Reflecting about paradigm shifts...

Last week, I participated in the MMI Network meeting in Berlin which was linked to a conference by the German VENRO working group on health. Both meetings dealt with the changing nature of health cooperation and the increasing prominence of global health in international politics. And both referred to (the need for) a paradigm shift in global health and the transformative change required to attain the health related goals of the sustainable development (SDG) agenda.

The Berlin meetings obviously followed a certain trend: First, they confirmed that global health has become an issue of significance for both foreign and domestic policy development of countries, hence the need to take an integrated, inter-sectoral approach involving multiple actors, including the government. Secondly, the SDGs call for a universal, transformative approach to health, moving beyond working in silos and vertical programs, and the (now artificial) divide between “developed” and “developing” countries. Buse and Hawkes have eloquently described the implications of this in their paper Health in the sustainable development goals: ready for a paradigm shift?

The term “paradigm shift” was introduced by Thomas Kuhn in his essay “The Structure of Scientific Revolutions” (1962). Kuhn defines a scientific paradigm as “universally recognized scientific achievements that, for a time, provide model problems and solutions for a community of practitioners”. Kuhn explains how scientific progress is not linear, nor cumulative, but rather occurs in phases – ‘normal science’, periods of crisis and revolutionary changes in world view, respectively. In the last phase, the crisis is resolved by a revolutionary change in world-view in which the now-deficient paradigm is replaced by a newer one. Moreover, he argued that competing paradigms are “incommensurable”, that is to say there is no objective way to assess their relative merits. Or, in more general words, contrasting paradigms and their merits cannot be compared with each other on the basis of scientific validation, as they are bound by the specific communities, moment in time, and societal conditions that structure them.

The question then is whether something similar is now going on in international health cooperation and the sustainable development agenda. This merits a longer discussion, but perhaps the answer is “yes”, as the current major focus on evidenced-based interventions in health development programs is increasingly being questioned. So let me use this “paradigm shift” angle to reflect on these two meetings.
The VENRO global health conference focused on the (increased) prominence of global health on the German foreign policy agenda and Germany’s global health leadership within the G7 and G20. Germany chaired the G7 in 2015 and will be chairing the G20 in 2017; global health expectations are high after the positive track record of the Merkel government in 2015. The German government has developed a roadmap of their policy approach called “Healthy Systems – Healthy Lives”. The seminar explored how actors such as NGOs could work in synergy with the German government to attain global health objectives. With global health having become more prominent at the UN (see the last UNGA71 meeting for example), and in the G7 and G20, the paradigm shift could be explained then as a next phase of the global health revolution, a concept elaborated by scholar David Fidler: “Global health has been lifted from political neglect into more prominence among States, intergovernmental organizations (IGOs), and non-State actors.”

The MMI workshop on Health cooperation beyond aid focused on the changing role of NGOs but also on health cooperation in general. A new MMI discussion paper (see below) critically analyzes the relevance, legitimacy and effectiveness of health cooperation and its actors in a fast changing environment. A central point in the paper – also discussed in the workshop – is that currently much attention goes to “output” legitimacy in the work of international NGOs and other health development actors (i.e. accountability, transparency and effectiveness) while “input” legitimacy – deliberation and representativeness – gets far less attention: What are international NGOs and who do they really represent in global health advocacy and policy shaping? How do they discuss and convene to come to their policy decisions and what are their values and own socio- political or even financial interests? The needed paradigm shift here consists of creating more (self)reflection and awareness in the agency of international NGOs and other health cooperation agencies as to strengthen their relevance in global health programs and UHC more specifically. To be taken up in the MMI working group on Effective Health Cooperation that also met in Berlin in order to plan its next year of activities (new members are welcome!).

Reflecting back, can we really speak of a “paradigm shift” in global health policies and international cooperation? There is certainly “discontent with the status quo” and an agreement that we have entered a period of crisis and “debate over fundamentals” of what is the appropriate conceptual framework to advance global health. My personal take on this is the following.

First, I hesitate whether a philosophy of science concept like “paradigm shift” can (easily) be translated to the politics of global cooperation for development goals. Second, I am in doubt (call it a personal scientific crisis) about the “phase” we are in, currently. The SDGs, in spite of their undeniable transformative language and universal potential, are still structured on the Western development model initiated after World War II. This follows the principles of economic growth (increase of production and consumption) based on capitalism, free trade, democratization, good governance and the rule of law via cooperation between sovereign nation states. However, there are analyses
that health related human rights are undermined in the sustainable development agenda.

Moreover, we are facing a deep financial, ecological and social crisis. Issues like widening global income inequalities, thinking on post-capitalist society, the notion of planetary boundaries and limits to growth, global demographic projections and their implications for mass migration, reflections on cosmopolitan realism and the erosion of national sovereignty, but also high-level political attention to health security threats like Antimicrobial Resistance all challenge traditional development thinking and the status quo. There is fierce debate on the fundamentals going on and because of these structural global drivers and challenges world views on global health concepts might actually enter a revolutionary new phase. For example, the recent ratification of the Paris Agreement on climate change by the EU, China, India and the US might trigger an energy revolution that will have a deep impact on global health outcomes in the years and decades to come. Hence, ecologically oriented frameworks such as the manifesto on planetary health would guide us, eventually, towards a new paradigmatic worldview.

MMI working group on Effective Health Cooperation: www.medicusmundi.org/mmi-ehc

MMI discussion paper “Health Cooperation: Its relevance, legitimacy and effectiveness as a contribution to achieving universal access to health (October 2016): Download PDF