



How can engagement with political science and international relations for health be improved?



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The need to engage political science and international relations in analyses of domestic and international policy making for public health is undisputable, because political processes and decisions influence and shape health policy. The urgency of this need is underlined by the complex context of the COVID-19 pandemic, which exposed the political nature of health policy, and the war in Ukraine—the latest in a series of 21st-century conflicts that are stark reminders of the profound impacts of conflict on the provision of health care to affected populations. The papers in a new *Lancet* Series on political science and health^{1–3} provide a detailed exploration of the interface between health and political science and international relations' concepts, frameworks, and institutions. This Series outlines important questions for future research and analytical investigation. What becomes clear from the Series papers is that, although there is a long history of engaging political science in the analysis of public health policy making, there is much left to explore and understand. Fundamental epistemological, ontological, and methodological differences between the disciplines of public health, political science, and international relations present obstacles to in-depth

engagement.⁴ Intradisciplinary fault lines create challenges and opportunities for cross-disciplinary dialogue.

The question remains about how best to draw on insights from international relations and political science to advance our understanding of global and national health policy. Global health political analyses generally engage with a select, narrow spectrum of international relations perspectives and advocate for reform within existing international structures and practices. Such analyses are typically Euro-centric and US-centric (North Atlantic-centric) and exclude other experiences and perspectives. Such analyses largely validate and naturalise existing political structures—ie, the dominant system of multinational governance based on the principles of state sovereignty and state cooperation through intergovernmental organisations—as key to solving transborder problems. Although there has been some recognition of alternative approaches, these have not been engaged effectively and in sufficient depth by analysts in health to date.

North-Atlantic scholarship in international relations has largely privileged a state-centric view of international

politics, within which state foreign policy is guided primarily by considerations of power and the pursuit of security in a system of politics dominated by the so-called great powers.⁵ This perspective thus obscures the political experiences of the majority of states in the international system and misses out on opportunities to draw insights from these experiences. North Atlantic-centric scholarship also generalises and universalises local experiences, which consciously or unconsciously results in the marginalisation or dismissal of non-western experiences and views.⁶ The limitations of this approach have policy implications; Achille Mbembe, an analyst of postcoloniality and African politics, observes “as a practice that flows from abstraction to action theory becomes a guideline or a template that operates on different scales and registers”.⁷ Engagement with only a narrow spectrum of dominant theories and approaches to understanding politics excludes or silences other possibilities and reifies, validates, and naturalises a particular western neoliberal political order, with specific values and goals—ie, the values espoused by and prioritised by the G7 and expressed through what is known as the Washington consensus.⁸ Such projection of North Atlantic-centric values into global principles curtails the ability of stakeholders to imagine ways to reform and improve existing structures and to identify innovative solutions beyond the status quo.

Global health political analyses often take for granted ingrained assumptions in international relations—eg, that global cooperation is the best way to deliver improved health outcomes globally; that the existing global health architecture is the main vehicle for the promotion of interstate cooperation; or that the participation and role of the private sector may contribute to improved efficiency and be beneficial. Such assumptions obscure some of the inherent problems of global cooperation, such as the lack of immediacy of decision making, difficulties in achieving coordination and agreement on a common course of action, and unequal resources available to states to implement global agreements. As anthropologist Mark Goodale reflects in *Reinventing Human Rights*, the “global COVID-19 pandemic simply laid bare all of the weaknesses and contradictions in the postwar international system”.⁹ Goodale suggests there is a need for a deeper understanding of everyday practice and lived experiences at different levels where politics

take place—eg, in communities, societies, states, regions—and that this approach could reveal more pragmatic and inclusive solutions to collective action problems.

Public health policy has implications for human health and by extension life and centres on the promotion of health and wellbeing and protection from disease. This complex intersection between existential threats, strategic interests, and duties of care for the individual and populations is where actors in health can draw on insights from political analyses across the fields of security studies and geopolitical strategy, human rights, and environmental politics. Relevant approaches from these fields include frameworks such as positive and cooperative security, which emphasise the possibilities of non-oppositional and multi-actor negotiations of issues of existential importance to communities;¹⁰ the examination and reinvention of human rights from a practice perspective using an anthropological approach;⁹ and exploring decoloniality as a tool for imagining and building global futures where human beings and natural resources are not exploited for wealth accumulation.^{11,12} Such political analyses promote views from everyday practice at the grass-roots level in translocal contexts that highlight how practices have meaning and implications beyond their location. Such approaches are therefore not defined or restrained by state-centric analytical biases. Drawing on broader insights from political science, as suggested in this *Lancet* Series, can catalyse innovative thinking and policies to address health challenges.

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