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Special Issue! The Politics and Practices of Evidence in Global Health

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By Anna Zogas

For September 2016, Charlotte Brives, Frédéric Le Marcis, and Emilia Sanabria edited a special issue of **Medical Anthropology** titled “The Politics and Practices of Evidence in Global Health.” Evidence-based medicine (EBM), the authors write in [their Introduction](#), is pervasive among contemporary practices of governance. The articles in this special issue provide ethnographic perspectives on the practice and production of evidence-based medicine across the world.

Here are the abstracts!

[What's in a Context? Tenses and Tensions in Evidence-Based Medicine](#)

Charlotte Brives, Frédéric Le Marcis & Emilia Sanabria

In this special issue, we bring together articles that engage ethnographically with practices of EBM in diverse localities—a bariatric surgery ward in Vienna, a tuberculosis control unit on the periphery of Paris, the practices of child psychiatrists in Portugal, the board meetings of a global vaccine venture and its implementation in Burkina Faso, and at the intersections of human immunodeficiency virus (HIV) treatment, hunger, and nutrition in Southern Africa. Our aim is to engage with EBM not as an ideal type, everywhere the same, but rather to engage pragmatically with the translations, negotiations, adaptations, failures, and successes of its deployment on the ground.

[The Precariousness of Public Health: On Tuberculosis Control in Contemporary France](#)

Janina Kehr

Through an ethnographic exploration of tuberculosis control in one of France's poorest regions, Seine-Saint-Denis, I interrogate the relationships between public health planning and interventions in conditions of multiple precarity. I show that the encounter between the feasible and the fantastic in the realm of public health generates feelings of absurdity and futility among medical professionals, characteristic of disease control in the precarious present. Precarity is neither a social and economic condition per se, nor is the link between disease and precarity

static. It is a dynamic process of political inclusions, exclusions, and inequalities, which differ substantially within the unequal spheres of precarious lives. The contradictions in tuberculosis control that I describe are thus not only characteristic of French public health but of global public health today, where illusions in disease control encounter the exclusionary realities of social life.

[Making ADHD Evident: Data, Practices, and Diagnostic Protocols in Portugal](#)

Angela M. Filipe

Drawing on medical anthropology and science and technology studies, I present a case study of the diagnosis of attention deficit hyperactivity disorder (ADHD) in Portugal. In a country where ADHD is a relatively recent medical category, still undergoing validation, the diagnosis is not primarily bound to an evidence-making role, and its epidemiology remains largely unknown. Notwithstanding, the diagnosis has been carried out by child psychiatrists and developmental clinicians who describe it as the most prevalent disorder that affects school-aged children and adolescents. In this article, I examine the global data, local diagnostic protocols, and clinical practices that are adapted and selectively mobilized in the making of the diagnosis, in a context in which making ADHD evident is at stake. The findings show that what counts as ADHD and what it means in each setting varies, and that the diagnosis may be understood as a situated process.

[Caring For Evidence: Research and Care in an Obesity Outpatient Clinic](#)

Kay Felder, Ulrike Felt, Michael Penkler

In recent years, there has been a substantial increase in bariatric surgery rates. This form of obesity treatment is often subjected to the critique that it turns patients into passive objects of medical intervention. Similarly, efforts to 'rationalize' medicine, as in evidence-based medicine, are sometimes denounced for imposing a 'one-size-fits-all' approach that neglects patient diversity. We argue that these critiques fail to do justice to the complexities of actual care situations. In our ethnographic study of a project for bariatric pre- and aftercare, we show how research protocols not only close down but also open up spaces for patient-centered care. Despite professional cautions, experiences of stigma and broader imaginations of biomedical care often lead patients to embrace surgery as a treatment conceptualized as a technological fix. We argue that investigations of how research and clinical practice intertwine need to be both empirically grounded and sensitive to wider societal contexts.

[Ambiguous Capture: Collaborative Capitalism and the Meningitis Vaccine Project](#) (open access)

Janice Graham

The primary health care approach advanced at Alma Ata to address social determinants of health was replaced by selective health care a year later at Bellagio. Subsequently, immunization was endorsed as a cost-effective technical intervention to combat targeted infectious diseases. Multilateral efforts to collaborate on immunization as a universal public health good ambiguously capture the interests of the world's governments as well as private, public, and not-for-profit institutions. Global assemblages of scientists, governments, industry and nongovernmental organizations now work in public-private partnerships to develop and make essential vaccines accessible, with vaccines marketed as single fix solutions for global health. Drawing from ethnographic fieldwork in France and Burkina Faso that followed the development, regulation, and implementation of the group A meningococcal conjugate vaccine for sub-Saharan Africa, in this article I describe events during and after the development of MenAfriVac. A technological success narrative steeped in collaborative capitalist rhetoric disguises neglected health care systems.

[Antiretroviral Therapy and Nutrition in Southern Africa: Citizenship and the Grammar of Hunger](#)

Thomas Cousins

How might we understand and respond to the new forms of hunger that arise with the massive rollout of antiretroviral therapy (ART) for HIV in southern Africa? Rather than 'merely' a technical problem of measurement, medicine or infrastructure, I suggest that a philosophical question arises concerning the relationship between the experience of hunger, the utterances that communicate that experience, and the bodily regimes of well-being and ill-being indexed by such utterances. Taking the gut as a particular kind of mediator of experience, I draw on ethnographic fieldwork conducted in KwaZulu-Natal, South Africa to open up a set of questions on acknowledgment and avoidance. The central question concerns the divergent concepts of 'grammar' that confront the relationship between hunger and ART.

[Anthropologists in Global Health Experiments](#) (open access)

Anita Hardon & Robert Pool

Can global health experiments be part of more flexible systems of knowledge generation, where different bodies of knowledge come together to provide understanding not only of the outcomes of new interventions but also of the mechanisms through which they affect people's well-being and health? Building past work in which they tried to transform how global health experiments are carried out and inspired by the articles in this special issue, the authors of this commentary argue that strategic

collaboration is needed to break the hegemony of randomized controlled trials in designing global health technologies. More open-ended experiments are possible if anthropologists team up with innovative researchers in biomedicine to develop new conceptual models and to adopt novel observational techniques and 'smart' trials that incorporate ethnography to unravel complex interactions between local biologies, attributes of health systems, social infrastructures, and users' everyday lives.

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