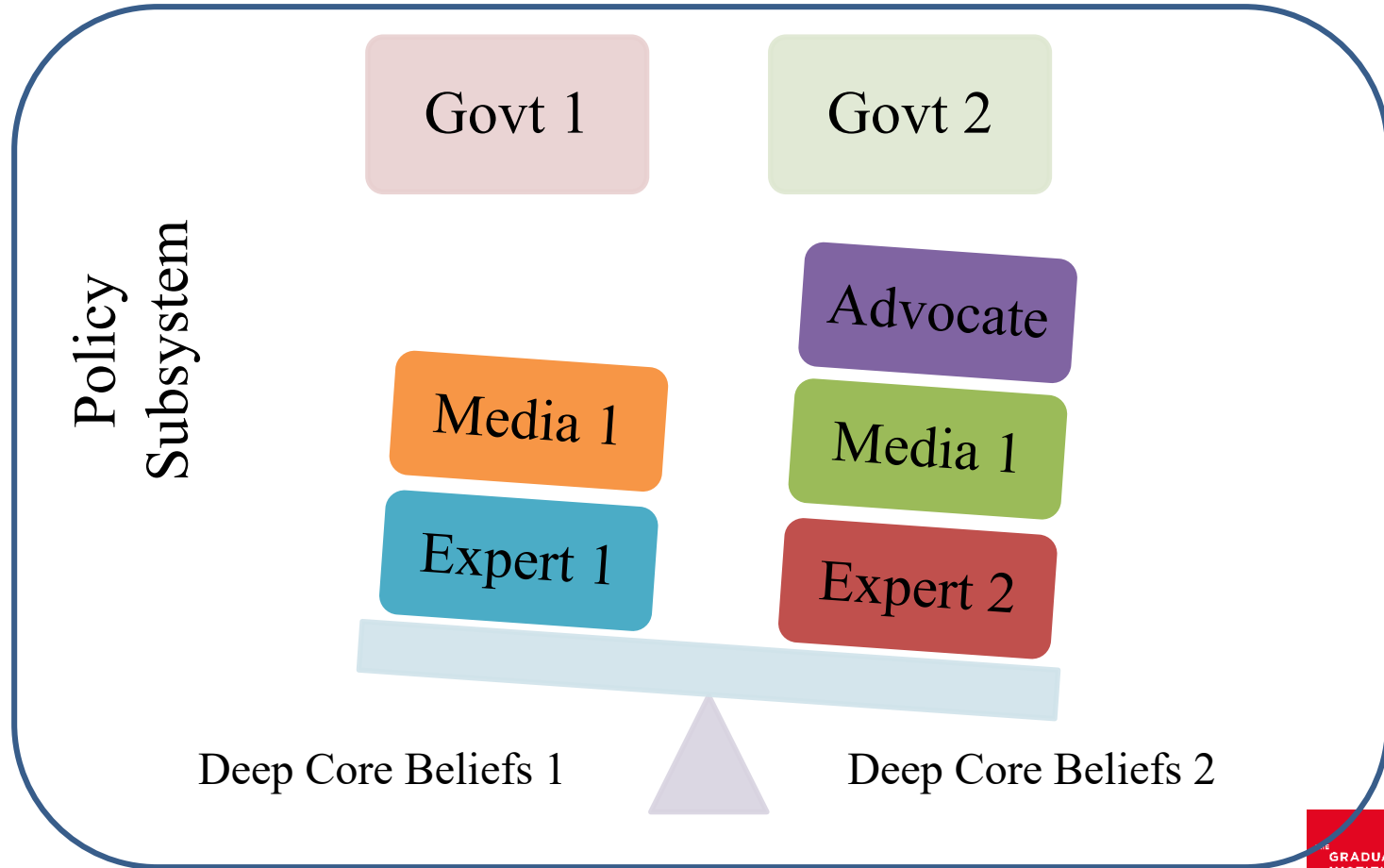


- 1.0 Recognizing importance of power
- 2.0 Identifying types, magnitude, actors who possess power
- 3.0 Interaction, fungibility, amplification – redistribution? - of power to produce outcomes

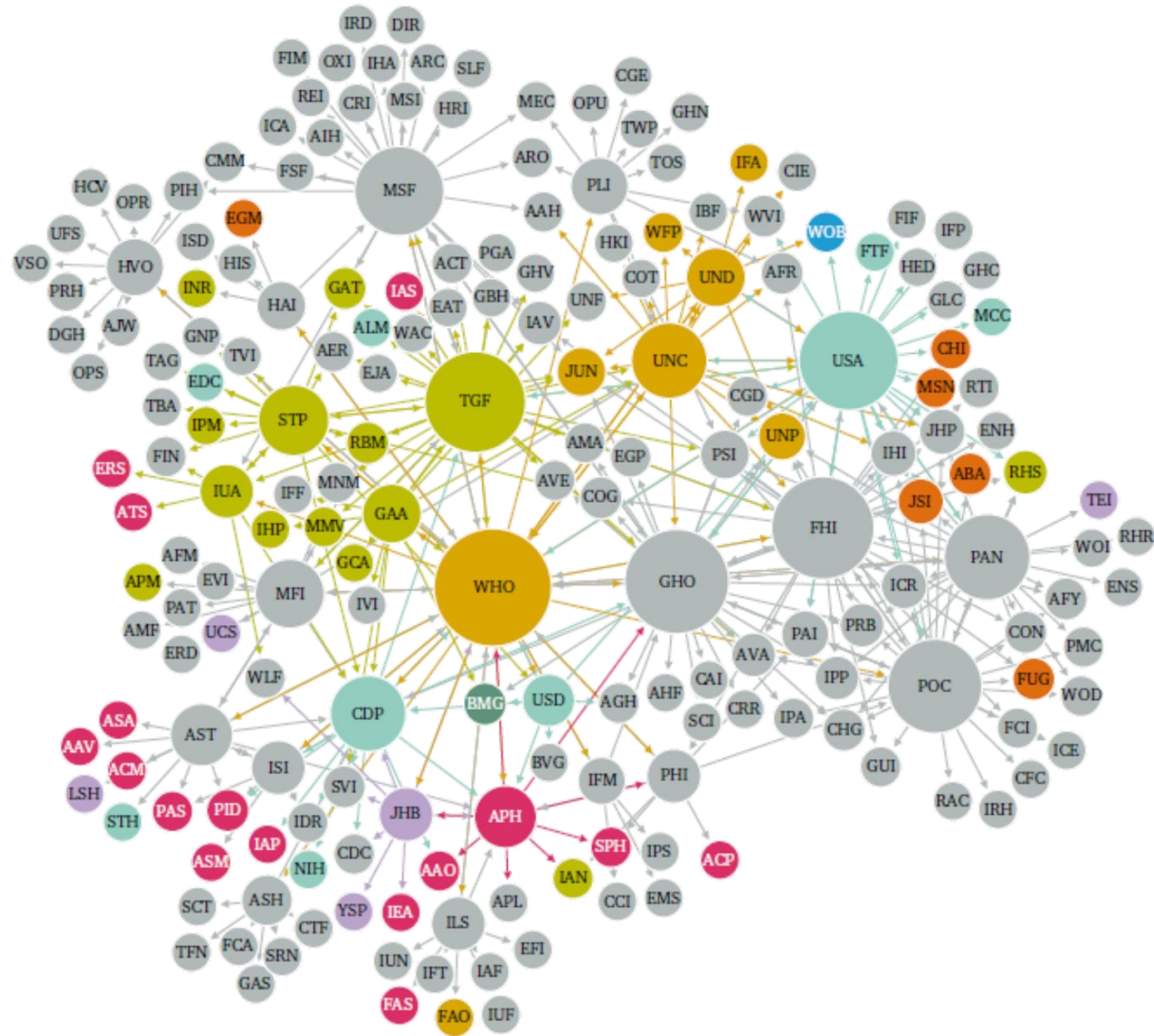
# **INTERACTION OF POWER: SOME MENTAL MODELS**

# SABATIER'S ADVOCACY COALITION FRAMEWORK

Stable External:  
Constitution, Social Values

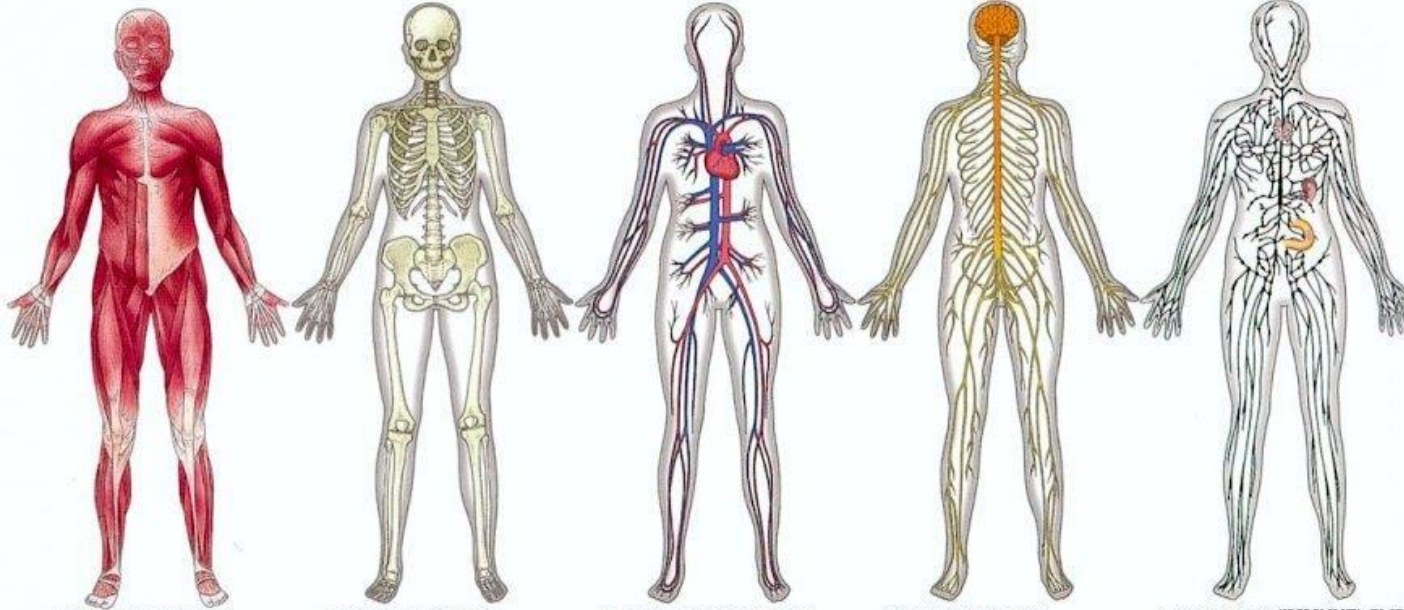


Dynamic External: Other sub-systems,  
elections, socio-economic conditions



Sources: Hoffman et al. 2015.

[https://www.chathamhouse.org/sites/files/chathamhouse/field/field\\_document/20150120GlobalHealthArchitectureHoffmanColePearcey.pdf](https://www.chathamhouse.org/sites/files/chathamhouse/field/field_document/20150120GlobalHealthArchitectureHoffmanColePearcey.pdf)



#### ▲ MUSCULAR SYSTEM

The muscular system consists of layers of muscles that cover the bones of the skeleton, extend across joints, and can contract and relax to produce movement.

#### ▲ SKELETAL SYSTEM

The skeleton is a strong yet flexible framework of bones and connective tissue. It provides support for the body and protection for many of its internal parts.

#### ▲ CIRCULATORY SYSTEM

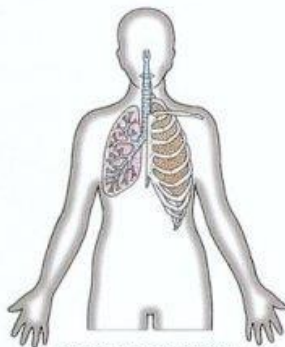
This system consists of the heart and a network of vessels that carry blood. It supplies oxygen and nutrients to the body's cells and removes waste products.

#### ▲ NERVOUS SYSTEM

The nervous system is the body's main control system. It consists of the brain, the spinal cord, and a network of nerves that extend out to the rest of the body.

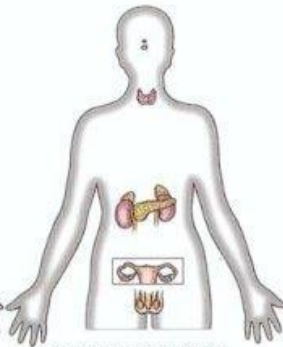
#### ▲ LYMPHATIC (IMMUNE) SYSTEM

This system is a network of vessels that collects fluid from tissues and returns it to the blood. It also contains groups of cells that protect the body against infection.



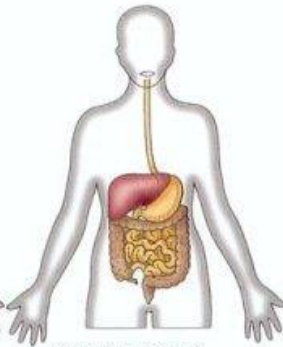
#### ▲ RESPIRATORY SYSTEM

The respiratory system is centered on the lungs, which work to get life-giving oxygen into the blood. They also rid the body of a waste product, carbon dioxide.



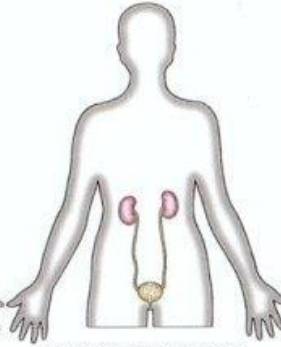
#### ▲ ENDOCRINE SYSTEM

Many body processes, such as growth and energy production, are directed by hormones. These chemicals are released by the glands of the endocrine system.



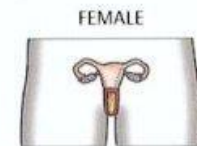
#### ▲ DIGESTIVE SYSTEM

The digestive system takes in the food the body needs to fuel its activities. It breaks the food down into units called nutrients and absorbs the nutrients into the blood.

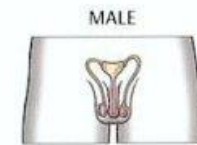


#### ▲ EXCRETORY SYSTEM

The body's cells produce waste products, many of which are eliminated in urine. The job of the urinary system is to make urine and expel it from the body.



#### FEMALE



#### MALE

#### ▲ REPRODUCTIVE SYSTEM

The male and female parts of the reproductive system produce the sperm and eggs needed to create a new person. They also bring these tiny cells together.

# COMPLEX ADAPTIVE SYSTEMS & GLOBAL GOVERNANCE

What are they?

- Complex: across scales, sectors, countries, time
- Adaptive: learning
- Systems: interaction

What properties do they exhibit?

- Non-linear “butterfly” effects
- Autonomous agents → emergent properties
- Feedback loops → Lock-in
- Tipping points

What implications?

- Small changes, unexpected big effects
- Focused action, build networks for system-wide effects
- Recognize, challenge lock-in
- Work toward tipping point



## Going beyond panaceas

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In the context of governance of human–environment interactions, a panacea refers to a blueprint for a single type of governance system (e.g., government ownership, privatization, community property) that is applied to all environmental problems. The aim of this special feature is to provide theoretical analysis and empirical evidence to caution against the tendency, when confronted with pervasive uncertainty, to believe that scholars can generate simple models of linked social–ecological systems and deduce general solutions to the complex problems. Practitioners and scholars who fall into panacea traps of looking for a single solution to all problems of

# 4 CONCLUSIONS

1. Attention → understanding of power
2. Different forms of power, different actors who wield it
3. The power of various actors interacts in complex ways to produce outcomes
4. Power disparities serious, but not absolute or immutable

Thank you

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