

Global Health: Knowledges, Dispositifs, Poli-cies/-tics

Lecture series 2016-2017

EHESS, bât. Le France, 190-198 av de France 75013 Paris - France

Monthly session, every 2nd Tuesday, 2 pm-5 pm – from Oct 11th, 2016 to June 13th, 2017
Held in room 1, basement (except on Nov 8th, April 18th and June 13th – see below)

The framing of health as a global issue over the last three decades has carved out an intellectual, economic and political space that differs from that of the post-war international public health field. This older system was characterised by disease eradication programs and by the dominance of nation states and the organisations of the United Nations. The actors, intervention targets and tools of contemporary global health contrast with previous international health efforts. The construction of markets for medical goods takes a central place in this new era, as does regulation by civil society actors. Global health can also be characterized by co-morbidities between chronic and infectious diseases, the stress on therapeutic intervention, risk management, health as an instrument of 'community' development and the deployment of new modes of surveillance and epidemiological prediction. This emerging field takes on a radically different appearance when examined at the level of its infrastructures (such as the WHO, the World Bank or the Gates Foundation) or at the level of the knowledges and anticipatory practices generated by its practices and local instantiations.

This seminar will combine historical, sociological and anthropological approaches to examine this globalized space and the assemblages that constitute it: public-private partnerships, foundations, local 'communities', cancers, 'non-communicable diseases', risk prevention, monitoring and evaluation, etc. Particular attention will be given to the infrastructures and the contemporary dynamics of knowledge production, insurance techniques and diagnostic interventions, therapeutic 'innovations' in their diverse geographies, including Africa, Asia or Latin America. These often differ widely from transfer schemes between the global north and the global south that insist on technological dependency. The seminar will examine the myriad local forms that global health takes in everyday practices.

Organized by Claire Beaudevin (CNRS-Cermes3), Fanny Chabrol (Inserm-Cermes3), Jean-Paul Gaudillière (Inserm-Cermes3), Frédéric Keck (CNRS-LAS/Musée du Quai Branly), Guillaume Lachenal (Université Paris Diderot), Vinh-Kim Nguyen (Collège d'Etudes Mondiales), Laurent Pordié (CNRS-Cermes3), Émilie Sanabria (École Normale Supérieure de Lyon)

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For updated practical information: <http://enseignements-2016.ehess.fr/2016/ue/969/>



Thursday, October 11th 2016

Inaugural session: roundtable of the organizers about core aspects of 'global health'

Collective reflections on: definition(s) of global health, instrumental actors of global health, emblematic stake(s) in the research field, the various dimensions of the global health regime novelty, emblematic fieldwork(s) on global health, the critique of (neoliberal) globalization, etc.

Tuesday, November 8th 2016 (exceptionally in salle Jean-Pierre Vernant)

Divine Fuh, University of Cape Town, South Africa

"Becoming Men: Masculinities, Illness and Care in Old Town, Bamenda, Cameroon"

In the 'poor' community of Old Town, Bamenda, the Ntambag Brothers – a neighbourhood fraternity – is rallying support to renovate the temporary Ntambag Health Centre, following an appeal from the Chief and local health committee that the ruined facility be reopened. Even though "given" by government, the facility was never used because of inaccessibility, insecurity, inability to pay rents, as well as the absence of a pharmacy. In this paper, I examine the ways in which male youth in the Cameroon Grassfields use care and illness to re-imagine masculinities. Through this, I aim to interrogate masculinities as a productive framework for understanding and managing health risks, especially in contexts where the state routinely abdicates its responsibilities.

Tuesday, December 13th 2016

Janis Jenkins, University of California San Diego, USA

"Extraordinary Conditions: Challenges for Global Mental Health"

My presentation is an anthropological appraisal of life on the edge of experience based on studies that I have carried out over the past three decades. A useful rubric for such an undertaking is "extraordinary conditions," which carries double meanings. On the one hand, it refers to conditions, disorders, or syndromes that are culturally and historically defined as mental illness. On the other hand, I also mean conditions characterized by institutional and situational adversity, such as warfare, gender violence, and political economic structures of scarcity and neglect. People existing under extraordinary conditions are usually described as vulnerable individuals or populations, whereas in fact they are often actively confronting precarity under the press of extreme and life-threatening circumstances. In this respect, my ethnographic studies lead me to think less in terms of symptoms manifested and more in terms of struggle across an array of extraordinary conditions: the hearing of unrelenting voices, flight from political violence, or coming to terms with psychotropic medication. Psychiatric medications in particular are entangled in a mélange of magic, science, and religion, and in addition are embedded in a structure of pharmaceutical markets and global capitalism. How does unequal distribution and access to these drugs reproduce social inequalities marked by distress and suffering? Currently, a significant gap exists between Psychiatric Anthropology and the field of Global Mental Health (GMH) with its call to "scale up" services worldwide. This gap is between virtually exclusive use of psychopharmaceuticals and the development of psychosocial therapeutic approaches, cultural knowledge, or community engagement. The anthropological imperative is to take into account both first-person accounts of affliction and structural/ecological constraints as matters integral to both therapeutic efficacy and ethical practice.

Tuesday, January 10th 2017

Lenore Manderson, Wits University, South Africa & Brown University, USA

"Global Health And Technical Fixes"

My focus is on various technologies that shape health and illness. These include material items such as drugs, medical diagnostics and devices, but also processes, institutions and regulations, protocols and instrumentation, and their ideologies and encodings. These shape what interventions are possible, and inform the work of public health and medical professionals and institutions. Technologies increasingly define illness and manage patients (or enable patients to self-manage), but also, they frame public health problems and government action in different settings.

I am interested in technologies that are introduced with local epidemiological changes. While often these technologies are emergent - flagged with the potential for routine use in the next 5-10 years – many quickly become routine in clinical settings, at least for those who can afford them. In opting for technological interventions, health promotion, preventive medicine and medical therapy are often confused, and I associate this with the difficulties that public health practitioners face in addressing the underlying social and biological causes of disease. I use cardiometabolic disease(s) as an example of a global health problem that, because of its chronicity, is managed through technologies. At an individual level, access to effective technologies and hence outcome varies according to personal income, social circumstances and resources, as well as the quality of health services and the effectiveness of the health system. Non-technological solutions, in contrast, are difficult to sustain. Cardiometabolic diseases illustrate the value of a syndemic approach, because of the interplay of disease biology, social and economic conditions. Using South Africa as an example, I argue that the attraction of technology is the result of the challenges of addressing the underlying social causes of the disease(s) and the difficulties of addressing these through changes in structure and infrastructure.

Tuesday, February 14th 2017

Noelle Sullivan, Northwestern University, USA

"Public-Private Partnerships from Below: Remaking a hospital in the wake of "Global Health" and health sector reform"

The WHO first outlined the potential of global public private partnership (PPP) paradigms for health sector development in the late 1990s. Transnational public private partnerships such as the Global Fund to fight AIDS, tuberculosis and malaria have since garnered significant attention among development workers, donors, and social scientists alike. Yet the Tanzanian Ministry of Health and Social welfare started promoting the establishment of PPPs in the sector in 2001, the year after health sector reforms decentralized governance to the local level. Unlike global PPPs outlined by the WHO, these PPPs were meant to enable government health facilities to strike up novel alliances in order to meet needs beyond the state's capacity to provide. In this paper, I explore how public hospital staff and administrators actively attempt to establish partnerships with a variety of entities in order to attend to hospital priorities beyond state/donor priorities, or those most commonly highlighted under the policies and approaches characteristic of "Global Health". These cases unsettle easy distinctions between "public" and "private". They point instead to the ways that health sector staff actively and strategically draw upon, constitute, and strategically engage public and private entities in hopes of moving beyond the restrictive targets characteristic of Global Health in the post-reform health sector.

Tuesday, March 14th 2017

Megan Vaughan, University College London, UK

"Metabolic Disorder in Africa: Biology, History and Metaphor"

Abstract tba

Tuesday, April 18th 2017 (room J536, Paris Descartes University, 45 rue des Saints-Pères, Paris)

Duana Fullwiley, Stanford University, USA

"Power and Consent: Technologies of inclusion in global health genomics"

Large-scale genomic databases that provide DNA and tissues from many different global populations increasingly provide valuable sources of medical, pharmaceutical and forensic information. The resultant products, discoveries and raw materials hold the promise for numerous innovations. These possibilities, in turn, raise issues of who profits from DNA databases and on what scale? How will benefits be shared, and do individuals, families and populations truly understand what can be done with DNA in the genomic age? Lastly, how has genomics shifted ideas and practices around global public health?

Scientists the world over understand that African populations are highly desired in genomic research because of the vast amount of genetic diversity among and between African peoples. The Human Health and Heredity Project (H3Africa) has begun efforts to develop big data genomic research on the continent in several sites on a wide range of ailments and issues that are seen as "local" and affecting Africans. The project was initiated with goals of representing and including Africans in the genomic revolution. It was also launched to develop

African genomics, to train African scientists, and to “capacity build” so that DNA samples remain in Africa, rather than being shipped to the US, or Europe. Yet human medical genomics relies on people to trust in and participate in science. How does this happen in a postcolonial setting where examples of resource extraction abound? How are everyday patients and citizens invited to join such efforts, and what forms of education and informed consent are ethically required of such research in Africa, and elsewhere? This paper will delve into one example of science education, representation, and informed consent that tries to tackle these issues—an Afro-Futuristic comic book called *Genome Adventures* that was funded by H3Africa.

Tuesday, May 9th 2017

Randall Packard, Johns Hopkins University, USA

“A History of Global Health: Interventions into the Lives of Other Peoples”

Abstract tba

Tuesday, June 13th 2016

Location: salle de réunion, Cermes3, campus CNRS de Villejuif, 7 rue Guy Môquet - Villejuif

Double session: morning and afternoon

Theme: philanthropy in global health - Participants TBD