

Globalization and health: Political Grand Challenges

1. Introduction: Globalization and the political economy of health

Critical social science speaks truth about power.¹ In the context of health policy and politics, this requires an approach best described by iconoclastic epidemiologist Nancy Krieger: “[A]nalysis of causes of disease distribution requires attention to the political and economic structures, processes and power relationships that *produce* societal patterns of health, disease, and wellbeing via shaping the conditions in which people live and work” (Krieger, 2011, p. 168, emphasis in original; see also Birn, Pillay, & Holtz, 2017, p. 92-95, 285-333). “Production” of health and illness is not a metaphor, but a literal description of how conditions of life and work enable healthy lives or, conversely, sicken, disable and kill. They do so by way of affecting opportunities to lead a healthy life and exposures to the conditions that cause ill health; affecting individual vulnerability to the effects of those exposures; and creating differences in the consequences of ill health (Diderichsen, Evans, & Whitehead, 2001). On this last point, consider the ‘poverty trap’ that ensnares an estimated 100-150 million households each year that, lacking social protection and access to health care independent of ability to pay, must pay out of pocket for whatever health care is available (World Health Organization, 2010, p. 5, 9-12).

In the global frame of reference, the pathways in question are often direct, material and unmediated. An estimated 897 million people worldwide in 2012 were living on US\$1.90 a day or less² on the World Bank’s contentious definition of extreme poverty (World Bank & International Monetary Fund, 2016, p. 29-35). More than 800 million people worldwide experienced chronic insufficiency of daily caloric intake over a period of at least a year in 2016, reversing a long-standing if gradual decline in this indicator of undernutrition (FAO, International Fund for Agricultural Development, UNICEF, World Food Programme, & World

¹ This is an adaptation of Wildavsky’s axiomatic description of policy analysis as speaking truth to power, which addressed the issue of whether contemplated policies would achieve the stated objectives of the powerful (the policy analyst’s audience), but did not interrogate the nature of those preferences or the underlying political allegiances and commitments.

² In 2011 US dollars, converted using a Purchasing Power Parity (PPP) calculation that is itself dubious in terms of its relation to the actual needs of poor people.

Health Organization, 2017). These are risibly inadequate indicators of the prevalence of material deprivation with consequences for health; on more realistic indicators material deprivation is far more widespread, and the numbers of people affected actually grew between 1980 and 2000 (Hickel, 2016; Reddy & Lahoti, 2016). The effects on health should not be controversial even before one considers the inadequacy or unavailability of health care for much of the world's poorer population.³

In other situations, the pathways may be more complex, involving such factors as loss of “control over destiny” variously associated with low social position (at the micro level); concentrations of disadvantaged environments (at the meso level); gender and other forms of discrimination and subaltern status; and “traumatic social transitions” (at the macro level) (Whitehead et al., 2016). That loss of control is increasingly pervasive across a range of social contexts and domains (McKee, Reeves, Clair, & Stuckler, 2017), and an extensive scientific literature now describes how these pathways get under our skin to cause illness and affect vulnerability to disease (see Marmot & Sapolsky, 2014; McEwen, 2012; Seeman, Epel, Gruenewald, Karlamangla, & McEwen, 2010 for illustrative examples). Such phenomena are all related to various dimensions of inequality, insecurity, and the economic and political contexts that drive and sustain or mitigate them: “those central engines in society that generate and distribute power, wealth and risk” (Diderichsen et al., 2001, p. 16). Hence, the need for a political economy of health and illness.

This is the ‘glass half empty’ view, and as is often the case in global health policy, the glass can also be seen as half full. On the basis of national aggregates rather than intra-national distributions, which is a crucial distinction, many health indicators for most of the world's people have been on a path of steady improvement (Vandemoortele, 2018, p. 83). As specific examples, worldwide mortality from measles dropped from 548,000 in 2004 to 158,000 in 2011 as a result of large-scale immunization campaigns (Perry et al., 2014). At the end of the last century, fewer than one million people worldwide had access to antiretroviral therapy for HIV/AIDS, the epidemic that more than any other factor

³ Sir Michael Marmot, who chaired the World Health Organization's Commission on Social Determinants of Health, and colleagues argue: ‘It is hard to see how even ideologically driven commentators could think that having insufficient money to live on is irrelevant to health inequalities’ (Marmot, Allen, & Goldblatt, 2010, p. 1256); he is a perennial optimist.

transformed the politics of global health (Garrett & Schneider, 2009; UNAIDS, 2015, p. 80-95). By 2017, an estimated 21.7 million people were receiving the treatment - still only 60 percent of those whose lives would be prolonged by receiving it; the number of AIDS deaths worldwide had been falling since 2004; and ambitious targets were being set for “ending AIDS by 2030” (UNAIDS, 2018). Some observers have argued that the targets are, in fact, excessively ambitious and that optimism is seriously premature (Bekker et al., 2018; Garrett, 2018). Underscoring the value of a political economy perspective, the historical record shows that expansion of access to treatment required concerted political action by a transnational coalition of civil society actors and some low- and middle-income country governments, in the face of bitter opposition from the pharmaceutical industry and, initially, the US government ('t Hoen, Berger, Calmy, & Moon, 2011; Gellman, 2000). Similar coalitions have not emerged to address other infectious diseases that are more unequivocally diseases of the poor (as HIV/AIDS was not in the early stages of the pandemic), nor have they emerged with regard to the non-communicable diseases that are dominant contributors to the global burden of illness in most of the world (Di Cesare et al., 2013). This last point is especially significant in view of accumulating evidence that lowering of barriers to trade and foreign investment has accelerated the ‘nutrition transition’ to diets high in ultra-processed foods and the associated increase in overweight and obesity in many low- and middle-income countries (Hawkes, Chopra, & Friel, 2009; Hawkes, Friel, Lobstein, & Lang, 2012; Malik, Willett, & Hu, 2013; Monteiro, Moubarac, Cannon, Ng, & Popkin, 2013).

Speaking truth about power does not require balancing the glass-half-full and glass-half-empty views; it does require more than just detailed description of relevant causal pathways linking proximal variables to health outcomes. The relevant question is not whether or how much progress as measured by global health indicators has been made, but rather: (a) how much more could have been achieved if the multiple “power asymmetries” that characterize global governance for health (Ottersen et al., 2014) had been less conspicuous – perhaps invoking what Huber & Solt (2004, p. 150) describe as a social democratic counterfactual - and (b) how those asymmetries, and macro-scale economic and political processes that drive, sustain and magnify them, may imperil or prevent future

progress. A decade ago, the knowledge network on globalization that supported the work of WHO's Commission on Social Determinants of health argued that responses to globalization aiming to enhance health equity should be organized around the "three-Rs" of rights, regulation and redistribution (Labonté & Schrecker, 2009) – a rubric borrowed from the since-disbanded Finnish National Research and Development Centre for Welfare and Health (STAKES; Deacon, Ilva, Koivusalo, Ollila, & Stubbs, 2005). How has globalization affected (a) the distribution of choices, opportunities, and resources for living a healthy life; and (b) the political allegiances and distributions of political resources that determine prospects for the three-Rs agenda? These, in particular the second, are the questions this article seeks to answer, offering a political economy counterpoint to the highly technocratic (Birn, 2005) vocabulary of "Grand Challenges" injected into global health policy discourse by the Bill and Melinda Gates Foundation.

Definitions of globalization remain contested, as they will in the academic world, but for my purposes "[a] process of greater integration within the world economy through movements of goods and services, capital, technology and (to a lesser extent) labour, which lead increasingly to economic decisions being influenced by global conditions" (Jenkins, 2004, p. 1) suffices as a core definition. In 2001, it was at least superficially plausible to claim that "globalisation is good for your health, mostly" (Feachem, 2001) because globalization, defined by the author in question primarily in terms of increased openness to trade, was seen as leading to faster economic growth with associated opportunities for poverty reduction and investment in health care. Apart from the questionable basis on which trends in openness to trade were identified, more careful examination of the evidence failed to support the claim of a causal connection among openness to trade, economic growth and poverty reduction (Kawachi & Wamala, 2007, p. 129-132). An external evaluation of the World Bank research on growth and openness to trade that underpinned the quoted claim concluded that "much of this line of research appears to have such deep flaws that, at present, the results cannot be regarded as remotely reliable, much as one might want to believe the results" (Banerjee, Deaton, Lustig, Rogoff, & Hsu, 2006, p. 53). It is also worth noting that outside China, an extraordinary economic performer on most measures although not one whose current health system, environmental record or domestic political

arrangements recommend themselves, the number of people worldwide living in extreme poverty in 2008 – the year of the financial crisis – was actually higher than in 1981 based on the definition the World Bank was then using (Hickel, 2016, p. 753).⁴ In other words, during a period when the value of the world’s economic product more than tripled, outside China for every person who escaped extreme poverty as defined by the World Bank someone else fell into it. Whatever we choose to call the dominant economic development paradigm over the period in question, this is hardly an impressive performance.

2. Production reorganized, inequality rising, distributional conflicts rescaled

The most familiar aspect of globalization is the reorganization of production across multiple national borders, as firms take advantage of new opportunities for “labour arbitrage” (Roach, 2006) associated with lowering of barriers to trade and foreign investment and with dramatic reductions in information management and transport costs. Comparing *The Economist’s* description of “global supply-chains connecting cheap workers on one side of the world with rich consumers on the other” (A moving story, 2002) with social democratic essayist Eduardo Galeano's (2000, p. 166) contemporaneous characterization of globalization as “a magic galleon that spirits factories away to poor countries” suggests a robust consensus on the empirical essentials of this process across much of the political spectrum. By 2008 there were more than twice as many manufacturing workers in China (99 million) as in all G7 countries combined ... but the Chinese workers were earning US \$1.36 an hour on average, sometimes working in conditions reminiscent of those one would have found in the G7 a century ago (Banister, 2013; Duhigg & Barboza, 2012; Kernaghan, 2011a, 2011b). Increases in Chinese labour costs have in turn led many manufacturers to look for sites elsewhere in Asia, and on other continents, in order to contain costs (Xu, Gelb, Li, & Zhao, 2017; York, 2005). Critically, the reorganization in question involves more than a simple shift of production to low-wage enclaves, but rather what has been described as an “unbundling” of production (Baldwin, 2017) or a shift from “trade in goods” to “trade in tasks” (Grossman & Rossi-Hansberg, 2008), involving complex commodity or value chains dominated by transnational corporations (TNCs). The division of labour that Adam Smith

⁴ The definition changed in 2015, without a major change in the resulting ‘poverty headcounts’; on the inadequacy of the earlier definition, see Reddy & Pogge (2005)

famously observed in a pin factory now operates across multiple national borders; on one estimate, four-fifths of world trade involves such chains (UNCTAD, 2013).

Globalization has created new economic opportunities for some workers, in some places, as Kabeer & Mahmud (2004) write about women working in Bangladesh's garment industry, now the world's second largest garment exporter. The power of TNCs at the top of the relevant value chains became evident in the aftermath of a garment factory fire in Bangladesh that killed more than 100 workers in November, 2012 under conditions eerily reminiscent of the Triangle Shirtwaist Factory fire a century earlier. The *New York Times* revealed that Walmart, a major customer of the factory, had obstructed initiatives to improve working conditions in such factories based on considerations of "financial feasibility" (Greenhouse, 2012). A year later, US retailers were refusing to contribute to efforts to compensate the families of workers killed in the fire and the even deadlier factory collapse that occurred shortly afterward (Greenhouse, 2013). The fact that for many workers such jobs are the best economic option available must be counted as one of the tragedies of globalization. For purposes of this article's emphasis on political prospects for the future, at least two further dynamics are of greater concern.

First, as global reorganization of production has become part of the economic landscape, many researchers and advocates have lost sight of the importance of a key precondition for the postwar settlement between labour and capital associated with the expansion of the three-Rs in much of the high-income world. With some exceptions, conflicts about how and to whom the economy's output would be (re)distributed, and what rights workers and consumers could access independent of ability to pay, were contained and had to be resolved within national borders and national political institutions. That is no longer the case: capital has an exit option that all but the most highly credentialed and marketable employees do not, and it is routinely exercised. As Galeano (2000, p. 175) observed: "Countries tremble at the thought that money will not come or that it will flee. If you don't behave yourselves, say the companies, we're going to the Philippines or Thailand or Indonesia or China or Mars". Mars is not yet a viable destination, but the others are. As the World Bank noted in 1999, the "open production environment" created by the lowering of barriers to trade and investment "mercilessly weeds out those centers with below-par

macroeconomic environments, services, and labor-market flexibility” (World Bank, 1999, p. 35-36, 50). The effect has been to circumscribe the range of (re)distributive policy options that are viable in the absence of a more highly interventionist economic policy than most governments are willing to contemplate. Such interventionist stances might also run afoul of the increasingly dense web of trade and investment policy agreement disciplines, although there is disagreement on this point (Amsden, 2005; Di Caprio & Amsden, 2004).

Second, magnification of power asymmetries as between relatively immobile labour and hypermobile capital has at the very least contributed to increases in within-country economic inequality, not only in high-income countries (OECD, 2015, p. 19-57) but also in many of the so-called emerging economies (Scheidel, 2017, p. 222, 410-11). A special report in *The Economist* the year before the financial crisis conceded that “the usual argument in favour of globalization – that it will make most workers better off, with only a few low-skilled ones losing out – has not so far been borne out by the facts. Most workers are being squeezed” (Woodall, 2006, p. 6). In many high-income countries the effect has been to create a newly vulnerable and disempowered segment of the working class that has been described as the precariat (Standing, 2014); the effect has been even more clearly evident in economies that might be described as semi-peripheral (Luginbühl & Musiolek, 2016). A substantial research literature establishes insecure employment as a social determinant of (ill) health (Benach et al., 2014). Such working conditions are routine in many LMIC labour markets; their migration suggests the value of Mead’s (1992, p. 42) early warning that: “The First and Third worlds will not so much disappear as mingle. There will be more people in Mexico and India who live like Americans of the upper-middle class; on the other hand, there will be more – many more – people in the United States who live like the slum dwellers of Mexico City and Calcutta”.

This smacked of hyperbole at the time, but a decade later an ethnography of undocumented Mexican immigrants living in New York City described stereotypically ‘Third World’ living and working conditions: a “basement shared by eighteen single men, an unheated garage that is home to two Mexican families, an abandoned tractor trailer ... and an abandoned tugboat and barge, both vessels half in and half out of the water, and each providing housing to another two or three men” (Hellman, 2008, p. 159). Cartographies of privilege and

deprivation associated with the terms on which households are connected to, or excluded from, global circuits of production and consumption are changing and crossing national borders. In London, multi-million-pound flats proliferate while one Londoner is five is paid below the advisory London Living Wage of £9.40 an hour (Trust for London, 2017). India now boasts 245,000 dollar millionaires, while as of a few years ago half the population had no access to an indoor toilet (Davies, Lluberas, & Shorrocks, 2017; Drèze & Sen, 2013). Luanda, the capital of Angola, now ranks in some league tables as the most expensive city in the world (Ngugi, 2017) – in a country with one of the world’s lowest national average life expectancies, where the most recent available data (from 2008) showed that three out of every ten people were living in extreme poverty as defined by the World Bank.⁵

Global connections exist in each of these cases, and a multitude of others. London is one of the world’s two leading financial service centres, and has become a haven for flight capital from the four corners of the world. India’s partial lowering of trade and investment barriers under the IMF’s tutelage as it integrated into the world economy has widened the divide between dollar millionaires and those whom Arundhati Roy has described as “the 300 million ... who belong to the new, post-IMF “reforms” middle class’ and ‘the 800 million who have been impoverished and dispossessed to make way for’” them (Roy, 2012). And oil-rich Angola follows a pattern that is now familiar: resources are traded at global prices, but the proceeds enrich only a minuscule elite, and economic activity is organized around the needs and wants of foreign investors and professionals (Lyons, 2016; Onishi, 2017; Redvers, 2012). Thus, the metropolitan juxtaposition of extreme wealth and poverty may provide an image or template of the future of much of the world (Castells, 1996, p. 378-410; Halperin, 2013, p. 216-221); striking aerial visual representations can be found at photographer Johnny Miller’s web site (<https://www.unequalscenes.com/>).

In domestic politics, the resulting bifurcation of economic opportunity structures and life chances has generated what former US Cabinet Secretary Robert Reich has described in the context of high income countries as the “secession of the successful” (Reich, 1991). Globalization’s winners no longer need much from government beyond legal protection of their property rights and provision of public policing and prosecution services, as a backstop

⁵ Data from <http://povertydata.worldbank.org/poverty/country/AGO>.

to private security that in many contexts increasingly serves as a first line of defence for those with deep enough pockets. The secession concept has broader and more generic political relevance, in a health policy context starting from the fact that most of the world's poorest people no longer live in the world's poorest countries, but rather in those that are classified as middle-income on the basis of conventional national economic aggregate figures (Sumner, 2012b) – an example of the changing cartographies referred to previously.

One view of prospects for social policy choices that affect the economic substrate of health inequalities is that poverty reduction will become “a domestic issue” that involves “national distribution and national social contracts and political settlements between elites, middle classes and the poor” (Sumner, 2012a, p. 3); the same could be argued with regard to progress towards universal health coverage, which is one of the targets associated with the United Nations' internationally agreed (but non-binding) Sustainable Development Goals. This is the optimistic view, which arguably neglects the changing scale of distributional contests, and the fact that they are no longer containable within national borders. An alternative view is that the affluent in most national contexts, living behind (metaphorical, and often literal) walls and enjoying economic opportunity structures quite different from those of people outside the walls, will have few incentives to enter into the social contracts envisioned by Sumner, rationally calculating that they are better off investing in their own futures while resisting all but the most narrowly redistributive social policy measures. To restate a point, as globalization magnifies economic inequalities it is likely to deepen such domestic political tensions.

Above and beyond these dynamics, although driven by some of the same macro-scale processes, is concentration of wealth and economic power at the very top of the global economic distribution (UNCTAD, 2017, p. 23-27). At least as long ago as 2001, a former director of the IMF's Fiscal Affairs Department referred to the work of “fiscal termites” (Tanzi, 2001) gnawing away at the foundations of public finance. The phrase refers not to individuals but to processes, which operate in at least two ways. First, transnational corporations are increasingly able to minimize their tax liabilities by shifting profits within complex corporate structures to entities in low- or zero-tax jurisdictions (House of Commons Committee of Public Accounts, 2012, p. 7-10; House of Commons Committee of

Public Accounts, 2013; Oxfam America, 2016; Toplensky, 2018; Zucman, 2014). This process is belatedly drawing some attention from high income country governments caught in the post-crisis fiscal squeeze, although so far without substantial progress (Clausing, 2016; Crivelli, de Mooij, & Keen, 2016). Second, and perhaps more significant in political terms, the ultra-wealthy are increasingly able to use offshore financial centres to minimize their liabilities (Alstadsaeter, Johannesen, & Zucman, 2017; Zucman, 2015). Of many recent discussions of this issue, the most compelling is by a sociologist who trained as a Trust and Estate Planner (the key qualification for private wealth managers), so got inside the culture for purposes of her many interviews. She concludes that “many countries are already more receptive and accessible to wealth managers, who are acting on behalf of the world’s richest people, than they are to elected representatives from their own governments [T]he high-net-worth individuals of the world are largely ungoverned, and ungovernable.” In a provocative analogy, she continues: “What this is doing to the Westphalian host system is similar in some respects to what e-commerce has done to bricks-and-mortar business, destroying it in a race to the bottom” (Harrington, 2016, p. 296-297). These dynamics do not bode well for the re-legitimation of the three-Rs.

3. Structural adjustment as template for the normalization of austerity

The debt crisis that affected many low- and middle-income countries at the start of the 1980s was an early indication of how globalization would transform the international political economy, with the temporary Mexican default of 1982 turning those countries’ situations into problems for large banks that had aggressively and improvidently lent deposits ‘recycled’ from oil-producing countries after the OPEC-led post-1973 increases in oil prices. The World Bank and International Monetary Fund (IMF), both dominated by US political influence, responded by way of increasingly coordinated conditionalities attached to loans that enabled debtor countries to reschedule their external obligations. These routinely involved a relatively standard package of economic ‘reforms’: reduction of domestic subsidies and public sector expenditure (including health care), privatization of state-owned assets, deregulation of domestic labour and agricultural product markets, and increased openness to imports and foreign direct investment in order to reorganize national economies around export competitiveness (Kentikelenis, 2017; Milward, 2000; Pieper &

Taylor, 1998). Often included were strict limits to public expenditure on health and education, motivated by concerns about potential domestic inflation; about currency appreciation that would reduce the attractiveness of exports; and about the creation of expectations related to aid-financed programs that would lead to domestic pressure for new borrowing if the aid were discontinued (Lefrançois, 2010; Ooms & Schrecker, 2005; Working Group, 2007). The destructive human consequences, notably for child health and well-being, were documented in a ten-country UNICEF study as early as 1987 (Cornia, Jolly, & Stewart, eds., 1987), which had little effect on the subsequent trajectory of World Bank and IMF policy. Although the vocabulary of structural adjustment was abandoned by the IMF in 1999 and by the World Bank in 2004, an exhaustive analysis of all IMF loan agreements between 1985 and 2014 (Kentikelenis, Stubbs, & King, 2016) showed that the relevant practices continued, and in some cases the structural reach of conditionalities has increased. Thus, although the Bank and the Fund are complex organizations whose researchers, in particular, do not always speak with one voice,⁶ for the most part they continue to function as “agents of neoliberalism” (Babb & Kentikelenis, 2018).

Kentikelenis (2017) offers a comprehensive overview of the pathways by which structural adjustment operates on health systems and social determinants of health. In recent years, the earlier accumulation of evidence of negative impacts from country studies (Cornia et al., eds., 1987; Kim, Shakow, Bayona, Rhatigan, & Rubin de Celis, 2000; Schoepf, Schoepf, & Millen, 2000) has been complemented by multi-country statistical studies. Several of these find higher child and maternal mortality rates in sub-Saharan African countries during periods in which they were operating under World Bank or IMF conditionalities (Pandolfelli, Shandra, & Tyagi, 2014; Pandolfelli & Shandra, 2013; Shandra, Shandra, & London, 2011; Shandra, Shandra, & London, 2012). A study of all countries subject to IMF conditionalities between 1985 and 1989 concluded that “the negative health consequences of SAPs [structural adjustment programs] are apparent in the immediate aftermath of signing an agreement as well as years after the adoption of one of these types of loan programs”, although the effects did lessen over time (Hoddie & Hartzell, 2014, p. 1040). Stubbs, Kentikelenis, Stuckler, McKee, & King (2017) find that IMF conditionalities applied in 16

⁶ See, for example, ‘Neoliberalism: Oversold?’ by three IMF researchers (Ostry, Lougani, & Fuceri, 2016)

West African countries reduced government health spending by limiting fiscal space, capping public sector wages and employment, and decentralizing health systems, while cautious about the limitations of their study design. Stubbs & Kentikelenis (2018) point out that IMF expenditure ceilings have led to reduced public spending on health and poverty reduction. And a systematic review⁷ (Thomson, Kentikelenis, & Stubbs, 2017) that excluded most identified studies on methodological grounds found that “[t]he empirical studies identified ... are virtually unanimous in finding a detrimental association between structural adjustment and child and maternal health outcomes” (p. 9).

Apart from direct health outcomes and health system effects, a study of 91 countries with World Bank or IMF loan agreements found consistent negative effects on labour rights, with “continued participation in these programs ... linked to continuously declining labour rights” (Blanton, Blanton, & Peksen, 2015) – important in view of the role of such rights as a safeguard against the hazardous working conditions and precarious employment that are now widely recognized as social determinants of (ill) health (Benach et al., 2014; McKee et al., 2017; Quinlan & Bohle, 2009; Quinlan, Mayhew, & Bohle, 2001). Pfeiffer & Chapman (2010, p. 150) observe that “the stories that anthropologists tell from the field overwhelmingly speak to a new intensity of deprivation produced by adjustment programs that have ravaged public sector services for the poor”, suggesting that strictly quantitative assessments of structural adjustment’s effects may substantially understate them; similar findings emerge from country- or region-specific studies of health system impacts (Kentikelenis, King, McKee, & Stuckler, 2015; Keshavjee, 2014).

This is not just ancient history with limited relevance for the future. The members of a development assistance-funded team working to rebuild Tanzania’s debilitated health care system commented that: “The era of structural adjustment may be over, but the effects of earlier damage continue to cast a long shadow” (de Savigny, Kasale, Mbuya, & Reid, 2004, p. 10). Deterioration of African health systems under structural adjustment programs has

⁷ In epidemiology and clinical health research a systematic review is a synthesis of existing research designed to minimize the chance of false positives (inaccurate findings of effectiveness, especially in clinical trials, or incorrect inferences of causal relations) by setting a very high bar for ‘inclusion criteria’. When the research questions addressed are not amenable to experimental or quasi-experimental investigation, the effect can be substantially to understate the strength and methodological diversity of the available evidence, as suggested in the next paragraph.

been linked to their slow response to the Ebola outbreak in 2014 (Kentikelenis et al., 2015; People's Health Movement, 2014; Rowden, 2014). Some health effects operate over long periods of time, even intergenerationally – stunting in young children, for example (Horton & Hoddinott, 2018). In general, the long period between initial exposure and effect that characterizes the operation of many social determinants of health, and the cumulative nature of the health effects of advantage and disadvantage over the life course (Kelly & Doohan, 2012; Vineis et al., 2017), mean that evidence of consequences for health and health inequalities that meets epidemiological standards of proof may not be available for decades. Delaying action pending the body count is a strategy that favours the powerful by tolerating the *status quo*, as industrial employers demanding epidemiological findings about the damage their operations do to workers' health have long understood.

Perhaps the most important issue involves homologies between the distributional impacts of structural adjustment as implemented in the 1980s and 1990s and the response of many jurisdictions to the financial crisis of 2007-2008 (Basu, Carney, & Kenworthy, 2017) – reflected in the use of the term structural adjustment to refer not only to World Bank and IMF requirements but also to the more general policy-driven reorganization of economies and societies along neoliberal or market-fundamentalist lines (Alston et al., 2018, p. 1; Babb, 2005) Post-crisis, structural adjustment “travelled north” (Kentikelenis, 2017) to Greece (most conspicuously, with disastrous direct and indirect effects on health; see Kentikelenis, Karanikolos, Reeves, McKee, & Stuckler, 2014) and some other European countries. Although in the Greek situation radical adjustment was mandated by external lenders, in others it was implemented by governments on their own initiative, or in response to the “implicit conditionality” (Griffith-Jones & Stallings, 1995) associated with governments' reliance on global financial markets'⁸ assessments of their creditworthiness (on the recent European context see Schäfer & Streeck, eds., 2013). Critically, progressive increases in taxation were almost never considered, with tax and benefit regimes in some countries, including not only Greece but also the United Kingdom, becoming more regressive (see e.g. Waters, 2017). It is therefore useful to see the exercises of the 1980s and 1990s as a

⁸ 'Financial markets' is a shorthand expression for the resource-weighted preferences of investors that include not only ultra-wealthy individuals and the institutions that manage their assets but also pension funds – including some very large public sector funds – and so-called vulture funds that specialize in buying up high-risk government debt at a discount and then pursuing legal action to recover the full value of the debt.

template in both ideational and concrete policy terms (*cf.* Centeno & Cohen, 2012; Ward & England, 2007): normalizing austerity as a permanent element of the policy terrain, while inculcating an associated tolerance of inequality and collateral human damage.⁹ It is noteworthy that the three distinguished academics who led the landmark 1987 UNICEF study of structural adjustment (Cornia et al., eds., 1987) were, 25 years later, among the authors of a devastating critique of post-2008 European austerity (Jolly et al., 2012). *Plus ça change ...*

4. How to think about neoliberalism

Normalization of austerity underscores the need to recognize the distinctively *neoliberal* nature of the globalization that transpired (roughly) post-1980. If globalization is a contested concept, neoliberalism is perhaps even more so, although I have so far avoided addressing its contested nature. Recent work questions the relevance of the concept in explaining health outcomes (Bell & Green, 2016; for a rejoinder see Schrecker, 2016), and a larger and older body of social theory questions the utility of the concept and, occasionally, even the existence of the phenomenon (Barnett, 2005; Castree, 2006). The latter extreme position must be rejected out of respect for neoliberalism's real and numerous casualties (*cf.* Springer, 2008). Yet clearly, neoliberalism is multidimensional. Ward & England (2007), who prefer to speak of neoliberalization as an ongoing process, characterize neoliberalism as simultaneously an ideology, a set of policies and programs, a set of distinctive institutional forms, and a complex of normative conceptions of agency and responsibility that are rooted in the ideology and embodied in the policies, programs and institutional forms. The trajectory from structural adjustment to contemporary austerity instantiates at least the first three of these dimensions. In the health policy context, the fourth is evident in health promoters' frequent emphasis on lifestyle 'choices', to the neglect of the inequality-related constraints that expand the universe of choices for the privileged, while limiting it for many others.

⁹ An earlier assessment by World Bank researchers of the consequences of the 'shock treatment' transition to market economies in the former Soviet bloc (Adeyi, Chellaraj, Goldstein, Preker, & Ringold, 1997) is unusually explicit on this last point, conceding that '[i]n the short-run, one would expect health status to deteriorate as a result of' reduced incomes, widening income inequality, stress, inadequate regulation of workplace and environmental risks, and the breakdown of basic health services (p. 133).

Neoliberalism is also capable of mutating in response to political context. Brenner, Peck, & Theodore (2010) refer to a “variegated” and “polymorphic” neoliberalism that responds to institutional contexts and path-dependencies, yet deepens within specific jurisdictional contexts in successive iterations. Two examples suffice to illustrate this process. The “neo-extractivism” observed in several Latin American countries involves an expanded role for the state in promoting large-scale resource development and agribusiness and distributing some of the revenues for social policy objectives. However, recent critical scholarship emphasizes that the extent of redistribution, when it occurs at all, is modest, and that the pattern essentially involves the state acting in the service of both domestic and foreign capitalist class interests. Whatever the policies in question may be they are not, as is occasionally claimed, “post-neoliberal” (Burchardt & Dietz, 2014; North & Grinspun, 2016). And perhaps of special importance in the contemporary political context is Springer's (2013) prescient discussion of US protectionism as showing that neoliberalism is not “a pure ideology that is immune to Realpolitik,” emphasizing that it is “about securing the interests of entrenched elites more than anything else” and that “[w]hen and where such interests are not secured by neoliberal policies, neoliberalism is placed at odds with the utopian purity that the ideology envisions” (p. 151-152).

In this vein, a more extensive account of the political economy of (neoliberal) globalization than is possible here would emphasize its character as a political project, rather than something that ‘just happened’ as a consequence of the serendipitous interaction of technological change and entrepreneurial energies (for key historical overviews see Marchak, 1991 and Halperin, 2013, p. 173-225). This point was noted by a panel of social scientists assessing the prospects for “sustainable democracy” in the aftermath of the fall of the Soviet Union: “An alliance of the international financial institutions, the private banks, and the Thatcher-Reagan-Kohl governments was willing to use its political and ideological power to back its ideological predilections” (Przeworski et al., 1995, p. 5). More recently, the United Nations Conference on Trade and Development noted in its remarkable 2017 *Trade and Development Report* (UNCTAD, 2017; hereafter *TDR 2017*) that: “Hyperglobalization,” the term used by the report’s authors, “has resulted from a set of politically constructed rules, norms, practices and policies that shape the ways in which

countries, their firms and their citizens interact with their counterparts elsewhere in the global economy” (p. 23). The historical trajectory of the underlying hard core of neoliberal propositions is likewise well documented, leading from the establishment of the Mont Pèlerin Society in 1947; through the well funded activity of a variety of think tanks and university institutes, including the neglected influence of actors on the far right of the US corporate ruling class starting in the 1950s (Phillips-Fein, 2009); to the post-1973 influence of neoliberal cadres in Chile,¹⁰ the elections of the Thatcher and Reagan governments and, especially in the US, the stripping away of barriers to the direct influence of money in politics (Dardot & Laval, 2013, p. 49-73, 101-254; Harvey, 2005, p. 39-63; Jones, 2012; MacLean, 2017; Mayer, 2016). A richer discussion than is possible in this article would also explore the historical and contemporary importance of US action to install and sustain market-friendly governments, a pattern that includes extensive support for state terror and long predates the turning points of 1973 and 1979-80.¹¹

5. Into an uncertain, probably darker future

It is hard to overstate the cumulative transformation of the global policy environment over the past few decades. Today, “anxious policymakers across the South are focusing their attention on the actions of the United States Federal Reserve, on the decisions of commodity traders and on the predatory practices of hedge funds, with a growing realization that they have limited control over some of the key components of their economic futures” (*TDR 2017*, p. 4). Streeck argues that financial market constraints apply as well to high-income country governments after the increase in their debts associated with bailouts and social policy expenditures that followed the financial crisis; their priority must be “making it clear to the financial markets that the state is in a position to service its debt”, with austerity as the means to this end and rapid and volatile increases in the cost of borrowing as the price of failure, whatever the costs in terms of domestic political accountabilities and human consequences (Streeck, 2015, p. 10).

¹⁰ Importantly, many acolytes of neoliberal thought consider Pinochet’s Chile a success story in the advancement of economic freedom (MacLean, 2017, p. 158-168).

¹¹ Although simplistic economic explanations of this phenomenon must be treated with caution, on its ‘class orientation’ see the important work of McSherry (2005, p. 24-29).

As austerity unfolded in the wake of the financial crisis, it was and is *selective*, disproportionately affecting “the poor, whose well-being and basic survival is tethered to the support they receive through public systems and safety nets” (Basu et al., 2017, p. 203). *TDR 2017*, like other analyses, notes that the financial crisis “exposed the gap between too-big-to-fail financial institutions ... and the majority of (wage-earning) households,” for whom no comparable mobilization of resources was undertaken. In fact, quite the opposite was the case, constituting an especially striking instance of the relevant power asymmetries (p. 95). Financial crises themselves ratchet up economic inequality in multiple ways,¹² and “[e]ven when income inequality does not worsen, the lowest income earners bear the brunt of painful market adjustments and economic policies adopted in response to financial crises” (*TDR 2017*, p. 104); see generally 93-117).

Thus, the observation in a 2015 assessment of IMF economic projections for 187 countries¹³ that, “in stark contrast to newspaper headlines and public perception ... austerity is increasingly a developing country phenomenon. In the year 2020, 83 per cent of persons living in developing countries are projected to be impacted by budget cuts, compared to 61 per cent of persons living in high-income countries” (Ortiz, Cummins, Capaldo, & Karunanethy, 2015, p. 3) is especially sobering. So, too, is the extent to which existing social protection institutions are now under attack, as the postwar settlement between labour and capital unravels in parts of the high-income world as a consequence of the combination of changes in the global economic environment and their effects on domestic distributions of resources, and is likely to be difficult to replicate or sustain elsewhere for the same reasons. Such developments do not bode well for efforts to finance national alternatives to austerity or a “global new deal” through higher taxation of the wealthy, although the arithmetic feasibility is beyond debate (*TDR 2017*, p. 156; Saez & Piketty, 2013). Similar issues confront more specific objectives like mobilizing domestic resources in support of universal health

¹² A striking illustration: by 2010, there were *more* ‘high net worth individuals’ with financial assets worth more than US\$1 million than in 2007 in nine of the 10 largest US metropolitan areas (Capgemini, 2011) while reliance on food stamps had doubled since the early years of the decade; the tenth area, Detroit, had seen only a small decline in the number of ultra-wealthy while its deindustrialized core city was heading for bankruptcy.

¹³ An especially reliable indicator, since the IMF enjoys leverage with regard to many governments that their own subjects lack.

coverage – an objective for which progressive taxation is an essential revenue-generating strategy (Meheus & McIntyre, 2017).

At the same time, the constraint that globalization creates on national and sub-national policies that would improve population health and reduce health inequalities can be overstated, sometimes for tactical effect (Halperin, 2013, p. 216). Arguably, a case in point is the social spending cap that was added to the Brazilian constitution in 2016, effectively reversing social policy measures that had been credited with reducing poverty and expanding access to health care (on this latter point see Andrade et al., 2018). In 2018, these measures were strongly criticized by a number of United Nations special rapporteurs on economic and social rights¹⁴ for their current and anticipated impact on access to education, nutrition, health care, water and sanitation (Alston et al., 2018). Importantly, they pointed out that social spending is not the major cause of Brazil's admittedly troubling levels of external debt, and that a number of progressive options for raising additional revenues, some of which had actually been identified by the IMF, had not been pursued. Here, as in many other cases, to the extent that globalization is implicated in policy choices that have negative effects on health and its social determinants, it is by way of its effects on domestic distributions of income, wealth, and political resources – and the rapporteurs pointed out that despite recent reductions in Brazil's historically high levels of inequality, it remains the most unequal country in the world on the basis of income concentration among the top one percent of the income distribution (Alston et al., 2018, p. 4).

Where does this analysis lead, in terms of future policy options to reduce health inequalities? I conclude with two observations, each of which – in keeping with the theme introduced at the start of the article – is about power.

First, as noted earlier, no agreed or authoritative algorithm exists for determining whether or how public policy should anticipate how social and economic transformations associated with globalization will change health outcomes, or their distribution. Relevant public policy

¹⁴ These are individuals appointed by the United Nations Human Rights Council with mandates in a specific area related to the content of the Universal Declaration of Human Rights and the International Covenants on Civil and Political Rights and on Economic, Social and Cultural Rights (see <https://www.ohchr.org/EN/HRBodies/SP/Pages/Welcomepage.aspx>). They have no sanctions beyond 'naming and shaming' at their disposal, but their reports often represent a powerful indictment of the human consequences of globalization.

choices may or may not take into account such effects at all – a point captured by the observation that public health researchers “did not realize ... that evidence would not matter to those using austerity as a weapon” in the service of broader economic policy objectives (Basu et al., 2017, p. 204). The choice of a standard of proof on this point is inescapably political, and therefore reflects the distribution of political resources but also biases introduced by the structure of political institutions. (The latter point deserves an article of its own.)

Second, again drawing on the work of Basu and colleagues, in recent history “the discussion of austerity was not truly a discussion about which economic program would provide the best path for recovery from a recession” (p. 204). That was never an evidence-based choice, as it was not in the era of structural adjustment. Joseph Stiglitz (2016), a former World Bank chief economist and subsequent Nobel laureate who was forced out of the Bank by US pressure in 1999, observes that the austerity prescription led to “a lost quarter-century in Africa, a lost decade in Latin America, and a transition from communism to the market economy in the former Soviet Union and eastern Europe that was, to say the least, a disappointment”. Rather, the real agenda was the restoration of class power, on a transnational scale (see e.g. Evans & Sewell, 2013; Wacquant, 2012). In political terms, this question can be recast as one of who matters and who can be treated as collateral damage without serious anticipation of adverse consequences, even under conditions of formal democracy, the integrity of which in many contexts is imperilled by the influence of money in politics. Here we return to the theme of speaking truth about power: choices on this point, whether implicit or explicit, must be the starting point for future critical social scientific analysis and for resistance.

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