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Special Issues! The Publics of Public Health in Africa | Anthropological Interrogations of Evidence-Based Global Health

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By Anna Zogas

I'd like to highlight a pair of Special Sections in the early 2017 issues of **Critical Public Health**. The first is **"The Publics of Public Health in Africa,"** guest edited by Ann H. Kelly, Hayley MacGregor, and Catherine M. Montgomery. The second is **"Anthropological Interrogations of Evidence-Based Global Health,"** guest edited by Elsa L. Fan and Elanah Uretsky. Here are the abstracts for the articles in both sections!

The Publics of Public Health in Africa

The publics of public health in Africa (open access)
Ann H. Kelly, Hayley MacGregor & Catherine M. Montgomery

Excerpt: How do we understand the public character of public health in contemporary Africa? What are the parameters of community engagement in health care delivery, medical research and disease control programmes? To what extent is public health in Africa a project led by African Governments? Through what political processes and deliberative practices can African publics influence the priorities of research in health sciences and interventions which aim in broad terms to improve the health of such publics? Drawing insight from empirical research conducted with African scientists, nurses, community members, clinical trialists and policy-makers, this special section examines the multiple ways in which the publiccomes into being around public health provisioning and investigation in sub-Saharan Africa, its role and political reach. Collectively, these papers show how contestation and negotiation around different ideas about who the public is and what being public means can lead to the emergence of conflicting understandings, with implications for who and what is seen to represent the public interest, and for the acceptance of research and other interventions.

Communitarian societies and public engagement in public health
Morenike Oluwatoyin Folayan & Bridget Haire

For effective public health interventions in communitarian societies, public engagement must reflect cultural values that focus on preserving collectives, rather than individuals. The case of the Ebola epidemic in West Africa is used to reflect on the drivers and consequences of failure to incorporate local knowledge, local leaders and local ethical values in the adaption of programmes from elsewhere.

Comparison of social resistance to Ebola response in Sierra Leone and Guinea suggests explanations lie in political configurations not culture (open access)
Annie Wilkinson & James Fairhead

Sierra Leone and Guinea share broadly similar cultural worlds, straddling the societies of the Upper Guinea Coast with Islamic West Africa. There was, however, a notable difference in their reactions to the Ebola epidemic. As the epidemic spread in Guinea, acts of violent or everyday resistance to outbreak control measures repeatedly followed, undermining public health attempts to contain the crisis. In Sierra Leone, defiant resistance was rarer. Instead of looking to 'culture' to explain patterns of social resistance (as was common in the media and in the discourse of responding public health authorities) a comparison between Sierra Leone and Guinea suggests that explanations lie in divergent political practice and lived experiences of the state. In particular the structures of state authority through which the national epidemic response were organised integrated very differently with trusted institutions in each country. Predicting and addressing social responses to epidemic control measures should assess such political-trust configurations when planning interventions.

Nurses' perceptions of universal health coverage and its implications for the Kenyan health sector
Adam D. Koon, Lahra Smith, David Ndetei, Victoria Mutiso & Emily Mendenhall

Universal health coverage, comprehensive access to affordable and quality health services, is a key component of the newly adopted 2015 Sustainable Development Goals. Prior to the UN resolution, several countries began incorporating elements of universal health coverage into their domestic policy arenas. In 2013, the newly elected President of Kenya announced initiatives aimed at moving towards universal health coverage, which have proven to be controversial. Little is known about how frontline workers, increasingly politically active and responsible for executing these mandates, view these changes. To understand more about how actors make sense of universal health coverage policies, we conducted an interpretive policy analysis using well-established methods from critical policy studies. This study utilized in-depth semi-structured

interviews from a cross section of 60 nurses in three health facilities (public and private) in Kenya. Nurses were found to be largely unfamiliar with universal health coverage and interpreted it in myriad ways. One policy in particular, free maternal health care, was interpreted positively in theory and negatively in practice. Nurses often relied on symbolic language to express powerlessness in the wake of significant health systems reform. Study participants linked many of these frustrations to disorganization in the health sector as well as the changing political landscape in Kenya. These interpretations provide insight into charged policy positions held by frontline workers that threaten to interrupt service delivery and undermine the movement towards universal health coverage in Kenya.

‘$100 Is Not Much To You’: Open Science and neglected accessibilities for scientific research in Africa
Louise Bezuidenhout, Ann H. Kelly, Sabina Leonelli & Brian Rappert

The Open Science (OS) movement promises nothing less than a revolution in the availability of scientific knowledge around the globe. By removing barriers to online data and encouraging publication in Open Access formats and Open Data archives, OS seeks to expand the role, reach and value of research. The promises of OS imply a set of expectations about what different publics hope to gain from research, how accountability and participation can be enhanced, and what makes science public in the first place. This paper presents empirical material from fieldwork undertaken in (bio)chemistry laboratories in Kenya and South Africa to examine the extent to which these ideals can be realized in a sub-Saharan context. To analyse the challenges African researchers face in making use of freely available data, we draw from Amartya Sen’s Capabilities Approach. His theorisations of ‘conversion factors’ helps to understand how seemingly minor economic and social contingencies can hamper the production and (re-)use of online data. In contrast to initiatives that seek to make more data available, we suggest the need to facilitate a more egalitarian engagement with online data resources.

From ‘trial community’ to ‘experimental publics’: how clinical research shapes public participation
Catherine M. Montgomery & Robert Pool

In relation to clinical trials, it is far more usual to speak of the community (singular, static) than of publics (multiple, emergent). Rarely defined, the community is commonly taken to be the existing people in a given area, which the trial will engage, mobilise or sensitise to facilitate successful recruitment and retention. Communities are assumed to pre-exist the research, to be timeless, and to be a whole (sometimes consisting of different parts, referred to as stakeholder groups). In this paper, we

suggest a conceptual shift from ‘trial community’ to ‘experimental publics’. Using an empirical case study of an HIV prevention trial in Zambia, we draw out the following key points: firstly, publics do not pre-exist research activities but are enacted in concert with them. Secondly, publics are dynamic and transient. And thirdly, experimental publics are situated at the intersection of various forms of inclusion and exclusion, both locally and globally. Our findings emphasise the need to create long-term forms of participation in science, which transcend both the instrumental goals and the individual timelines of specific trials.

Anthropological Interrogations of Evidence-Based Global Health

In search of results: anthropological interrogations of evidence-based global health (open access)
Elsa L. Fan & Elanah Uretsky

Excerpt: This special section brings together a collection of papers that interrogate evidence itself as an object of inquiry and examines how different forms of evidence are produced, negotiated, and valued across a range of health contexts. In unpacking evidence and the practices implicated in its production, these papers explore the health interventions mobilized in global health from within the positivist methods that dominate its discourse, attending specifically to the blind spots that sometimes emerge from the limited purview of what is recognized as evidence. In particular, all the papers foreground the business rationalities, measurement technologies, funding structures, and regime of actors and agendas that distinguish global health from its predecessor international health (see Brown, Cueto, & Fee, 2006) and its counterpart public health, both of which are bound by national governance and financing. Our papers thus aim to unravel that ‘obscure object of global health’ (Fassin, 2012) that seems to be less about the spatial and geographic boundaries that determine health and more about the financial and political arrangements through which health practices (and inequalities) are configured. The primary concern is often who is setting the standards for measuring health and how these forms of knowledge circulate in ways that shape the health outcomes themselves.

Our papers aim to interrogate the processes that guide this new practice of global health, thus highlighting the ‘perceptual deficits’ (Biehl & Petryna, 2013, p. 5) of paradigms that tend to occlude the complexities and contradictions of health issues in favor of standardized models that seek proof in the language of metrics. Collectively, these papers suggest that a view beyond the evidence reveals programs that struggle to reach their intended beneficiaries and goals, despite the fact that they find ways

to demonstrate success.

"Guilty until proven innocent": the contested use of maternal mortality indicators in global health (open access)
Katerini T. Storeng & Dominique P. Béhague

The MMR – maternal mortality ratio – has risen from obscurity to become a major global health indicator, even appearing as an indicator of progress towards the global Sustainable Development Goals. This has happened despite intractable challenges relating to the measurement of maternal mortality. Even after three decades of measurement innovation, maternal mortality data are widely presumed to be of poor quality, or, as one leading measurement expert has put it, 'guilty until proven innocent'. This paper explores how and why leading epidemiologists, demographers and statisticians have devoted the better part of the last three decades to producing ever more sophisticated and expensive surveys and mathematical models of globally comparable MMR estimates. The development of better metrics is publicly justified by the need to know which interventions save lives and at what cost. We show, however, that measurement experts' work has also been driven by the need to secure political priority for safe motherhood and by donors' need to justify and monitor the results of investment flows. We explore the many effects and consequences of this measurement work, including the eclipsing of attention to strengthening much-needed national health information systems. We analyse this measurement work in relation to broader political and economic changes affecting the global health field, not least the incursion of neoliberal, business-oriented donors such as the World Bank and the Bill and Melinda Gates Foundation whose institutional structures have introduced new forms of administrative oversight and accountability that depend on indicators.

Making global health knowledge: documents, standards, and evidentiary sovereignty in HIV interventions in South India
Robert Lorway

This paper explores how an array of HIV epidemic responders became embroiled in producing quantitative evidence for HIV interventions in India. Based upon extensive ethnographic fieldwork in Karnataka State, I examine the life history of the Gates-funded AIDS initiative in India known as Avahan as a case study to consider the social and political implications of large-scale, standardizing knowledge regimes enacted in the era of global health. Specifically, I analyze a sample of the key material artifacts that are implicated in the production of standardized knowledge in an attempt to illuminate the workings of what I refer to as 'evidentiary sovereignty'. I argue that documents, forms, and other paperwork used to generate evidence in global health interventions neither merely reflect

expert knowledge nor convey information about scientific standards but, rather, *are integral to the re-instantiation of sovereignty*. The effects of evidentiary sovereignty not only narrow the aperture of global health interventions to overlook the on-the-ground realities that shape health problems, but they also transform the very ground upon which communities responding to HIV epidemics conceive of and enact politics. As highly HIV-affected communities struggle with the bureaucratic demands of intensive form-filling and query agreed upon standards and systems of classification, a form of politicization of knowledge unfurls that pertains to the documents themselves.

Multiple accountabilities: development cooperation, transparency, and the politics of unknowing in Tanzania's health sector
Noelle Sullivan

Accountability and transparency are considered best practices within development cooperation frameworks characteristic of global health practice today. In this article, I ask: How do accountability and transparency work, and for whom? I develop three main arguments. Drawing on Geissler's concept 'unknowing,' I first demonstrate that global health actors are aware, yet strategically obscure, the instabilities and problematics of data and indicators in Tanzania. Second, I suggest that multiple and contradictory forms of accountability are pursued by global health actors, while this multiplicity is often unspoken in order to render accountability frameworks legitimate to sustain the existing development cooperation system. Third, I argue that foreign and Tanzanian actors within the health sector perpetuate accountability and development cooperation frameworks which are neither cooperative, nor accountable to citizens and purported beneficiaries of aid, because doing so allows actors to pursue interests often unrelated to formal policy goals.

'We can't do that here': negotiating evidence in HIV prevention campaigns in southwest China
Elanah Uretsky

Disease prevention and health care delivery, areas traditionally governed by the nation state and local communities, are increasingly being inhabited by 'mobile sovereigns' who carry a global currency of prevention strategies and treatments grounded in the universal standards of scientific evidence. Drawing on ethnographic evidence from research conducted on HIV in southwest China, this paper examines the impact of evidence-based science on the effectiveness of global health programming. It interrogates the intentions of global health partnerships and how the balance of power waged between those with money, science, and technical expertise, and those seeking assistance and resources, influences global health programming. Ultimately, the paper demonstrates

the disconnect between the demand for a system of universal standards developed on the basis of scientific evidence and an appreciation for the local context, which shapes the way these standards should be modified for effective implementation of global health programs.

Counting results: performance-based financing and HIV testing among MSM in China
Elsa L. Fan

In this paper, I examine the use of performance-based financing to scale-up HIV testing in men who have sex with men, or MSM, by global health initiatives in China. This mechanism, which ties financing directly to the achievement of targets and indicators, assures that measurable results are produced from health interventions and accounts for financial spending. On the one hand, its adoption into HIV programming in China articulates with broader shifts in global health that place currency on particular forms of evidence. At the same time, performance-based financing reshapes how HIV interventions are carried out and what counts in these programmes. The suturing of financing to outputs directs what gets counted and how, and as a consequence leads to the production of measurable results as an end in and of themselves. Based on 22 months of ethnographic research carried out in China, I explore the effects of this mechanism and, in doing so, ask what gets left out in the pursuit of evidence. In particular, I demonstrate how the demand for outputs undermines HIV prevention in MSM, thus risking the very lives these interventions are intended to save.

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