

# Political economy *for* health: Key Terms in Political Economy and their Implications for Population Health and for Health Care

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## About the Key Terms Project

This document was initially conceived as a pilot for a proposed annotated glossary of key terms in political economy which are of particular importance in the struggle for health.

We have identified a number of key terms which could be covered in the proposed glossary (see [Annex](#)). We have draft entries for seven of these. The list of terms in the Annex is indicative only.

The outcome of the project would be an accessible, browsable resource which would support health practitioners in exploring the relevance of political economy to their work. Critical aspects of the design would be extensive cross referencing (between the key terms) and a full index focused on the health implications of the various key terms. These two features would support browsability and repeated dipping into and skimming across the document.

The implementation of the project could also provide a useful opportunity for health activists to work together in identifying key terms, reviewing contemporary usage, and considering the implications of the terms (and the underlying phenomena) to health.

The final form that the resource might take (online, hard copy, or journal publication) is open for further consideration.

Readers are begged to keep in mind that the pilot entries included in this document are first drafts designed to illustrate the concept. They will benefit from feedback and more work.

## Introduction: Political economy *for* health

This booklet / website is prepared as a resource for people who worry about population health, health care and / or public health. The worriers we have in mind will include health science students (undergraduate and postgraduate), health policy analysts (however labelled or located), and health activists everywhere.

Underlying the design of this resource is a judgement that political economy as a broad discipline has an important contribution to make to understanding, policy development and activism around population health and health systems. However, political economy is rarely broached in health science education and is generally relegated to the underground in established health policy discourse.

A further assumption is that some of the terminology which carries the insights of political economy can be a barrier to accessing those insights. Accordingly, a resource focusing on key terms in political economy might facilitate wider access to the disciplines of political economy as they can be applied in relation to public health.

‘Political economy’ is a discipline where the stocks and flows of ‘the economy’ are explicitly mapped against the institutions and power relations which shape where those stocks are held and how those flows are mediated.

However, the term also carries assumptions about the kinds of economy and polity which would support a good society. These assumptions have their roots in the history of political economy.

Prior to the emergence of ‘neoclassical economics’ the established discipline of economics was political. Neoclassical economics (with Jevons and Walras as significant early figures) was characterised by a growing emphasis on modelling (based on the supply and demand relationship) commonly at the cost of neglecting institutions and power relations.

Contemporary usage of the term ‘political economy’ carries connotations of economic heterodoxy and critique, in particular critique of neoclassical economics. This heterodoxy includes various

streams of Marxist political economy. However, Marx's own writing on economics (whilst highly political) was commonly cast in polemic against the economic establishment, referred to as 'political economy', as in his *Contribution to the Critique of Political Economy* (1859).

Neoclassical economics relies heavily on the use of economic models and in recent decades has taken economic modelling to new levels of complexity and in doing so has transformed conventional economics from an inductive science to a deductive dogma. Induction develops generalisations from specific experience; deduction applies generalisations, derived from theory, to the interpretation of experience. In this case, complex models of 'the economy' are created, based on mathematical equations selected for their elegance rather than their real-world relevance. (This elegance depends in large degree upon assumptions about economic relations tending to equilibrium as opposed to the dynamic complexity which is observed in the real-world.)

The appropriation of the term 'political economy' by various schools of heterodox economics (defined by their critique of orthodox (neoclassical) economics) serves to reaffirm the importance of institutional structures and power relations in shaping the stocks and flows of the economy and in setting the context for market relations.

In my discussion of key terms in this resource I aim to avoid definitions; rather my focus is on usage and the political and intellectual context which shapes usage.

In my discussion of [class](#) as a term in political economy I recognise one common usage of the term purely as a descriptor. Thus, disparities in mortality rates which correspond to different levels of household income may be reported in terms of social class (with household income data used as a surrogate for 'social class' or more commonly 'socio-economic status'). However, social class also offers an analytic framework for making sense of wage and profit levels and the power relations which shape the distribution of the economic surplus generated in production. In Marxist usage social class also provides strategic guidance for political activism. These different usages (descriptive, explanatory and strategic) all draw on particular narratives regarding the wider context in which the term 'class' is found useful and the subjectivities of those who find the term useful.

The purpose of this resource centres around the use of the language of political economy, and critical social science more generally, in making sense of population health and health systems, where 'making sense' encompasses description, explanation and strategy. Thus, each entry includes first a discussion of usage and second a reflection on ways in which some of those usages may contribute to more useful descriptions, explanations and strategies in relation to population health and health systems.

David Legge

# Alienation

## Usage

This chapter explores the usefulness of alienation theory in bridging between the insights of political economy and the concerns of public health (Crinson and Yuill 2008).

Alienation is not a real thing, out there; it is a conceptual framework for making sense of human experience.

The term comes to contemporary usage from Roman law via Christian theologians and then a network of nineteenth century scholars, most notably Hegel (Baum 1975), Marx (1844/1975, from p322) and Tonnies (Papenheimer 1959). The Roman lawyers used the term to refer to the separation of the owner from his or her possession associated with the act of sale. The theologians saw man [sic] as alienated from God, his fellow man, from nature, and from himself. Marx saw alienation in capitalist society as arising from the circumstances of the wage labour relationship.

During the 1960s alienation was referred to commonly in scholarly commentary and activist analysis. Since then, it has gone out of fashion, tainted by the crisis of communism, eclipsed by post-modernism, and buried by neoliberalism (Yuill 2011). However, it is a robust theory and remains useful.

Work in the present era is different from the factories and manual labour which typified the industrial revolution in Europe when Marx was writing. However, alienation remains a useful way of understanding the experience of work under capitalism notwithstanding changes in the organisation of work.

## Four facets of alienation

The Marxist account of alienation recognises four closely related facets of alienation (facets as different ways of approaching the same idea).

### Alienation from the process of production

The idea of being alienated from the process of production is well illustrated by Braverman (1974) who traces the loss of autonomy associated with Taylorism: from a craft worker (who chooses their tools, selects their materials, decides how to sequence their work) to the assembly line operative who is assigned a narrow range of tasks to be repeated through innumerable timed cycles. Braverman describes how product design and production control are moved from the 'shop floor' to the engineers in the 'front office'. In the degradation of the employment relationship the worker is themselves commodified.

The Fordist assembly line and Taylorist division of labour are no longer seen as emblematic of the 'post-industrial' society but it is alive and well in low wage platforms in developing countries: iPhone assembly line in China, Bangladesh garment making, and Indian and Philippines call centres. It is also alive and well in 'service' industries, such as fast food, and the gig economy generally. The digital technologies which allow for closer surveillance and control of workers, associated with increased precarity of employment, allow for increased exploitation and alienation in a wide variety of service industries, including teaching, academia and aged care. An extreme example is from flight attendants who told Hochschild (1983, cited by Crinson and Yuill, 2008) that they felt that their obligatory smile, a key element in the production process, was in a sense expropriated by management. In this respect they were alienated from their work process.

Waitzkin (2011) has described the proletarianization of doctors working in large for-profit 'health systems' in the US, including close monitoring of medical care and managerial pressures to speed up. See Medscape report on [physician burnout 2023](#).

Karasek's demand, control, support model of work stress and job strain is an empirical model which corresponds closely to Marx's concept of alienation from the labour process (Karasek, R and Theorell, T 1990). This work combines the use of survey instruments to measure work stress and epidemiological methods to document health outcomes. Work stress includes 'demand' (both intensity and difficulty), 'control' (or 'decision latitude' which includes decision authority and skill discretion), and 'support' (which may come from management and/or peers). 'Job strain' refers to the combination of higher demands with lower decision latitude.

### [Alienation from the product of labour](#)

The concept of being alienated from the product of labour is closely associated with the idea of 'commodification'. Instead of the product expressing a social relationship between maker and user (a relationship where need is recognised and satisfied, and appreciation is manifest), the product is appropriated by the capitalist and reduced to a commodity for sale in the market place. Any relationship between maker and user is greatly attenuated (or lost entirely).

The neoliberal drive for the marketisation of human services (including health care) illustrates this process of commodification of the service, so that it can be bought and sold in the market place as a commodity, and the exploitation of the proletarianized service worker can be intensified. The model of universal health coverage currently promoted through WHO and the World Bank is structured around the concept of the 'benefit package': essential items of service which shall be paid for ([Legge, 2021](#)).

### [Alienation from fellow humans](#)

Alienation from fellow humans is closely linked to process and product alienation. Production is generally a social process, involving collaboration. At best, as in a string quartet, the quality of collaboration involves a rich inter-subjectivity. However, where collaboration is structured and controlled by management the workers are alienated from each other.

Likewise, the commodification of the product of labour involves the rupture of the relationship between maker and user. The commodification of product and the privileging of exchange value over use value contributes to the alienation of maker from user. The other side of commodification is consumerism; the product is valued in the market place and the purchaser is valued because of their ownership of the product.

### [Alienation from self](#)

Marx proposed that creativity is a defining characteristic of humanity and hence, when avenues for creativity in work are blocked, the worker is alienated from (cut off from) an alternative creative way of being.

Titmus and Maus have also emphasised the exchange of gifts as a defining characteristic of human societies. Accordingly, where the worker is alienated from the product of their labour they are also alienated from an alternative way of being, where relationships with others are associated with giving and receiving.

In these respect 'alienation from self' refers to work settings where people's scope for creativity, autonomy and self-determination, and the experience of giving and receiving, are denied.

## Alienation and the capitalist wage relation

Marx denounced the dehumanising effects ('mortification') of powerlessness and degradation of the worker under capitalism. He also denounced the appropriation by the capitalist of the surplus value produced by the worker. However, alienation is not the same as exploitation (FoxConn in China) or oppressive working conditions (Rana Plaza in Bangladesh) or dangerous unpleasant work (ship breaking in India).

Marx's use of 'alienation' points to a degradation of social relationships which is a consequence of the capitalist wage relationship (Crinson and Yuill 2008). Marx's usage starts from an idealised scenario, communism foreshadowed (Ollman 1976):

- where the organisation of work provides scope for creativity and autonomy, and for learning for the worker;
- where collaboration at work helps to enrich the relationships between workers;
- where the use value of the product of work expresses a gift relationship between the workers and the users;
- where the capital accumulation required for the inputs and equipment is collectively organised in such a way as to strengthen the quality of relationships within the collective; and
- where the transactions between the enterprise and the natural world are constructed so as to minimise and repair any disruption of natural ecosystems.

The capitalist wage relation despoils these relationships; this is the core of Marx's conception of alienation (Øversveen 2022).

Alienation adds to the mortification of the worker attributable to exploitation, oppression and toxic exposures. However, even in the most enlightened employment settings, the wage relation despoils in some degree the relationships with self, colleagues, customers, financiers and the non-human children of Mother Earth.

## Implications for health

Alienation is a theory, a conceptual framework; it is not a thing. It is a theoretical framework which can help in *making sense* of what we know about population health and health care (Yuill 2005). It is a way of *making sense* of the realities of work and health, of capitalism and neoliberal health policy, and of the more empirical research of Marmot, Karasek, Berkman, Lynch, Coburn, etc.

Alienation theory provides a narrative that casts new light on the social class mortality gradient and the Foxconn suicides. It suggests causal links between the social relations of capitalism and the health of workers. Crinson and Yuill (2008) review the debate between psychosocial versus neo-materialist explanations of the mortality gradient and points towards the usefulness of alienation theory to deconstruct this dichotomy. Crinson also suggests that low levels of 'social capital' can be a reflection of alienation where 'human intersubjectivity is reduced to exchange value'.

Alienation theory provides a narrative which suggests an approach to strategy as well as explanation; a narrative that points to the importance of linking the challenges of public health to the wider challenge of reforming / replacing capitalism.

Alienation theory extends the critique of marketisation and privatisation of human services under neoliberalism. It locates the commodification of the 'item of service' and the 'benefit package' within the wider corporate structures of capitalist health care.

Globalisation, with giant monopoly corporations sitting astride global value chains has had the effect of strengthening the hand of the corporate strategist vis a vis the worker: weakening unions, dispersing gig workers, exploiting precarity (from technological unemployment), and forcing social

safety nets lower through austerity. Globalisation also extends the physical distances between the management decisions the work setting.

Alienation theory also offers insights into society and culture more generally. A society where the experience of work stultifies creativity, reduces personal autonomy, and denies the gift relationship has implications for drug and alcohol use, for mental health, for interpersonal violence, and for community sentiment and political choices.

Lavalette and Ferguson (2018) comment that “In few areas of life are the destructive effects of alienation and commodity fetishism more keenly felt than in the area of sexuality” and “neoliberal capitalism takes our sexuality and sells it back to us as a commodity in ways that are highly destructive of our health and relationships”.

Much of the commentary around alienation describes alienation in terms of the individual experience. However, the consequences of a widespread experience of alienation for different parts of society and for the culture more broadly are profound. These include the cultivation of materialism and individualism and the attenuation of solidarity.

### Social mobilization and convergence (or fascism)

The grievances associated with exploitation, oppression and toxic exposures can also be expressed in fear, blame and hostility directed to ‘the other’: racism, misogyny, ethnic division, religious bigotry and homophobia, etc. Where the quality of our relationships with ‘the other’ has been degraded by the various aspects of alienation, fear, blame and hostility provide a fertile soil for fascism with misogyny and racism. The fascist response to alienation takes us towards war, increasing inequality and accelerated environmental degradation.

The alternative to fascism involves a convergence of social movements; a mobilisation of communities against the mindless demand for gated, growth oriented, transnational capitalism with accelerating environmental degradation. A critical element in this struggle involves addressing the drivers of human alienation, including in particular, the capital wage relationship.

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### Usage

The term 'class' is used for widely different purposes.

Researchers whose purpose is primarily descriptive (eg demographers or statisticians) tend to treat 'class' as a descriptive variable, often closely linked to household income or wealth. A spectrum from very rich to very poor is defined and the numbers and circumstances of households at different points on the spectrum are described. A vast body of research in epidemiology has documented the links between burden of disease and income or wealth and other indicators of 'socio-economic status' (eg, Demakakos et al. 2016; Kokkinen et al. 2019).

The Marxist use of 'class' arises from an analysis of the structures and dynamics of social and economic power. The Marxist starts with a revulsion regarding the suffering associated with poverty and the unfairness of gross inequality. (See Engels 1845 (1969[1845]) report on the condition of the working class in England.) From this revulsion stems a need to understand how poverty and inequality are reproduced and how they might be remedied. Marxist answers to these questions centre around institutional systems of production, distribution and exchange and the power relations which shape how such systems operate. In their analysis of such institutional systems and power relations the classical Marxists drew upon an analytic framework structured around different relationships to the means of production (ownership, management, wage labour). Marxist use of class analysis is closely linked to their analysis of the stocks and flows of the capitalist economy, including conflict over the distribution of the economic surplus and the dynamics of crisis and development.

Class analysis provides powerful insights into understanding the capitalist economy but its significance for Marxists also turns upon its implications for political strategy, including its identification of the working class (actually, 'the proletariat') as the principal agent of progressive political change (including revolution).

Capitalism operates differently in different countries, corresponding to their historical context and to their locus in the global capitalist economy. Reflecting in some degree these different experiences, different schools of thought contend within the Marxist tradition regarding both their analysis of contemporary capitalism and their preferred approaches to political engagement. These different analyses and strategies also shape their approach to class relations and their usage of the term 'class'.

Capitalism also develops across time which calls forth evolving economic explanations and changing foci of socialist strategy and necessarily the associated connotations of 'class'. One dimension of

capitalist evolution has been towards increasing economic integration across national borders. This started with pre-capitalist trading relations and conquests, through the period of colonial conquest and exploitation, to state-centric [imperialism](#) (Lenin 1973 [1916]), through to contemporary transnational capitalism. Nevertheless, a class analysis centred on the national economy has continued to characterise discourses of political strategy in many settings even while economic analysts have highlighted the changing social relations of capitalism associated with colonialism, imperialism and contemporary globalisation.

As a consequence, a divergence is sometimes evident in the discursive implications of 'class' when used in settings where the focus is primarily on explaining contemporary global capitalism in contrast to settings where the focus is on locally oriented political organising.

In the national economy where class is defined by people's relationship to the means of production a national proletariat is envisaged as confronting a national bourgeoisie. In the classical Marxist accounts of European capitalism there is a clear recognition of the role (and brutality) of colonial conquest and contribution of colonial exploitation to capital accumulation in the metropolis. Lenin's theory of [imperialism](#) developed this picture with his recognition of the separate roles of finance capital and industrial capital in the colonial/imperial structures.

However, while the focus was on political engagement in Europe, a construction of class was deployed which still focused on the social relations of production in the metropolis.

The century since Lenin's imperialism has seen the achievement of political independence by the erstwhile colonies, the emergence huge transnational corporations sitting astride [global supply chains](#), and the integration of the global economy, in part a consequence of the trade liberalisation associated with the [neoliberal](#) ascendancy.

With globalisation has come some retheorising of 'class' with increasing use of the concept of a 'transnational capitalist class' (Sklair 2012; Robinson and Sprague 2018) although it is not so clear what axis of analysis (to define the fundamental confrontation) is being used here, nor how the oppositional forces are being constructed.

By some accounts (eg, Madi 2018; Bello 2009) the most critical axis of analysis would be the control over global finance capital rather than the 'means of production'. In such a framework the transnational capitalist class would be defined by its control over global investment (including speculation) and the oppositional force a global mélange of middle classes, working classes and marginalised peoples.

This provides for a plausible explanation of the power relations which control the global capitalist economy but as the basis for political strategy it leads to further questions. These include questions about the prospects for a convergence of political movements reflecting these different oppositional forces; the possible processes which might lead to a stronger sense of shared subjectivity and solidarity across the mélange; and the forms of political engagement which might yield people's control over global finance and investment.

Convergence and solidarity are by no means inevitable. The recurring emergence of various forms of neofascism (Roberto 2018) points to various scenarios in which 'fear of the other' overcomes any rational case for building solidarity. Such scenarios also point to the limitations of a one dimensional – class based - analysis of society which discounts axes of analysis centred on gender, nationality, ethnicity, or religion. See [intersectionality](#).

## Implications

These different meanings of 'class' are evident in useful descriptions, explanations and strategies in relation to both population health and health systems.

## Health inequalities in countries

There is a huge literature describing the disproportionate disease burden carried by poorer as compared with richer people within countries and societies. (See Virchow (2006[1848]) as a reminder that this literature has a rich history.)

Much of this literature is commonly categorised as dealing with the 'social determinants of health'. Theories on offer for making sense of the relationships between health and class include:

- absolute material insufficiency;
- greater exposure to material hazard;
- alienation, lack of social support, lack of social capital (Kawachi and Kennedy 1997);
- perceived subordinate status (Marmot 2005);
- high pressure and low control at work (Karasek, RA and Theorell, T 1990)
- relative powerlessness.

Much of this literature uses social class as a descriptor, as a metric for documenting health inequality. However, defining class in relation to the means of production, rather than treating it as a continuous variable, suggests that, under capitalism, opportunities for good health are in some degree the outcome of class struggle.

This idea of a 'struggle for health' (Sanders 1985) is illustrated in the debate over 'social determinants' versus 'social determination'. The case for 'social determination' as a more useful term (Breilh 2008) is based on its explicating the production of health inequality is an active political process while the use of 'social determinants' may be taken as suggesting a set of disembodied 'factors' each of which has to be explained and addressed separately (housing, education, social security, etc). Breilh characterises his 2008 paper as "an invitation to confront the menacing forces producing our unhealthy societies and an opportunity to form fraternal partnerships on the intercultural road to a better world".

## Health inequalities between countries

The comparative research literature on health inequalities between countries reflects some of these same contradictions between disembodied factors versus the active production of health inequalities through institutional and political processes shaped by the global distribution of power.

The descriptive side is not open to debate. The relationship between population health indicators and country level GDP per capita is stark.

The political processes underlying the 'development of under-development' (Frank 2019 [1986]) are only partly hidden. The covert subversion and economic and military coercion by the [imperialist](#) powers of resource-rich states which do not provide access for transnational corporations to their resources is well documented, Iraq and Iran being contemporary cases. Less blatant is the network of trade agreements which have been used to drive the [neoliberal](#) program globally. The asymmetrical rights and obligations associated with this trade regime have reproduced the barriers to economic development previously associated with colonialism while enriching the elites of the global North. However, the combination of imperial power and the market forces of neoliberalism has also contributed to the emergence of elites in the global South who are just as invested in the neoliberal program, notwithstanding its contribution to widening inequality.

The neoliberal regime depends in part on its ideological ascendancy, promoting the benefits of trade liberalisation, creating evidence to justify invasions, selling 'there is no alternative'. This regime is sensitive to the need for legitimacy and is vulnerable to the threat of delegitimation. The World Bank and the Gates Foundation illustrate the significant investment directed to promoting the legitimacy of the regime while recognising inequality, poverty, malnutrition and avoidable mortality as problems to be solved.

The explanations of inequalities between countries and strategies for reducing such inequalities are highly contested. The Bank focuses on particular institutional sectors (agriculture, urban development, or health care financing) and produces policy packages which focus solely on particular sectors while accepting as fundamentally beneficial the structures and dynamics of the global economy.

Among those critics who do recognise the ways in which the reproduction of inequality is embedded in the governance of the global economy a range of explanatory systems are evident, ranging from a focus on transnational corporations, to the international financial institutions, to US imperialism.

The theory of a transnational capitalist class, which brings together the ultra-wealthy, the managers of the big corporations and banks and the political elites of North and South; which envisages this class as having common interests, similar lifestyles, and a shared consciousness; and which deploys its political and economic power to maintain and protect the existing regime. This narrative provides significant explanatory power, although largely ignored by public health academia and by the policy gurus of global health governance.

However, the implications of transnational class theory, for political strategy, are not widely appreciated, and are barely acknowledged in the 'development and health' literature and policy discourse.

The People's Charter for Health (PHM 2000), the founding document of the People's Health Movement, is an exception. While not using the language of transnational class theory, the Charter structures its political program around the task of building a global social movement around the struggle for health (Sanders 1985); working to build solidarity and a shared understanding across numerous constituencies across all countries. Clearly a global social movement for health is not a sufficient driver of change but the program clearly envisages the building of solidarity across those social and political movements who do not accept the reproduction of inequality and who see the taming and replacement of neoliberal capitalism as necessary for human and planetary health.

### Medical hegemony and class (and gender and race and ...)

The social class lens can also sharpen our understanding of the role of the medical profession in shaping political priorities regarding risks to public health and equitable, affordable access to health care. In many countries access to medical training is restricted to those families who can afford the quality of education and the cost of university training. In countries where access to medical care is associated with large out of pocket costs (medical fees or private insurance premiums) a certain ideological affinity may be evident between medical practitioners and their upper-class customers.

The class and ideological connections between the medical profession and the upper-class serves both sides; political support for medical privilege and medical hegemony in return for medical support for an individualised and personal choice view of illness and access to care.

This relationship is clearly evident in the professional support for individualist and behavioural approaches to health promotion linked to the neglect or discounting of the structural dynamics behind health inequalities.

One of the core elements of the primary health care model, celebrated at Alma-Ata in 1978 and elaborated since then, is the concept of 'community involvement' which is seen as encouraging health care practitioners to recognise the forces shaping the health of 'their' community and to build partnerships between practitioners and community which can work to address those forces.

By contrast, fee for service medicine, fiercely defended by the medical profession in many countries, promotes a more individualised approach to health care and entails an institutional framework much less able to work with communities to engage in the social determination of health.

The theory of a transnational capitalist class can be usefully applied here to a range of transnational industries including pharmaceuticals, junk food, and big oil, all of which benefit in different ways from a cooperative and well aligned medical profession.

### Health care financing: universality versus safety nets

The social class lens can also bring into focus the class in the politics of health care financing. Assuming a progressive income tax scale the upper class has a strong incentive to restrict public funding of health care (and aged care, education, urban infrastructure, etc). However, the upper class is comfortable in buying private health insurance cover and managing gap fees. However, working class people vote and a need to shore up the perceived legitimacy of the governance regime resurfaces periodically.

These dynamics work out in different ways in different countries and times. However, a common pattern involves private health insurance and private health care for the rich sitting side by side with publicly funded safety net programs providing 'essential' health care services albeit with limited range of services and less comfortable amenity.

The theory of a transnational capitalist class is also useful here given the support provided by the World Bank, USAID and the Rockefeller and Gates foundations for 'universal health cover'. Despite the reference to universality, the model of health care financing being promoted under this slogan envisages a multi-tiered health system with a minimal safety net for the poor and privately funded private practice care for the rich. The support of the transnational capitalist class for multi-tiered health care is consistent with its palliative approach to inequality and the co-dependence of global finance for investment opportunities and national politics to attract such investment, including through low tax and deregulation.

### Class struggle, population health and access to affordable health care

It would be incorrect to picture the working class as passive recipients of health policies (addressing population health and health care) which are determined by upper class (and transnational capitalist class) dominated political institutions.

The processes of political determination of health policy can be usefully pictured in terms of class struggle (including anti-colonial struggles and resistance to imperialism). This is particularly clear through an historical lens including for example:

- the classical narratives of population health in England during the Industrial Revolution (Szreter 2004; McKeown 1979);
- long-standing and ongoing struggles around occupational health (Berman 1978);
- the many stories of revolutionary doctors including Virchow (Ackerknecht 1957), Bethune (Allan and Gordon 1973 [1952]), Che Guevara (Anderson 1997) and Allende (Waitzkin et al. 2001);
- the prominence of health as a rallying focus in anti-colonial struggles, in China (Sidel, Sidel, and Sidel 1982), Guatemala (Behrhorst 1975), Brazil, Thailand and in the struggles of indigenous peoples for self-determination in settler colonised countries (see Foley 1991, from Australia, for example).

These struggles are ongoing but the application of class theory to explaining and strategizing has necessarily changed over time. While the struggles around occupational health which Berman describes in the US are usefully understood in terms of traditional class struggle between capital and labour, the contemporary struggles of fisher communities in India involve both the domestic ruling class and the transnational capitalist class which has allowed the industrial fishing fleets of ocean fishing countries to exhaust global fishing stocks.

## Limitations of class analysis

The limitations of class analysis are not unique to health care but health related instances are significant.

Many important struggles around occupational health have been driven by women who have seen patriarchy as a critical way of framing their struggles around occupational health. The gender axis cannot be simply reduced to class as if patriarchy plays no role in the labour movement.

## Further reading

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# Consciousness (Ideology, Praxis, and Solidarity)

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## Usage

The focus of this chapter is on a network of ideas centred around the idea of 'consciousness': how we see ourselves in the world. Consciousness is not a leading pre-occupation of neoliberal economics but for political activists working in the Marxist tradition, seeking to both understand *and* change the world (see Marx's [Thesis Eleven](#)), it is an essential concept.

This commitment to *changing the world* leads to some practical questions.

1. *Why do many oppressed and exploited people accept their oppression and sometimes even reject the truths that they are offered by revolutionary explainers?*
2. *How do oppressed and exploited people find their own truths about their oppression?*
3. *How to build solidarity across difference?*

These three questions have far-reaching implications for political strategy and have generated lots of scholarly reflection and commentary, much of which involves ideas about consciousness. We shall explore this commentary around each of the above questions, focusing on 'ideology', 'praxis', and 'solidarity' respectively.

Finally, we will return to the Struggle for Health and explore three case studies in which these ideas are reflected.

## Ideology

*Why do many oppressed and exploited people accept their oppression and sometimes even reject the truths that they are offered by revolutionary explainers?*

The concept of 'ideology' deals with the relationship between consciousness (how we see ourselves in the world) and reality (how we really are in the world).

For people who see themselves 'as they really are', the term ideology is generally used as an explanation as to why others may have a different understanding of the world. Their understanding of the world is presumed to be distorted by their ideology (patriarchal, neoliberal, fascist, communist, religious, etc).

Whether it is possible to see things 'as they really are' is controversial; this is the debate between realists and relativists. The realists generally recognise that their vision is clouded by lack of knowledge but believe that the disciplines of science are progressively revealing the truth of a knowable reality. The relativists are less confident. Their reservations, about the knowability of reality, draw from four separate fields: linguistics, recursion, informatics, and quantum mechanics. These are discussed further in Box 1 below (but feel free to skip the box).

The linguistic case for relativism originates with the work of de Saussure (Saussure 2013[1916] ) and Wittgenstein (Wittgenstein 1958) who demonstrate that words are coined to capture difference rather than corresponding directly to reality. The realist assumes that the language, in which their knowledge of reality is cast, bears a one to one relationship to the reality that it seeks to know. But Wittgenstein and de Saussure argue that new words are coined when existing terms are overloaded; the new term is coined to capture a newly recognised variant or distinction which is understood within that linguistic community as needing to be recognised. There are three propositions here: first, the new term corresponds to difference rather than identity; second, that the distinction matters to people; and third, that the importance of this distinction is recognised within the relevant linguistic community. Understanding language as specifying difference, rather



than corresponding on a one to one basis with reality, casts some doubt on knowability of the real world (whatever that is) in language.

The recursive case for relativism rests on the simple fact that we (humans) are inside, are part of, the world we are seeking to understand. The paradox of the map maker trying to make a map which includes representation of the map maker making the map captures the challenge that recursion presents to a correspondence theory of truth. The painter who is inside the room they are painting needs to wait for the paint to dry and move to a new position before finalising the painting. Science explores many different perspectives but each one is necessarily partial because of this recursion. Theory-making involves building a singular narrative which integrates the insights of the partial stories gained from each perspective.

The informatics case for relativism starts with Laplace's demon. According to the [Information Philosopher](#) "Laplace postulates a super-intelligence that could know the positions, velocities, and forces on all the particles in the universe at one time, and thus know the universe for all times. The concept has been criticized for the vast amount of information that would be required, impractical if not impossible to collect instantaneously. And where would the information be kept? If in some part of the universe, there would be an infinite regress of information storage". The quantum case for relativism arises from the demonstration that, at a fundamental level, reality is uncertain until it is observed. The role of the observer in fixing the real underlines the significance of our presence in the field of knowledge.

#### **BOX 1. THE CASE FOR RELATIVISM**

The concept of ideology bears on a further set of questions about how our understanding of ourselves in the world is shaped.

Eagleton (1994) describes how the term 'ideology' was coined (by Destut de Tracy) in a prison cell during the French Revolution. "Ideology, then, belongs to Modernity – to the brave new epoch of secular, scientific rationality which aims to liberate men and women from their mystifications and irrationalisms, their false reverence for God, aristocrat and absolute monarch, and restore them instead to their dignity as fully rational, self-determining beings" (Eagleton). Napoleon was critical of de Tracy and his colleagues for their irrational hyper-rationalism and their disregard for "custom, piety, intuition and concrete experience" (Eagleton).

Eagleton describes the political conflict around the Enlightenment faith in reason. "In late eighteenth-century England, the names for this running battle were Paine and Burke: Thomas Paine, with his revolutionary fervour and serene confidence in reason; Edmund Burke, for whom the whole notion that the social order can be submitted to rational critique is a kind of blasphemy."

Marx and Engels, in *The German Ideology* (Marx and Engels 1932[1846]), argued that consciousness (how we understand ourselves in the world) is shaped by the institutions, practices, power relations and discourses of the society in which we live. They were critical of Hegel and his followers who (they said) treated ideas as somehow disconnected from the material world. To the contrary, the consciousness of workers living under capitalism is shaped by their lived experience of a class society.

In the Marxist tradition, ideology (understood as the sum of the pressures which naturalise the ruling narratives of capitalism) is a material force which contributes to reproducing the power relations, institutions, and practices of capitalism. A range of different approaches to ideology contend within the Marxist tradition ranging from the truth-knowing realists of historical materialism (and their diagnosis of 'false consciousness'), through to the relativists who see the truths of our world as always mediated through curtains shaped by our experience and our aspirations (individual and collective). This more relaxed view of ideology does not negate the influence of the prevailing pressures of hegemonic forces but neither does it assign a determining role to such narratives.



Returning now to the question with which we started, *“Why do many oppressed and exploited people accept their oppression and sometimes even reject the truths that they are offered by revolutionary explainers?”*

There could be many answers to this question including the naturalising of the status quo by the dominant ideology and the structures and dynamics which promote that ideology. However, there may be other answers also including lack of knowledge, isolation, and simply the daily struggle of survival.

Why they *‘sometimes even reject the truths that they are offered’* may also have several possible answers; perhaps those truths are not as self-evident as they may seem to the explainers; perhaps the explanations and strategies being offered do not map across different world views. Perhaps the ideologies of the revolutionary explainers are also shaped by the legacies, institutions, and power relations of the revolution.

Nevertheless, the concept of ideology, as a material force mediating between consciousness and prevailing institutions, practices and power relations, is useful. Ideology can be a conservative force, protecting the status quo, but it can also serve as a platform for liberation.

## Praxis

*How do oppressed and exploited people find their own truths about their oppression?*

Paolo Freire’s concept of ‘praxis’ is a useful place from which to start in addressing this question (Freire 1971; Freire 1972).

Freire recognises the fog of ideology but also affirms the agency of the oppressed. Praxis starts with action by the individual, in community, engaging with the structures which shape their experience. Praxis involves a conscious reflection on the experience and outcomes of that engagement, and in that reflection we explore new ways of understanding the world we inhabit (a reshaped world view, a new consciousness). Praxis assumes a struggle to improve that drives engagement with the structures of oppression. Praxis - the action, the reflection, and the striving - is collective.

Freire was an educator and seized with the importance of reflecting on the words and the networks of meaning which we bring to the struggle; seized with the role of dialogue in reflecting on the action and the outcomes; and focused on the dynamics of dialogue in renovating the words and adjusting the networks of meaning in the context of reflection.

Freire’s praxis provides a powerful way of addressing our second question. Oppressed people may find new ways of making sense of their world through trying (collectively) to change it, and reflecting (collectively) on that experience. There is of course no guarantee; the forces of oppression may overwhelm, but the logic of praxis has been found liberating in many different struggles.

The methodologies of consciousness-raising groups during second wave feminism parallel Freire’s praxis closely. Small groups of women, sharing their experience of patriarchy, exploring different ways of understanding their worlds in dialogue, trying new strategies, and then returning to collective reflection.

Freire was a teacher and much of his writing is about the pedagogy of liberation. His writings have shaped many different strands of adult education, including educational initiatives of social movements such as feminism. However, while in formal adult education the methodology starts with the teacher, in feminist consciousness raising the methodology is owned by the movement.

## Solidarity

*How to build solidarity across difference?*

The [Communist Manifesto](#) urges, “Workers of the world, unite. You have nothing to lose but your chains”. A similar sentiment is expressed in ‘Solidarity Forever – for the union makes us strong’. However, the notion that solidarity of the working class (nationally and internationally) might be sufficient to demolish capitalism has proved disappointing; indeed, the project of building global solidarity around this proletarian identity has also proved difficult.

The anti-colonial wars of liberation built solidarity around various mixtures of ethnic, religious and national identity as well as the shared burden of colonialism. The rise of identity politics from the 1960s challenged Marxist assumptions that allegedly privileged working class solidarity over ethnicity, gender, ability, or colonised status. These issues are explored in more detail under [Class](#) and [Intersectionality](#). It is sufficient here to summarise the conclusions reached in those chapters (see Box 2 from [Intersectionality](#))

Confronting capitalism (and imperialism and colonialism) as the central challenge does not mean that the pain mediated by sexism, racism and ableism is somehow less important than the pain mediated directly by the power of capital. The reason that the pain mediated by sexism, racism and ableism matters is not primarily because it fragments the forces against capitalism. Human pain matters because it is humans in pain. Confronting racism and sexism, as sources of division among the forces confronting transnational capitalism cannot be addressed without honouring the grievances, recognising the suffering mediated by the power relations of sexism, racism and ableism. A global people’s movement against transnational neoliberal capitalism must address these as a core part of its program.

#### BOX 2. CONVERGENCE AND SOLIDARITY

Discourse theory and the concept of intersubjectivity provide useful resources for addressing this question, ‘*How to build solidarity across difference?*’ However, the reader might prefer to skip the Box 3 and go straight to the bottom line below.

The term ‘discourse’ is used in many different ways, from a self-conscious conversation to counting words. The discourse theory we use here deals with the world view which is reflected in how we speak or write, and the institutions, practices and power relations which set the context for our writing and speaking.

This branch of discourse theory owes much to Wittgenstein, de Saussure, and Foucault (Foucault 1976), all of whom highlight the role of language in mediating experience and consciousness. Discourse theory sees a reciprocity between subjectivity (the understanding I have about myself) and world view (my understanding of the world I inhabit), both of which are shaped by the language we use to articulate them. Discourse theory, like ideology, recognises how the language (and the meanings) we use (to speak and think about ourselves and our worlds) is shaped by the institutions, practices, and power relations of those worlds. Discourse theory agrees with Freire in recognising how our subjectivity and our world views are also shaped by our agentic engagement with the world we inhabit. However, where Freire focuses on reflection in dialogue, discourse theory focuses on the stories we tell, about ourselves and our world, and the networks of meaning which we assume and express in telling such stories.

This is well illustrated in the field of narrative therapy which understands the process of telling, reflecting upon, and then retelling our stories, as the reshaping of our subjectivity. However, insofar as there is a reciprocal relationship between the stories we tell about ourselves and our world, and the relation of those stories to power, changing our story about ourselves may be resisted by our world, and, conversely, may change the world.

Discourse theory provides a linguistic interpretation of ‘intersubjectivity’. At its most basic level this refers to a sharing of the meaning of the words, and the networks of meaning, which constitute our discourse. It refers also to the shared stories about ourselves and our worlds, including shared stories about the world we need to see.

This leads to the question about how shared stories arise and how shared stories can be deepened. Drawing on Wittgenstein, de Saussure and Freire, we can imagine the following scenario. A disparate group of activists confront a project with a certain level of trust, a certain level of shared meaning. Our protagonists share in general terms an agreed purpose, analysis and strategy. They engage with the structures; they observe and reflect on the experience and the outcomes; if the outcomes are recognised as confirming the tentative assumptions on which they were based, then the tentative assumptions of solidarity, which were carried by trust in the first instance, are solidified, trust is deepened, and the domain of shared meaning is widened.

### **Box 3. DISCOURSE THEORY AND INTERSUBJECTIVITY**

The bottom line is that collaborative action based on tentative agreement about purpose, analysis and strategy, where the outcomes confirm the initial assumptions, builds intersubjectivity, shared consciousness, deeper trust, and stronger solidarity.

### **Applications in health activism**

Ideology, praxis and solidarity, all of which draw on the idea of consciousness (or world view) are critical tools for social movement activism, including movement building around Health for All.

Comprehensive Primary Health Care imagines PHC practitioners working with the communities they serve to address the local and immediate circumstances which constrain community health and access to health care, and doing so in ways which also contribute to redressing the larger scale, longer term forces which reproduce those circumstances (Legge et al. 2007). This work may involve challenging hegemonic ideologies (perhaps involving praxis informed dialogue), and building solidarity across difference.

My colleagues and I have undertaken two large multi country case study collections in recent years which offer detailed accounts of comprehensive primary health care in action. The first, [Revitalising Health for All](#) (International Development Research Centre 2017), collected case studies from a wide range of primary health care projects in 13 countries. The second collection, [Civil Society Engagement towards Health for All](#) (CSE4HFA - Bodini et al. 2018; Bodini et al. 2020), focused on streams of health activism from six countries where community involvement or community leadership were prominent; many of these were also based in primary health care settings.

These case studies offer many vignettes of activist engagement where hegemonic ideologies, associated with institutional power, were operating as barriers to health development, and where challenges to such ideologies (and power structures) were described. They offer vignettes of capacity building where the Freirian principle of praxis was consciously deployed; where communities were struggling to improve their life circumstances, and actively reflecting on their experience, and on that basis reframing their engagement. The case studies also include vignettes of building solidarity across difference through collaboration in struggle, reflection on outcomes, and the deepening of trust and widening of engagement where the outcomes vindicate the original trust.

In the following pages I review three case studies which illustrate ideology, praxis and solidarity respectively. However, these episodes were not unidimensional and a broadly based account of each is necessary to convey the context as well as highlighting the centrality of ideology, praxis, and solidarity.

### **Victorian Aboriginal Health Service: resisting the assimilationist ideology**

The story of the Victorian Aboriginal Health Service, as documented by Fredericks and colleagues (Fredericks, Luke, and Brown 2011) and further analysed by Fredericks and Legge (2011), provides a useful case study for exploring the role of ideology in the struggle for Health for All.

This case study was developed in the context of the Revitalizing Health for All project (International Development Research Centre 2017), in association with the Cooperative Research Centre for Aboriginal Health and [Lowitja Institute](#).

The Fredericks and Legge commentary summarises the background of Aboriginal and Torres Strait Islander health in Australia, from invasion, colonisation and dispossession to the development of a vibrant network of Aboriginal community controlled health services (ACCHOs) from 1971.

The Victorian Aboriginal Health Service (VAHS), established in Melbourne in 1973, was one of the earliest to be established. It provides a comprehensive range of health services as well as campaigning around housing, employment, land rights, and against racism. It has also assisted in setting up ACCHOs elsewhere in Victoria and setting up state and national representative organisations. VAHS is a safe place for Aboriginal and Torres Strait Islanders in Melbourne.

ACCHOs in Australia have struggled with state and national governments since 1971 over Indigenous policies which affect health as well as the funding of health services. These struggles have gone through different phases but the tensions between governments and ACCHOs have been ongoing. Even now, ACCHOs are constrained by a myriad of narrow funding streams all with separate purposes and accountabilities.

The feature of VAHS history we focus on here involves the ongoing contestations about Aboriginal identity which are discussed in the Fredericks and Legge commentary. Assimilationism was for many years the underlying principle of official policy regarding Aboriginal people, including the practice of forcibly removing children of mixed heritage from Aboriginal communities. Assimilationism remains a powerful theme in mainstream policy discourse, particularly where continuing expropriation of land or degradation of cultural values is in play.

In South-eastern Australia where the colonial presence and assimilationist policies (including forced removals) have been long standing, many people who identify as Aboriginal have a lighter skin colour than in the remote centre and experience a further twist in relation to assimilationist ideology through discourses regarding who is a 'real' and 'not real' Aboriginal or Torres Strait Islander person.

Assimilationism as a policy framework is closely related to racism; it draws support from and contributes to the different expressions of racism. This conjunction is reinforced by the discourse of the 'real' versus the 'not real'. For the many Aboriginal families who have generational memories of forced removals, the equation of light skin and 'not real' is particularly hurtful.

The establishment of community controlled health services nationally has played a leading part in affirming the continued cultural and political integrity of Aboriginal communities, against the pressures of colonisation and assimilationism. Because of this affirmation and resistance ACCHOs like VAHS have been able to contribute to health development in Aboriginal communities in ways that mainstream health programs are not able to.

Assimilationism naturalises the continuing processes of colonial dispossession including the discounting of Indigenous rights. It is an ideology which is reproduced through the voices of conservative politicians and the coverage of the conservative media. Mining and large pastoral interests that are at the forefront of continuing colonial dispossession are major donors to mainstream political parties; those industries are large export earners, and they figure in the investment portfolios of pension funds, banks and insurance companies.

In the Aboriginal and Torres Strait Islander context the struggle for health is not separate from the struggle against the racist ideology of assimilationism. The struggle for health is also a political struggle against the continuing encroachments of colonisation and confronting the ideology of assimilationism and the power structures which reproduce it are part of that.

These reflections on the experience of the Victorian Aboriginal Health Service illustrate the relevance of ideology as an analytic tool in the Indigenous struggle for health in the white settler

colonial context, in particular the relationship between power structures and consciousness. However, the tool is also helpful in interrogating the ideologies of patriarchy, imperialism, religious bigotry and capitalism (which is where we started).

### The South African Community Health Worker project: the power of praxis

The story of the community health worker (CHW) project of the South African circle of the People's Health Movement (PHM) provides a useful context for exploring the implications of Freirian praxis for health activism.

Between 2014 and 2018 PHM globally undertook a large multi-centre study supported by the Canadian International Development Research Council (IDRC) exploring civil society engagement in the struggle for 'Health for All' (CSE4HFA). Over four years, 130 activist-researchers in 10 countries produced 50 research reports. Five themes framed the project: movement building, campaigning, capacity building, knowledge generation, and engagement with global governance (Bodini et al. 2018).

Our focus here is on several projects undertaken by PHM South Africa involving community health workers (CHWs). The following account is based on five reports prepared by PHM South Africa as part of the CSE4HFA project (Trafford 2016; PHM South Africa 2016b, 2016a, 2016c; Paremoer and Sanders 2018).

The democratic transition in 1994 has led to some progress towards Health for All but much remains to be done. The continuing challenge is reflected in poverty levels and economic inequality. In 1995, a year after democratic transition, about 53% of the SA population lived below a poverty line of R322 per month. This proportion had declined by five percentage points, to 48%, by 2008. However, in absolute terms the number of individuals living below the poverty line in SA went from 21.5 million in 1995 to 23.4 million in 2008. During this period South Africa's Gini co-efficient remained constant at about 0.67. Across the post-1994 period, South Africa has experienced virtually no redistribution of income from its wealthiest citizens to its most impoverished.

Access to basic services such as electricity and water is limited by the ability of consumers to pay for them. By 2009 government efforts resulted in only 4% of households being without access to basic water infrastructure, 23% without access to sanitation (as compared to 50% in 1994), and 27% without access to electricity (down from 51%). Nevertheless, low-income households frequently experience service disruptions or become increasingly indebted to the state or service providers because of their inability to pay for more than a very basic free allocation of water and electricity.

The expansion of the CHW workforce has been a major change in the profile of health care in South Africa since the transition, driven in the first instance by the AIDS/HIV crisis. By 1996, AIDS/HIV prevalence had increased dramatically in South Africa. For many years the denialist Mbeki government hampered access to highly active antiretroviral treatment (HAART) for people living with HIV/AIDS (PLWAs). From the early 2000s onwards, NGOs stepped into the vacuum created by the government's refusal to provide HAART. Many local NGOs secured funding from foreign governments, international organisations or philanthropic foundations to provide services to PLWAs. These NGOs often hired community health workers (CHWs) to support their efforts to expand treatment access. CHWs were mainly responsible for doing HIV/AIDS prevention and education activities, and for promoting treatment adherence amongst PLWAs who had started HAART.

Today an estimated 72,000 CHWs are active in South Africa. They comprise a large and heterogeneous group incorporating a wide range of auxiliary health care providers including home-based carers, lay counsellors, and community care workers, among others. They may be based either within the community or at a clinic or operate as a go-between. CHWs are generally either volunteers or employed through NGOs, either from government disbursements or independent funding.

The CHW case study was initiated as part of PHM South Africa's participation in the global IDRC funded CSE4HFA project. The project started with assessment of the strengths and weaknesses of PHM South Africa in its campaigning for Health for All, including action on the social determination of health as well as health system reform to provide universal access to decent health care.

Following the government's policy announcement in 2010 of its intention to establish a national health insurance (NHI) scheme, PHM, in conjunction with Section 27 and the Treatment Action Campaign (TAC), undertook a campaign around health insurance directed to ensuring the equitable distribution of financial, human and institutional resources and ensuring universal access to health care.

The assessment of the NHI campaign, that was undertaken as part of Stage 1 of South African involvement in the CSE4HFA project, recognised that the campaign had not been as effective as hoped. Two putative reasons for this were, the 'demobilisation of civil society following majority rule', and the decline in voluntarist activism associated with the 'NGO-isation of civil society'.

During the 1980s, a powerful anti-apartheid movement had operated in the health care sector. Progressive health professionals started recruiting and training lay health workers who also acted as anti-apartheid activists. During this period much health activism focused on de-racialising health care services, training more black health care workers, developing a national network of community based primary health care clinics, and exposing and preventing the involvement of health workers in human rights abuses (particularly during the 1980s and early 1990s).

However, with the transition to majority rule many of the leaders of the anti-apartheid movement, including in the health sector, moved into bureaucratic positions within established institutions and in government, leading to what was, in effect, a demobilisation of civil society, impacting particularly on its leadership.

With majority rule and heightened expectations of government there was also a waning of voluntarist activism in South African civil society, associated with an expectation amongst potential health activists that they can and should be paid for their participation in health campaigns. This has been referred to as the NGO-isation of South African civil society.

Building on these reflections it was decided to hold a National (People's) Health Assembly (NHA) and in 2016 PHM again joined forces with TAC and Section 27 to plan and co-host the NHA. The assembly took place in Cape Town in June 2016. It was organised around six themes, each pointing to the different crises facing the South African (SA) health system. These were:

1. Lack of meaningful community participation in primary health care, and more specifically, the marginalisation of health committees – the primary formal mechanism for community participation in decision-making at the health facility level – that has taken place in recent years.
2. Human resources for health, and more specifically, the poorly defined role and exploitative working conditions of community health workers, who are required to serve as the "foot soldiers" of the government's primary health care strategy.
3. A lack of responsive, equitable and effective leadership and management within the health sector, particularly at the level of health facilities.
4. Unreliable access to HIV/AIDS and TB treatment for public sector patients, particularly due to stock-outs of essential medicines and difficulties accessing treatment facilities in rural areas.
5. The disproportionate resources and influence of the private health sector in the SA health system. The possibility that efforts to implement a National Health Insurance (NHI) scheme would further entrench this influence because of the increased role of private sector providers in the national health system, as well as the amount of public funding they receive through reimbursements claimed from the NHI fund for services performed.

6. The need for sustained civil society mobilisation to address the social determinants of ill-health.

The NHA was preceded by three types of activities, which were all designed at generating empirical information, providing political education and stoking debate about the key themes of the Assembly in the months leading up to it. Each co-host (PHM, TAC, S27) took responsibility for organising activities in specific provinces. These activities included provincial health assemblies, which were aimed at documenting the main health problems and other provincial level activities; and a South African People's Health University (SAPHU), which is an activist school hosted by PHM-SA.

Two initiatives directed specifically at community health workers were, first, a research and consultation project directed to exploring the working conditions and health activist involvement of CHWs; and second, the 2016 SAPHU, a five day training course which was specifically aimed at training community health workers and was held immediately preceding the NHA.

The initial research and consultation project aimed to explore how CHWs were responding to the needs being faced in their communities and to identify and better understand the scope for, and barriers to, activist engagement by CHWs. Qualitative research was done in five provinces including interviews, focus groups and workshops. The workshops focused closely on the nature of community health work, the circumstances of CHWs, and explored CHWs' thinking about the provision of government health services.

There was also a strong emphasis throughout the project on support for CHWs and the critical role they are and could be playing in uplifting the country's health and wellbeing, including their work with individuals and as well as in advocating on behalf of their communities. Reflecting on the six crises listed above, the potential contribution of community mobilisation to health development is clear. Such activism figures prominently in many interpretations of the Alma-Ata Declaration on Primary Health Care.

The response to the workshops and the CHW-focused SAPHU was very positive. Having known very little about the policy changes proposed for the NHI, CHWs generally appreciated any information and if anything, wanted more. They enjoyed the chance to get together with other CHWs and to share their anger and frustration – often specifically at the government and the formal health system.

Two important discourses emerged and engaged during the workshops and the SAPHU which might be referred to as 'health activism' and 'labour rights'. While not necessarily contending these are not perfectly aligned.

Over the last few years, various groups have begun to champion and advocate for CHW labour rights, advocating for "decent work" for CHWs and their inclusion in the formal health system. Much of the contemporary advocacy in this area was urging for CHWs to be absorbed into the state-employed workforce to obtain employment security, decent working conditions, and a living wage.

The sequence of CHW workshops, followed by the 2016 SAPHU, provided an opportunity for the CHWs to explore in dialogue their lived experience as CHWs. Out of this emerged a heightened determination to achieve labour rights, including formal employment, proper training and further career prospects.

PHM South Africa and other partners in the South African arm of the CSE4HFA project have been fully supportive of the drive for labour rights and have actively assisted by providing the organisational spaces for sharing, reflecting, and exploring new approaches.

However, the organisers of the workshops and the SAPHU had other objectives also in reaching out to CHWs, aiming to strengthen their roles in community mobilisation around the social determinants of health and access to health care, in accordance with the principles of comprehensive primary health care. These objectives have inspired some in the CHW workforce but for many, the



immediacy and urgency of the labour rights agenda displaced the activist agenda. (This is not so surprising in view of the apolitical stance adopted by many more highly trained health practitioners. Even during the anti-apartheid years, the activists were in a minority.)

However, gross health inequities remain, and the public health system appears incapable of addressing them. Continuing activism and advocacy for health, at all levels, is still urgently needed.

The program of SAPHUs continues, although no longer labelled a 'university', and has been successful in raising awareness among many CHWs, of the social determinants of health, the political barriers to universal health care, and the urgency of community mobilisation.

The question we posed at the beginning of this chapter, to capture the concept of praxis was, "*How do oppressed and exploited people find their own truths about their oppression?*"

The idea of praxis highlights the importance of finding the words, and the wider networks of meanings, which satisfactorily express the experience of oppression and exploitation. It highlights the significance of reflection, action and further reflection; talking together about the shared experience; exploring different ways of responding; reflecting together on outcomes.

These processes were clearly operating during the CHW project, although not exactly as the organisers had hoped.

### **The El Salvador International People's Health University: a case study in solidarity building**

A unique sequence of IPHU courses in El Salvador, also documented as part of the CSE4HFA project, provides the backdrop for exploring the processes of solidarity building (Zuniga 2017).

The International People's Health University (IPHU) is the umbrella term for the program of capacity building run by the People's Health Movement. The first IPHU was a 10 day training course held in 2005 in the lead up to the second People's Health Assembly (PHA2) in Cuenca Ecuador. Since then there have been more than 40 of these short courses, ranging from one to two days to a week or more.

In 2009, the candidate of the Salvadoran Left (the Farabundo Martí National Liberation Front - FMLN) won the presidential elections with an electoral platform that included health policy themes that had been widely discussed within PHM and at various IPHU courses. Their electoral slogan was "Hope is born, change will come,"

In the months leading up to taking office, the social movements, academics and unions that had supported the FMLN organized a 'Social Dialogue' and developed proposals for the new government's policy platform, including for public health. In May 2009, Dr. María Isabel Rodríguez, former rector of the University of El Salvador who became the health minister in that first FMLN government, presented the president-elect a proposed policy platform called "Construyendo la Esperanza" (Building Hope), which incorporated many themes from PHM's Charter and proposals which had emerged in the Social Dialogue. It was adopted as the government's National Health Policy for the first five-year program, which began the following month.

El Salvador's "Building Hope" National Health Policy identified human resources in health as the cornerstone of the health reforms, prioritizing community health and primary health care. The need was recognised to build greater understanding of PHC and to conduct awareness-raising courses among health personnel and communities.

In late 2011 the first of a series of IPHU courses was held, co-sponsored by the Ministry of Health (MINSAL), PHM Latin America, the community-based National Health Forum (NHF), and the Salvadoran chapter of ALAMES (the Latin American Association of Social Medicine). Personnel from all of these organisations had participated in previous IPHU courses and were familiar with the general structure and style of the courses.



There were two unique aspects of this program of courses. First, the recruitment deliberately included both health practitioners from the Ministry and community-based health activists from the National Health Forum. Second, the course design was based explicitly on the concept of the social determination of health.

The distinction between 'social determinants' and 'social determination' had been under discussion within ALAMES for several years. While the social determinants approach tends to focus on 'factors' in the social environment which are associated with poorer or better health, the concept of social determination seeks to focus on the social, political and historical processes through which population health is improved or is held back; through which health equity improves or regresses. Accordingly, the IPHU courses in El Salvador were oriented around identifying, and learning how to engage with, the social and political processes through which population health improves and universal access to decent health care is achieved. The inclusion of both health professionals and community-based health activists was both consistent with, and necessary for, this social change perspective.

The processes and outcomes of the first six courses were evaluated in 2016 as part of the CSE4HFA project, using the 'most significant change' methodology and extracts from the evaluation report (Zuniga 2017) follow.

"The IPHU produces an intense shock that shakes one. The contents are profound, very strong, and unveil 'real reality.' There's a break between before and after the IPHU. We're changed; nobody's the same as before."

Some health professionals saw the IPHUs as helping to link knowledge from university vocational training with activist commitment. The course was a link between these two ways of thinking, acting and living. Practitioners valued the IPHU experience from a theoretical and academic point of view. There had been no other space for discussing the topics developed in IPHU, such as the differences between social medicine/ collective health and conventional biomedical practice and statist *public* health.

Health personnel have had access to knowledges that had not been seen before in El Salvador's traditional medical education. They learned to look at health from a human point of view, which allows them to make better decisions. "IPHU is an opportunity to meet other people, hear other ideas, learn to listen to the population. It's a motivation to share and reach a personal commitment as an agent of change."

The significance of social participation in health policy and service delivery, which was highlighted during the IPHUs, was an unknown for most health personnel entering the courses. That bridging of the professional-activist gap has been mutual, thanks to the IPHUs.

Many saw the field visits as an opportunity unavailable in the daily health services work at the primary care level, much less in the hospitals. With these visits, they learn for the first time about the health problems of open-pit mining, the use and misuse of agrochemicals and chronic kidney disease, and violence.

For their part, NHF activists valued that people such as themselves who are not health professionals could participate. "Participating in IPHU broadened our vision that health can and should be promoted from different disciplines." The IPHU strengthened ties of companionship and communication among NHF people with the same desire for change. Networking among activists has increased and many projects have become easier or faster to complete.

NHF participants experienced some differences with MINSAL personnel during the course. The IPHU provided a space to generate new relationships and attitudes. After participating in IPHU, the attitude of some health workers changed with respect to their previous image: "Now I see the course participants in a different way, not by academic level but as IPHU comrades." Initially, some

of the medical professionals tended to look down on the NHF leadership because they were not highly educated. Many of them came to appreciate that the NHF includes community leaders who may not have much formal education but do have leadership skills and community support.

“In the course, NHF leaders have come to understand that some doctors working in the communities may be arrogant because they have been formed by the hegemonic system, so we hope to change the training of professionals. In the course, we learned a lot from the health personnel, but they learned about the other side of the problem and what the communities are thinking.”

The NHF leadership found that the courses fuel self-esteem. Participating in such a university, studying with medical professionals and with national and international teachers, was very satisfying. While the NHF leaders feel some differences, they realize their own value and different skills and abilities. The NHF’s participation in the IPHUs has strengthened its organization, motivation, militancy and commitment to health reform.

NHF activists reported the course had helped a lot, particularly enhancing community participation. There is more rapprochement with communities. Fear is reduced and value is gained. Now they go to other municipalities to strengthen community organization, making people aware of organized struggles. There is an opportunity to work on new approaches that help to rethink the traditional approach to health.

Examples of projects initiated within the IPHU and involving collaboration between NHF leaders and health personnel who have participated in IPHUs, include the health committees formed in the municipalities of Santiago de María and Jiquilisco in Usulután. This initiative was developed as a community organizing approach to the problem of chronic kidney disease produced by agrochemicals. Sometimes these initiatives come from the NHF and sometimes from the MINSAL personnel, but both sides have come to respect and value one another and work together.

Another IPHU project was the formation of a social audit committee of the National Hospital of Chalchuapa, which allowed the development of a health committee in the same municipality and later the formation of a departmental NHF committee in Santa Ana (‘department’ here refers to the administrative region). “Even the specialists in hospitals want to know the results of the social audit exercises. It has caused a boom in the hospital.”

Other projects designed in IPHU that have been implemented are the production of educational material such as a brochure and plan summarizing the pillars of the health reform (2011), an initiative on climate change (2012), NHF newsletters and educational bulletins (2013) and a brochure summarizing the pillars of the updated health reform (2016).

There have also been advocacy projects directed to MINSAL’s health services, including improving the quality of care in the Ciudad Barrios National Hospital (2015), and a new approach to the problem of pockets of Salvadoran populations on the Honduran side of the El Salvador-Honduras border (2012). Other projects include an atlas of health inequities in El Salvador (2013), the drafting of clinical guidelines and approach to pharmacovigilance (2012), and the design of an approach to social violence by health services in the municipalities of Mejicanos and Cuscatancingo (2013).

Some intellectuals and academics who have participated as teachers/tutors in IPHU courses have shared their reflections for this study.

“The strategic alliance generated between the PHM-IPHU and MINSAL of El Salvador is of vital importance. On the one hand, the PHM-IPHU makes available to the ministry a teaching methodology and a group of facilitators trained in a pedagogy for liberation, while MINSAL assumes as a priority the formation of political and technical cadres as a central element to advance the health reform. Today, it can be said that the leaders in charge of the Salvadoran health system are the IPHU graduates who consider the struggle for the right to health their fundamental objective.”

“There is no health reform that will survive in time if not defended by its professionals, its workers and the organized population. That is precisely what the issues discussed in El Salvador’s IPHU are affecting.”

“In the reforms of health systems, in addition to the political will of the government to prioritize social policies and specifically health policies and citizen's right to health, the socioeconomic context and the attitude of the population and the leadership in support and defense of the reforms are important. The ideological position of the professionals working in the central health structures, health centers and hospitals is key.”

“The role of health professionals and workers is fundamental in the defense of a democratic public health system, with efficient and effective citizen participation and control of scientific and technical quality in accord with the objectives of the health plan.”

The El Salvador case study of IPHU courses illustrates the processes involved in building solidarity across difference; in this case between health professionals and community activists.

In our initial discussion of these processes, we imagined a scenario which starts with protagonists from different backgrounds, embarking on a collaboration supported by a certain level of trust, a certain level of shared meaning and shared purpose. Our protagonists join the action and then they observe and reflect on the experience and the outcomes of their collaboration. If the outcomes are recognised as confirming the initial propositions, then the tentative assumptions of solidarity, which were carried by trust in the first instance, are solidified; trust is deepened, and the domain of shared meaning is widened. The next round of collaboration can now go further.

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## Determinants and determination

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### Usage

The focus of this chapter is on the different uses of 'social determinants' and 'social determination' in describing, explaining and responding to the health differentials associated with social inequality.

### Background

The level of health that a population can achieve is a function of their exposure to risk, their access to resources, and the distribution of those risks and resources.

Reducing general risk exposure and increasing aggregate resources depend on research (resources and priorities), economics (accumulation and investment of capital) and governance (in whose interests). When the level of ill health in a population is understood as being due to population wide exposures and general limits on aggregate resources for health, the political challenge is generally cast in terms of economics and governance (and research priorities).

Health differentials associated with social inequality are an affront to values of solidarity and equity and have long contributed to controversy and conflict. They have been a particular focus of concern within public health. Where the possibilities of good health are exhibited in the lives of the more advantaged strata the levels of stoicism among the disadvantaged are reduced and the frustrations of the public health project are more intense.

There have been inequalities in health status associated with social inequalities for as long as there have been social hierarchies with differential exposures to risk and access to resources. Differential exposure to risk and access to resources have contributed to political tensions and conflicts in different societies for millennia, although not necessarily expressed in terms of health grievances.

The systematic study of social inequalities in health status moved forward during the industrial revolution in Britain and Europe and later in the US; presumably because their health inequalities were so extreme during these transformations. See for example Chadwick (Golding 2006) and Engels (1969[1845]) in England, Ramazzini (Riva et al. 2018) in Italy, Villermé (Anonymous 1850) in France, and Virchow (2006[1848]) in Germany.

The explanations of these health inequalities varied amongst these authors, ranging from Chadwick who believed that poor people needed to be threatened with the workhouse to make them work harder, to Engels and Virchow who highlighted exploitation and oppression across unequal power relations (early capitalism in Manchester, feudalism in Upper Silesia).

These different explanations lead to different policy responses, from the brutalities of poor law reform in England to Virchow's call for revolution in Germany and Engels collaboration with Marx in the Communist Manifesto. Engels was in no doubt that the health inequalities which he described in Manchester were largely attributable to the oppressions and exploitations of capitalism.

In the present period, financialised transnational capitalism has undoubtedly contributed to widening economic inequality globally, particularly since the rise of neoliberalism in the late 1970s. Clearly there has been a mortality cost arising from such widening inequality.

Nevertheless, in most countries there has been continuing improvement in life expectancy, notwithstanding widening inequality. This improvement presumably reflects the impact of developments in science and technology on living conditions and on health care. The US is an outstanding exception to this trend with an ongoing deterioration in life expectancy in recent years; apparently related to the impact of deindustrialisation and deeply embedded racism.

The mortality experience of East Germany from before and after reunification in 1990 (Vogt 2013) underlines the need for some caution in generalising about the role of capitalism *per se*. A different pattern has been documented in relation to the transitions from last years of the USSR, to the early years of 'shock therapy' and the subsequent improvements following recovery from 'shock therapy' (Shkolnikov, McKee, and Leon 2001; Shkolnikov et al. 1998; Zhang 2015).

Third World leaders (Allende, Fanon, Nehru, Mao, Castro, Mandela) have coupled colonialism and imperialism to the indictment of capitalism in relation to health inequalities. However, the debates around the health inequalities associated with colonialism (including the ongoing dynamics of colonialism after political independence) and imperialism tend to run separately from the debates around health inequalities in the metropolis.

With decolonisation in the mid-20<sup>th</sup> century and the universal franchise, political acceptability of explicit 'victim blaming' waned and the mainstream political responses to social inequalities in health came to focus on policy reform, from tokenistic to substantive. At the more activist end these policy responses have included environmental and labour laws, social security, food subsidies, housing reforms, and various welfare programs. More conservative responses have generally centred on waiting for the promised benefits from economic growth to 'trickle down' or palliating distress with charity.

Beyond policy reform is revolution. One of the most dramatic improvements in people's health in the 20<sup>th</sup> century was a consequence of the Chinese revolution (Sidel 1982). While health inequality was not the main driver of this revolution it was definitely a factor. Likewise, the Cuban revolution was a response to broad suffering, and health was a factor. As with the Chinese experience the Cubans have achieved dramatic gains in health (and health equity) notwithstanding the US subversions and blockade (Lobe 2001).

Meanwhile public health researchers have been teasing out the various pathways through which health differentials are driven by social inequality. These range from differential exposures to material hazards and barriers to accessing basic material resources and services, to various bio-psycho-social explanations including relative powerlessness, alienation, lack of social capital, and lack of control and autonomy at work. Other lines of research point to biological mediators of these psycho-social stressors.

## Commission on Social determinants of health

In the last two decades much of the research and policy dialogue around health differentials associated with social inequality has been conducted with reference to 'the social determinants of health'.

The phrase, 'the social determinants of health', came into widespread use in the early years of the 21st century, due in large part to the work of the WHO Commission on the Social Determinants of Health and its 2008 report '*Closing the gap in a generation: health equity through action on the social determinants of health*'. The Commission was financially supported funded by the UK, Canada, Sweden and a number of private philanthropies; it was chaired by the British epidemiologist, Michael Marmot.

Marmot had been engaged, with many collaborators, in broad ranging studies of social differentials in health over many years. The abstract from a 1997 paper (Marmot and Davey-Smith 1997) is worth quoting in full:

*The first Whitehall Study of British civil servants demonstrated an inverse gradient in mortality. The lower the grade the higher was the mortality risk. This higher mortality risk applies to most but not all causes of death. The Whitehall II Study, set up to investigate causes of this social gradient shows similarly marked gradients in morbidity. A review of potential causes of the gradient suggests that it is due neither to health selection nor simply to differences in lifestyle, but that relative deprivation—a psychosocial concept—and the accumulation of socially-patterned exposures over the life course, must be important. Whitehall II suggests that the operation of these factors is to be found in the specific circumstances under which people grow, live and work.*

In 1998 WHO Europe published an edited collection (Wilkinson and Marmot 1998) exploring the social gradient and the roles of stress, early life, social exclusion, work, unemployment, social support, addiction, food, and transport in shaping population health.

While Marmot has played an important role in clarifying the causes of the social gradient in health outcomes and a critical role in establishing the term 'social determinants' to describe these causes, he was not the first researcher to draw attention to these relationships. Marmot's work forms a link in a long chain of epidemiological research directed to describing, explaining, and responding to the avoidable health burdens of social inequality.

Much of this work has centred on England; see for example, Black and Townsend (1982), McKeown (1979), and Szreter (2004). Among North American authors Berkman (1984), McKinlay (1993), Lynch (1997) stand out. Hamilton (1943) and Karasek (1990) are legends in occupational health.

The WHO Commission on the Social Determinants of Health, set up in 2005 and reporting in 2008, brought together a large body of evidence around early life, urban settings, employment and work, social protection, and health care. The Commission structured its recommendations around 'Power, money and resources': health equity in all policies, fair financing, market responsibility, gender equity, inclusion and voice, and global governance. The Commission's process was highly consultative and engaged a very wide range of countries, organisations, and stakeholder groups which has contributed greatly to the widespread use of the term. The reports of the Globalisation Knowledge Network (Labonté et al. 2007) and the Civil Society Consultation (Civil Society 2007) are particularly useful.

One response to the increased focus on social determinants has been a range of variations on the 'determinants' theme: political determinants (Kittelsen, Fukuda-Parr, and Storeng 2019; Ottersen et al. 2014), sociopolitical determinants (De Vos and Van der Stuyft 2015), and commercial determinants (Kickbusch, Allen, and Franz 2016).

In 2011 the World Conference on Social Determinants and Health was held in Rio de Janeiro, cosponsored by WHO and by Brazil. The Conference adopted the Rio Declaration (World Conference on the Social Determinants of Health 2011) which sought to commit WHO's member states to implement individually and collectively the policy directions recommended by the Commission. The Rio Declaration was endorsed by the WHA in May 2012 in [WHA65.8](#).

The impact of the Commission's recommendations on WHO's programs has been limited. This is in large part a consequence of the refusal of the donors to contribute to the implementation of the recommendations of the Commission or the commitments in [WHA65.8](#). WHO has a small revenue stream which is not tied to particular programs by donors ('assessed contributions', now around 12% of WHO's budget). However, this revenue stream is entirely committed to supporting the basic organisational infrastructure of WHO (which donors also refuse to support).

It is also the case that real action on the social determinants of health (the conditions in which we grow, learn, work, play and slow down) depends on country level decisions rather than WHO programs at the global or regional levels.

[WHA65.8](#) provides for the WHO Secretariat to provide advice to countries ('upon request') but the scope of such advice is sharply circumscribed by the politics of donor funding and the threat of a donor drought. It is self-evident that economic inequality is deepening globally, as a consequence of the (neo)liberalisation and the financialisation of the global economy. However, if the WHO Secretariat were to stray into this territory, notwithstanding its impact on widening health inequalities, the wrath of the donors, led by the USA and the Gates Foundation would be severe.

The G7 are already driving the transfer of global health functions out of the World Health Assembly through 'public private multistakeholder partnerships' (like Covax and the ACT-Accelerator). If countries of the Global South were to push the Secretariat to acknowledge the health consequences of the neoliberal ascendancy it is likely that WHO funding would suffer and the transfer of global health to multistakeholder partnerships would accelerate.

The role of neoliberalism in deepening health inequalities is not a secret. Two powerful statements were developed by civil society forces at the Rio Conference, one of which was characterised as a statement by Public Interest Civil Society Organisations and Social Movements (2011) and the other as a statement by Civil Society Movements (2011). The PICSO&SM statement declared that:

*sustainable development is in crisis with neoliberalism, consumerism individualism over-riding the values of community and international solidarity.*

The CSM statement included:

*The cause of the inequalities within and between nations is the capitalist economy in its neoliberal form, infused with an exclusively speculative desire for unlimited profit. Capitalism based on the domination of the few over the many and the plundering of nature is the cause of the immense financial, energy, food and ethical crises that we face today. Likewise, it is this capitalist system that has led to the precariousness of work, the loss of labor rights, the destruction of solidarity among workers, and has pushed millions of people into the informal economy and profoundly increased child labor.*

However, the CSM statement went beyond denouncing neoliberalism. It also issued a sharp critique of the concept of social determinants itself.

*It is time to openly discuss that which we have repeatedly avoided. The social determination of health is much more than a collection of fragmented and isolated "determinants" that, from a reductionist viewpoint, are associated with classic risk factors and individual lifestyles. We must not allow the concept of social determinants of health to become banal, co-opted or reduced merely to smoking, sedentary behaviour and poor nutrition, when what we need is to recognize that behind those symptoms and effects lies a social construction based on the logic of a globalized hegemonic culture whose ultimate goal is the commercialization of life itself.*



## Determinants versus determination

The rise of the 'social determinants' paradigm has contributed to a clearer recognition of how people's health is shaped by the conditions in which they learn, work, play, and grow old. It has also contributed to increasing caution regarding individualist accounts of health inequalities and behaviourally focused approaches to policy and practice.

However, it has also been criticised as reductionist and state-centric by the Latin American school of Social Medicine and Collective Health

The social determinants approach emerged out of a particular approach to epidemiology which has been prominent in the UK, Europe and North America in recent decades. However, during this period a different approach was emerging in Latin America, characterised by the use of 'social determination' rather than determinants and 'collective health' rather than public health.

The differences between social determinants and social determination are not simple semantic differences or expressions of parochial competition. Rather they involve profound philosophical and political differences in their approach to health development and therefore epidemiology.

Latin American Social Medicine and Collective Health is a project with roots in many countries in Latin America, in many organisations (ALAMES, ABRASCO, CEBES, and others), and with many contributors to its articulation (Vasquez, Perez-Brumer, and Parker 2019). The close links between the Latin American social medicine and collective health tradition and the revolutionary movements of Latin America have also shaped the development of the social determination paradigm.

The following account draws heavily on the writings of Jaime Breilh including his recent book on critical epidemiology (Breilh 2021). Also useful is the overview of Breilh's thinking by Harvey and colleagues (Harvey, Piñones-Rivera, and Holmes 2022). The contribution of authors from North America who have sought to share the insights of Latin American thinking across the Anglosphere, including Howard Waitzkin (2001) in the US and Jerry Spiegel (2015) in Canada is also to be appreciated.

The following account of the social determination paradigm is structured under six separate headings but these different headings are just different facets of the same complex model; exploring one heading leads directly into each of the others.

### Factors versus processes

Much of British and North American epidemiology is focused on abstracting measurable indicators from the more complex organic systems of human biology, environments, and institutions. As the organic complexities recede into the background the indicators turn into more ambiguous *factors*; factors which can be measured; factors which can predict changes in other factors; factors which can be changed through policy.

The social determinants of health are factors which have been shown empirically to affect population health: access to education, healthy urban settings, safe work, social protection, and access to health care. Recognising these factors as social determinants of health articulates smoothly into policy recommendations addressing such factors with a view to promoting health equity.

In the report of the Commission the causes of the social determinants are analysed in terms of policy coherence, fair financing, market responsibility, gender equity, political empowerment and good governance. The consequent policy recommendations are largely directed at governments which is appropriate given that WHO is an intergovernmental organisation.

The Latin American shift to *social determination* emphasises that the creation of population health (and disease burden) is an active agentic process ("we are creating better health" / "health disadvantage is being actively generated"). Social determination is a political process because

changing the factors which shape population health is politically contentious and involves political engagement (Spiegel, Breilh, and Yassi 2015).

The elements of agency and contention are obscured in the determinants discourse; are highlighted with the shift to determination.

### Linear causality versus the movement of multi-level systems

British and North American epidemiology pursues causality; in its most simple form, as a singular direct causal relationship between measurable factors. Complex causality is recognised but models of such are generally built up around networks of linear causal relations.

Breilh complicates this by insisting that causality operates differently at different levels of scale. He describes these levels as 'styles of living' (the individual level), 'modes of living' (generally associated with the circumstances and cultures of particular identities (class, gender, ethnicity, in particular), and 'general processes' (as in the political economy of capitalism). Breilh recognises a degree of autonomy at each level and a degree of mutual influence between levels. He uses the term 'movement' to describe how causal relationships within and across these levels shapes the evolution of the 'system'.

*It is important to consider here that when we criticise empiricist causal factor logic, we are not implying that causal relations and factor incidence do not exist. What we mean is that these factors are not the exclusive nor the decisive elements of health determination; their causal incidence is defined, limited and moderated by the conditioning force of collective modes of living and general processes. (Breilh 2021, p136).*

Breilh uses the term 'subsumption' to describe the interrelations of these different levels: "... subsumption involves the conditioning of a less complex movement by a more complex one." (Breilh 2021, p110)

*Subsumption ... explains the inherent determining connection of processes pertaining to different domains of complexity of social reproduction, where the more intricate subsystem imposes its conditions on the movement of the least complex. The less complex individual biopsychological movement in people develops with its own psychological, physiological, and genetic natural reproduction rules, but their complete operation corresponds with and is influenced by the conditions of social reproduction. (Breilh 2021, , p108)*

The insistence on causality operating at multiple levels, including forces which cannot be reduced to linear causality, is critical to the social determination paradigm. It is why the Latin American school can affirm the role of neoliberalism in deepening inequality while British and North American epidemiology tends to avoid it.

### Ethics of engagement

British and North American epidemiology is variously driven by curiosity, ambition and concern. However, even when motivated by concern there is an over-riding value of objectivity as critical to integrity. This contradiction between concern and objectivity is handled differently in the Latin American school where the concept of praxis, which integrates political commitment and knowledge production, is valued.

Breilh describes the social determinants paradigm as being directed to the development of policies and practices for 'redistributive governance'. He contrasts this with the concept of praxis in social determination which he explains is practice linked to the strategic interests and empowerment of subjugated groups (class, gender, ethnicity); it is a struggle for radical transformation of inequitable social relations; unhealthy modes of living and alienating cultural patterns. (Breilh 2021, p117)

This commitment to empowerment and transformation demands a different approach to interdisciplinary relations (for example, bridging epidemiology and political economy); a different attitude to the aspirations of subjugated populations (including how they conceive their health); and a different set of research priorities (what do we need to know to change society).

It is worth emphasising here the many instances of close engagement of public health practitioners in the revolutionary movements of Latin America. The sense of being part of a wider struggle for justice is much more recent in Latin American social medicine/collective health than it is in the orthodox epidemiology of Britain, Europe and North America.

### Truth and solidarity

Fundamental to the Latin American school is the Foucauldian knowledge power critique; power relations are embedded in the way knowledge is generated, expressed, accessed and utilised. The claim that hegemonic knowledges reflect 'the truth' is a key manifestation (and defence) of knowledge power.

The commitment to empowerment of the subjugated and transformation of the disempowering system has helped to shape the epidemiology of social determination. The concept of praxis calls for a rethinking of disciplinary knowledge as a singular truth, pointing instead to the need for a transdisciplinary approach to knowledge and practice. The recognition of knowledge power calls for a rethinking of (Western) scientific knowledge as a singular truth if the aspirations, traditions and lived experience of different peoples are to be valued.

The truths of scientific disciplines and of Western science itself must be recognised as partial and contingent if the different truths of different cultures are to be respected. The disciplines of science need to be integrated with the building of new stories and new languages through the struggle for deeper communication and solidarity in the course of collaboration.

The concept of interculturality which is central to the Latin American school is a response to the authority of Indigenous traditions and the need for epidemiology to listen and recognise that authority. Breihl acknowledges how the Indigenous movements of Central and South America contributed to the development of his thinking and the enrichment of social medicine and collective health.

A key instance of interculturality is the widespread adoption, across the collective health movement, of the value of living well (*buen vivir*). Living well gives flesh to the idea that health is more than simply the absence of disease. Recognition of *buen vivir* decentres the metrics of orthodox epidemiology and points to the need to work with the different meanings of 'health' which emerge in different communities; to co-produce rather than simply declare the purposes and practices of collective health.

While Breilh does not cite de Saussure, the influence of the latter is clear. Roy Harris, the translator and interpreter of de Saussure explains:

*Words are not vocal labels which have come to be attached to things and qualities already given in advance by Nature, or to ideas already grasped independently by the human mind. On the contrary languages themselves, collective products of social interaction supply the essential conceptual frameworks for men's [sic] analysis of reality and, simultaneously, the verbal equipment for their description of it. The concepts we use are creations of the language we speak. (Saussure 2013[1916] , p.xiv)*

Another instance of interculturality is the framing of ecology and environment in terms of our relationship with Pachamamma (Mother Earth). See for example Humphreys (2017) who describes how legal scholars in Ecuador and Bolivia are working to affirm the rights of Pachamama and to support the emergence of a jurisprudence of the earth.

## Measurable factors versus under-the-surface forces and dynamics

Breilh is critical of what he calls 'tip of the iceberg' thinking which "resides in substituting the explanation of a complex multidimensional movement with mere description and prediction of partial variations and correlations" (Breilh 2021, p88). Instead, he insists, "The scope of epidemiological observation ... must encompass the underlying determinant movements that generate the empirically observable elements" (p 101).

By way of illustration, he cites climate change as the tip of the iceberg of the environmental degradation of late capitalism (p68). Concepts such as neoliberalism and financialisation do not lend themselves to measurement and correlation but are critical objects for any transformation of contemporary transnational capitalism.

## State-centric 'public health' versus 'collective health'

A final distinction between determinants and determination concerns the relationship of public health to government.

In the social determinants tradition there is a focus on public policy as the main avenue through which the insights of epidemiology might lead to improved population health, including institutional reforms in the different sectors of social policy: housing, education, welfare, occupational safety, environmental regulation, health care, etc.

The insight which underpins the use of 'collective health' instead of 'public health' is that while many public health initiatives may be enacted through government, population health is created in families, communities, and in the various subcultures of the wider polity. Where government does act, it is commonly a reflection of popular demand and political struggle, not just the rational implementation of enlightened policy based on the findings of objective epidemiological research.

## A reflection on the WHO Commission on the Social Determinants of Health

The report of the Commission was a watershed moment in public health globally. Birn (2009) acknowledges that: a) it brought greater legitimacy to the societal determinants of health field and to calls for better measurement and monitoring of health inequity; b) it discussed the global dimensions of social inequalities in health; and c) it identified the role of public health systems as an important determinant of health. Birn follows this acknowledgement with an extended critique of the Commission's report, drawing on history and contemporary research. (She also comments that the Commission's report also fails to refer to Krieger (2000), Navarro (2001) or Waitzkin (2001) all of whom have made important contributions to understanding and responding to health inequality.

The Commission declared that injustice is killing people on a grand scale but as Navarro (2009) pointed out it is the proponents and beneficiaries of global injustice who are killing people. Michael Marmot (2012) has called for a global movement for health equity but the Commission's report pays no attention to the Latin American school of social medicine and collective health which has pioneered an approach to epidemiology which clearly envisages public health people working with their communities to build exactly such a movement (Harvey, Piñones-Rivera, and Holmes 2022).

## Implications for public health policy and practice

The foregoing explication of the contradictions between social determinants (and British / North American epidemiology) and social determination (and Latin American social medicine and collective health) should not be taken as discounting the huge advances which have been achieved by epidemiology generally (knowledge and methods) including British, European and North American epidemiology. Progressive public health (collective health) must deploy all the resources at its disposal.

In reflecting on the implications for progressive public health of the agreements and contradictions discussed in this chapter it is useful to reflect on the sequence of high profile statements on health development over the last five decades.

The Alma-Ata Declaration on Primary Health Care (1978) offers a vision of primary health care practitioners working with their communities to provide health care and to identify and address the social conditions which shape their health. The Declaration was inspired by a range of different stories of primary health care (Newell 1975), including: individuals projecting medical leadership and working with their communities in health care and beyond; instances of primary health care emerging in the context of resistance to oppression; and the examples of China and Cuba in developing forms of primary health care which are structured around working with communities in health development.

The Declaration explicitly touched upon global economic reform with its reference to the **New International Economic Order** of 1974 (Cox 1979; UNGA 1974c). The NIEO called for reform of global trade and finance to provide developing countries with certain economic privileges to facilitate their economic development. These included a level of industry protection and the right to nationalise foreign corporations.

The optimism of Alma-Ata and the NIEO was quenched with the debt crisis from the 1980s and the progressive emergence of the Washington Consensus and its transformation into neoliberalism.

The Alma-Ata Declaration continues to inspire enthusiasm across the Global South and in streams of public health. However, the dominant forces in global health policy have waged a long campaign to replace PHC with **UHC** and to reduce PHC to 'primary care'.

The principles of social determination are expressed clearly in the PHC tradition.

Many developing countries were caught in the 1980s debt trap when global interest rates climbed to new highs (driven in large part by Federal Reserve Board of the USA). Countries who were forced to seek bailouts from the IMF were required to implement austerity and liberalise their economies through 'structural adjustment'. The impacts on food, jobs, housing, farming, and health care were devastating.

Structural adjustment was not conceived as a 'health policy' but in its 1993 World Development Report the World Bank set out to demonstrate how structural adjustment could be implemented in a way that would contribute to population health improvement. For health care the Bank proposed a stratified, marketised model of care with public funding reduced to support a minimalist safety net but disbursed as a subsidy within a competitive health insurance market. For public health the Bank introduced a new metric, the disability adjusted life year (DALY), and a new prioritising tool based on the 'burden of disease'. The Bank produced cost effectiveness estimates (dollars per DALY averted) for a range of public health interventions and urged priority to those interventions with a high cost effectiveness. The Bank calculated that infrastructure interventions such as water supply and sanitation were not cost effective. (They achieved this by assigning the total cost of such interventions to the health sector rather than recognising the many intersectoral benefits of urban infrastructure.)

'Investing in Health' did not address health inequalities per se and normalised a global economic regime which nourished economic inequality. The recommendations of Investing in Health were implemented in many developing countries under the title of 'health sector reform'. Much of the passion of Latin American social medicine and collective health emerged from the struggle against health sector reform.

The slogan 'investing in health' had a reprise in the 2001 report of the WHO Commission on Macroeconomics and Health (2001). The need for this report emerged from the AIDS crisis of the

late 1990s following the development of retroviral therapies which poor people and poor countries could not afford because of high prices (protected through the provisions of the TRIPS Agreement).

The Commission repeated much of the logic of the 1993 report and argued for a 'targeting of a relatively small set of diseases and conditions' (P42). However, it placed its main emphasis on the need to mobilise donor funding from the rich countries to support the procurement and distribution of medicines and vaccines for poor countries. Jeffrey Sachs, the chairperson of the Commission, advocated energetically for what became the Millennium Development Goals. Sachs was fully aware that 'globalisation is on trial' (p15) and saw the mobilisation of billions of dollars including from the World Bank and the Gates Foundation, as necessary to restore the legitimacy of neoliberal globalisation in the eyes of the Global South.

The achievements of the Commission on the Social Determinants of Health in 2008 were mixed. The Commission named health inequalities as unjust and it recognised, albeit in very general terms, that the prevailing economic regime was driving such inequalities. (These relationships were explicated more clearly in the report of the Commission's Knowledge Network on Globalisation (2007).) However, as denounced in the civil society statements at the 2011 World Conference (see above), the Commission failed to fully indict neoliberalism or to demonstrate how it fitted into the causalities which informed the Commission's findings.

In terms of addressing health inequalities, there is a stark contrast between Alma-Ata and the Commission on SDH, on one hand, and Investing in Health and the Macroeconomic Commission, on the other. There was nothing in either Investing in Health or the Macroeconomic Commission Report which saw deep global inequality as problematic. The priorities for them were restoring legitimacy of structural adjustment in 1993 and of the TRIPS Agreement in 2001. In contrast, both Alma-Ata and the SDH Commission were clearly directed to addressing the disease burden of social inequality.

However, a major difference between Alma-Ata and the SDH Commission lies in the audiences they were addressing. The messages of the SDH Commission were largely addressed to governments whereas the messages of Alma-Ata were also directed to primary health care practitioners, seeking to inspire them to explore different ways of practising and through them to inspire their communities. These differences illustrate the Latin American critique of the Social Determinants Commission as being statist in ascribing agency to governments but not fully recognising the agency of civil society. This concern to recognise the agency of ordinary people in their various collectivities lay behind the preference for the term 'collective health', discounting what Breihl calls 'functional public health'. It illustrates the criticism of social determinants as factors rather than highlighting the process of determination and the agency of people in struggling to achieve better living conditions.

The two civil society statements which were declared at the World Conference correctly diagnose neoliberal capitalism as driving health inequalities but assume in their orientation that reforming the global economy required the collective agency of social movements.

In fact, the best statement of the social movement strategy for global health remains the People's Charter for Health, adopted at the first People's Health Assembly in December 2000. The Charter envisages a convergence of social movements across borders and across difference; appreciating that while their local grievances may vary there are common underlying dynamics, in particular the depredations of global capitalism.

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## Financialisation

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### Usages of financialisation

Financialisation refers to:

- structural changes in the global economy (in particular, the growing size of the financial sector);
- functional changes in the dynamics of capital flows (from investment to speculation); and
- a redistribution of commercial power (from industrial capital/ists to financial capital/ists).

The term assumes a distinction between the 'real economy' and the 'financial sector'. In the real economy goods and services are made and sold, profits are made, and capital is invested in productive capacity. In the financial sector financial 'assets' are created, sweated, and sold; funds are loaned to households, businesses and government; 'wealth' is created (or destroyed) through speculation on asset values.

The distinction between industry and finance is not new (Lenin 1973 [1916]) but the growth of the financial sector (in absolute and relative terms) over the last 50 years has dramatically reshaped the relationships between the two domains.

The growth of the financial sector has been driven by the slowing of growth in the real economy and the redirection of profit from the real economy into the financial sector. This is commonly treated as 'investment' in financial (as distinct from productive) assets. It might be better referred to as speculation in asset values to distinguish it from investment in building productive capacity. Stagnation in the real economy (see [overproduction](#)) drives capital into speculative investment in the financial sector (Bello 2009).

Financial 'assets' (promises and bets) take many different forms, including bank deposits, shares, bonds, mortgages, and derivatives.

The growth of the financial sector has been accompanied by increasing debt; households, governments and corporations borrowing from financial institutions via the financial markets. These financial institutions (the lenders) include banks, wealth funds, managed funds, pension funds, insurance companies. These institutions mediate the lending of individual wealth as well as lending from the reserves of pension funds and insurance companies. The financial institutions profit from fees and charges levied for these transactions as well as the speculative opportunities they provide.

The ideological ascendancy of [neoliberalism](#) over the last 40 years has contributed to increasing pressure on households and government to borrow. Stagnant wages and unemployment drive borrowing for living expenses; speculation in housing drives up housing prices and indebtedness; the cutting back of the welfare state forces borrowing for education. A parallel set of pressures force industrial corporations to borrow for their operational needs and for new investment (in productive capacity). These pressures include the demands of investors for rising stock prices and for the payment of dividends.

Increasing debt gives power to the lender in individual cases, in particular, for low-income households, vulnerable governments and small businesses. However, of comparable importance is the commercial and political power of finance capital as a sector of the economy.

The commercial and political power of finance capital stems in large part from disruptive impact of sudden shifts in 'market sentiment'. In the case of individual companies who incur the displeasure of the market, a sell off of shares will reduce market capitalisation and for companies who have borrowed heavily (against their market value) may precipitate demands from their lenders for repayment of some of their debt (Kalaitzake 2015).

Likewise, government decisions which incur the displeasure of the markets may face a sudden outflow of private capital with an impact on exchange rates, increased export competition and increased domestic prices (for increasingly expensive imports). Market sentiment is largely an expression of fear and greed and as such can be powerfully influenced by mass media coverage and social media campaigning.

It is important to note that increasing debt may help to sustain economic activity (notwithstanding the trend towards stagnation) through debt funded consumer demand and debt-funded government expenditure. However, the price which is paid for such economic activity is a progressive transfer of title to the national estate from households and governments to the financial institutions and their wealthy constituencies (literally, entitlement).

The increasing power of the financial sector has other consequences.

Financial institutions sitting astride incoming financial flows need to find new markets both for debt and for real goods and services. Replacing publicly (tax) funded education with debt funded privatised education illustrates the kind of market opportunities which the financial sector is looking for. Likewise, the replacement of tax funded pensions with contributory pension schemes and the replacement of public (tax funded) health care with private health insurance.

These forms of market shaping take place within the domestic polity and internationally through the liberalisation of trade and investment. The financial sector is also keen to promote new markets for goods and services, for industries in which they have financial interests (as investors or lenders). Here again the use of political power to encourage the liberalisation of trade and investment plays an important role.

The financial institutions also have a powerful influence over the shape of the economy through their role in the buying and selling of companies. In the pharmaceutical sector, commercial opportunities which emerge in academic research lead to local start-ups with various forms of venture capital support. When one of these start-ups shows promise the global pharma giants, with their partners in the financial sector, will buy them up with a view to exploiting new markets (or possibly closing down such opportunities). Over the last 30 years the large pharmaceutical companies have moved from being integrated innovators and producers of a range of product to being the mothership of a portfolio of companies.

The financial institutions have a strong incentive to promote monopoly control of the sectors of the real economy where they have an interest (as investors or lenders) in the corporations who gain such status. Monopoly status in particular markets provides greater pricing power and protects profits from market competition.

### Implications for health care and population health

The role of the financial sector in shaping the development of the pharmaceutical sector (including promoting pharmaceutical monopolies) has been noted above. These dynamics impact on the prices of medicines, vaccines and other medical products. They impact also on the pharma market more generally through directing investment funds into products with high profit expectations rather than high priorities with respect to needs. The political support provided by the financial sector to the pharmaceutical industry has contributed to the high standards of intellectual property protection provided to the industry and to its power to refuse to share its technologies, even in the context of a global pandemic.

These patterns of influence are also evident in relation to other health care supply industries including various branches of the electronics industries.

The financial sector has a direct interest in promoting competitive private health insurance markets and privatised health care provision. The World Bank and IMF have been promoting such arrangements for decades, joined by WHO in the campaign for 'universal health cover' over the last two decades.

The pathways which mediate the influence of the financial sector on population health include:

- barriers to economic development facing L&MICs (Musthaq 2021)
- the drive to liberalise trade and investment in order to access new markets for transnational corporations and financial institutions and extend the reach of their global value chains (driving the global dynamic of [overproduction](#));
- the continuing global crisis of [overproduction](#) with wage stagnation and unemployment (Gouzoulis and Galanis 2021);
- policies of austerity and the wind back of the welfare state (where it had been established) with consequences for health care and education;
- the widening of economic inequality with increasing numbers of wage earners reduced to precarious employment while billionaires proliferate, followed and protected by the coupon clippers from the wealthy suburbs.

### Further reading

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## Imperialism

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### Usages<sup>1</sup>

Imperialism, in contemporary political economy, refers to an economic and political regime characterised by a hegemonic nation state imposing an exploitative economic relationship and oppressive political relationship upon one or more subaltern nation states, the metropole versus the periphery. The hegemon may be dominant globally (unipolar) or part of a competition with other imperial states (bipolar, multipolar). In the present period the US is the dominant hegemon.

Imperialism provides a theoretical framework for describing and explaining how the global economy works and the political relations between nation states. More importantly, it informs the strategies of political and social movements which are struggling to achieve a more equitable, convivial, and sustainable civilisation.

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1. My focus on *usage* in these Key Terms, rather than *definitions*, reflects an understanding of the relationship between words and *reality* as contingent (dependent on who is speaking and where, when and why). The *meaning* which the user intends to convey in their *usage* arises from a network of related concepts, values, causalities and distinctions, ultimately their *world view*. A person's world view reflects their experience (what is) and aspirations (what do I need to know). Different usages can be debated in terms of which is correct. Alternatively different usages may be honoured by further dialogue directed to locating usage within world view.

The structures and operations of imperialism have been reconfigured with the emergence of transnational capitalism or globalisation. In the Marxist tradition, there are different views about the usefulness of the concept of 'imperialism' in the face of globalisation.

Robinson (2007) argues that "The class relations of global capitalism are now so deeply internalized within every nation-state that the classical image of imperialism as a relation of external domination is outdated". In Robinson (2011) he argues that,

*the system of nation-states as discrete interacting units, the inter-state system, is no longer the fundamental organizing principle of world capitalism and the principal institutional framework that shapes global social forces or that explains world political dynamics. The nation-state/inter-state centric perspective bound up with world-system theory – and for that matter with many other approaches to world capitalism and world order – has become a blinder that limits and increasingly distorts our understanding of contemporary global capitalism and its crisis.*

On the other hand, Petras and Veltmayer (2001) argue that 'the term globalization obscures much more than it reveals'.

*In practice, globalization provides a cover for a new form of imperialist exploitation and the institution of US hegemony over a global process of capital accumulation. In the last decade, capitalists in Europe and the United States have created favourable conditions for the takeover and recolonization of economies across the developing world. International capital has managed to restore highly profitable returns on investments and operations as never before, creating islands of opulent prosperity within a sea of growing poverty and misery. [...] Globalization and imperialism are widely used as alternative frameworks for understanding the dynamics of the same worldwide developments and trends. Employing an imperialist analytical framework over that of globalization not only provides a better understanding but also points towards forces of resistance and opposition that through political action may bring about necessary change.*

I take the view that both frameworks are useful although for somewhat different purposes. Globalisation, depending on how it is conceived, can usefully trace global value chains, cycles of accumulation, and changing [class](#) relations. However, imperialism brings power and control into focus in ways that most accounts of globalisation fail to do (Legge 2018).

It is a complex field; millions of words have been published, and there are thousands of different variations on the theme. I structure my account of imperialism in the early decades of the 21<sup>st</sup> century around six trends:

- the changing role of the military industrial complex;
- the liberalisation of trade and investment (but not knowledge or migration);
- the organisation of production within global value chains controlled by transnational corporations
- the outsourcing of lower skill, labour intensive production functions to low wage low rights jurisdictions;
- [financialisation](#), of the national and global economies; and
- the reconfiguration of class structures.

This itemisation is somewhat arbitrary; first because these 'trends' are all mutually constitutive and interdependent; and second, because there are useful debates among the contemporary theorists of imperialism and presenting a coherent account of the general idea may involve leaving out some of the nuance of these debates.

## The changing role of the military industrial complex

Imperialism does not require the exercise of formal political rule, as under colonialism, although it may involve direct rule in some cases and times. Colonialism was alive and well in 1916 when Lenin wrote his pamphlet about imperialism, but he was writing in the context of fierce competition between European imperialisms. Colonialism was still the dominant mode of relation between metropolis and periphery (and mediated the transfer of value from periphery to metropole, see Patnaik and Patnaik 2021) but Lenin's project was to understand the dynamics of metropolitan capitalism which drove colonialism.

The de-colonisation which followed the second world war was in part a consequence of national liberation movements, but it was also part of the ascendancy of US imperialism which needed full access to the European [ex]colonies. Changes were taking place in the global economy which enabled the imperial state to impose economic hegemony without always needing formal political control.

Significant changes in the role of the military in imperialism have taken place across the century following 1916. A new mode of imperial domination involving covert destabilisation, surrogate conquest through sponsored militaries, and economic sanctions have largely replaced overt armed force colonisation. Invasion has remained an option as in Vietnam following the Second World War and Iraq and Afghanistan 50 years later. However, while the direct role of military conquest in imperial policing may have receded somewhat, the need to build a strong military to support (or resist) encroachment across the boundaries of competing empires has remained paramount (Taiwan, Ukraine). Overshadowing these different scenarios regarding the use of military force is the significance of public expenditure on the arms industry; first, as an investment in technological innovation (gifted to private ownership); and second, as an expression of 'military Keynesianism'. The burden of military expenditure is vitiated to some extent through arms sales to client states.

## The liberalisation of trade and investment (but not agriculture, knowledge or migration)

'Free trade' has historically been the policy slogan of the dominant imperialism, and commonly advanced through military as well as diplomatic means (as in the destruction of the Indian textile industry by the British and the Opium Wars in China).

Free trade in manufactured goods was promoted through the General Agreement on Tariffs and Trade (GATT) adopted after the Second World War and was extended further with the creation of the World Trade Organisation in 1994 and the forest of bilateral trade and investment agreements negotiated from that period. The liberalisation of trade in goods and services is also promoted through imperial war (as in Vietnam) and through economic sanctions (as in Iran), and through US trade sanctions linked to Special 301 provisions of the US Trade Act (as in Thailand).

The progressive liberalisation of trade in goods and services has been strongly advocated by transnational corporations (from across the capitalist world), not just the TNCs of US imperialism. This is a significant change from earlier imperialisms when free trade within the empire was a tool against competing empires.

The liberalisation of trade in goods, services and investment stands in sharp contrast to the continuing protection of rich world agriculture (against imports from the global South); the escalating protections of corporate intellectual property (while enabling corporate access to traditional knowledges and resources); and the brutal constraints on migration from the global South to North (including economic, climatic and humanitarian migration).

This combination of liberalisation (with respect to goods, services, and investment) and protection (of agriculture, intellectual property, and migration) has played a critical role in opening the world economy to the transnational corporations of the imperial North and reconfiguring production (into



thin global supply chains controlled by the TNCs, see below) and reconfiguring class relationships (and the emergence of the new transnational capitalist class, see [below](#)).

Economic globalisation has created space for TNCs from Europe, Japan, China, South Korea, etc as well as new institutions which serve the transnational capitalist class without regard to nationality. This has led commentators such as Robinson to argue that the concept of imperialism, defined in terms of relations between nation states (hegemonic relations between metropolis and periphery, and competing relations between different imperialisms) is no longer useful in understanding the global polity and economy. This position is only tenable if one ignores the global policing role played by the US military, including its huge military budget, thousands of military bases on foreign soils, and frequent military adventures.

### The organisation of production within global value chains controlled by transnational corporations

Contemporary economic globalisation is characterised by the organisation of investment, innovation, production, marketing, and sales through global value chains controlled in each case by an oligopoly of huge transnational corporations. The shape of these global value chains and the modalities of control, vary across different industries (consumer technologies, supermarkets, convenience foods, entertainment, digital services, financial services, pharmaceuticals, health care and health insurance, and fossil fuels). The oligopolists managing these global value chains are able to use their market power, access to technology, and access to investment funding to drive hard bargains with their suppliers (competing to supply the TNCs) and their distributors or franchisees (competing to maintain their involvements).

The power of the TNCs, and their position astride these global value chains, is not the consequence of the invisible hand of market forces but has been carefully constructed through a combination of imperial and market power.

The role of the imperial powers in enabling and sustaining this globalisation on behalf of the transnational capitalist class is most clearly evident in the economic reforms driven by the IMF and World Bank as part of their structural adjustment policies, brought into play when countries (particular LMICs) have faced various debt crises. These reforms typically involve cutting government expenditure on urban infrastructure and human services (to free up tax revenues to service foreign debt), devaluing the currency to make exports cheaper to earn foreign currency for debt repayment (notwithstanding the impact on the prices of imported goods), and tax concessions and infrastructure projects to attract foreign investment.

Further restructuring of the global economy was effected through the adoption of new global trade rules through the WTO agreements (from 1986) followed by regional and bilateral trade and investment agreements. The aggregate effect of these agreements has been the combination of liberalisation and protection described above.

Imperial discipline has played a central role in this global restructuring including covert destabilisation (Chile), and surrogate warfare (Iran) as well as the use of economic sanctions (based on the power of the US over banks all over the world to block dollar transactions) and the use of trade sanctions (under Special 301 provisions of the US Trade Act), denying or restricting access to the US market through tariffs and quotas to punish countries seen to be defying globalisation.

However, it is not just the imperial states which are driving globalisation. It is also the financial markets through which the managers of capital are able to exact punishment for such defiance. The threat of selling off a country's currency or precipitating a collapse in share prices or increasing the interest costs of borrowing are all powerful expressions of 'market sentiment' as a modality of control. The threat of such sanctions is generally communicated (and initiated) by the international financial institutions, the development banks and the financial media.

Another expression of 'market sentiment' is manifest in the negotiations between TNCs and countries over the prospect of large investments, with the corporations demanding tax concessions and exemptions from environmental and labour regulation as conditions for such investment. Such tax and regulatory extortion is commonly supported by the development banks through promises of linked lending.

### The outsourcing of lower skill, labour intensive production to low wage, low labour rights jurisdictions

Outsourcing is one of the central means through which workers on LMICs are exploited through global value chains (or what Suwandi (2019) calls 'labour value chains').

The archetypal examples are the iPhone, the T shirt, and coffee beans. In each case the TNC is able to force its suppliers / contractors in LMICs to extract maximum value for minimum wages from their employees while adding huge markups (accruing to the parent corporation) when the product is sold in the metropolis.

According to conventional national accounting the low prices which the TNCs pay their suppliers for the iPhone, the T shirt or the unroasted beans simply reflects market conditions. As the price paid by the parent corporation is kept low (through low wages, long hours and tight supervision) then the value added in China or Bangladesh or Brazil is recorded in national accounts as relatively small. Because of the arm's length relation between the parent corporation and the supplier the price paid by the parent for the finished product is recorded in official statistics as the cost of an import. The massive mark up is then recorded as value added in distribution, marketing, and sales which reduces nominal profit in the metropolis. The imperial state accrues tax revenues and benefits from foreign exchange when the product is exported (from the metropolis).

Smith (2016) cites a study by Linden and colleagues of iPod production (in China) and sales (in the US) 2006.

*Linden et al. found that "the iPod and its components accounted for about 41,000 jobs worldwide in 2006, of which about 27,000 were outside the U.S. and 14,000 in the U.S. The offshore jobs are mostly in low- wage manufacturing, while the jobs in the U.S. are more evenly divided between high-wage engineers and managers and lower-wage retail and non-professional workers". Just under 8,000 US workers were "retail and other non-professional" workers (average wages, \$25,580 per year), and 6,000 were "professional" workers, that is, managers and engineers involved in research and development (receiving, on average, \$85,000 per annum). Meanwhile, 12,250 Chinese production workers received \$1,540 per annum, or \$30 per week-just 6 percent of the average wages of U.S. workers in retail, ... and 1.8 percent of the salaries of U.S. professional workers. The number of workers employed in iPod-related activities was similar in the United States and China, yet the total U.S. wage bill was \$719m and the total Chinese wage bill was \$19m.*

Smith also quotes from a study published by the Asian Development Bank (ADB) in 2010 which reported on the first version of Apple's iPhone, revealing an even more spectacular markup:

*iPhones were introduced to the U.S. market in 2007 to large fanfare, selling an estimated 3 million units in the U.S. in 2007, 5.3 million in 2008, and 11.3 million in 2009. The total manufacturing cost of each iPhone was \$178.96 and sold for \$500, yielding a gross profit of 64 percent to be shared between Apple, its North American suppliers and distributors, and the U.S. government, all appearing as value-added generated within the United States.*

The main focus of the ADB study was the effect of iPhone production on the U.S. trade deficit in its China trade, finding that,

*most of the export value and the deficit due to the iPhone are attributed to imported parts and components from third countries .... Chinese workers ... contribute only US\$6.50 to each iPhone, about 3.6 percent of the total manufacturing cost.*

It is evident that the Chinese workers are being exploited in that, because of their relative powerlessness in the labour value chain, they are being paid a very small proportion of the realised value of their labour power. However, the Chinese people more generally are also being exploited, first, because the Chinese share of the total tax levied across the labour value chain is extremely small and because the Chinese share of the aggregate profit is also very small (with implications for capital accumulation and economic development in China).

The exploitation FoxConn workers in China, garment workers in Bangladesh and coffee pickers in Brazil; and of the peoples of China, Bangladesh, and Brazil, is not due to the inevitable workings of the 'invisible hand' of market forces. Rather it is the consequence of a carefully engineered system, the management of global production and trade within global value chains controlled by huge TNCs. It is a system which has been forged by the combined efforts of transnational capital and the imperialist powers, including through structural adjustment, neoliberal reform, a bespoke trade regime, corporate extortion and the brutality of 'market sentiment'.

*By uprooting hundreds of millions of workers and farmers in Southern nations from their ties to the land and their jobs in protected national industries, neoliberal capitalism has accelerated the expansion of a vast pool of super-exploitable labor. Suppression of its free movement across borders has interacted with this hugely increased supply to produce a dramatic widening of international wage differentials between industrialized and developing nations, vastly exceeding price differences in all other global markets. (Smith 2016)*

## Financialisation

Financialisation, understood as the disproportionate growth of the financial sector in comparison with industrial sector (producing real goods and services) was identified by Lenin as a core feature of imperialism in his 1916 pamphlet although he recognised industrial capital as a driver of imperial expansion, with an eye to new sources of raw materials and wider markets. He highlighted finance capital as a critical driver of imperial expansion (and inter-imperial conflict) because of the need to find outlets for investment. Profits from industrial capital, flowing to the banks and other financial institutions, were in excess of the investment needs of the industrial sector, limited to producing for the domestic market and such foreign markets as it could access.

Since that time the financial sector has grown hugely relative to the industrial sector. Sweezy in 1994 commented that,

*Financial capital, once cut loose from its original role as a modest helper of a real economy of production to meet human needs, inevitably becomes speculative capital geared solely to its own self-expansion. In earlier times no one ever dreamed that speculative capital, a phenomenon as old as capitalism itself, could grow to dominate a national economy, let alone the whole world. But it has. [...]*

*What I am talking about is the development in the last twenty years or so of a relatively independent—relative, that is, to what went before—financial superstructure sitting on top of the world economy and most of its national units. It is made up of banks—central, regional, and local—and a host of dealers in a bewildering variety of financial assets and services, all interconnected by a network of markets, some of which are structured and regulated, others informal and unregulated. [...]*

*It has long been taken for granted, especially among radicals, that the seat of power in capitalist society was in the boardrooms of a few hundred giant multinational corporations. While there is no doubt about the role of these entities in the allocation of resources and other*

*significant matters as well, I think there is an added consideration that needs to be stressed. The occupants of these boardrooms are themselves to an increasing extent constrained and controlled by financial capital as it operates through the global network of financial markets. In other words, real power is not so much in corporate boardrooms as in the financial markets. Here a footnote: the giant corporations are also major players in these markets and help to give them their importance. It looks as though Adam Smith's invisible hand is staging a comeback in a new form and with increased muscle.*

The reach of the financial sector was largely restricted to the nation state when Lenin wrote, but it has now globalised with transnational banks, insurance companies, pension funds, wealth funds and other financial institutions sitting astride the global stocks and flows of capital. While the banks retain their relationships with their home imperial state, they also prowl the world looking for rent. As a consequence, the logic of inter-imperial encroachment is somewhat blunted.

The structural imbalance between productive capacity and aggregate demand remains a core weakness of capitalism but is aggravated by sharply rising productive capacity facing stagnant demand globally. The sluggish growth in demand is in part a consequence of the constraints on wages in both the metropolis and periphery.

The combination of debt funded consumption and financial speculation help to manage the financial bloat, and to defer the crisis of overproduction.

Debt funded consumption by households, corporations, and governments has the effect of sustaining demand albeit at the cost of progressively transferring title to the banks. Household borrowing (for housing, education, and health care) helps to sustain demand in those sectors. However, the discounted assets left following each default are absorbed by the lender. Likewise, corporations are encouraged by their shareholders to meet their investment needs through borrowing rather than corporate savings. Shareholders would generally prefer to pocket their profits as dividends and share buy backs.

The second mechanism to manage the financial bloat is to direct profit flows into financial speculation. The bulk of transactions in housing, share, bond and currency markets are speculative aiming to profit from ups and downs through buys and sells. While asset values inflate, participants gain from each engagement and their wealth flows through the economy more generally. When the bubbles bursts, the players who were last to leave are left holding assets of much reduced value. Again, the losses will find their way through the economy more broadly. However, capitalism prospers from creative destruction. Thousands of derelict homes left after the 2007 sub-prime crash create new prospects for investment and growth in housing construction.

Clearly financialisation is feature of contemporary capitalism; but is it relevant to imperialism? As I discuss below, contemporary imperialism is a joint project of transnational capitalism and the imperial states. The transnational capitalist class has its roots in the top management and ownership of the transnational corporations and banks and in the corridors of power of the imperial states.

I examine this partnership by looking at some of the policy demands that the owners and managers of capital may address to the imperial state; looking for domestic and international action to look after the interests of the financial sector. I review three specific cases:

- The stagflation of the 1970s, the interest rate hike of 1980 and structural adjustment;
- The US trade deficit; and
- The 'containment' of China.

Stagflation refers to the combination of stagnation and inflation which bedevilled capitalist economies from the mid 1970s. The stagnation of this period reflected emerging 'overproduction', a structural imbalance between productive capacity and aggregate demand. Keynesian policies were ineffective in boosting growth but did contribute to inflation. Owners of wealth (in particular,

lenders of money) hate inflation because it reduces the real value of their wealth and of debts owing. Workers were also impacted by the loss of buying power of their wages.

The interest rate hike of 1980 was directed by Reagan and Thatcher with a view to controlling the inflation side of stagflation, by deepening the stagnation into a recession. The 'fight inflation first' slogan was directed at breaking the unions of the metropolis as their demands for wage increases were seen to be the principal cause of the inflation. In fact, the inflation was at least partly due to price increases following US expenditures on military supplies required to support the US invasion of Vietnam.

The global recession which followed, not only weakened the unions but also wrought economic devastation on developing countries who had borrowed when oil money was cheap but faced rapidly increasing servicing costs because of increased interest rates. The debt crisis which followed was managed by the IMF and WB through the imposition of structural adjustment which launched the neoliberal revolution and the transformation of imperialism that I am reviewing here.

A second example of the interplay of the power of transnational capital and imperial power centres around the US dollar exchange rate. The US has a long-standing trade deficit (imports exceeding exports) which for any other country would lead to a decline in the value of the US dollar. (If the US is buying more stuff than it is selling, US dollars should be easier to obtain and hence cheaper.) However, many countries have sought to build up foreign currency reserves (which they store in US dollars) to have some defence against speculative currency attacks by financial raiders. The high value of the dollar enables US consumers to buy foreign made imports (iPhones, T shirts, coffee beans) more cheaply. It also helps to support the total demand for such products.

The 1997 Asian financial crisis was precipitated by a speculative attack on the Thai baht: slow quiet buying gradually pushes up the exchange rate and then a sudden sell off yields fat profits for the raiders. Smaller LMICs are particularly exposed to this kind of raid where they have succumbed to the combined pressure of the imperial hegemon and market sentiment to remove controls on the flow of capital. In the absence of capital controls, they are obliged to insure against speculative attacks by buying US Treasury bonds. The opportunity cost of this defence can be measured in terms of the economic resources not being directed to social and economic development.

Our third example of the interplay of imperial and corporate power is the increasingly desperate attempt to 'contain' China with a view to protecting the US dollar as the premium currency in global trade and as a value store for sovereign savings. US laws regulating banks who deal in dollars are critical for imposing economic sanctions on countries and organisations who defy the imperial authority, including North Korea, Iran, Afghanistan and Wikileaks. The US can threaten to destroy foreign banks by denying them the right to deal in dollars, if they accept transactions involving the objects of such sanctions. China makes no secret of its long-range plans to elevate the yuan to compete with the dollar as a trading currency and a value store. While the US has other reasons for seeking to contain China's rise, the hegemonic power of the dollar is an important one.

Transnational capital has benefited greatly from the imperial restructuring of the global economy. It is not clear how much of this edifice a new Chinese empire would wish to dismantle but some of the key props of the regime could be destabilised with serious consequences for western based TNCs. These could include the TRIPS regime, and the reach of the IMF and WB. The protection of European and US agricultural corporates could also be at risk. US provocations regarding the status of Taiwan take on ominous significance in this light.

A further feature of contemporary financialisation which should be noted is the role of the financial sector in cultivating 'shareholder capitalism'. Partly as a consequence of neoliberal policies of privatisation many people in the imperial homelands are deeply invested in the health of the financial system: through their savings in pension funds and wealth funds; and through the terms of their loans (for housing and education in particular); and also as citizens through national sovereign wealth funds. This creates a significant swathe of the population who are following interest rates,

exchange rates and share prices closely and who can be mobilised by the finance industry to apply political pressure as needed on the imperial state or on subaltern states. These constituencies identify with prevailing capitalist ideologies which render logical and appropriate government policies which are directed to shoring up the structures of imperialism including the exploitation of workers and LMICs. Thus, if a developing country decides to impose controls on capital flight to guard against speculative currency attacks, it makes perfect sense for the citizen shareholders that their financial agents should sell off shares or currencies or urge their politicians to put pressure on the errant government.

### The reconfiguration of class

My sixth defining characteristic of contemporary imperialism is the reconfiguration of class, globally. I have reviewed this trend in a separate entry (see [Class](#)).

In brief, the most critical change from 1916 is the emergence of the transnational capitalist class (TCC) incorporating the industrial, financial, political and military elites of the capitalist world. A division has emerged between the nationally oriented fraction of the capitalist class (who may be somewhat ambivalent about economic globalisation) and the globally oriented fraction, broadly associated with the industrial and financial behemoths girdling the globe.

Patnaik and Patnaik (2021) describe the emergence of this division of the national capitalist class in the context of decolonisation and political independence in the countries of the periphery.

*The bourgeoisie in these countries, including the big bourgeoisie, which had been thwarted in its ambitions in the colonial period, had demanded and obtained from the new post-colonial state protection against metropolitan capital. Not only were these economies cordoned off from free capital flows, but they were protected against the free flows of goods and services, so that the big bourgeoisie could carve out for itself a space where it could fulfill its ambition without worrying about any encroachment by metropolitan capital. Third world dirigisme [extensive state involvement in the economy] had been a weapon used by the local big bourgeoisie against metropolitan capital. But the use of this weapon had also benefited a host of petty producers, peasants, and craftsmen who had also been protected from encroachment by metropolitan capital.*

*The dirigiste regime had thus been a carryover of the anti-colonial struggle. And the big bourgeoisie engaged in manufacturing (called the "national bourgeoisie" in contrast to the "comprador bourgeoisie" engaged in colonial trade), which had been a part of the anti-colonial struggle and in leadership of it in countries where the Communists or similar left formations were not leading it, continued even after decolonization to remain in the camp of the working people against metropolitan capital, though with its own motivations and ambitions.*

*What we find under neoliberalism is a shift in its position. It now makes common cause with metropolitan capital to "open up" the world for free flows of capital and of goods and services, to the detriment of vast sections of peasants and petty producers, and even small capitalists. The hiatus that existed earlier between the "national economy" and metropolitan capital now shifts its location to within the country, between international finance capital with which the domestic big bourgeoisie gets integrated and the rest of the economy, which suffers in terms of output and employment because of the "opening up" to free flows of capital and goods and services. The second change that occurs is the change in the nature of state intervention. Since the nation-state cannot afford to offend international finance capital (for fear of creating a financial crisis through capital out- flows in the*

*event of its doing so), the state intervenes almost exclusively at the behest of such globalized capital. Instead of appearing to stand above classes and playing the role of a detached and benevolent umpire, which the bourgeois state had traditionally tried to do, it now intervenes in the interests of globalized capital in general and its local counterpart, the domestic corporate-financial oligarchy, under the pretense that the interests of this oligarchy is coterminous with the interests of the nation. A notion of "development" is adopted for this purpose, so that anyone opposed to such intervention in favor of the corporate-financial oligarchy is branded as "anti-development" and hence ipsofacto "anti-national."*

The transnational capitalist class has a clear self-awareness. The members of this class live similar lifestyles, have rich networks and opportunities for communicating with each other, and are conscious of their shared interests which generally align with those of the imperial hegemon. (The owners and managers of Chinese and Russian TNCs may be exceptions.)

In contrast to its own coherence, the TCC confronts a dispersed and heterogeneous melee of working classes, petty bourgeois and marginalised dispossessed classes, fractured in various degrees across gender, ethnicity, religion, nationality as well as economic interests (see Intersectionality).

US imperialism and transnational globalised capitalism are destroying the human habitat and creating a deepening divide between rich and poor. It is most unlikely that the forces which are accelerating these trends would be able to change direction (or would even want to). Accordingly, the most promising strategy for the countries and peoples who are being exploited and dispossessed by this regime must involve a convergence of analysis and strategies across these heterogeneous constituencies. Such a convergence must involve confronting the forces and dynamics of both imperialism and transnational capitalism (see Convergence).

### ‘Imperialism’ is a necessary theoretical resource for public health

The usefulness of the term ‘imperialism’ for public health is self-evident, including the network of ideas summarised above. Some of the important applications of these ideas in public health include the following.

#### Global warming

The threats to human health associated with global warming include extreme heat, floods, and wildfires. Most devastating are the threats to food supplies associated with drought and the humanitarian costs of the huge migrations and associated conflicts.

Theories of imperialism as summarised above contribute to understanding the drivers of global warming, the forces behind climate denialism, and the barriers to mitigating and adapting in a just manner. They underline the importance of responding to global warming in ways which also roll back imperialism and transnational capitalism.

#### Ecocide

Global warming is just one contemporary destabilisations of the human habitat and the earth’s biosphere more broadly. The threats to health associated with loss of biodiversity include food insecurity and pandemic risk. Industrial farming touted as the solution to food insecurity is contributing to both the loss of biodiversity and pandemic risk as well as the displacement of millions of small farmers from sustainable farming.

Theories of imperialism throw light on the drivers of extractivism, and the loss of biodiversity. Capitalism depends on stoking consumption and waste which are normalised in a culture of materialism, defended and promoted through imperialism. Rolling back imperialism and



transnational capitalism must be as part of a cultural and economic transformation towards an equitable, inclusive and sustainable civilisation.

### Unequal exchange

The health consequences of a global regime based on unequal exchange (between metropolis and periphery) are huge, including lack of infrastructure (housing, health care), workforce limitations (including health care), and limited educational opportunities. The consequences of unequal exchange are mediated in part by the poverty of governments and of households in the global South.

Theories of imperialism provide ways of understanding how social and economic development (equitable, inclusive and sustainable) is blocked by the demands of transnational capitalism, defended and promoted by imperialism. They also highlight how overcoming these barriers (to installing urban infrastructure, providing universal education and health care, and ensuring access to decent work for all) must involve rolling back transnational capitalism and its imperial support structures.

### Deepening inequality

The increasing wealth of the transnational capitalist class (in the global North and South) starkly confronts huge numbers of families in relative and absolute poverty.

Theories of imperialism explain how economic inequality is being deepened, within and between countries, by an interplay of financialisation (and the bloated incomes of the gated 1%) and the neoliberal transformation of investment and production (and the immiseration of the excluded and exploited, including through outsourcing). Such theories also point out how the cultivation of misogyny, ethnic bigotry, and neofascism helps to obscure the role of transnational capitalism and imperialism in the deepening of such inequality and divides the political and social movements which are needed to forge a different future.

### Food systems

The food systems engineered by transnational capitalism contribute to NCDs from junk food pressures and (in many countries) from excessive meat consumption (also contributing to global warming, loss of biodiversity and pandemic risk, see Wallace 2016). Industrial agriculture displaces and impoverishes small farmers contributing to rural to urban migration and urban poverty and unemployment.

Theories of imperialism demonstrate how contemporary food systems, serving the interests of transnational food companies, have been engineered, partly through the power of the corporations but also the deliberate projection of imperial power in relation to finance, trade, and investment and where necessary through political destabilisation.

### Migration and asylum-seeking

Migration and asylum-seeking are both consequences of various threats to health but also carry significant risks including violence, drowning, poverty and lack of housing.

Theories of imperialism point to drivers of economic migration (deepening inequality, rural to urban migration from industrial farming), climate migration (especially from drought and food insecurity), and humanitarian displacement (escaping from war, communal violence, and political oppression). Such theories underline the need to address migration crises in ways which also address such drivers.



## Dangerous work

Economic exploitation across the various global value chains through which production is organised is associated with a wide range of work-related health risks. These include unsafe factories (Rana Plaza), physical injuries, toxic exposures of farm workers, unsafe mining, and psychological harm.

These harms reflect managerial pressures for productivity; the organisation of work in ways which prioritise profit over dignity, autonomy and collaboration, self-esteem and social appreciation; and the neoliberal drive for low paid precarious employment. These drivers reflect the profit pressures of capitalism, whether locally, nationally or globally organised. However, imperial power as well as the demands of financial markets, play a powerful role in creating and defending the conditions in which such profit pressures are prioritised.

## Medicines and vaccines

Pharmaceutical industry spokespeople commonly celebrate the technical advances in medical science in recent decades, including the widening range of effective treatments and vaccines. Pharma spokespeople commonly attribute the successes of the modern pharmaceutical industry to intellectual property protection and the associated incentives to invest in research and development.

However, there are significant downsides to the way the transnational pharmaceutical industry operates.

- **Profit, rather than needs driven investment in R&D.** This is reflected in the investment which goes into expensive treatments for rare conditions as opposed to cheaper treatments for common conditions. The lack of investment in the ‘neglected tropical diseases’, in new TB treatments and new antibiotics illustrate this bias.
- **Huge expenditures on marketing.** Pharma defends its IP protected monopoly profits with reference to its investment in innovation. However, the big corporations spend more on marketing than on innovation with dire consequences such as the Oxycontin epidemic in the US (Van Zee 2009) and the spread of antibiotic resistance.
- **Unaffordable prices.** In the late 1990s pharma was offering anti-retrovirals for AIDS treatment in South Africa and other affected countries at prices which knowingly excluded access to almost all patients. Thirty nine pharmaceutical companies joined in a suit against the South African government as part of their defense of this kind of unaffordable pricing (Heywood 2009). They were defeated, largely through popular mobilisation and protest, and over the next few months the prices dropped from \$1000 to \$300 per treatment year. This disregard of population health need was in evidence again in the Covid pandemic where pharma refused to participate in WHO’s Covid Technology Access Pool (for sharing technology and enabling wider production), and bypassed the Covax facility by continuing to give preference to bilateral vaccine contracts on the part of the rich countries; and organised against the waiver of certain TRIPS obligations, proposed in order to facilitate wider production.

Notwithstanding its involvement in innovation, the transnational pharmaceutical industry has repeatedly prioritised profit over people’s health with serious and ongoing consequences measured in mortality and morbidity. Such prioritisation is entirely compatible with the logics and practices of capitalism. However, the concept of imperialism throws light on why and how the global regulatory environment has been engineered so as to maximise the freedom of pharma to behave in this way.

## Privatisation

The privatisation of publicly administered health services in high income countries and the encouragement of privately delivered services in LMICs have been prominent expressions of the neoliberal package over the last forty years, led in particular by the World Bank and more recently the Rockefeller Foundation (Birn 2014). Likewise, the neoliberal movement has sought to create more space for private health insurance in both HICs and LMICs. 'Universal health coverage', the contemporary slogan de jour in global health, is a rhetorical compromise between WHO where there is strong support for publicly funded, publicly delivered health care and the World Bank which is a long standing supporter of private funding and delivery.

The evidence is clear that in a privatised health system, the practitioners and facilities will cluster in the cities and where people can afford their services and universal health insurance coverage is restricted to the wealthy but rationed for the poor. In the context of widening economic inequality the consequences of these tendencies include denial of access as well as inequity and inefficiency.

The immediate beneficiaries of privatisation of health care and health care financing are the hospital and health insurance companies (as well as the urban elites around whom such services cluster). However, the regulatory context within which this movement is taking place has been deliberately designed and engineered. It is designed by the neoliberal strategists (World Bank, OECD, financial press, etc) who are determined to limit public expenditure on health care and by the finance industry looking for new investment opportunities. It has been engineered through trade agreements, including the General Agreement on Trade in Services (GATS) and the inclusion of investor state dispute settlement provisions in various bilateral agreements. It has also been engineered by the deliberate marginalisation of WHO which, reduced to mendicant status, has been forced to promote the slogan of UHC even while recognising that it is a Trojan horse for privatisation.

Clearly the pressures of privatisation reflect the appetite of transnational health care and health insurance corporations. However, the imperial hegemon has played a key role, in harmony with market sentiment, in the creation of the environment in which their appetite can be fed.

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## Intersectionality

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### Usages

‘Intersectionality’ is a theoretical framework for thinking about identity, oppression, power, and strategy.

The term builds on the concept of identity (including both subjective consciousness and assigned identity) as a way of describing people (both as individuals and as groups) and helping to explain their experiences and aspirations. The metaphor (‘intersectionality’) highlights the way in which various axes of analysis ([class](#), gender, race, ability, sexual orientation, and others) intersect in shaping consciousness, structuring social description, modulating power relations, and framing strategy.

Intersectionality is used to describe and explain the oppressions, discriminations and exploitations operating across these various axes of analysis and to relate the consequences of such oppressions (injustice, denial of rights, suffering) to the society-wide power relations reproducing such oppressions.

These power relations are conceived as operating across these same axes of analysis (class, gender, race, etc), and are commonly described in terms of various isms, such as racism, sexism, classism, and ableism, as well as homophobia, transphobia, xenophobia and belief-based bigotry. These isms refer to the ideologies which naturalise such oppressions and the institutions, forms of practice and ways of speaking which reflect and reproduce these ideologies. Some accounts locate the power relations which shape the various oppressions in relation to the wider structures of production and reproduction, capitalism, colonialism and [imperialism](#).

The ‘intersection’ of these different structures of oppression is commonly treated as a burden of oppression which accumulates and transforms with each additional disadvantage (as for a disabled, working class, black, woman). In some commentaries the intersections of power are seen as

synergistic as when oppressions across gender or race are seen as dividing the working class and preventing the solidarity needed to transform capitalism. Likewise, the divisions across race may attenuate the solidarity needed to transform patriarchy.

Some accounts of intersectionality emphasise its contingency in terms of circumstances and agency. In particular circumstances, certain configurations of oppression may dominate, as in pogroms or communal violence. Narratives of intersectional discrimination will also vary according to who is telling the story and to whom and for what purpose.

A range of different communities are currently using the term 'intersectionality' in their discourse, including the organic intellectuals (particularly feminists) of various social and political movements (in the global South as well as North) who find the framework useful in political strategizing, organising, and mobilising; as well as the feminists in the neoliberal academy (Salem 2018).

In the public health field, the framework has been found useful by researchers addressing access to health care, inequalities in health, and the social determinants of health. Much of this work is directed to incremental policy reform (gender mainstreaming, improved targeting, etc) rather than structural change through political mobilisation.

## History

Kimberle Crenshaw (1989) is widely credited with having coined the term 'intersectionality'. Foley (2018) explains:

Concerned with overcoming the discriminatory situation faced by African American women workers at General Motors, Crenshaw demonstrated the inadequacy of existing categories denoting gender and race as grounds for legal action, since these could not be mobilized simultaneously in the case of a given individual: you had to be either a woman or nonwhite, but not both at the same time (Foley 2018).

Venkatachalam et al (2020) clarify:

However, as Crenshaw has also acknowledged, the understanding of intersectionality can be traced much earlier, to nineteenth-century black feminist activism and writings of activists as well as to indigenous women's activism. A black lesbian collective, for instance, argued in 1977 that women like themselves needed an identity politics precisely because they were getting lost within the simultaneous workings of race, patriarchy and heterosexuality within systems of imperialism and capitalism. Although the term intersectionality features more recently in Indian academic discourse, insights into diverse social identities and marginalization have existed much longer; for example, the anti-Brahmin struggles of Tamil Nadu state or the Dalit literary campaigns in Maharashtra state in the 1960s. However, the intersectionality discourse, several scholars opine, has remained largely US and Euro centric.

Vogel (2018) describes the 'standard account' of the emergence of intersectionality as 'somewhat mythological':

According to this account, second-wave feminism emerged in the 1960s and 70s as a monolithic white middle-class phenomenon that ignored race and class. Only in the 1980s, the myth continues, when black women entered the academy and forcefully challenged white-dominated feminism, did things change. African American feminist scholars — for example, Kimberlé Crenshaw, Patricia Hill Collins, bell hooks, and many others— took the lead in this introduction of race into feminist analysis. In some cases, they tackled class as well. Their hard-fought leadership under the banner of "intersectionality" was at last able to break with the errors of so-called white feminism.

In the 1980s and after, this chronologically confused account became hegemonic among white as well as black feminists, even those who should know better. But it is deeply problematic.

First, it simplifies the history of the very complex evolution of second-wave feminism, which developed in multiple strands and not entirely from within academia. As a matter of fact ... socialist—and Marxist—feminists always paid attention to class; how could they not! And race usually played a role in their analyses as well.

Vogel quotes historian Kate Weigand as recalling that Communist publications in the 1930s and 40s in the US regularly used the terms 'triple burden' and 'triple oppression' to describe the status and lived experience of black women.

Eisenstein (2018) traces an earlier phase of this history in which second wave feminism is seen as arising out of women's rejection of the sexism of the New Left in the 1960s. Further back in time, she traces the emergence of the New Left as a rejection of the Old Left.

Similarly, we can see the rise of the New Left and the student movement as a turn away from the class politics of the Communist and socialist traditions. ... Is the new radicalism of the 1960s and 1970s, which self-consciously distanced itself from the so-called Old Left, part of the turn to identity politics?

According to Eisenstein the decline of the Old Left was driven by McCarthyism (in the US) and by Cold War anti-communism more generally from the 1950s. It is also likely that the failures of the Soviet Union and Stalinism in some communist parties in the West may have also contributed to the decline of the Old Left, the emergence of the New Left and the subsequent rise of identity politics.

## Debates

### Identity politics

Notwithstanding Vogel's corrections to the 'standard account' it is likely that the popularity of the term reflects at least in part a discomfort with usages of 'class' which were seen as discounting gender, and a discomfort with usages of 'feminism' which were seen as discounting race, gender identity and sexual orientation, and disability. As noted above these discomforts were associated with a move, in academic circles, away from a structural analysis of capitalism, colonialism, and patriarchy, eclipsed in academic discourse by a focus on various facets of 'identity' and the associated 'isms'.

Gimenez (2018) comments that 'from the standpoint of Marxist theory, intersectionality is a powerful ideology that obscures the meaning and significance of class and class relations, even among those who should know better'. In her view intersectionality reinforces the divisions within the working class, pitting workers against each other, exacerbating sexism, racism, xenophobia, and nationalism. For Foley (2018) also 'intersectionality is less valuable as an explanatory framework than as an ideological reflection of the times in which it has moved into prominence'.

Gimenez regrets the reduction of class to an individual identity and she is joined by Vogel (2018) who sees the term "classism" - frequently grouped with sexism, racism, ageism, etc - is a deeply flawed concept. She suggests that the attacks on Marxism as a class-reductionist "master narrative", in need of supplementation by a range of alternative methodologies, reflects an active "retreat from class" and perhaps a retreat from any structural critique of capitalism.

Gimenez cites the election of Donald Trump as showing the dangerous side of identity politics, and what happens when racial, gender and other divisions supplant class in mainstream political discourse, and people are encouraged to find their worth not in the work they do but, in their nationality, their European ancestry, their religion, the consumer goods they can afford, and the color of their skin.

Patrick Anderson (2021) who is a powerful proponent of critical race theory, has denounced 'Crenshaw's intersectionality' as reflecting a racist and colonialist logic. He alleges that Crenshaw's use of intersectionality is focused on legal reforms which achieve symbolic improvement but do not

touch the structural drivers of racism. He argues that this use of intersectionality actually serves to obscure those structural drivers and legitimise the regime they sustain.

### Structural analysis

Structuralism is a very broad church but what its various applications have in common is a recognition of certain underlying structures which help to explain observed society and lived experience. This postulation of underlying (explanatory) structures is a feature of theorising in linguistics, anthropology, sociology, and politics. Narratives regarding the underlying 'structures' of society also inform political strategy and social practice.

Structuralism in the Marxist tradition is centred on the control of the means of production and involves three interlinked concepts: class, ideology and consciousness. In this narrative the capitalist class confronts the working class in a struggle over how production is organised, including the distribution of surplus value. Ideology refers to the prevailing 'common sense' which naturalises the prevailing arrangements including the machinery of economic exploitation and the consequent social inequalities. In some streams of Marxist thought ideology is assumed to be false and somehow opposed to truth. More relativist streams would be more cautious about claiming privileged access to truth. Consciousness is about how we see ourselves in relation to these structural contradictions (including, in some accounts, the possibility of 'false consciousness').

Foley (2018) argues that 'an effective critique of the limitations of intersectionality hinges upon the formulation of a more robust and materialist understanding of social class than is usually allowed: not class as an identity or an experiential category, but class analysis as a mode of structural explanation'. She argues that 'the ways in which "race" and gender—as modes of oppression—have historically been shaped by the division of labour can and should be understood within the explanatory framework supplied by class analysis, which foregrounds the issue of exploitation, that is, of the profits gained from the extraction of what Marx called "surplus value" from the labour of those who produce the things that society needs.

A critical aspect of this kind of structural analysis is that the agency of the capitalist class or the working class is only loosely identified with the individuals who may be defined (by themselves or someone else) as belonging to that class. Marxist analysis sees the capitalist class as a political force not simply the aggregate of the individuals who identify as (or who are defined as) members of that class.

Second wave feminism identified the control of reproduction as the underlying structural principle of patriarchy. Patriarchy was seen as including the power relations of gender, the modalities of control (institutions, practices, ways of speaking) and the ideology (which naturalises oppressive gender relations). Feminist consciousness involves understanding how we stand in relation to patriarchy and affirming the agency and solidarity of sisterhood. Socialist feminism asserted that the roots of patriarchal oppression were independent of class, but that patriarchy and capitalism reciprocate in sustaining each other.

### The primacy of class

Eisenstein (2018) is clear in her view about the primacy of class:

I want to point to one of my hesitations with the notion of intersectionality, which is that it undermines the primacy of class. Whether we are talking about the industrial proletariat of the 19th and 20th centuries (and the 21st century in traditional industries such as mining, steel, automobiles, so-called heavy industry), or the complicated precariat which includes so-called informal workers — in some analyses around 95% of workers in a giant country such as India — we are still talking about the relationship of people to the means of production.

It is a core principle of intersectionality that most women and blacks are also workers who are subject to the exploitations of capitalism; more sharply (in most cases) than white men. While the discriminations and injustices across race and gender may be sharp, the exploitations of capital are deep and ever-present.

To conceive of the achievement of equality and respect across gender without confronting the exploitations of capital might make sense for elite women. However, it would involve disregarding the economic injustices faced by working class women in both the global North and South. To conceive of the achievement of equality and respect across “race” and ethnicity without confronting the exploitations of capital might make sense for elite people of colour. However, it would involve disregarding the economic injustices faced by most people of colour in both the global North and the global South. It would involve ignoring the deepening global inequalities driven by transnational capitalism, imperialism and the continuing dynamics of colonisation.

It is necessary to distinguish between what Eisenstein refers to as the ‘primacy of class’ from ‘blindness to sexism, racism and ableism’. The primacy of class stems from a recognition of capitalism as a mode of economic organisation which is destroying the human habitat and deepening poverty and inequality globally (and disproportionately affecting women and people of colour). If the struggle against capitalism is seen as a strategic priority, then class analysis is of critical importance as it points directly towards the kind of social and political mobilisation that will be needed to transform capitalism.

The hegemony of the capitalist class over the working class benefits from the divisions across gender, race, and ethnicity and the capitalist class has a vested interest in perpetuating such divisions. Similar mutual reinforcements operate across patriarchy and racism, and across patriarchy and heteronormativity. Laying bare such reciprocating reinforcements is strategically important in terms of political strategy and social practice. Building unity and solidarity across a broad front is necessary for any effective movement against capitalism, patriarchy and colonialism.

Fundamental to such a convergence is a recognition of the pain associated with the oppressions and discriminations across gender, race/ethnicity, and ability and a recognition of the ideologies and institutions which perpetuate such oppressions. Confronting capitalism (and imperialism and colonialism) as the central challenge does not mean that the pain mediated by sexism, racism and ableism is somehow less important than the pain mediated directly by the power of capital.

The reason that the pain mediated by sexism, racism and ableism matters is not primarily because it fragments the forces against capitalism. Human pain matters because it is humans in pain. Confronting racism and sexism, as sources of division among the forces confronting transnational capitalism cannot be addressed without honouring the grievances, recognising the suffering mediated by the power relations of sexism, racism and ableism. A global people’s movement against transnational neoliberal capitalism must address these as a core part of its program.

### Intersectionality as used in the People’s Health Movement

Intersectionality is a framework for thinking about identity, oppression, power, and strategy. It is a framework which can fully incorporate a structural analysis of capitalism, patriarchy and colonialism. This kind of integration characterises the use of the term in the People’s Health Movement.

The core logic of PHM is the convergence of social and political movements in the struggle for an equitable and sustainable civilisation. Such a convergence must demonstrate solidarity with the needs and demands of those different social and political movements while maintaining a clear strategic focus on transforming capitalism.

The Savar Declaration (PHA4 2018), adopted following the Fourth People’s Health Assembly in Bangladesh, insists that: ‘the crisis of health is a crisis of the capitalist model’:



High income countries, working closely with transnational corporations, are promoting neo-liberal policies to manage the contemporary crisis of globalised capitalism in the interests of the transnational capitalist class. With help from a network of one-sided 'trade and investment' agreements, these policies are either being accepted by or being forced on the governments of low and middle income countries. The resulting national policies are having far reaching consequences for the social conditions that shape people's health, and also for the approach and funding of comprehensive health care. Such policies are worsening the fundamental determinants of health, and progressively crippling healthcare infrastructure and delivery of services. Such policies are encouraging national governments to abdicate their responsibilities to public health, while ushering in privatisation and insurance regimes.

The declaration affirms PHM's alternative vision: equity, ecological sustainability and health for all: Our vision is of a world in which equity between and within countries is achieved and health for all is a reality. We reaffirm that health results from social, economic and environmental justice. We visualise a world where empathy, solidarity and respect for people and the environment are at the core of global, national and local communities; a world free of discrimination and oppression based on gender, race, caste, ethnicity, disability, sexuality, religion, occupation, citizenship; a world where human rights and the empowerment and health of all communities, together with the dignity and rights of all natural beings, are respected and promoted.

### Contingency

It is critical to recognise the contingent nature of analysis and strategy. The agent of struggle (individual and collective) addresses a particular set of needs, confronts a particular regime of oppression, and works in a particular configuration of power and solidarity. The narratives of explanation and strategy which best suit those circumstances are themselves questions of strategy and contingency.

However, even in struggles where the 'principal contradiction' is clearly the oppressions of gender or race/ethnicity, such struggles can be conducted in ways that also contribute to the transformation of capitalism – or not.

### Applications of intersectionality in health

It is useful to reflect on the ways intersectionality is used in relation to population health and access to health care. I structure this reflection in terms of description (where intersectionality is used primarily to describe and measure health inequalities across the main axes of identity); explanation (where intersecting power relations are traced as part of explaining health inequalities); and strategy (where intersectionality is drawn upon in responding to health inequalities, including policy responses and popular mobilisation).

### Descriptive

The use of the intersectionality in health research is common. The concept points to the importance of stratification in data collection, and disaggregation in addressing inequalities in access to services, quality of care, and population health.

Bastos and colleagues (2018) drew data from an Australian national social survey to explore associations between perceived discrimination and indigeneity, gender, sexual minority status, and socioeconomic status. They conclude that perceived racism and other forms of discrimination combine to predict perceived barriers to accessing health care. Racism for the purposes of this research was defined in terms of an unequal distribution of power across populations defined according to their racial identity.



Green and colleagues (2017) declare that 'intersectionality theory is emerging as a cornerstone of sociological thought'. They then proceed to review the challenges of deploying epidemiological methodologies to explore the macro as well as the micro levels of intersectionality. They suggest integrating intersectionality within multilevel analyses of the contexts within which intersectional identities exist (e.g. schools, neighbourhoods, states) or using structural equation modelling to detect the underlying power structures. SEMs would allow issues such as racism or sexism to be specified as unobservable latent variables. The data which might be analysed using such methods would be derived from individual level data collection.

Bauer (2014) notes that most health research using the intersectionality framework has deployed qualitative methods and sets out to explore the possible use of quantitative method to explore the intersecting roles of gender, race and class in population health. One of the challenges which she identifies is that of distinguishing between intersecting identities, social positions, processes, and policies or other structural factors. She comments that 'many research studies using intersectional approaches, as well as many papers discussing intersectionality theory, have considered primarily intersecting identities or intersecting categories of social position, whereas others have extended an intersectional framework to processes'. She highlights the distinction between social identities or social positions that are related to potential privilege or oppression and the social processes or policies that may generate, amplify or temper inequalities between groups, both of which can be studied intersectionally.

Seng and colleagues (2012) have also sought to study intersectionality using quantitative methods.

Our objective was to extend these methodological efforts by modeling intersectionality across three levels: structural, contextual, and interpersonal, consistent with a social-ecological framework. We conducted a secondary analysis of a database that included two components of a widely used survey instrument, the Everyday Discrimination Scale. We operationalized a meso- or interpersonal-level of intersectionality using two variables, the frequency score of discrimination experiences and the sum of characteristics listed as reasons for these (i.e., the person's race, ethnicity, gender, sexual orientation, nationality, religion, disability or pregnancy status, or physical appearance).

We controlled for two structural inequality factors (low education, poverty) and three contextual factors (high crime neighborhood, racial minority status, and trauma exposures). The outcome variables we modeled were posttraumatic stress disorder symptoms and a quality of life index score. We used data from 619 women who completed the Everyday Discrimination Scale for a perinatal study in the U.S. state of Michigan. Statistical results indicated that the two interpersonal-level variables (i.e., number of marginalized identities, frequency of discrimination) explained 15% of variance in posttraumatic stress symptoms and 13% of variance in quality of life scores, improving the predictive value of the models over those using structural inequality and contextual factors alone. Seng et al identify possible improvements in the measures which might be used to capture both marginalized and privileged intersecting identities.

It appears that epidemiological modelling of the discrimination burdens and 'structural' and contextual factors involves a significant reduction in the theoretical insights of intersectionality theory (in this case, the summing of the number of categories wherein each woman was disadvantaged).

It is evident that quantitative research, structured around an intersectional framework but based on data from individuals can be useful for descriptive purposes but has limited reach in terms of explanation and strategy.

## Explanatory

There is broad agreement that the various isms (understood as the power disparities across the axes of class, gender, race, etc) contribute to 'explaining' the associated oppressions and discriminations. Such explanations are generally cast in terms of ideology (the narratives that naturalise) and institutions (including social practices and ways of speaking). The restorative strategies which are informed by such explanations are largely limited to suggesting, asking or demanding that those who have power subscribe to a different story, reform their institutions and behave differently. This returns us to the attack by Anderson on Crenshaw, referred to above, which was about the need to address the underlying structural forces which sustain those power differentials.

Gkiouleka and colleagues (2018) seek to bridge the micro and the macro by integrating intersectionality (understood in terms of identity) and institutional approaches that study how institutions impact on the production of social privilege and disadvantage. They call for health research which reframes health inequalities in the light of power relations and interrogate the processes that produce them instead of individual 'labels'.

We argue that such an innovative synthesis allows us to interrogate the fundamental causes of health inequality in light of power relations and to shift our focus from individual attributes to processes of health inequality (re)production.

... the interconnectedness between institutions and power is crucial for the elaboration of a situated intersectional analysis focused on categories and intersections that matter and not on an endless list of interactions. As we stressed earlier, the question 'which categories should be integrated in an intersectional analysis of health inequalities in a particular context?' is answered through the context itself. Here, institutions as vectors of power struggles have a significant role. They bear crucial information (for example within institutional or policy documents) about the way health and health promoting goods are defined (e.g. citizenship right or as a market commodity), which groups have control over that definition (like doctors, patients, unemployed, capital owners, women) and how their needs are met, which groups have been excluded in that process (like mentally ill patients, prisoners), what is the impact of this exclusion on their health and what are the available pathways for reforms (for example, if immigrants suffer poorer health than the rest of the population, what are the formal and informal channels available to them to pursue an improvement of their situation?).

In times of massive socio-economic changes and political upheaval, a synthesis of intersectional and institutional insights on health inequalities research highlights how certain groups are excluded from health-inequalities discourses and enables the simultaneous analysis of the health effects of both vertical (e.g institutional factors) and horizontal (e.g. individual/community factors) social stratifications.

Bowleg (2012) describes intersectionality as a theoretical framework that posits that multiple social categories (e.g., race, ethnicity, gender, sexual orientation, socioeconomic status) intersecting at the micro level of individual experience reflecting multiple interlocking systems of privilege and oppression at the macro, social-structural level (e.g., racism, sexism, heterosexism).

I consider the core tenets of intersectionality most relevant to public health to be as follows: (1) social identities are not independent and unidimensional but multiple and intersecting, (2) people from multiple historically oppressed and marginalized groups are the focal or starting point, and (3) multiple social identities at the micro level (i.e., intersections of race, gender, and SES) intersect with macrolevel structural factors (i.e., poverty, racism, and sexism) to illustrate or produce disparate health outcomes. ...

Moreover, a central consideration of intersectionality is how multiple social identities at the individual level of experience (i.e., the micro level) intersect with multiple-level social inequalities at the macro structural level. From an intersectionality perspective, a middleclass

Latina lesbian's negative experiences at her physician's office are linked to multiple and interlocking sexism, heterosexism, and racism at the macro level. Her microlevel experiences at the intersection of her race/ethnicity, sexual orientation, and gender correspond with empirically documented evidence of the heterosexism that lesbian and bisexual women often encounter when they seek health care services and the intersection of racism and sexism well documented

Hankivsky (2012) argues that the full implications of intersectionality for research, policy, and practice in public health have not yet been interrogated. One of those benefits would be the de-centering of gender in public health research through the application of an intersectional analysis.

Hankivsky illustrates her argument through reference to a report of the experiences of inner-city Latina women with severe mental illness living in New York. The study illustrates the complex interconnections between gender, race/ethnicity, class, and the stigma of mental illness and its implications for HIV risk. The study shows how bipolar women's sexual relationships and behaviours are closely intertwined with immigration, poverty, gender, and race/ethnicity leading to contradictory outcomes. On one hand, women often experience conflict with gender norms in their ethnic communities in ways that lower their social status and power. This leads to vulnerability within intimate relationships and engagement in sexual behaviours (e.g. lack of condom use) that increases the risk of HIV. On the other hand, the effects of these same intersections are not always negative as the mental illness experienced by these Latina women allows them to free themselves from abusive male partners by accessing government entitlements and supports. The findings highlight why HIV prevention activities can only be effective if they acknowledge multiple layers of vulnerability and resources both at individual and structural levels, without erasing gendering effects.

In addressing the macro level intersections she also looks at violence against women which 'is not only a matter of gendered power relationships but is co-constructed with racial and class stratification, heterosexism, ageism, and other systems of oppression'.

Health research using intersectionality commonly recognises the power relations across the axes of class, gender, race, etc (commonly expressed in terms of the various 'isms') as well as the cumulative oppressions and injustices arising from such intersections and their manifestations in relation to health. However, understanding how the isms are reproduced needs to go beyond the intersecting narratives and institutions of racism, sexism, etc. More structural accounts call for closer attention to the systemic dynamics of capitalism, patriarchy and colonialism which sustain the narratives and institutions of the isms.

## Strategic

### Policy reform

While some intersectionality research in health has been confined to describing the intersecting burdens of discrimination, most reports make at least a gesture towards action. In many cases these reports focus on policy responses such as promoting inclusivity and improved targeting in policies and programs.

Iyer and colleagues (2008) undertook a review of the literature on gender and class in the context of health and health care in high- and low-income countries which they discuss in relation to inequalities in health status and inequalities in access to health care. They comment that much of the health inequalities research (up to that time) had focused on economic class without sufficient consideration of the ways in which oppressions across gender, cast and ethnicity add to and transform the burden of discrimination.

Iyer's report is of interest because of the restricted range of responses to the documented inequalities (largely restricted to policy responses) which they discuss.

Insufficient attention to intersectionality, in much of the health literature, has had, we believe, significant human costs, because those affected most negatively tend to be those who are poorest and most oppressed by gender and other forms of social inequality. The programme and policy costs are also likely to be high, in terms of poorly functioning programmes, and ineffective poverty alleviation and social and health policies that often target along a single dimension, such as income. In particular, anti-poverty programmes, intended to counter rising health care costs, must, specifically, support women's access. This can be done through a combination of universal systems (of provisioning or health insurance), coupled with forms of targeting or other mechanisms to ensure that they actually reach women and girls within households.

It is perplexing that these authors have not included in their review responses to inequities which are directed to transforming the intersecting power relationships. There is a nexus here, between a purely descriptive approach to inequalities research and an approach to responding to inequities which is restricted to policy responses such as targeting. There is virtually no consideration of the nature of the power relations associated with the observed discriminations.

Iyer's review may be contrasted with the commentary by Kapilashramy and Hankivsky (2018) who explore the application of intersectorality to two case studies, cardiovascular disease and migration. As with many of the papers reviewed here, Kapilashramy and Hankivsky demonstrate the intersection of disadvantage associated with sex, gender, race, and socioeconomic status. However, they also emphasise the intersection of macro level factors.

An intersectional lens also highlights the limits of health-care responses to migration that overemphasise cultural and ethnic differences of migrants, or that focus primarily on addressing linguistic and cultural barriers; i.e., by trying to improve cultural competencies among providers. Steps such as these are necessary but inadequate to address the multilevel factors shaping health-care provision and use among various migrant groups, including fear of deportation, xenophobic and discriminatory attitudes, exclusion or marginalisation in national health systems, and the experience of restrictive laws and institutional barriers. In addressing these factors, an intersectional lens demands turning away from siloed to more coordinated, multisectoral strategies across health, immigration, humanitarian aid, security, and labour, as well as attention to its structural roots (such as unemployment, poverty, and conflict) and sources of protection or advantage in contexts of transit and destination.

Again, the response of these authors appears to focus on policy reform without explicit reference to social mobilisation but perhaps this reflects the norms of academic publishing rather than a limited perspective.

Mandelbaum (2020) explores the integration of intersectionality into epidemiological research. She presents strongly the two-level construction of intersectionality including the intersecting burdens on individuals and the intersecting systems of power and oppression, 'including, but not limited to, capitalism, structural racism, heterosexism, and ableism' rather than attributing health outcomes solely to individual-level factors.

She concludes that intersectionality theory can play a critical role in advancing health equity by expanding our understanding of health disparities beyond the single structural forces shaping them. However, the kinds of response to such disparities appears to be limited to policy reform (perhaps again out of deference to the norms of academic publishing).

McGibbon and McPherson (2011) explore the intersections between the isms (classism, racism, sexism, etc), the social determinants of health (income, education, employment, housing, etc) and the geographies which shape exposure to the social determinants of health. Their approach differs from many because of the way they draw upon the political economy of health and complexity theory. Their main focus is on the structural intersections of power rather than the cumulative

discriminations incurred by individuals although this is illustrated in a detailed case study. However, despite their references to political economy and to Marx, Engles and Navarro, their approach to overcoming these cumulative burdens is restricted to policy intervention.

Policy intervention to address SDH inequities have been very challenging due to the complex genesis of material and social deprivation that leads to ill health. One of the greatest impediments to moving to policy action on the social determinants of health is the near absence of a structural approach to inequity.

Despite their references to political economy and the need for a structural approach, the notions of class struggle (which arises from Marx's analysis of the structures of capitalism) or of feminist consciousness raising (from second wave feminism) do not appear to have a place in their analysis.

Hill (2015) also presents the case for the wider use of intersectional approaches to health inequalities research, demonstrating how the inclusion of ethnicity and gender adds value to traditional focus on socioeconomic status in health inequalities research in the UK. Hill also calls for closer attention to the upstream drivers of disadvantage with a view to a deeper understanding of fundamental causes through a political analysis of power relations. While Hill defaults to policy reform in terms of addressing health inequalities her final paragraph hints at a more radical response with her reference to 'bringing the agency of the disadvantaged into focus'.

#### Social mobilisation

However, relatively few health researchers theorise intersectionality at the structural level, what I have described above in terms of the mutually reinforcing dynamics, of capitalism and patriarchy, of patriarchy and racism, of racism and capitalism, etc.

Tolhurst and her colleagues (2012) cast light on the policy approach to gendered disadvantage through a critical examination of *gender mainstreaming* (integrating a gender perspective into analysis, procedures, and policy). Their report is based on participant deliberations in a series of four seminars involving women from the global South and North, conducted in accordance with feminist participatory action research principles and bringing intersectionality theory to the critique of gender mainstreaming. In the final seminar the participants developed a research and action agenda to take forward strategic directions for gender mainstreaming in health internationally. The seminar methodology clearly helped to bring out a wide range of experiences and perspectives but it was not intended to formulate consensus determinations and commitments and the report is largely focused on reporting broad directions and describing the issues discussed.

Most participants most agreed on the need for change, but views on appropriate directions ranged from rejecting gender mainstreaming as a failed strategy and focussing on revitalising grass-roots feminist politics, to re-envisioning gender mainstreaming as an appropriate context for feminist transversal politics.

The authors of this report draw on Yuval-Davis (1999) in their use of the idea of transversal politics.

Transversal politics is based on first, standpoint epistemology, which holds that "the only way to approach 'the truth' is by a dialogue between people of differential positionings" (Yuval-Davis, 1999, p.95). Second, on the recognition that differences are important, but that notions of difference should encompass, rather than replace notions of equality (Yuval-Davis, 1999), Third, on a differentiation between positioning, identity and values. Similar, compatible values can cut across differences in positionings and identity to form 'epistemological communities', which share common value systems, and can exist across difference (ibid). Struggles against oppression and discrimination might, and mostly do, have a specific categorical focus but are never confined just to that category.

Participants also discussed the need to look at the points of convergence with political struggles with other categorical foci. This included identifying aspects of the identities of men and boys where

intersections of interests in terms of shared values of social justice may be identified and coalitions consequently formed at strategic points in time. There are no references in the report to convergence with struggles around racial/ethnic discrimination, or struggles against capitalism, imperialism or colonialism.

The report is clear that, '... the feminist theories underpinning this paper would preclude coalitions based on "essentialised notions of identity and difference which may be used to naturalise forms of social, political and economic exclusion" (Yuval-Davis, 1999, p.97)'. However, they also quote Spivak (1987) 'who used the concept of 'strategic essentialism', to refer to the ways in which subordinate or marginalised social groups may temporarily put aside local differences in order to forge a sense of collective identity as the basis for a political movement. Whilst this may result in problematic and unstable groupings, nonetheless these acts of temporary identity formation support important political ends'.

There was clearly some support for continuing the policy approach of gender mainstreaming albeit in a revitalised form. However, this report stands out among the various discussions of intersectionality in health for its (muted) recognition of the role of political mobilisation. However, the reference to "the full and equal participation of practitioners and policy makers working alongside their academic partners" is a less than ringing endorsement of a grass roots political movement.

Venkatachalam and colleagues

The presentation of Venkatachalam and her colleagues (2020) stands out from all of the other reports reviewed for this entry: in their use of intersectionality to focus attention on priorities in the struggle for health; in their seamless integration of intersectionality and political economy; and in the priority they give to the need for political mobilisation in the struggle for health. The focus on political mobilisation does not detract from the importance of policy reform but reflects an understanding that without political mobilisation, policy reform will not be achieved or if achieved will be ineffective.

Any tool of analysis of health must be premised on principles of social justice, which necessitates deeper analysis of prevailing inequities and the diverse factors that determine them. Intersectionality offers the possibility of an analytical tool that may be able to surpass this, delve deeper and nuance the understanding of inequities. It allows the centering of the perspectives of groups facing multiple oppressions and invisibilization, and for health to be viewed in the context of communities and societies, and not merely as diseases and deficiencies in an individual's body. It thus calls attention to the broader social, political, economic and cultural processes and structures that produce and sustain health disparities. Changing health outcomes then demands a restructuring and changing of other socio-political structures.

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## Neoliberalism

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### Usages

The term, 'neoliberalism', is required to carry a wide range of meanings; variously an ideological project, a political program, or an institutional configuration of governance (England and Ward 2007)

Bell and Green (2016) comment that "When a concept can be used to describe such an extraordinary – and even downright contradictory – array of phenomena, questions can clearly be asked about how useful it actually is".

For Bell and Green, neoliberalism refers to the capitalist restructuring that has occurred around the globe since the 1970s, based on the proposition that unhindered markets are the most effective means of achieving economic growth and public welfare.

This definition is insufficient.

It doesn't seek to identify the agents who propose that unhindered markets are 'the most effective means'. It does not speak of the transnational capitalist class who are the beneficiaries and the propagandists of the myth of 'unhindered markets'.

It doesn't acknowledge the possibility that the 'effectiveness of unhindered markets' is a rhetorical claim which obscures more instrumental purposes directed to securing the economic and political interests of the global transnational capitalist class. It doesn't consider the institutional forces which mediate the interests of imperialism and the transnational capitalist class in propagating this neoliberal spin.

It doesn't consider the changing dynamics within global capitalism which call for this restructuring. It does not consider the crisis of overproduction facing transnational capitalism and the urgency of the neoliberal transformation required to protect the interests of the transnational capitalist class in the face of this crisis.

It doesn't distinguish between neoliberal policies as they operate at the national level (the contract state, marketisation, privatisation, austerity, etc) as opposed to neoliberal policies at the global level (trade and investment agreements, labour arbitrage, structural adjustment, etc).



## A network of assumptions

Critical to making sense of the different usages of 'neoliberalism' is the network of assumptions behind its use, including assumptions about: the sponsors of the neoliberal narratives; the instrumental purposes as opposed to the rhetorical claims of neoliberalism; the changing dynamics of global capitalism which called forth this 'restructuring'; and the institutional mediations of the neoliberal transformation at the national and international levels.

In this section I set out a 'default account' of the emergence of neoliberalism drawing largely on the political economy literature. Following this account I note how various departures from this account, including its network of assumptions, underly the different usages.

### A 'default' account of the neoliberal program

The term 'neoliberalism' (the 'new liberalism') is a direct reference to older debates about trade policy, essentially, trade liberalisation versus protection of domestic industry (particularly through tariffs and quotas).

In 1974 the UN adopted the [Declaration on the Establishment of a New International Economic Order](#). The NIEO proposed to authorise developing countries to control transnational corporations; and to put in place 'preferential and non-reciprocal treatment' of developing countries in international trade (authorising the use tariffs to protect infant industries) among a range of other provisions directed to facilitating economic development of developing countries.

The NIEO came at the end of the long boom following the Second World War and reflected the voting power of (decolonised) developing countries in the UN system and the high point of developing country confidence.

Six years later, as part of addressing the stagflation crisis of the late 1970s, the US Reserve Bank jacked up US interest rates to around 20% which had a flow on effect to the rest of the global economy. The increase in interest rates was intended to break the 'wage price spiral' by creating a recession and crushing the unions, in the UK and US in particular. However, the interest rate hike dealt a devastating blow to developing countries who had borrowed cheap oil money in the early 1970s and who now were forced to turn to the IMF for debt bail outs.

The structural adjustment policies imposed by the IMF reversed most of the policy settings associated with the NIEO. In particular, developing countries were obliged to remove import tariffs (killing off high value added domestic manufacturing) and devalue their currencies (to make their commodity exports cheaper) in addition to providing tax breaks for foreign investors and cutting social expenditures. The implementation of structural adjustment facilitated corporate access to raw materials of the developing countries and to the middle class consumer markets.

Over the next decade a complementary set of policies were applied to the domestic economies of the developed capitalist countries, including the privatisation of publicly owned services and utilities, the restriction of trade unions and the reshaping of the incidence of taxation (reducing the tax burden on corporations and the wealthy).

At the same time a major change to trade regulation was in train. The Uruguay Round of trade negotiations was launched in 1986 and concluded in 1994 with the launch of the World Trade Organisation and its package of new (and renewed) trade agreements. The aggregate effect of these agreements has been to entrench and drive the liberalisation of trade relations, although with important exceptions (the movement of labour and the increased protection of the monopoly privileges of intellectual property).

The neoliberal program has been driven by the IMF in relation to highly indebted countries, by the WTO agreements (and the legions of bilateral and plurilateral agreements), and by the national

capitalist class in terms of domestic policy formation. Where necessary the program has been reinforced by the military power of the US and its allies.

The outcomes of the neoliberal program include the familiar features of the contemporary global economy with huge transnational corporations sitting astride global value chains (facilitating labour arbitrage) and exercising the privileges of market dominance. Less obvious (but equally significant) has been the exponential growth of the 'financial sector', disconnected from production but yielding massive profits from asset speculation (see [Financialisation](#)).

The neoliberal program was a necessary response, on behalf of the transnational capitalist class, to the emerging crisis of overproduction from the late 1970s (see [Overproduction](#)). However, neoliberal policies do not address the fundamental global imbalance between increasing productive capacity and stagnant buying power. However, these policies do protect the transnational capitalist class (see [Class](#)) from the costs of this crisis. The costs of the crisis - and the costs of protecting the TCC from the crisis - are borne by the working classes and by the excluded and marginalised classes of both rich and poor countries and are being transferred to future generations through global warming and the degradation of the human environment.

### Variations on a theme

The above account provides reasonably clear guidance for the use of the term 'neoliberalism' based in political economy. The meaning assigned to the term in this account depend on the network of assumptions about sponsorship and beneficiaries, about instrumental purposes, and about the wider economic context. In this narrative it is primarily a political program albeit with ideological, distributive and institutional dimensions.

However, users of the term who do not follow the political economy narrative might imbue the term with different meanings, variously centred around an ideological movement or an institutional configuration.

## Implications for health care and population health

Neoliberalism as used in the default narrative above has powerful implications for population health, for health services, for social policy formation generally, for political practice, and for the institutions and conduct of public health.

### Implications for population health

Neoliberalism, as a policy program, promotes inequality within and between countries. Poverty and inequality lead to a heavier burden of disease.

Neoliberalism has reshaped the distribution and experience of paid work around the globe. Global value chains controlled by TNCs make space for populations to access highly pressured assembly work, dangerous mining, and precarious service industry jobs. The payment for such labour is a fraction of the value which is realised in the marketing of the final product. In the event of workers organising there is always a reserve army of unemployed elsewhere around the globe ready to be mobilised.

Cheap highly processed junk food supported by saturation marketing and precarious low wage retail provides opportunities for massive profits at the cost of degraded diets.

Emergency prevention, preparedness, and response is shaped by neoliberal policies, including those directed at protecting the interests of pharma. The Covid experience, in particular, around access to vaccines illustrates the priority the neoliberal regime assigns to corporate profit as opposed to effective and equitable emergency response.

## Implications for health services development

The development of health services has been powerfully shaped by the demands of the neoliberal regime.

The privatisation of publicly owned and operated services has been driven by the neoliberal need to create new markets for foreign and domestic capital. Likewise the drive to prevent or dismantle public funding of health care and replace it with competitive private health insurance. The World Bank and the Rockefeller Foundation have played key roles in driving privatisation and supporting the development of private health care and private health care financing.

The long struggle over affordable access to medicines has likewise confronted the monopoly status of pharma protected by extreme intellectual property rights. With the inclusion of the TRIPS Agreement under the newly founded WTO in 1995 the scene was set for a new round of bullying to force countries to adopt the new standards of intellectual property protection.

The benefits of comprehensive primary health care include bringing health care closer to where people live. However, for the neoliberal regime the threat of comprehensive PHC lies in its commitment to building partnerships with communities to engage with the social determination of population health, including through intersectoral action at all levels. Neoliberal policy advocates have repeatedly sought to dress their program with references to PHC but to ensure, not least through their advocacy for private service delivery, that the subversive potential of PHC is vitiated.

## Implications for policy formation

The ideological representation of the neoliberal project, including the narrative of 'unhindered markets' and 'there is no alternative' has continued to shape public policy globally and in many countries. Clearly this narrative has more power when it is cleansed of any accompanying analysis of the political economy of neoliberalism.

The ideological promotion of neoliberalism includes strategies such as the silver bullet (vaccination instead of decent housing and urban infrastructure), concessions to an appearance of decency (tiered pricing), charitable gestures (pharmaceutical donations for 'neglected tropical diseases'), and coaptations (pharma funding of medical associations, researchers, and 'patients' associations').

## Implications for political practice

Neoliberalism has important implications for political practice.

The vision of solidarity, convergence, and unity among the billions who are exploited, impoverished or marginalised under neoliberalism has motivated a powerful global movement for a more equitable and sustainable economic regime. However, embedded in the neoliberal regime are neoliberal protections which strategists of change need to negotiate.

The most obvious of these is the capture of national and subnational politicians through money power (both corruption and electoral donations) and the ideological campaigning of the corporate media (of which the Murdoch media is the most notorious).

Less evident are the implications of financialisation of the economy and the degree to which shareholding and exposure to financial derivatives extend into social institutions such as pension funds, sovereign wealth funds, insurance reserves, and municipal reserves as well as the private wealth funds. Shareholder capitalism and middle-class dependence on dividends and asset appreciation impact on the prospect for solidarity in the face of neoliberal degradations. However, it goes deeper. As a consequence of the penetration of corporate ownership throughout the body politic the neoliberal strategists in the financial media and in the financial behemoths are able to threaten politicians with economic disruption (slower growth, currency depreciation, business collapse, etc) if

they seek to discipline the corporates (be they pharma, the fossil fuel industry, the miners, or the tech giants).

Beyond these mechanisms is the rising threat of neofascism associated with the alienation of the dispossessed. It is not inevitable that the experience of dispossession and alienation should lead to solidarity, convergence and unity.

### Implications for the institutions of public health

Recognising the social determination of population health presents health practitioners and institutions with an ethical challenge regarding their scope of practice. There is a sense of professional security associated with acceptance of the prevailing norms of practice and the myth of professional neutrality. However, professionals are also members of their society with ethical obligations which stem from values of decency and respect beyond the obligations associated with a professional role.

The contradictions between institutional boundaries and a commitment to human rights (including the right to health) are regularly on display in the governing bodies of the World Health Organisation. A prominent example arises in the demands from some (particularly from the global South) for WHO to provide guidance regarding trade agreements where such agreements impact on affordable access to medicines. Regularly the US delegates will insist on WHO 'sticking to its knitting' and leaving trade issues to the WTO. Such contradictions present difficult diplomatic and ethical challenges for WHO personnel.

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## Introduction

Para 3 of the [1978 Alma-Ata Declaration on Primary Health Care](#) (WHO and UNICEF 1978) reads:

*III. Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace.*

The Alma-Ata Declaration is unique among global health policy documents in affirming the importance - for global health - of radical reform in global economic governance. However, in subsequent global health policies, the call for a [NIEO](#) has been ignored or buried in generalities, including ‘intersectoral action for health’ (World Health Organisation, Health and Welfare Canada, and Canadian Public Health Association 1986), ‘health in all policies’ (WHO and Government of South Australia 2010), ‘advocacy’, and ‘community empowerment’ (Global Conference on Primary Health Care 2018).

The caution of health officials regarding practical steps to address the economic determinants of health reflects the influence of neoliberal ideology as well as imperial intimidation. On the ground however, there are many health activists who are making the links between the global economic regime and people’s health, both conceptually and in practice. In a six nation study of [civil society engagement in the struggle for Health for All](#) (Bodini et al. 2018) a wide range of practical initiatives were documented including publications, training, new models of service delivery, movement building, policy advocacy, and networking. Many of these were directed in different ways to challenging the prevailing structures of global governance, reflecting in many cases how PHC practitioners and health activists were working with their communities on the structural barriers to better health.

Imperialism and neoliberal capitalism are deepening economic inequality globally as well as driving environmental degradation. Inequality and marginalisation are associated with a huge avoidable burden of disease as well as barriers to accessing decent health care. Too often the political and economic factors are obscured or denied, and the health system responses are restricted to gestures of amelioration and individualistic prevention.

When the economic and political factors responsible for particular health issues are recognised, the common response is campaign around those immediate factors: intellectual property rules (IPRs) in relation to medicines; investor state dispute settlement (ISDS) in relation to action on tobacco; campaigns against environmental destruction; protests against privatisation, marketisation, austerity, precarity; campaigns against big food (from both the consumer and agroecological perspectives); campaigns against structural adjustment; protests against imperial wars and covert interventions; protests against oppressive governments.

However, while activists focus on the political and economic factors directly responsible for specific health issues, the underlying commonalities, the potential synergies and the need for solidarity across different struggles can be neglected.

The NIEO provided an authoritative recognition of the systemic dimensions of the various disabilities facing the countries and peoples of the Global South. Its presence in the Alma-Ata Declaration signalled to politicians and health care professionals that the prospects for better health in the Global South were inextricably tied to reform of the international economic order.

The story of the [NIEO](#) is relevant to contemporary health activism, partly as a source of inspiration but also because of the lessons for strategy that can be drawn from this history. The need for a new international economic order today is every bit as urgent as it was in 1974 although contemporary policy goals and strategies for change will be somewhat different (in part because of lessons learned from the 1974 NIEO).

The purpose of this chapter is to redirect attention to para 3 of the Alma-Ata Declaration and the need for health activists to have regard to the links between the international economic order and the burden of disease and to approach their immediate and local challenges in ways which also contribute to driving change at the wider scale and longer term. The chapter reviews the emergence of the NIEO and its associations with the Group of 77 and China ([G77](#)) and the Non-Aligned Movement; recalls the forces mobilised to suffocate the movement for a NIEO; highlights contemporary movements toward a new NIEO; and considers some possible lessons for strategy from the 'old' NIEO. The chapter concludes with reflections on how this agenda might articulate with the struggle for health, in particular, through the implementation of comprehensive primary health care.

## What was the NIEO?

The [NIEO](#), adopted by the Sixth Special Session of the UN General Assembly in April/May 1974 (UNGA 1974c), crystallised the grievances and demands of the Global South regarding the unequal and unfair exchange relationships embedded in the way the global economy operated in the preceding decades and the asymmetric power relations between the countries of the North and South in regulating the global economy. The adoption of the NIEO remains an inspiring reminder of the potential power of a unified Global South and provides important lessons about how to negotiate such collaboration.

The NIEO did not focus on the determination of health or access to health care. Rather, it focused on the opportunities for and barriers to economic development, including decent jobs and public revenues sufficient for infrastructure and services. As the Alma-Ata Declaration pointed out: *“Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all”*.

The central economic concern behind the NIEO in 1974 was the continuing decline in the terms of trade experienced by developing countries and balance of payments crises as a consequence of this. The NIEO called for a:

*Just and equitable relationship between the prices of raw materials, primary commodities, manufactured and semi-manufactured goods exported by developing countries and the prices of raw materials, primary commodities, manufactures, capital goods and equipment imported by them with the aim of bringing about sustained improvement in their unsatisfactory terms of trade and the expansion of the world economy...*

‘Terms of trade’ refers to the relationship between the prices being received for exports as compared with the prices being charged for imports. Exporters of manufactured goods from the North had much stronger pricing power (associated with scale, proprietary technologies and monopoly status) than exporters of basic commodities or low level manufactured goods. With



declining terms of trade, the volume of commodities exported had to continue to increase to buy the same volume of manufactured goods. Developing country exporters were much more likely to be price takers, subject to the demands of trading monopolies.

The declining terms of trade was a continuing pressure on balance of payments with flow on implications for debt servicing capacity, exchange rates, and access to foreign currency for capital purchases. The NIEO was closely focused on regulating commodity trade (including provision for UN stock piling to reduce volatility of prices and supply).

Balance of payments remains a key vulnerability for developing countries, including on account of declining terms of trade in relation to commodities. However, the pressure on developing countries to remove controls on capital flows has added new threats including speculative attacks on the domestic currency and global interest rate hikes. Developing countries are increasingly obliged to 'insure' their currency against speculative attack by buying US dollars and US bonds to defend their currency as needed. This is effectively lending money to the US, supporting the value of the US dollar and subsidising US consumers by keeping the prices of imports into the US artificially low. This is not the best use of foreign earnings.

The [UNGA resolutions](#) which defined the NIEO - Resolution 3201 (S-VI) and Resolution 3202 (S-VI) - called for:

- Preferential and non-reciprocal treatment for developing countries, wherever feasible, in all fields of international economic co-operation whenever possible [Special and Differential Treatment or SDT],
- Financial transfers, and
- Transfer of technology.

The NIEO resolution called for "Full and effective participation on the basis of equality of all countries in the solving of world economic problems in the common interest of all countries ..." [4(c)]. This remains a key issue, exemplified by the continuing pressures from the Global North to manage global economic governance in the G7 or G20, outside the UN system (where developing countries vote).

The NIEO resolution affirmed the state's *"right to nationalization or transfer of ownership to its nationals, this right being an expression of the full permanent sovereignty of the State. No State may be subjected to economic, political or any other type of coercion to prevent the free and full exercise of this inalienable right ..."* [4(e)]. The inclusion of investor protection provisions in the cloud of bilateral investment treaties concluded since 1974 is a direct response by the corporate sector and their political allies to this challenge. However, the rejection of the OECD-proposed 'multilateral agreement on investment' in 1998 illustrates the power of the combined resistance from the states of the Global South and from civil society globally.

The NIEO resolution called for the *"Regulation and supervision of the activities of transnational corporations by taking measures in the interest of the national economies of the countries where such transnational corporations operate on the basis of the full sovereignty of those countries..."* [4(g)]. The need for regulation of TNCs is no less urgent 50 years later, perhaps more so.

The NIEO resolution called for *"Preferential and non-reciprocal treatment for developing countries, wherever feasible, in all fields of international economic co-operation whenever possible ..."* [4(n)]. Special and differential treatment (SDT) remains a critical demand of developing countries in trade negotiations. It is of relevance to the refusal of the rich world to reform the Agreement on Agriculture; to the continuing negotiations over trade in services and to the provision of financial support for climate mitigation and adaptation and compensation for loss and damage arising from climate change.

The NIEO resolution called for *"Giving to the developing countries access to the achievements of modern science and technology and promoting the transfer of technology and the creation of*



*indigenous technology for the benefit of the developing countries in forms and in accordance with procedures which are suited to their economies...*" [4(p)]. The urgency of this demand has increased manifold with the adoption in 1994 of the TRIPS Agreement and the inclusion of TRIPS plus measures in many preferential trade agreements since then. Green technology transfer for climate change mitigation and adaptation is of existential importance for humanity. The refusal of pharma to countenance WHO's Covid Technology Access Pool (C-TAP) proposal and its rejection of the proposed TRIPS Waiver both illustrate the ongoing importance of this issue in the health sector.

The NIEO resolution called for the *"Extension of active assistance to developing countries by the whole international community..."* [4(k)]. The need for financial transfers to support development (as well as climate change mitigation and adaptation) remains a critical need although the prospects of the core capitalist countries agreeing to such transfers, in the magnitude required, are bleak.

The NIEO resolution called for *"Ensuring that one of the main aims of the reformed international monetary system shall be the promotion of the development of the developing countries and the adequate flow of real resources to them..."* [4(l)]. This call remains current. The US economy continues to benefit from the privileges associated with the role of the US dollar as the principal currency of international exchange. The pressures on developing countries to buy US Treasury bonds to insure against speculative currency attacks has been mentioned above. The privileges of US dollar hegemony also include its ability to impose unilateral sanctions on other countries through its power over international banking. The use of 'special drawing rights' (SDRs) to replace the US dollar as the currency of global exchange remains on the agenda for a contemporary NIEO.

There are some contemporary issues in North South relations which were not foreseen in the 1974 resolution.

The global reach of TNCs was recognised in 1974 but not the structural transformation of the global economy into 'global value chains' (GVCs) controlled in each case by a small number of transnational corporations. This has created new possibilities for the transfer of surplus value from the South to the North (South Centre 2013). Smith (2016) elaborates on the role of 'labour arbitrage' enabled by such control and its role in the continuing expropriation of value from developing countries, their governments and their workers. This transformation is a consequence of the liberalisation of trade and investment and the power of private capital to extort favourable tax treatment and weak regulation in the international competition for foreign investment.

The resolution did not foresee the economic transformation associated with the [financialisation](#) of the global economy including the role of private finance in supporting (or throttling) economic development and the power of 'market sentiment' through its influence on share prices, exchange rates, interest rates and capital flows. The debates over capital controls versus liberalisation remained in the future in 1974 but the need to control capital flows (at both ends) is clearly on today's agenda.

Another key development since 1974, which reflects both financialisation and the power of TNCs through their control of global value chains, is the declining share of labour compensation in economic activity generally and the associated deepening of inequality in both the North and South. It is interesting that there is no reference in the 1974 NIEO to international corporate tax reform. This would certainly be a key feature of a contemporary NIEO.

The outstanding omission from the 1974 NIEO was global warming and the challenges associated with mitigation and adaptation. In both respects there is a pressing need for North South finance and technology flows.

### [The political economy of unequal exchange](#)

There are important continuities but also ruptures between the theoretical narrative which informed the original NIEO and that which might inform a contemporary NIEO.

Rostow's 'Stages of economic development' (Rostow 1960) underpinned development orthodoxy in the North for many decades. Rostow considered the economic development of one country as a standard process which all countries would need to go through regardless of their location in international trade and finance flows and regardless of their place in the sequence of industrialisation. The Rostovian sequence would include mechanisation of agriculture which would release labour and provide food for industrial workers supporting early industrialisation which would generate capital for investment in heavy industry. This linear theory of 'take off' had superficial plausibility. However, it was only in relatively insulated economies (such as the early Soviet Union, Japan, Taiwan and South Korea under US protection in the 1960s and China in the 1980s and 1990s) that it contributed usefully to policy. In the increasingly integrated global economy of the 1970s it was evident to economists, politicians and ordinary people in the Global South that unequal exchange associated with asymmetrical power relations in a closed global economy had rendered Rostow's model largely irrelevant.

In contrast, dependency theory (Frank 2019 [1986]; Hettne 1995; Blomstrom and Hettne 1984), influential in the genesis of the NIEO, emphasised the dynamics prevailing in an integrated global economy. Dependency theory argued that the ongoing stream of South to North value transfer was inevitable in the kind of asymmetric trade between developing and developed economies. Since underdevelopment resulted from close ties with the capitalist metropolis, Frank reasoned that, in order for development to occur, those ties should be loosened, replaced by South South trade

While the NIEO did not argue for restraints on North South trade, it did emphasise the need to develop South South trade and economic cooperation. This emphasis on developing South South trade and finance was strongly promoted by Amin (1985) and remains prominent in UNCTAD's South-led Scenario (UNCTAD 2022).

By the late 1970s establishment economists in the Global North were calling for the liberalisation of finance as well as trade as a condition for continued economic growth in the Global North (and the promise of development in the Global South). By the early 1990s economic liberalism had morphed into neoliberalism, the difference being its intensified rejection of any government intervention in the economy except to nourish the industrial and financial corporations and imperial power. The promises of this free market ideology were used to justify the brutality of structural adjustment in the 1980s, and also found some purchase in conservative politics in the Global South.

Smith (2016) used the T-shirt, the cup of coffee, and the iPhone to explore the political economy of unequal exchange. He demonstrated how these products generate enormous outflows of value from the countries of the Global South to transnational corporations headquartered in the core capitalist nations of the Global North. Smith argued that the core capitalist countries need no longer rely on military force and colonialism but are able to extract profits from workers in the Global South through market mechanisms and, by aggressively favouring places with lower wages (and laxer regulatory standards).

In the present period the insights of dependency theory have been integrated into a more complex narrative regarding the global economy and the barriers to development. Some of the key elements of this narrative include:

- A recognition of the crisis of [over-production](#) and its complement, the [financialisation](#) of the economy (qv);
- A recognition of the impact on employment (jobs, wages, conditions, security) of increasing productivity (technology enabled) and the increasingly tight management of global trade through TNC-controlled GVCs;
- A focus on access to finance to support development while controlling the drivers of unsustainable debt;
- An insistence on locating the challenges of development and climate finance in the context of [neoliberal](#) capitalism and waning US [imperialism](#).

## Where did it come from? From NAM to G77 to UNCTAD and the NIEO

The story of the NIEO remains relevant today. It provides entrée into the policy debates regarding global economic governance and the underpinning theories and perspectives regarding global political economy. The policy concerns which drove the NIEO remain relevant although the dynamics of unequal exchange and the modalities of power have evolved. The story also provides insights into the geopolitics of South South policy collaboration.

The focus of this section is on the emergence of two important leadership institutions – the Non-Aligned Movement (NAM) and the Group of 77 (G77) – and two key victories which they achieved – the creation of UNCTAD and the Declaration of the NIEO. (Except where otherwise indicated, the following account draws from those of Alden and colleagues (2010b) and Toye (2014)).

### Bandung 1955

The Asia Africa Conference, held in the Indonesian city of Bandung in 1955, is a convenient place to pick up the story. The Conference was convened by Burma, Ceylon, India, Indonesia, and Pakistan and attended by Afghanistan, Cambodia, China (People's Republic), Egypt, Ethiopia, Gold Coast, Iran, Iraq, Japan, Jordan, Laos, Lebanon, Liberia, Libya, Nepal, the Philippines, Saudi Arabia, Sudan, Syria, Thailand, Turkey, two Vietnams and Yemen. Indonesia's President Soekarno played a key role in convening the Conference.

Bandung's final communiqué set out four general purposes of the conference:

1. to promote goodwill and cooperation among the nations of Asia and Africa;
2. to consider the social, economic, and cultural problems of the countries represented;
3. to consider problems of special interest to Asian and African peoples, for example, those affecting national sovereignty and also problems stemming from racialism and colonialism;
4. to assess the position of Asia and Africa and their peoples in the world and the contribution they could make to the promotion of world peace and cooperation.

The communiqué referred to the urgency of promoting economic development in the Asian-African region and the need of that region for foreign capital investment, and for the stabilising of commodity trade.

The conference endorsed five principles for South South collaboration:

1. mutual respect for each other's territorial integrity and sovereignty,
2. mutual non-aggression,
3. mutual non-interference in each other's internal affairs,
4. equality and mutual benefit, and
5. peaceful coexistence.

### First Non-Aligned Movement (NAM) Summit in Belgrade in September 1961

South South networks deepened as more decolonised countries joined the UN. Regional cooperation also developed (eg the formation of the Africa Group in the UN in 1958) and inter-regional links developed (Asia African and Asia Arab links).

The first summit of the NAM took place in Belgrade in September 1961. Yugoslavia had not been present at Bandung, but Yugoslav's President Tito had come to play a prominent role in promoting the concept of non-alignment and in the convening of the Summit. The Summit was focused more on geopolitics (the Cold War, the Berlin Wall, China's admission to the UN, and Palestine) than the economics of development. The 25 participants included only one country from Latin America (Cuba) but there were three observers (Brazil, Ecuador and Bolivia).

## The Cairo Conference on the Problems of Developing Countries

Ten months later (July 1962) the non-aligned countries met again, to consider the problems of developing countries, including economic development. Thirty six countries attended including eight from Latin America (four as formal participants: Bolivia, Brazil, Cuba, and Mexico, and four as observers: Chile, Ecuador, Uruguay and Venezuela).

Among those present was Raúl Prebisch, the executive secretary of the UN Economic Commission for Latin America. Through his participation, Prebisch was inspired by the prospect of deeper cooperation between Third World countries across three continents. (He would later become the first Secretary General of UNCTAD).

Prebisch and the Latin American countries brought with them analyses and policies which had been under discussion in Latin America for some years. These included the protection of infant industries at home while endeavouring to negotiate better terms of trade with the leading industrialised countries at the international level.

The Cairo Declaration called for an international conference within the framework of the UN on 'all vital questions relating to international trade, primary commodity trade and economic relations between developing and developed countries'.

## UNGA (Dec 1962) agrees to hold a conference on trade and development (and the G77 consolidates)

The need for a conference on trade and development had previously been raised by Argentina in the UN's Economic and Social Council (EcoSoc) in 1961 and was considered in the General Assembly in December 1962.

The developing countries who voted for the proposed conference subsequently issued the 'Joint Declaration of the Seventy Seven Developing Countries' formalising the G77 as an organised grouping within the UN. (The Joint Declaration of the G77 was later endorsed at the Second Non-Aligned Summit, in Cairo, in October 1964.)

The proposed UN conference was initially authorised as a one-off meeting and scheduled for March June 1964. During the first meeting of the Preparatory Committee (early 1963) Prebisch was appointed Secretary General of the Conference.

Later in 1963 Tito visited Brazil, Bolivia, Chile and Mexico. This visit may have been directed to gaining support for Tito's focus on non-alignment versus that of Soekarno on anti-imperialism. Tito was concerned to encourage peaceful coexistence, and cooperation through the UN whereas Soekarno envisaged a more militant Afro Asian movement organised outside the UN and directed to confronting colonialism and imperialism.

## UNCTAD I, March to June 1964, Geneva

The Conference lasted 11 weeks and worked through five committees which addressed: international commodity problems, trade in manufactures and semi-manufactures, improvement of the invisible trade of developing countries and financing for expansion of international trade, institutional arrangements, and expansion of international trade and its significance for economic development and implications of regional economic grouping.

The Final Act of the Conference (UNCTAD 1964) includes an extensive set of 'findings' regarding the experience of and prospects for development and a set of principles (many of which would later feature in the NIEO).

The G77 issued a ten-paragraph [Joint Declaration](#) at the end of the conference (G77 1964), recalling its Joint Declaration at the General Assembly in 1962, and noting that the Conference had been 'a significant step towards creating a new and just economic order'.

However, in para 4 of its new Joint Declaration the G77 expressed some disappointments.

*The developing countries declare, however, that they consider the final recommendations of the Conference as only an initial step towards an international endorsement of a new trade policy for development. They do not consider that the progress that has been registered in each of the major fields of economic development has been adequate or commensurate with their essential requirements. There has not, for instance, been an adequate appreciation of the problem of the "trade gap" of developing countries. Only the most limited approaches were made regarding trade in primary commodities, and of preferences for exports of manufactures. Similarly, only preliminary steps were possible relating to schemes for compensatory financing to meet long-term deterioration in the terms of trade. The developing countries have, nevertheless, accepted the results of this Conference in the hope that these results would lay the foundation for more substantial progress in the period ahead. They have also accepted these resolutions in recognition of the need for a co-operative effort in the international field. To this end they have chosen to arrive at the widest measure of agreements possible, rather than to register their aspirations by majority decisions.*

One of the issues around which there was significant debate was the proposal for the creation of a new international trade organisation. This had been considered but rejected at Bretton Woods in 1944 and was again not supported. The fallback position was a plan for periodic UNCTAD conferences, with a standing committee and an independent secretariat, in effect constituting a continuing organisation. A recommendation along these latter lines was adopted at the end of the Conference. In para 6 of its Joint Declaration the G77 stressed the need for continuing institutional development, beyond UNCTAD, leading to the ultimate emergence of a comprehensive international trade organization.

### [Second Non-Aligned Summit, Cairo, October 1964](#)

The second NAM summit was held in Cairo in October 1964, following UNCTAD I but before the UNGA meeting where a continuing UNCTAD would be formalised.

Again, there was some tension regarding the balance between non-alignment as a geopolitical value versus the struggle of the Global South for economic development and political sovereignty, but the summit endorsed both. The Summit participants supported the Joint Declaration of the G77 following UNCTAD I and called upon members of the Group to consult during the next General Assembly in order to consolidate their efforts and harmonise their policies.

### [UNGA \(December 1964\) establishes UNCTAD as an ongoing organ of the General Assembly](#)

The status of UNCTAD remained contested at the General Assembly, in particular, whether it should be a creature of EcoSoc, where the Northern countries exercised more power or, as was finally approved in GA Resolution 1995(XIX), should report directly to the Secretary General as an organ of the General Assembly.

### [G77 consolidates: First ministerial meeting of G77, October 1967, Algiers](#)

The G77 as an institution was forged in the negotiations around its joint declarations at the UNGA meeting in Dec 1962 when the first UNCTAD conference was authorised and in 1964 at the first conference. The Group held its first ministerial meeting in October 1967 in Algiers where the main agenda item concerned preparation for the forthcoming UNCTAD II, scheduled for February 1968. The ministers articulated its negotiating position for UNCTAD II as the Charter of Algiers that

proposed a short agenda of commodity agreements, supplementary financing, and trade preferences for manufactured products.

### UNCTAD II, Feb Mar 1968, New Delhi

At New Delhi the developed countries refused further progress on commodities and supplementary financing, but in the committee on manufactures they agreed to the principle of a general system of non-reciprocal trade preferences (which became the General System of Preferences or GSP). Controversy remained over the products that would be eligible, safeguards for domestic manufacturers, and the point of graduation from eligibility.

Toye reports some conflict in the discussions in New Delhi, arising from the different circumstances of the different groupings. The African regional grouping thought that the GSP was really a Latin American issue, while the Latin American countries resented the Africa group's attempt to retain the trade preferences that they already had with Europe. A special committee was approved to continue work on the GSP once UNCTAD II was over.

### Three streams of negotiation lead to the NIEO, endorsed at UNGA in April/May 1974

While the broader political agenda of the South, vis a vis the East and the West, was promoted through the NAM, the economic agenda was driven primarily by the G77 and the newly created UNCTAD.

The G77 ministers met again in Lima, Peru in October/November 1971 to discuss positions for UNCTAD III (held in Santiago, Chile, April/May 1972). However, UNCTAD III followed immediately on the devaluation of the dollar and the expansion of the EEC and Western states were more concerned to negotiate their own international and monetary relations than to make concessions to the G77.

The Fourth Non-Aligned Summit was held in Algiers in September 1973. Seventy-five countries took part: these now made up half the member states of the international community and the meeting concluded with a call for a New International Economic Order (NIEO).

In January 1974 President Boumedienne, of Algeria, proposed a sixth special session of the UN General Assembly on raw materials and development. This proposal followed the raising of oil prices by OPEC following the Arab Israeli war in October 1973. At the Sixth Special Session of the UNGA the Declaration of a NIEO and the Program of Action (UNGA 1974c) were adopted by the General Assembly.

Four years later the WHO/UNICEF Conference on Primary Health Care affirmed in its Declaration the basic importance for Health for All of economic and social development, based on a New International Economic Order.

### What happened to it? NIEO refused

The promise of the NIEO was drained first, by the debt crisis and structural adjustment, second by the Uruguay Round which led to the launch of the WTO in 1994, and third by the rise of neoliberalism.

### Stagflation, the debt crisis and structural adjustment

Two developments in the world economy provide the keys to understanding the defeat of the G77 and NAM over the NIEO. These were stagflation in the industrialised world, and the debt crisis in the developing world.

Stagflation, the combination of stagnation and inflation, was a persisting and growing challenge in the advanced economies of the 1970s. A structural decline in aggregate demand in the Global North is the most plausible explanation for the slowing growth rates. The high growth rates in the two



decades after the Second World War reflected pent up demand from the war years plus rapid growth in productivity associated with new technologies. However, by the mid-1970s (just as the demand for a NIEO was being articulated) aggregate demand and investment were slowing. Those who could afford to buy had enough and those with pressing needs could not afford to buy.

The cause of the inflation is less clear. Establishment commentary at the time attributed it to a 'wage price spiral' with union demands for wage increases (to compensate for price increases) leading to further price increases (and further wage pressure). However, it is likely that the flood of US dollars into the global economy to meet the costs of the Vietnam War played a major part. In 1971 President Nixon was forced to abandon the fixed gold price commitment as Europe was progressively exchanging dollars for gold and US gold stocks were seen to be under pressure. The price of the dollar in terms of gold commenced a long term decline from that time.

In 1979 Prime Minister Thatcher declared a policy of 'fighting inflation first' which was code for breaking the wage price spiral by creating a deeper recession and thereby breaking the unions. In 1980 the US Federal Reserve under Paul Volker commenced a program of aggressive interest rate increases with the same purpose.

In 1973 and again in 1978 OPEC, the Organisation of Petroleum Exporting Countries, raised the price of oil. These price rises were partly a political gesture in the context of the Arab Israeli War of October 1973, but they were also a response to rising inflation globally.

The price rises of 1973 generated increased revenues to the oil exporting countries most of whom did not have corresponding investment opportunities and so the surplus was deposited in the international banking system. The banks were keen to on-lend and in the years from 1974-9 the bankers scoured the world to sell loans to governments and businesses in both the North and South. However, in the context of excess cash they were obliged to accept very low interest rates and in the presence of rising inflation the real interest rates were commonly negative, that is, they were paying borrowers to borrow. The debt trap was set.

With the progressive increases in US interest rates from 1979, to a peak of 20% in 1981, the debt trap was sprung. The interest burden associated with government borrowings (and government guarantees of corporate borrowings) increased rapidly and as earlier loan contracts expired, more developing countries found they were not able to refinance through private sources and were forced to turn to the IMF as the lender of last resort to restructure their debts.

IMF bail outs were associated with sharp conditionalities ('structural adjustment') which were directed solely to generating international currencies (especially US dollars) in order to pay down debts. These conditions therefore included cutting public expenditure on social programs (health, education, food, housing, urban infrastructure), depreciating currencies to make exports cheaper, and reducing tariffs to enable cheaper imports, in particular capital goods for export industries (but thereby removing the protection of infant industries).

Virtually all the policy directions of the NIEO were reversed. It is plausible that Thatcher and Reagan intended the interest rate hikes of 1980/81 to discipline the developing countries as well as the unions. In the context of a high level of Third World debt, it certainly had that effect. The strategists of the Global North had been challenged by the demands of the Global South which were packaged in the NIEO and would have been aware of the extent of Southern exposure to debt which would be unsustainable in the context of high interest rates.

### The Uruguay Round and the creation of the WTO

The 'Uruguay Round' refers to the string of negotiations over an eight year period from 1986 directed to the establishment of the World Trade Organisation and the finalisation of the suite of trade agreements which the WTO was to oversee. The Uruguay Round was undertaken under the aegis of the General Agreement on Tariffs and Trade (GATT) which had been initiated in the context

of the Bretton Woods summit of 1944. Accordingly, the members of the GATT (largely the trading nations of the North) were in a strong position to determine the direction of the negotiations when they were launched in 1986.

In many ways the Northern agenda under the Uruguay Round was a direct response to the threats implicit in the NIEO. The NIEO demanded technology transfer, but the TRIPS Agreement extended the reach and duration of intellectual property protection and instituted new disciplines over non-compliance. The NIEO demanded special and differential treatment (SDT) for developing countries, but the WTO agreements included only token SDT provisions and the Northern negotiators resisted extending such provisions to Agriculture and Services. The NIEO envisaged a system of reserves or stockpiles of various commodities which would help to stabilise commodity prices and where necessary could restrict supply to support prices. Such provisions were resisted by the Global North which argued that hedging via the futures markets would be sufficient to manage volatility (but which actually facilitates price manipulation by corporate traders).

The Northern agenda under Uruguay included investor protection provisions (to counter the claim under the NIEO that sovereign states have the right to nationalise foreign owned assets) but it was not able to overcome the resistance to these provisions under the Uruguay negotiations. The OECD then sought to create a new 'multinational agreement on investment' in 1998 which was again resisted by opposition from the developing countries and civil society globally. Meanwhile Northern countries were negotiating a blizzard of bilateral investment treaties most of which contained investor state dispute settlement disciplines.

## Neoliberalism

[Neoliberalism](#) is a strategy, a policy framework and a promise. It is a strategy to protect the interests of the transnational capitalist class in the face of the macroeconomic crisis of [over-production](#) and the environmental crisis of global warming. Neoliberalism is also a policy framework which includes policy guidance for domestic and global economic management. Policies for the domestic economy include low tax and austerity, flat tax and reduced corporate tax, and marketising and privatising public services and infrastructure. Policies for the global economy include free trade in goods and services, free movement of private capital, strong protection of intellectual property, and brutal control of the movement of people. Neoliberalism is also a promise (hollow and self-serving but nonetheless a promise) to the people of the world that markets can deliver human services, urban infrastructures, economic development and ecological sustainability; that best outcomes will be yielded if the role of government reduced to simply supporting private enterprise, free trade and the military.

Neoliberalism has contributed to widening inequality (and the preventable disease burden associated) and to uncontrolled environmental degradation. However, by the early 2000s the shine had come off the policy framework and the promises were wearing thin. The need for a new NIEO was becoming clear.

## 'Market sentiment'

It is worth highlighting the interplay between 'market sentiment' and financial liberalisation in disciplining the developing economies of the Global South.

Market sentiment refers to the currents of fear and greed which swirl among 'investors'; in particular the institutional and individual owners of shares and bonds. These currents are notoriously sensitive to rumor and to the speculations of financial journalists and can lead to waves of cross border capital movement, sometimes with potentially disastrous impacts on exchange rates, global ratings, debt servicing costs and balance of payments.



The liberalisation of financial markets (with ongoing pressures on countries to dismantle controls on capital flows) has greatly increased the power of 'market sentiment' to discipline developing countries who might seek to implement NIEO policies, such as the protection of infant industries or the regulation of transnational corporations.

With the financialisation of the global economy and the privatisation / marketisation of health, education, housing, infrastructure, etc, the amount of money controlled by pension funds, sovereign wealth funds, municipal funds, insurance companies, hedge funds, and other managed funds has increased greatly, all with fund managers watching the tea leaves closely and adjusting their portfolios accordingly.

The significance of 'market sentiment' as a modality of control lies in its dispersed and unaccountable character. However, there are policy strategies which could ameliorate its impact, including a tax on international financial transactions, the return of national level capital controls, and the return to public administration of pensions, health and education funding, and infrastructure development and utility provision.

### Imperial power

The most obvious manifestation of imperial power is the threat (or reality) of regime change, ranging from covert operations (Indonesia, Iran, Cuba, Guatemala, Haiti, Congo, Chile, El Salvador, Nicaragua, Venezuela, etc) to direct invasion (Philippines, Mexico, Vietnam, Iraq, Afghanistan, etc).

The political behaviours which elicited imperial discipline in all of the above cases involved threats to the freedom of US capital to invest and access resources (including labour). While the instances cited both precede and follow the adoption of the NIEO, many of the political behaviours being disciplined corresponded to demands enshrined in the NIEO, in particular, the right to nationalise foreign companies.

There are limits to imperial power, as was shown most dramatically in Vietnam, but the cost of resistance can be terrible. More common but less obvious are 'unilateral coercive economic measures', that is economic sanctions which are not authorised by the United Nations (Hofer 2017).

Hofer comments that unilateral coercive measures are condemned by the UN General Assembly on a yearly basis for being contrary to international law and for having negative effects on human rights and the economy of developing States. The voting on these annual resolutions reflects a sharp divide between developed and developing States on the legitimacy of unilateral sanctions and clearly breach the principles of non-interference adopted by the G77 and enshrined in the NIEO.

One of the most egregious of such measures is the US use of Special Section 301 of the US Trade Act to shape the design and implementation of national patent laws (Correa 2020). Correa argues that the application of Special Section 301 undermines the rule of law as a fundamental principle of a multilateral system based on the sovereign equality of states and the respect for international law. Interference with foreign countries' national intellectual property policies negates their right to independently determine the level and modalities of intellectual property protection within the framework and policy space allowed by the international law. Access to technology is one of the core demands of the NIEO.

Less well known is the power of the US to financially isolate countries, organisations and individuals through its power over the international banking system. This arises from the central role of the US dollar in international banking. Banks which are seen to have mediated financial dealings with sanctioned entities can be disabled if denied access to the New York money markets.

## Neoliberalism, corruption, oppression, and neofascism in the Global South

Among the factors mitigating against the achievement of the goals of the NIEO are the failures of governance in the Global South, commonly involving military coups, as well as corruption, oppression and in some settings, neofascism. Commonly such failures of governance enjoy the support of powerful forces from the Global North ranging from corporate engagement in corruption to covert military assistance from the imperium.

The emergence of neofascism in the Global South warrants special consideration. The deeper and longer people are marginalized and live without hope the more vulnerable they are to demagoguery, sorcery, communalism and scapegoating. Soeharto in Indonesia, Pinochet in Chile, Modi in India and the Taliban's misogyny all illustrate the power of demonising 'the other' while obscuring the realities of power.

### A 'new NIEO'?

Notwithstanding these challenges it is clear that a new NIEO is urgently needed to provide an integrated program of global economic reform around which progressive governments and civil society globally can organise. Campaigns around specific reforms must continue, including around IPRs in relation to medicines, ISDS in relation to tobacco or environmental degradation, and the regulation of TNCs generally. However an integrated program of interlocking reforms would contribute to policy coherence and political coordination.

The need for a new New International Economic Order is widely recognised. In the following section three initiatives towards this end are described.

### G77: Declaration of Santa Cruz June 2014

The [Declaration of Santa Cruz: For a New World Order for Living Well](#) was adopted by the G77 and China, meeting in Santa Cruz de la Sierra in Bolivia, in June 2014 on the 50<sup>th</sup> anniversary of the formation of the G77.

After (i), a review of the Overall context, the Declaration proceeds to consider: (ii) Development in a national context; (iii) South South Cooperation; (iv) Global challenges; and finally (v) Particular needs of developing countries in special situations.

In its consideration of the National context, the Declaration recognises the need to improve the practice of democracy; affirms national sovereignty over natural resources; commits to reducing inequality and eradicating poverty; affirms the need for sustained and inclusive economic growth including the creation of employment; highlights the need to provide basic services, including access to public health and medicines; commits to prioritising agricultural development and food security, including demanding reform of Northern subsidies and other market distortions, while also supporting sustainable family farming; affirming the need for industrial development, including through technology transfer; and commits to the inclusion of women and indigenous peoples in development.

In its third section the Declaration recalls previous commitments to strengthening South South Cooperation and calls for South South trade preferences; economic integration and regional cooperation; greater commitment to technology transfer; and further support from the UN for South South cooperation.

In the fourth section the Declaration calls for greater solidarity from the Global North, with a scaled up partnership for development, including fulfilling existing commitments for official development assistance; long term solutions for credit for development without the structural disruption associated with debt crises; reform of the global financial architecture, addressing financialisation, speculative damage, and the governance of the Bretton Woods institutions; reform of the global

credit rating system; reform of global economic governance, including strengthening and reorienting the UN system; technology transfer and innovation for development; reform of global trade relations; migration; and action on climate change, biodiversity, forests, land degradation, oceans and seas; internet governance.

[The address by President Evo Morales](#) at the opening of the G77 Special Summit, “Towards a new world order for living well: for a global brotherhood among the peoples”, canvassed many of these same issues but with strong rhetorical tone. He spoke about the continuing dynamic of colonialism,

*“A tiny elite of countries and multinational corporations control, in an authoritarian fashion, the destinies of the world, its economies and its natural resources. The economic and social inequality among regions, among countries, among social classes and among individuals has grown abusively. About 0.1% of the world’s population owns 20% of the asset base of mankind. In 1920, a US business manager made 20 fold the wage of a worker; at present, the difference is 331 fold. This unfair manner of concentrating wealth and this predatory way of destroying nature are also giving rise to a structural crisis that is becoming unsustainable over time.”*

He outlines nine tasks which must be accomplished in moving to a live-well society:

1. We must move from sustainable development to comprehensive development so that we can live well and in harmony and balance with mother earth.
2. Sovereignty exercised over natural resources and strategic areas.
3. Wellbeing for everyone and the provision of basic services as a human right.
4. Emancipation from the existing international financial system and construction of a new financial architecture.
5. Build a major economic, scientific, technological and cultural partnership among the members of G-77 plus China.
6. Eradicate hunger from around the world.
7. Strengthen the sovereignty of the states, free from foreign interference, intervention and/or espionage.
8. Democratic renewal of our states.
9. A new world rising from the South for the whole of humankind.

### UNCTAD’s South-led scenario

UNCTAD’s ‘South-led scenario’ (2022) could also be a candidate for a new NIEO, or at least a first draft.

In its [2022 Trade and Development Report](#) UNCTAD highlights the risks facing developing countries associated with the costs of food, fuel, and credit compounded by the interest rate hike being implemented to address inflation as well as deeper structural changes including financialisation, market concentration and the weakening of labour’s bargaining power.

UNCTAD identifies 46 countries in default or at risk of debt default associated with these conditions. Many of these countries are facing deep currency depreciations and balance of payments distress (Fig 2.3, p47). It concludes (p28):

*The world is facing a systemic crisis and only systemic action can solve it. Focusing solely on a monetary policy approach – without addressing supply-side issues in trade, energy and food markets – to the cost-of-living crisis may indeed exacerbate it. Under current supply-chain challenges and rising uncertainty, where monetary policy alone cannot safely lower inflation, pragmatism will need to replace ideological conformity in guiding the next policy moves.*

*The challenge is complicated by the legacy of forty years of predominantly neoliberal economic policies in the main economies of the world that have left state capacity and international coordination in poor condition.*

UNCTAD sketches a scenario for economic reform (p91) which is characterised by four features:

**The first feature** is a set of policies, designed to adapt in the short to medium term, to first, the realities of extreme IP protection preventing access to advanced technologies; and secondly to the lack of access to international reserve currencies to pay for imports of capital equipment. The scenario envisages the countries of the Global South moving progressively away from technology-intensive employment and de-informalizing large sections of the labour force, consistent with the development of social, education, health and caring services. It would require a proactive government with a clear developmental agenda which would also contribute to alleviate inequalities of income.

**The second feature** involves South South cooperation in finance and technology to sustain the path of trade integration and industrialization, repairing the 'broken link' between credit and development. In the current global institutional set up, access to finance and technology are dominated by advanced economies. Economies in the South need alternative levers. These might range from a "managed" framework for trade (as opposed to "free-trade") to innovative forms of finance and exchange payments that can eventually be oriented towards formal "South-South clearing unions". As trade among Southern economies grows, an increasing portion of their total trade flows will be paid in either their own domestic currencies or through regional currency mechanisms. Financial institutions set up at a regional level can be geared to sustain "commodity reserve currencies" with regional funding being increasingly allocated to regional buffer stocks that can help stabilize prices. Based on these mechanisms, the growth of commerce will be associated with a reduction of external imbalances, as well as the reduction of dependency on global finance.

**The third feature** is a coordinated effort for an agrarian transition that is consistent with industrialization, employment generation, food security and the need to avert environmental degradation. There is sufficient evidence of employment-intensive and traditional agriculture based on small and medium-size units providing food and agricultural inputs and commodities for industrialization. In short, the simulation assumes a coordinated agricultural transformation proceeding as an "agroecological model of industrialization", where the rise of productivity of agrarian labourers would be such as to avoid displacement that cannot be absorbed in the growing industries and services, even if the scenario also envisages an expansion of social and caring provision by the state.

**The fourth feature** is close attention to strategies for climate change mitigation and adaptation. The technologies and financing to which Southern economies have access are not sufficient for a self-sustained transformation of production. Only with financial transfers from the Global North could developing economies embark on such transformation at a pace that can meaningfully contribute to global climate change mitigation. But movements in this direction cannot happen overnight, even if advances in low-cost and effective environmentally friendly technologies were currently available.

Under this scenario, most developing economies would continue to rely on relatively more carbon-intensive industries than their Northern counterparts. The model assumes a moderate increase of support from the most industrialized partners, in the form of transfers of technology and aid. Knowing that the experience of "technology transfers" is so far disappointing (particularly apparent during the Covid-19 pandemic), this support is assumed to be marginal but increasing over time. Thus, most of the contribution of the global South to a greener development will result from the ecological-agrarian transformation and the avoidance or minimal use of fossil fuel machinery and fertilizers, together with the emphasis on local production for the satisfaction of basic needs.

This scenario shows a degree of realism regarding its expectations of the Global North in relation to financial and technology transfers. However, in the presence of wide social inequality there will be many in the developing country middle class who will need to be persuaded that they should defer accessing cutting edge consumer technologies in order to support equitable and sustainable

development. Opposition would also come from the global corporations (and their home countries in the North) and local distributors seeking to sell those products to the local middle class.

### 50<sup>th</sup> Anniversary of the NIEO, 1974-2024, Havana Congress, January 2023

The Havana Congress, was organised by Progressive International, in association with the Cuban Government, and followed Cuba's ascendancy to the chairmanship of the G77 and China. (See [remarks by Ambassador Pedro Luis Pedrosa Cuesta](#) on Cuba taking on the Chairmanship of the G77 and China.)

The Havana Congress issued [a historic Declaration](#) that resolves to build a planetary bloc "led by the South and reinforced by the solidarities of the North". The declaration contains five key commitments:

Renew the Non-Aligned Movement: Resist the siren song of the new Cold War and to renew the project of non-alignment, grounded in the principles of sovereignty, peace, and cooperation.

Renovate the NIEO: Renovate the vision for a New International Economic Order fit for the 21st century, drawing inspiration from the original Declaration, while accounting for the key issues — from digital technology to environmental breakdown — that define the present conditions for sovereign development.

Assert Southern Power: Through the collective action of the South, work to form new and alternative institutions to share critical technology, tackle sovereign debt, drive development finance, face future pandemics together, and coordinate positions on international climate action and the protection of national sovereignty over the extraction of natural resources.

Accompany Cuba in the G77: The Congress recognizes the critical opportunity afforded by Cuba's presidency of the Group of 77 plus China to lead the South out of the present crisis and channel the lessons of its Revolution toward concrete proposals and ambitious initiatives to transform the broader international system.

Build a Planetary Bloc: The Congress calls on all peoples and nations of the world to join in this struggle to definitively achieve the New International Economic Order; to build a planetary bloc led by the South and reinforced by the solidarities of the North.

Progressive International has also assembled a [collection of reflections and policy proposals](#) to mark the 50th anniversary of the New International Economic Order and update it for the 21st century.

### There will be pushback.

The governors of the global economy responded to the 1974 Call for a NIEO with structural adjustment, the WTO, the neoliberal policy offensive, and covert destabilisation/invasion.

The pushback against the new calls to renovate the NIEO has already commenced. It includes the expansion of NATO (including the prospect of NATO expanding to the Indo Pacific); the new Cold War being mounted by the US and its allies against China; the proliferation of unilateral coercive sanctions; and the attacks on multilateralism (including funding constraints on UN organisations and the transferring of functions out of multilateral agencies into multistakeholder public private partnerships).

## Reform of global economic governance

In this section we dig a bit deeper into five key challenges in the reform of global economic governance.

## The regulation of global finance

Mobilising long term finance to support economic development and to fund the huge investments needed for climate change mitigation and adaptation are central challenges facing the Global South. Under the present regime of [imperialism](#) and neoliberal capitalism such funds are clearly not coming from private financial players or from the treasuries of the wealthy countries. Promise after promise has been broken.

There is no shortage of liquidity in the private markets, but the incentives are directed to driving asset speculation for capital gains, rather than patient investment in long term development or climate change. This kind of speculation has damaging effects on development in the Global South as with the 1997 Asian crisis which started with a speculative attack on the Thai baht; the economic disruption following the 2008 financial crisis (which started with speculation on sub-prime housing in the USA), and commodity market speculation in the current (2022/23) period. (Rather than solving the problems of volatile commodity prices and supplies, the privatisation of commodity stockpiling, forced through the Uruguay Round, has added a new driver of volatility.)

If the governments of the Global North were concerned about sustainable development or climate change, they could mobilise resources through taxation but as captives of the neoliberal myths they are moving in the opposite direction with tax cuts for the corporations and the wealthy.

Where LMICs have been able to generate trade surpluses they have been forced to give priority to insuring their currencies against speculative attack through lending money to the US Treasury and subsidising US consumers by keeping the US dollar strong. This strategy would not have been necessary if countries had preserved pre-existing capital controls rather than liberalising capital flows under pressure from the imperial core and TNCs.

There have been recurring calls for South South cooperation in mobilising finance but until recently fragmentation of the South and imperial / corporate intimidation / co-option have held such initiatives at bay. The decline of the US in the face of a rising China may have changed the balance.

Golub (2013) claims the 'Global South' is restructuring world capitalism from within. Golub reviews the early hopes of the G77 and NIEO and its defeat by 'Northern' resistance (structural adjustment, the WTO agreements, neoliberalism) and national segmentation within the NAM. However, he suggests that the re-emerging states of the Global South are now engaged in a more successful effort to gain voice and challenge the international hierarchy by claiming a central place in the world capitalist system and restructuring it from within. The inclusion of the BRICS in the G20 is cited in support of this hypothesis but the G20 could equally well be cited as an instance of co-option.

A number of authors (Chen and Chen 2009; Chen and Yang 2015; Tosone 2018) have suggested that economic initiatives taken by China in recent years may provide glimpses of a more successful South South strategy. These initiatives include the Asian Infrastructure Investment Bank (AIIB), the Belt and Road Initiative, the BRICS Finance and Reserve Fund, and challenges to dollar hegemony (calling for the dollar as an international reserve currency to be replaced by a 'super currency' which is beyond the monetary sovereignty of any nation).

Chen and Yang (2015) review the experience of the G77 at 50. Drawing on the Charter of Algiers of G77, they define the project of South South cooperation as comprising three missions: political independence, economic cooperation, and the exchange and proliferation of technologies. The paper includes a view of China's self-positioning in this matter quoting Chinese leaders from her first generation to the present.

Rubial, del Pilar & Siegele (2020) bring together a range of developing country negotiators to review how the different groups within the Group of 77 and China are negotiating their different interests and perspectives to mould a coherent negotiating position on adaptation funding in the context of the United Nations Framework Convention on Climate Change (UNFCCC).

## Corporate taxation and fiscal limits

Taxation must be a key element of financial reform, both internationally and domestically.

Internationally the key objective is for an international agreement on the taxation of transnational corporations. This would provide for whole-of-corporation assessment (including activity in different countries), internationally coordinated collection, and the distribution of such revenues in accordance with the economic activity in the different jurisdictions. This framework is radical in itself but the possibilities, depending on negotiation and agreement, are far reaching.

Priority elements of domestic tax reform include: first, rejecting the neoliberal pressures to institute upper bound revenue limits on total tax revenue (as a proportion of GDP); and second, rejecting the neoliberal myths about the distribution of the tax burden (first, that increasing tax on the rich reduces their propensity to work; and second, that reducing tax from the rich will increase consumer demand and increase *productive* investment, as opposed to asset speculation).

## Intellectual property

Access to know-how and technology is a critical prerequisite for economic development. Restricting access to advanced technologies has been a long standing strategy of colonialism and imperialism for maintaining relations of unequal exchange (Halabi 2018a). Restricted access to technologies to support local production translates into higher prices for imported products (and the diversion of limited foreign currency to support such imports).

Despite the call for technology transfer in the NIEO, the TRIPS agreement, concluded under the Uruguay Round, included, not just increased terms of protection, but also stronger sanctions than were available under World Intellectual Property Organisation (Drahos 2002).

The close collaboration between pharma and the imperial core to deny access to vaccine technologies to the developing world during the Covid pandemic was on show; first, in the refusal to countenance the WHO-proposed Covid Technology Access Platform (C-TAP), and second, in the refusal to agree to the India and South Africa proposed waiver of TRIPS provisions to allow for more widely distributed vaccine production. A similar united front between transnational corporate monopolies and the imperial core has been evident in relation to the sharing of critical technologies for the mitigation of global warming, and in relation to seeds.

Halabi (2018b) provides a useful summary of the emergence of IP law in the colonial and imperial context and conflicts over the scope of developing nations to preserve the right to development in the face of IP monopoly. Halabi argues that access to protected technologies needs to be considered in relation to the regulation of transnational corporations as well as international agreements addressing more specific IP issues. He reviews the development of the Code of Marketing of Breastmilk Substitutes, and the Convention on Biological Diversity as examples where pressure from the developing countries has succeeded in carving out specific protections.

Notwithstanding the small victories celebrated by Halabi, the authors of UNCTAD's 2022 Trade and Development Report are more pessimistic about the more general issue of technology transfer in support of the 'right to development'. While supportive of continuing advocacy around access to technology generally, UNCTAD's South led scenario (UNCTAD 2022, from page 91) also recommends policies for industry, workforce and agriculture which are designed to adapt to, rather than overcome, the access restrictions imposed through high levels of intellectual property protection.

A third strategy involves utilising to the full the flexibilities which are available under the TRIPS Agreement (as well as more specific provisions of the Convention on Biological Diversity, the Code on the Marketing of Breastmilk Substitutes and other instruments). The process of implementing international agreements such as TRIPS into domestic law has been the site of ongoing struggles involving corporate and imperial pressure to adopt domestic laws that maximise protection and



contrary advocacy through the South Centre, Third World Network and other organisations directed to implementing international commitments in the least restrictive forms.

### Regulation of transnational corporations

International policy debate about the national and supranational regulation of TNCs was re-launched in 1974 with the NIEO Declaration (UNGA 1974a) which in Clause 4 announced:

*The new international economic order should be founded on full respect for the following principles: [...]*

*Regulation and supervision of the activities of transnational corporations by taking measures in the interest of the national economies of the countries where such transnational corporations operate on the basis of the full sovereignty of those countries;*

Several of the other principles which constitute the Declaration would also involve corporate regulation for their achievement. These included: technology transfer, action to stem declining terms of trade, and 'full permanent sovereignty of every State over its natural resources and all economic activities'. (See Maynard (1983) for a discussion of previous international initiatives directed in various ways to the regulation of transnational corporations.)

It is important to recognise that the fundamental demands of the G77 in relation the regulation of TNCs were about reforming the relations of unequal exchange between North and South which are mediated by TNCs. These relations of unequal exchange were (and still are) evident in relation to taxation (including transfer pricing and other strategies for erosion of the tax base). They were/are evident in relation to pricing, including unequal relations between the prices of labour, commodities, and light manufactures compared with the prices of imported consumer and producer goods inflated through monopoly pricing power. They were/are evident in the capacity of TNCs to extort tax and regulatory concessions as a condition for investing. The claims of the developing countries for special and differential treatment in trade and finance, based on claims of solidarity and histories of centuries of exploitation, were also a key plank in the development aspirations of the Global South.

The demands of the G77 regarding the new international economic order confronted the interests of the TNCs and their home governments head on; the corporations seeking to maximising the return on investment; home governments seeking to look after their TNCs and to maximise import earnings for the country. The rich countries were / are also concerned to defend the perceived legitimacy of foreign direct investment by TNCs in developing countries and to this end were willing to denounce bribery, corruption, extortion and environmental crimes and create schemes which gave the appearance of discouraging such practices.

#### Code of conduct on transnational corporations

In 1974 the Economic and Social Council of the UN (EcoSoc) set up the Commission on Transnational Corporations and the Center on Transnational Corporations with the mandate to draft a code of conduct for transnational corporations. From 1977 the work of negotiating the Code was centred on the Intergovernmental Working Group on a Code of Conduct for Transnational Corporations (Sauvant 2015). In its 1976 report the Commission included as annexes the claims urged upon the Commission by various country groupings. The issues to be addressed according to the countries of the Global South are revealing.

The notes submitted by the G77 highlighted, as issues calling for regulation:

1. Preferential treatment demanded by transnational corporations (TNCs) in relation to national enterprises.
2. Lack of adjustments by TNCs to the legislation of the host countries in the matters, *inter alia*, of foreign investment and policies concerning credits exchange, fiscal matter, prices and commercial matters, industrial property, and labour policies.



3. The negative attitudes by TNCs towards the renegotiations of original concessions if such exist and if this should be considered necessary by the Government of the host country.
4. The refusal Of TNCs to accept exclusive jurisdiction of domestic law in cases of litigation.
5. Direct or indirect interference in the internal affairs of host countries by TNCs.
6. Requests by TNCs to Governments of the country of origin to intercede with the host Government, with actions of a political or economic nature in support of their private interests.
7. The refusal of TNCs to accept the exclusive jurisdiction of domestic law in the question of compensation on nationalization.
8. Extension by TNCs of laws and regulations of the country of origin to the host country.
9. The activities of TNCs as instruments of foreign policy, including for intelligence purposes, contrary to the interests of the host country.
10. The contribution of TNCs in the maintenance of racist and colonial regimes and support of policies of apartheid and foreign occupation.
11. The role of TNCs in the illegal traffic of arms.
12. Obstruction by TNCs of the efforts of the host country to assume its rightful responsibility and exercise effective control over the development and management of its resources, in contravention of the accepted principle of permanent sovereignty of countries over their natural resources.
13. Tendency of TNCs not to conform to the national policies, objectives and priorities for development set forth by the Governments of host countries.
14. Withholding of information of their activities by TNCs, making host countries unable to carry out effective supervision and regulation of those activities.
15. Excessive outflow of financial resources from host countries due to practices of TNCs and failure to generate expected foreign exchange earnings in the host country.
16. Acquisition and control by TNCs of national, locally capitalized enterprises through controlled provision of technology among other means.
17. Superimposition of imported technology without any adaptation to local conditions, creating various types of distortions.
18. Failure by TNCs to promote research and development in host countries.
19. Obstruction or limitation by TNCs of access by host countries to world technology.
20. Imposition of restrictive business practices, inter alia, on affiliates in developing countries as a price for technical know-how.
21. Lack of respect of the socio-cultural identity of host countries.

The paper submitted by Argentina, Barbados, Brazil, Colombia, Ecuador, Jamaica, Mexico, Peru, Trinidad and Tobago and Venezuela highlighted 11 provisions which should appear in a code of conduct for TNCs with detailed elaboration of each of the 11 provisions:

- A. The transnational corporations shall be subject to the laws and regulations of the host country and, in case of litigation, they should be subject to the exclusive jurisdiction of the courts of the country in which they operate;
- B. The transnational corporations shall abstain from all interference in the internal affairs of the States where they operate;
- C. The transnational corporations shall abstain from interference in relations between the Government of a host country and other States, and from perturbing those relations;
- D. The transnational corporations shall not serve as an instrument of the foreign policy of another State or as a means of extending to the host country provisions of the juridical order of the country of origin;
- E. The transnational corporations shall be subject to the exercise by the host country of its permanent sovereignty over all its wealth, natural resources, and economic activities;

- F. The transnational corporations shall be subject to the national policies> objectives and priorities for development, and should contribute positively to carrying them out;
- G. The transnational corporations shall supply to the Government of the host country pertinent information about their activities in order to ensure that these activities shall be in accord with the national policies, objectives, and priorities of development of the host country;
- H. The transnational corporations shall conduct their operations in a manner that results in a net receipt of financial resources for the host country;
- I. The transnational corporations shall contribute to the development of the scientific and technological capacity of the host country;
- J. The transnational corporations shall refrain from restrictive business practices [followed by a list of 21 restrictive business practices experienced in Latin America];
- K. The transnational corporations shall respect the socio-cultural identity of the host country.

The negotiation of the Code was closely contested from the start (Maynard 1983; Sauvant 2015). The 1983 version (Commission on Transnational Corporations 1983) includes extensive bracketing indicating the key areas of disagreement. In 1988 the UN Secretary General prepared a draft which was distributed informally. In May 1990 the Chairperson of the Commission submitted to EcoSoc a draft based on the Secretary General's 1988 draft (Chairman of the Commission on Transnational Corporations 1990) but with all of the outstanding issues resolved in accordance with the requirements of the Western European and Others Group (Sauvant 2015). However, by this time the debt trap had been sprung, structural adjustment was being implemented, bilateral investment treaties (protecting investors) were widespread and the agreements which comprise the WTO Including TRIPS) were taking shape. The countries of the Global North, the UK and US in particular, were determined not to achieve agreement on the Code (Sauvant 2015).

The death of the Code was not the end of the Commission on Transnational Corporations. Further resolutions at EcoSoc had the effect of reversing the direction of work undertaken through the Commission. In Resolution 1992/36 EcoSoc asked the Secretary-General to boost research, technical assistance and fund raising to support 'privatization, administrative deregulation and demonopolization of economic activities' (expanding the space for TNCs). In Resolution 1993/49 EcoSoc stressed "the importance of the role of foreign direct investment, in particular that of transnational corporations, in privatization processes, and reiterates the invitation to the Secretary-General to enhance studies and technical cooperation programmes in this area, in accordance with Economic and Social Council resolution 1992/36 of 30 July 1992". Structural adjustment in accordance with the Washington Consensus (Williamson 2000) was the paramount policy paradigm.

In December 1994 the Commission on Transnational Corporations was replaced by a new Commission, on Investment and Transnational Corporations under the aegis of UNCTAD, changed in 1996 to the Commission on Investment, Technology and Related Financial Issues, and abolished in 2008. The Centre was abolished in 1992 (CETIM 2012; Hamdani and Ruffing 2015).

The immediate response of the rich countries to EcoSoc's 1976 code of conduct initiative was the [OECD Guidelines for Multinational Enterprises](#) (OECD 2011). The OECD guidelines put 'national treatment' of foreign owned enterprises right up front (TNCs to be treated no less favourably than domestic enterprises) and then set out a range of corporate 'shoulds', generally along the lines of corporate social responsibility including industrial relations, environmental responsibility, combatting bribery and extortion. The OECD guidelines respond to some of the issues highlighted in NIEO but they are non-binding and many of the principles are widely and publicly flouted with no consequence for the corporations. While the provisions in the Guidelines requiring state compliance are binding, there are no disciplines on TNCs. Human rights were not included in the first version of the Guidelines in 1976 but were added in 2011 after the code of conduct initiative had been defeated and the developing countries had shifted their focus from the Code initiative under EcoSoc to the Human Rights Commission (UN Commission on Human Rights 2003).

## Human rights

Following the defeat of the Code, the focus of advocacy around the regulation of TNCs shifted from EcoSoc and UNCTAD to the Human Rights Commission.

In 2003 the Sub-Commission on the Promotion and Protection of Human Rights, an expert subsidiary body of the then Commission on Human Rights, adopted a set of [\*Norms on the Responsibilities of Transnational Corporations and Other Business Enterprises with Regard to Human Rights\*](#) (UN Commission on Human Rights 2003). The Working Group within the Sub-Commission which drafted the Norms was set up in 1998. The setting up of the Working Group and the development of the Norms reflected, at least in part, continuing civil society advocacy (CETIM 2012).

The focus of the Norms is on human rights generally, not the specific issues of unequal exchange and economic development highlighted in the NIEO in 1974 and raised by the G77 in relation to the proposed code in 1976 (see above). However, the Norms do refer to the Right to Development and respect for national sovereignty:

*12. Transnational corporations and other business enterprises shall respect economic, social and cultural rights as well as civil and political rights and contribute to their realization, in particular the rights to development, adequate food and drinking water, the highest attainable standard of physical and mental health, adequate housing, privacy, education, freedom of thought, conscience, and religion and freedom of opinion and expression, and shall refrain from actions which obstruct or impede the realization of those rights.*

The Norms were fiercely opposed by business lobbies generally and by the transnational corporations in particular (Campagna 2004). A central plank in the opposition of business lobbies, and their supporters in the governments of the Global North, was the assertion that international law only applies to states and that if there are obligations which the international community wishes to impose on corporations such obligations must be mediated through domestic law adopted and implemented by states (Campagna 2004; Omoteso and Yusuf 2017). Clearly this proposition was not the view of the Working Group or the Sub-Commission. It also seems contradictory in view of the hundreds of investment treaties, adopted by this time, that explicitly bestow international legal standing on transnational investors. (Kelsey and Wallach (2012) comment that ISDS provisions (see more below) threaten fundamental principles of national judicial systems. ISDS elevates individual corporations and investors to equal standing with agreements' signatory governments, empowering corporations to directly enforce public treaties. Foreign corporations not only circumvent sovereign immunity protections, but are empowered to sue governments to challenge domestic laws and regulations outside of domestic courts.)

The HRC failed to endorse the Norms and in 2005 appointed John Ruggie as Special Representative of the Secretary-General on Human Rights and Transnational Corporations and Other Business Enterprises. In 2011 Ruggie presented to the Human Rights Council a set of '[\*Guiding Principles on Business and Human Rights: Implementing the United Nations "Protect, Respect and Remedy" Framework\*](#)' (UN Human Rights Commission 2011). The Guiding Principles address businesses (from TNCs to small domestic enterprises) and governments. Business entities are urged to obey the law and respect human rights; governments are urged to assist them to do so. There are no binding obligations.

The proposition that international law cannot address transnational corporations directly is absurd. However, as the depredations of TNCs accumulate and the instances of impunity mount (in particular, the decisions of investment tribunals defending the interests of the corporations (Peterson 2009)) the pressure has increased for binding regulation through international law. See Omoteso and Yusuf (2017) for a powerful argument for the establishment of an international legal mechanism which would provide for the criminalisation of breaches of international human rights law by TNCs.

In June 2014, the Human Rights Council adopted resolution 26/9 by which it decided “to establish an open-ended intergovernmental working group on transnational corporations and other business enterprises with respect to human rights, whose mandate shall be to elaborate an international legally binding instrument to regulate, in international human rights law, the activities of transnational corporations and other business enterprises” (United Nations Human Rights Council 2023). See the text of the [third revised draft](#) of the ‘legally binding instrument’ being developed by the open-ended intergovernmental working group (Human Rights Council 2022).

At the heart of the draft legally binding instrument is the concept of human rights due diligence that deals with the kinds of provisions in international and domestic law that would be needed to oblige transnational corporations to exercise due diligence in relation to any activities within their penumbra which could breach human rights, and to hold them accountable for such due diligence (Teran 2021).

As with the Norms in 2003, the draft legally binding instrument does not address in detail the specific modalities of unequal exchange which were at the heart of the NIEO. However, it does reference the [Right to Development](#) adopted by the HRC in 1987 (UN General Assembly 1987).

The Declaration on the Right to Development is firmly voiced and quite clear about the centrality of the new international economic order. However, the Declaration is just a statement of ‘shoulds’: “States *should* realize their rights and fulfill their duties in such a manner as to promote a new international economic order based on sovereign equality, interdependence, mutual interest and co-operation among all States, as well as to encourage the observance and realization of human rights” (Art 3); “Steps *should* be taken to ensure the full exercise and progressive enhancement of the right to development, including the formulation, adoption and implementation of policy, legislative and other measures at the national and international levels.” (Art 10).

In 2017 the HRC appointed the Special Rapporteur on the Right to Development with a mandate to provide practical guidance for the effective realisation of the right to development at local, national, regional and international levels and to explore practical means to promote its implementation. It is perplexing that the 2020 [‘Introduction to the mandate’](#) (of the Special Rapporteur on the RTD) (UN OHCHR 2020) makes no mention of the work being undertaken on the legally binding instrument (launched in 2014).

#### Investor protection

From the corporate view the principal threat from the call for a NIEO was the threat of ‘expropriation’ (including nationalisation) of foreign-investor-owned property. The response of the imperial core was multiple including the defeat of the Code, the defeat of the Norms, and the establishment of the WTO and all its agreements (including the Agreement on Trade-Related Investment Measures, TRIMS, see below). However, the direct response to the threat of expropriation was the tsunami of bilateral investment treaties (BITs) with investor state dispute settlement provisions (ISDS) and the later round of plurilateral or regional free trade agreements (FTAs) which also included investor protection provisions. Vandevelde in 2009 reported that more than 2,800 investor protection agreements were in place at that time, with the great majority having been concluded since 1990. This number included almost 2,600 bilateral investment treaties (BITs) as well as nearly 250 broader trade agreements that contain investment provisions.

The core idea of ISDS is that the BIT or FTA includes agreement that the country hosting the FDI (host) will comply with certain standards of ‘treatment’ of the foreign-investor-owned enterprise in the host country and that the foreign investor may bring claims against the host government on the grounds that such standards are not met. Muchlinsky (2009) lists these standards of treatment as:

- General standards may include:
  - ‘fair and equitable treatment’ (may be expressed in different ways),
  - ‘national treatment’ (treatment no less favourable than that bestowed on domestic enterprises),

- 'most favoured nation (MFN) treatment' (treatment no less favourable than that guaranteed for investors from other countries in corresponding agreements),
- 'observance of obligations' (a reference to more favourable conditions which may be promised by the host government to the foreign investor in the context of attracting investment),
- Specific standards may include:
  - 'free transfer of payments' (including the covert export of profit through inflated or deflated transfer payments),
  - 'compensation for losses due to armed conflict or internal disorder'
  - 'compensation for expropriation' (direct nationalisation or indirect expropriation - generally includes legislative or regulatory action which diminishes the value to the investor of the investment).

Central to investor protection is dispute settlement, through negotiation, mediation or arbitration. The rules governing arbitration may be set out in the original investment treaty; may be negotiated by the parties to the dispute; may be established by the arbitration panel; or may be determined by reference to an existing set of model rules (commonly either the model rules of the UN Commission on International Trade Law, UNCITRAL, or the World Bank's International Centre for the Settlement of Investment Disputes, ICSID).

Arbitration is commonly vested in an *ad hoc* panel of trade lawyers, commonly three: one appointed by each party and an independent chairperson who may be agreed upon or may be appointed by an agreed external authority. Alternatively, the treaty may specify that the arbitration panel will be set up under the aegis of the ICSID. See Muchlinsky (2009) for more detail on arbitration.

UNCTAD (2014) provides a useful [overview of ISDS cases](#) launched from the EU or US and cases directed at EU states or the US. US and EU investors are active users of ISDS. Together they account for 75 per cent of the global number of ISDS claims known at the time of the publication. US corporations are the most common users of ISDS. Most frequent respondents were Canada, Argentina, Ecuador, Mexico, Ukraine, Kazakhstan, Poland and Egypt. Most frequent respondents to claims brought from within the EU were Argentina, Venezuela, Czech Republic, Egypt, Hungary, Poland, Russia, Bolivia, India.

Known disputes relate to all sectors of the economy. They include oil and gas, mining, forestry, agriculture, construction and management of infrastructure, telecommunications, generation and distribution of energy, financial services, tourism, the provision of water, waste management, and media.

Governmental measures that have been challenged most frequently include the revocation of licences, direct and indirect expropriations, alleged breaches or unilateral terminations of investment contracts, economic measures taken to combat financial crisis, environmental and public health measures, taxation measures, privatisation-related measures, sectoral economic reforms and conduct of national courts.

In 2015 Martin Khor summarised some [major concerns](#) for developing countries regarding investment treaties and ISDS. Among the controversial provisions of investment treaties, he listed:

- Breadth of scope of 'investment' (well beyond FDI in greenfield productive capacity),
- National treatment (in fact favours foreign investors over domestic enterprises),
- Fair and equitable treatment,
- Expropriation including nationalisation or indirect expropriation where the investor claims against loss of future profit expectations,
- Pre-establishment rights (automatic right of entry and expansion including national treatment and MFN treatment),

- Prohibition of performance requirements (eg joint ventures, technology transfer, local content),
- Freedom of capital flows (with implications for taxation and balance of payments), and
- Survival clause (obligations persist years after withdrawal from the agreement).

Among the problems associated with ISDS Khor listed:

- Lack of appeal mechanisms,
- Arbitrary, inconsistent and sometimes incoherent jurisprudence,
- Conflict of interests facing tribunal members (advising an investor one day and adjudicating in a tribunal the next),
- High costs and huge awards.

In summary, BITs can greatly constrain the policy space available to host governments both regarding economic management and quite specific policy areas such as public health.

Mohamadieh (2019) highlights the following [policy areas where constrained policy space](#) can be quite critical as a limit on economic development:

- Impact of IIAs on policy space, growth and industrialization
- Challenges in the area of tax reform
- Challenges emerging from IIAs in regard to handling debt crisis
- Impact of IIAs on the use of capital controls
- IIAs and enforcement of intellectual property rights
- IIAs and private-public partnerships
- Implications of IIAs on climate action and policies targeting investment in clean technologies.

Gleeson and Friel (2013) have analysed the outcomes of the Philip Morris challenge to Australia's plain packaging law and demonstrate how the threat of legal action can deter the introduction of pro-public health measures ('regulatory chill'), particularly in low- and middle-income countries that can least afford expensive and protracted litigation.

Baker and Geddes (2016) comment regarding the implications of the expropriation clauses in relation to medicines regulation:

*A particularly pernicious feature of investment protections arises in the intellectual property arena where ISDS claims might be brought with respect to alleged diminution of expected profits arising from trade secrets, trademarks, patents, and data protections. In the trade secret arena, foreign pharmaceutical companies might oppose government requirements that they disclose 'secret' proprietary information on clinical trials, suspected counterfeiting, or the content of regulatory filings.*

Nichols (2018) explains how ISDS arbitrators have selectively chosen from a body of unsettled US jurisprudence to expand the boundaries of expropriation and, thus, of property rights.

The defeat of the Code took place in the context of the debt crisis and structural adjustment which were accompanied by a powerful ideological drive regarding export driven industrialisation, privatisation of human services and infrastructure, and liberalisation of trade and finance. Foreign direct investment by TNCs in the countries of the Global South was held out to be a critical panacea to enable the development promise. However, in view of the affirmation of the legitimacy of nationalisation in the NIEO, the developing countries were advised (in some cases forced) to agree to investment treaties to reassure the corporate investors. FDI is the solution; ISDS is the price.

However, FDI is not a panacea. Akyüz (2015) offers a range of qualifications which need to be considered in evaluating the [contribution of prospective FDI to economic development](#):

- FDI is not the same as fresh capital inflows (a large proportion is financed from incomes generated by existing investments);



- FDI which buys up existing assets is not the same as greenfield productive investment;
- A lot of so-called FDI is fundamentally speculative, betting on changes in asset values (up or down);
- The value of FDI in terms of balance of payments needs to be qualified where the FDI incurs foreign exchange use to buy capital equipment and/or is used up in profit remittances;
- The promise that FDI is associated with technology transfer, including management as well as production technologies, has to be worked on; it is not assured.

Argentina has had more ISDS cases raised against it than any other country (UNCTAD 2014). [The story](#) (Lavopa 2015) is complicated. Argentina was facing hyper-inflation in the late 1980s and in 1991 adopted a policy package corresponding closely to the Washington Consensus: public austerity, privatisation, trade and financial liberalisation, fixing the peso to the US dollar. As part of its commitment to attract foreign investment, Argentina signed 58 BITs from 1991. At great social cost inflation was brought under control but the economic reforms embedded vulnerabilities and rigidities which exploded in the economic crisis of 2001-03. The policy package adopted to manage the 2001 crisis included a bank freeze, cessation of dollar convertibility with devaluation against the US dollar, a partial default on government debt, termination of the right of foreign owners to adjust tariffs against US inflation, the “pesification” of contracts denominated in dollars, and restrictions on fund transfers abroad. The response of the foreign investors was a flood of ISDS cases. In the period 2001-2012, exactly 50 cases were filed against Argentina. Among the 36 cases which have complete public information available, twenty-seven (75%) were exclusively or mainly related to the package of measures adopted by Argentina to mitigate the economic effects of the crisis of 2001-2002.

The Argentinian case illustrates several of Akyüz’s qualifications. Much of the foreign investment inflow after 1991 involved the purchase of operating enterprises including public enterprises (eg utilities) which were privatised. Through widespread layoffs many of these enterprises were rendered more ‘efficient’ and profitable. There was some importation of producer goods but much of the capital involved was generated by the privatised enterprises. The guarantees provided to encourage foreign investment included full liberalisation of capital flows which allowed a massive outflow of capital precipitated by external events.

The Argentinian experience of the arbitration process highlights the arbitrary, inconsistent and unaccountable aspects of tribunal awards, logic and jurisprudence. Lavopa (2015) points out that the Argentinian experience provides a ‘natural experiment’ in evaluating the ISDS process. This is because a large number of cases arose out of the same set of measures taken to manage the economic crisis; that many of these claimed a breach of the same ‘fair and equitable’ treatment standard; and the Argentinian defence changed little across cases (first denying the violation and then claiming exemption because of the emergency character of the economic measures). For details regarding the arbitrariness, inconsistency and incoherence of many of the arbitrations see [Lavopa](#).

#### Investment agreements: Policy options

There is a wide agreement that investor protection agreements are a mess. A guide for developing country negotiators prepared by the Commonwealth (VanDuzer, Simons, and Mayeda 2013) observes that “The constraints that IIAs [international investment agreements] impose on host states, combined with costly, inconsistent and sometimes surprising decisions by investor-state arbitration tribunals regarding the meaning of broadly worded IIA obligations, have led many countries to rethink the obligations an IIA should include.”

A report by the European Parliamentary Research Service (European Parliamentary Research Service 2014) comments that “Some critics have no hesitation in calling it [ISDS] a “toxic mechanism”, which empowers corporations to the detriment of sovereign states’ courts and parliament. Others focus more on an elite arbitration industry that promotes ISDS, in particular through its control of the editorial boards of international law journals covering the field.” Akyüz (2015) offers a range of

lessons for developing country negotiators, lessons that need to be considered in the negotiation of investment treaties.

The international opposition to current practice regarding investment agreements comes from diverse sources, including on one hand the rich countries that have been bitten by 'toxic' treaties and the Global South countries who were told that FDI was the path to 'development' and that ISDS was the price to be paid. To ask whether investor protection agreements are 'fit for purpose' begs the question of 'Whose purpose?'

The Global North sought to include a multilateral agreement on investment among the suite of agreements produced through the Uruguay Round and has repeatedly sought to launch negotiations towards such within the WTO (and in the case of the Multilateral Agreement on Investment (MAI), through the OECD). These drives have been resisted by the Global South and global civil society (in the case of the MAI).

One line of debate among opponents of ISDS is that stronger exceptions need to be included in IIAs and among the stronger exceptions being discussed would be a stronger human rights exemption. A high level authoritative statement, based on human rights, and including the right to development, could be referenced in investment agreements and could constrain arbitration panels.

The NIEO and the Code were about the system, the system of unequal exchange and the wider asymmetry of power which frames it. This system dimension, the systemic parameters of unequal exchange are not fully encompassed by human rights law. The critical questions should be about the mediations of unequal exchange. This appears to have been lost in the move from the Code of Conduct to the Human Rights umbrella.

## Lessons from the 1974 NIEO

Global capitalism has enabled amazing technical achievements. However, it continues to destroy the human environment and appears not capable of preserving biodiversity or preventing global warming. Global capitalism has contributed to some improvements in material standards of living for many people. However, it has also generated deepening inequalities in material and spiritual living conditions. Improvements in averages obscure the absolute numbers of people who are still living in dire poverty.

Global capitalism externalises the costs of production and consumption on a truly massive scale; such costs are borne across the biosphere, by workers and communities, and are transferred as debt to future generations. Global capitalism accumulates capital through institutionalised systems of unequal exchange which drive inequality.

The externalisation of costs and the mediators of unequal exchange are protected and cultivated by a global system of agreements, institutions, and asymmetries of power. This system includes trade and investment agreements, international financial institutions, the power of market sentiment, the US military, and transnational corporations.

The NIEO was a bold call for the reform of this global system but its driving power did not match its ambition (Yang 2016). The project was defeated by the stagflation crisis of the late 1970s and the debt crisis of the 1980s; it was defeated by the power of the US Treasury to destroy unions and hobble developing countries through its 1981 interest rate hike; it was defeated by the ascendancy of the ideology of economic liberalism; it was defeated by the network of agreements administered by the WTO; it was defeated by the power of distributed investors through the mediation of 'market sentiment' under conditions of liberalisation of finance.

However, for those who recognise the externalisation of costs, the structured mediations of unequal exchange and the oppressions of asymmetrical power relations, the possibility of an NIEO remains central to the hopes of billions (and to the achievement of the SDGs).



What can we learn from the story of the NIEO?

### Keep the broad vision in sight while working towards more specific incremental improvements

Progress will involve pragmatic engagements in specific policy areas, for example, incremental improvements in international trade and investment agreements (eg the EU adopting a slightly better BIT model).

However, there is also a need for visionary declarations which give context and direction to those more incremental engagements. The NIEO and the Charter Economic Rights and Duties of States (UNGA 1974b) were visionary calls for comprehensive economic reform.

In retrospect the NIEO was relatively quiet on human rights, diversity and inclusion, and ecological sustainability. The SDGs traverse this broader canvas but they are simply goals and provide no guidance about the roadmap. By comparison, the 2014 Declaration of Santa Cruz (Summit of Heads of State and Government of the Group of 77 2014; Morales 2014) keeps the call for a new world order but also paints across a much larger canvas.

### The role of China

South South Solidarity is critical in the geopolitics of economic reform but it is vulnerable to differences in policy priorities across very different countries of the Global South (Gosovic 2016; Zondi 2015; Alden, Morphet, and Vieira 2010a) and is weakened by corruption, political opportunism, elite capture, and neoliberalism in the Global South (Cheru 2016; Adesina 2020).

Much has changed since 1974 including the formation of the G20 and the loose affiliation of the BRICS. However, perhaps the most significant change is the rise of China and the sharpening contradictions between China and the US. China was among the early sponsors of the NIEO; Deng Xiaoping spoke warmly in favour of it at the General Assembly in 1974 (Chen and Chen 2009).

However, there is much uncertainty about how the rise of China will play out in geopolitics. These uncertainties may be teased out more clearly by considering three contrasting scenarios regarding China's economic development and geopolitical position:

1. Chimerica – China and the US as co-hegemons;
2. South South Solidarity – China builds common cause; or
3. The return of Chinese imperialism.

Scenario 1, 'Chimerica' with China and the US as co-hegemons (G2), envisages China signing on to the neoliberal, WTO-centred 'rules based order' and agreeing to collaborate with the US in global economic governance. This scenario inspired excitement in the financial markets during the era of Jiang Zemin. The contemporary Chinese leadership say that this is not the path they want to follow (although they have pragmatically accepted many features of the prevailing regime). Chinese workers and state are being exploited by this order through various mediations of unequal exchange; it is not so evident how they might move from victim to predator. Many of the Chinese billionaires, sitting at the top of large Chinese owned TNCs would be quite happy with this pathway. However, it is the working class who are being exploited, not the elites. It is also unlikely that the US would be happy to share global hegemony; they are already facing the looming threat of structural crisis and have unleashed a trade war against China, under the guise of 'security concerns', with a view to obstructing China's economic development;

Scenario 2, 'South South Solidarity', envisages slow but resolute progression towards a (new) NIEO despite US threats and sanctions (Chen and Chen 2009; Chen and Yang 2015; Cheng and Lu 2021). China builds common cause with the BRICSM and the Global South more generally. The disproportionate impact of global warming on developing countries brings to the fore the need to challenge the do nothing, share nothing regime of contemporary capitalism. Deepening South South

solidarity strengthens the global constituency (states and civil society) resisting the neoliberal, WTO regime; partly by taking opportunities for incremental reform of the global regime (eg wider use of SDRs; de-dollarisation of international trade; equitable voting rights in WB and IMF); partly by creating alternative financial and governance structures; contributing to a more inclusive, equitable, sustainable, managed capitalism, and opening new pathways towards socialism. Chinese workers and the Chinese state are being exploited by the current regime. They need the support of the Global South to push through reforms of the regime in their own interests as well as in the interests of other states in the Global South; the stronger the South South Solidarity the more scope there is for creating a NIEO.

This scenario carries a significant risk of war (underlines the caution the Chinese leadership has shown and is showing). Drum beating is already loudly heard among the US and its allies; with the use of 'security exceptions' to cover the mounting trade war being launched by the US on China. There are comparable hawks within the Chinese military, currently contained by the Communist Party leadership. The strengthening of South South solidarity could drive the Europeans and Japanese further into the arms of the US. Facing a global crisis of over-production and financialisation, US imperialism needs continued access to the Global South under conditions of unequal exchange to maintain the US economy.

The scenario of South South solidarity depends on governments and peoples seeing the long-range benefits of wider solidarity and finding ways of negotiating the contradictions between different national interests within the broader framework of South South solidarity. The quality of political discourse is a key influence here and the avoidance of nepotism and corruption. It is significant that the Santa Cruz Declaration (Summit of Heads of State and Government of the Group of 77 2014) emphasises 'improving the practice of democracy' as a key principle. ("We reaffirm that while all democracies share common features, there is no single model of democracy and that democracy does not belong to any country or region, and further"). Improving democratic practice calls for a culture of active civic engagement as well as the institutional structures of democratic governance.

Scenario 3 envisages 'The return of Chinese imperialism'. Under this scenario China benefits from some success in mobilising the Global South against US imperialism; but through the growing economic and military strength of China it gradually eclipses but emulates US imperialism as a new Chinese empire. It might be quite acceptable to certain sectors of the Chinese elite and the TNCs of the West could find ways of swapping sides. Many commentators (largely in the West) allege that this is happening already (allegations of Chinese debt diplomacy).

The risk of war looms large in Scenarios 2 & 3. An important uncertainty in relation to the risk of war is how civil society in the Global North responds to the deepening conflict between the transnational fraction of the national ruling class and the domestically oriented fraction including the threat of a new fascism, political instability and war. One pathway involves North South solidarity; the other sees the ascendancy of fascism and war.

### Leadership, research, dialogue, communications

The role of leadership proved to be crucial in formulating the institutions and outlooks of the South, with Yugoslavia, India, Algeria and Egypt playing key roles in the creation of the Non-Aligned Movement and Indonesia and the Latin American states in the creation of the G77 (Toye 2014).

In the present period there are many fora for dialogue, there is an over-abundance of communication channels, and there is a growing capacity for South oriented policy research. There are many individuals (academics and politicians) with the status and capacity to project leadership towards a NIEO.

In terms of government leaders who have the status, capacity and political security at home to project such leadership the situation is continually changing. The South Centre and the G77 are critical institutions in supporting the emergence of such leadership.

A range of NGOs also stand out from the jungle of NGOs, in terms of projecting leadership; some of these have a global scope and others a more regional or more sectoral focus.

### Civil society

Less evident in most accounts of the NIEO is the role of civil society in projecting leadership, in mobilising around the slogans of the NIEO, and in holding national politicians accountable. The original NIEO was conceived largely around the agency of the Nation State (reflecting the experiences and concerns of the G77).

However, a realistic strategy towards a NIEO, must include an international, intersectoral, and intersectional convergence of social movements working in tandem with progressive governments.

The role of civil society in South Africa and globally in the Treatment Access Campaign of 1997-2001 illustrates the critical role of strong civil society engagement and the possibilities of international solidarity. In the present period the TRIPS Waiver campaign also illustrates a united front involving Southern governments and global civil society working together, albeit unsuccessfully.

The critical modality of civil society power involves delegitimation of imperial and corporate privilege, the withdrawal of social license, drawing on research and communications as well as popular mobilisation and advocacy.

A critical vulnerability of civil society as a driver towards a NIEO is insularity. Two tendencies are at play: solidarity across difference versus parochialism within national and sectional boundaries. The tendency towards solidarity is supported by a culture of inclusion and a consciousness of the ways local and specific grievances reflect the crisis of capitalism and grasping of imperialism. The tendency towards parochialism is cultivated by the divisiveness of racism and misogyny, and by deepening inequality. This divisiveness may be informed by a similar analysis of the economic crisis but is driven by a determination to retrieve and protect privilege against 'the other'. Cultivated by capital, and encouraged by demagoguery this parochialism can tip easily towards fascism.

### Implications for health

We return finally to the significance of the endorsement of the NIEO in the Alma-Ata Declaration on Primary Health Care. The reference to the NIEO was a recognition that the old economic order was a major barrier to health for billions of people. Poverty and inequality were being reproduced through various mechanisms of unequal exchange in the global economy, supported by military, political, economic, and cultural imperialism.

Since then the rise of neoliberalism has led to widening inequality and the crisis of global capitalism has deepened. The financialisation of the global economy has progressed (casino capitalism); increasing productivity has driven the evaporation of decent work; and capitalism has proven unable to address global warming. The prevailing economic order as a barrier to health and well-being is writ large in the dramatic shortfalls against the SDG targets; including those directly involving health and health care.

(It is of course acknowledged that capitalism does promote technological development (including medicines and solar power) but with a strong bias towards military uses and the consumer market, and with tight corporate control of such technologies.)

The inclusion of the NIEO in the Alma-Ata Declaration was more than a recognition of the barriers to health arising from the operations of the global economic regime. It was also a call for an approach to health service delivery which contributed to working towards a new international economic order

and it pointed towards comprehensive primary health care as an approach to health service delivery which could so contribute.

Chorev (2012) presents Alma-Ata as an attempt by Mahler to advance the commitments made in the NIEO and suggests that the involvement of the World Bank, with the Rockefeller Foundation, in promoting 'selective' primary health care from 1979, was directed in part to obstructing the implementation of the NIEO. There may be some merit in this argument although Litsios's accounts (Litsios 2004, 2002) of the development of Primary Health Care and Newell's 1975 collection of case studies (Newell 1975) suggest that health system policy considerations were the major drivers in the development of PHC and HFA 2000.

The model of primary health care offered in the Alma-Ata Declaration suggests that, as well as focusing on primary care, health care practitioners and agencies can find ways of working with their communities on understanding and addressing the structural barriers to better health, ranging from the locally specific to the global barriers (Sanders 1998; Schaay and Sanders 2008).

The struggle for a NIEO will not be determined in the health sector alone but health is universally valued and perhaps can provide a narrative of change which can be shared across boundaries. The language of social determinants (and social determination) of health provides an existing narrative regarding the links between the local and the global; the micro and the macro.

Inclusiveness is a precondition for building solidarity across boundaries and for the convergence of different social movements in the struggle for a NIEO. The emphasis of primary health care on community involvement, intersectoral collaboration, equitable funding and universal access illustrates the way in which patterns of health services delivery can have an influence on this wider culture of inclusiveness.

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## Overproduction

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### Usages

The term 'overproduction' is used in several different ways. It is commonly used in relation to particular sectors or commodities as in the overproduction of oil might lead to falling prices for the oil companies and oil producing states.

Our focus in this note is on structural overproduction in a national or in the global economy. Overproduction in this usage refers to an imbalance between aggregate demand and production capacity. Overproduction is when industry is capable of producing more than consumers are able or willing to buy, hence sometimes 'overproduction/underconsumption'.

Overproduction may be cyclic or structural. Cyclic overproduction refers to the sequence in the regular business cycle where capitalists have overinvested in productive capacity in their competition to access markets during the boom. As a consequence of slowing market demand, the capitalists cease investing and start to cut costs (including labour) which further exacerbates the declining consumption.

Structural overproduction refers to an imbalance between productive capacity and aggregate demand which reflects continuing trends in the productive forces (in particular, cheaper energy and increasingly powerful technology) which overshadow parallel trends in the factors which shape consumer demand (in particular, employment and wages). From here on 'overproduction' refers to structural overproduction.

Overproduction is sometimes used to explain actually existing stagnation. However, it is also used to refer to a tendency, a set of pressures towards stagnation. The difference lies in associated policies and processes which may (for a time) mitigate the tendency to overproduction. Bello lists these as [neoliberalism](#), [globalisation](#) and [financialisation](#).

In the first decades of the 21<sup>st</sup> century productive capacity has been greatly boosted by the availability of cheap fossil fuel energy and the myriad of applications of modern technologies. Replacing labour with fossil fuel energy and technology contributes to unemployment and weakens consumer demand. While high wage labour has been replaced by technology, labour intensive processing has been transferred to low wage platforms in developing countries.

Globalisation facilitated by trade liberalisation has created global supply chains which link front office functions in the global North to intensive low wage labour production in the global South. Not all countries host low wage production platforms; many millions of unemployed in the global South comprise the global reserve army ready to be called upon as low wage production continues to search for lower wage environments.

The globalisation of food production and marketing, the subsidies to northern agriculture and the continuing import barriers facing Third World food producers in northern markets are contributing to the impoverishment of small farmers in developing countries and rural to urban migration and to the reserve army.

The tendency to overproduction has contributed to a continuing decline in the proportion of profit which flows into productive new investment. These funds increasingly flow into the financial sector

(see [financialisation](#)) where they contribute to the wealth of the top 5% and contribute to supporting aggregate demand through debt funded consumption (households and government).

[Neoliberalism](#) is a policy package designed to protect the capitalist elites from the consequences of the crisis of overproduction. It includes reducing the tax burden on corporations and the wealthy, reducing welfare expenditure, cutting wages, marketizing social programs, public subsidies to the corporate sector (fossil fuels, armaments, pharmaceuticals), replacing public sector service provision with self-funding models based on privatised services funded through debt and insurance. Austerity and precarity are direct consequences of the crisis of overproduction.

## Implications for health

The crisis of overproduction lies at the root of widening inequality, impoverishment, unemployment and underemployment, wage stagnation, all of which contribute to the economic determination of poorer population health.

Neoliberal policies are driving the marketisation and privatisation of health care.

Trade liberalisation is opening up domestic health care markets to digital cross boundary medical services.

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## Annex. Key terms in political economy

Key terms from political economy and critical social science with important implications for health care and population health

Accumulation *
Activism
Alienation 👍
Anarchism
Austerity
Autarky
Barter
Capital
Capitalism
Class 👍
Colonialism **
Commodity
Communism
Convergence **
Delinkage
Dependency
Determinants/determination of health 👍
Development
Dialectics
Discourse 👍
Enlightenment
Extractivism
Externalisation***
Fascism
Financialisation 👍
Fordism
Gift
Global value chain
Globalisation
Governance
Hegemony
Hope
Ideology 👍
Imperialism 👍
Intersectionality 👍
Labour arbitrage
Leninism
Liberal
Marketisation *** (and 'contract state')
Marxism
Mercantilism
Modernisation
Monetarism
Monopoly

Neoliberalism 👍
NIEO 👍
Overproduction 👍
Political economy
Power ***
Praxis 👍
Precariousness
Proletarian
Revolution
Stalinism
Structural
Transnational corporation
Trotskyism
Uncertainty
Unequal exchange
Utopianism
Value/s ***
Value chain
War

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