# EPISODE 23: DECOLONIZATION, LOCALIZATION AND WHO HISTORY MATTERS PART I

*This transcript has been generated by the Trint transcription software and edited by TDR staff. The World Health Organization is not responsible for the accuracy of the transcription.*

**Garry Aslanyan** [00:00:05] Hello and welcome to the Global Health Matters Podcast. I'm your host, Garry Aslanyan. I'm so happy you've tuned in for the third season of the podcast. I know it's hard to believe, but here we are! To kick this season off, I'm going to take a step back into the past and discuss the value and merits of understanding global health history. We will focus on narratives and explore the viewpoints and priorities that have shaped global health history, with a particular focus on the World Health Organization. My guests for this episode are two renowned scholars of global health history. Sanjoy Bhattacharya is the head of the School of History and Professor of Medical and Global Health History at the University of Leeds in the United Kingdom. Anne-Emanuelle Birn Anne-Emanuelle Birn is Professor of Global Development Studies and of Global Health at the University of Toronto in Canada. Hi Sanjoy. Hi Anne-Emanuelle.

**Sanjoy Bhattacharya** [00:01:11] Hi Garry.

**Anne-Emanuelle Birn** [00:01:12] Hello Garry.

**Garry Aslanyan** [00:01:12] Welcome to the show. Let's get started. Sanjoy and Anne-Emanuelle, why does history matter?

**Sanjoy Bhattacharya** [00:01:20] So Garry, history matters because for me it allows us a better understanding of how we've got here today and how we can function in better, more inclusive ways. All institutions have long histories, and those long histories have determined negotiations between complex partnerships, complex organizations, and how we operate today is deeply determined by those long-term negotiations, which is historical. So history matters.

**Garry Aslanyan** [00:01:57] And Anne-Emmanuelle, what about you?

**Anne-Emanuelle Birn** [00:01:59] Just to build on that. We can think about the role of history in four or five ways. For those who are interested in particular places, institutions, professions, and so on, history is very important for building identity, knowing who you are, understanding, as Sanjoy has said, past trajectories. It's also very important at moments of reform or change. So when there is a new policy or a more global change such as the end of the Cold War, these moments become extremely important in which to understand what has come before and what path might be chartered into the future. It's also extremely important at moments of crisis. So at particular times when something changes quite suddenly, it helps us grapple with uncertainties. And then finally we can think about history as kind of a window on society in general.

**Garry Aslanyan** [00:03:16] Could you please give us a brief overview of global health history and its key moments.

**Anne-Emanuelle Birn** [00:03:21] In terms of global health histories, I think there are a number of germane points here. First of all, this is a relatively new term. In the 19th century, the arena that has evolved or erupted, transformed into global health history, began in a very particular context, that of imperialism, particularly European, but also North American imperialism and the growth of the colonial enterprise. Health and medicine played a very important role, so one of the earliest precursors, if you

will, to global health history, or global health, was colonial medicine. Then there was kind of a shift to tropical medicine and here the arena wasn't on tropical health, but rather it was kind of relabelled for the so-called tropical regions of the world, which actually overlapped in many ways with the parts of the world that had been colonized. In the 19th century, this new nomenclature of tropical medicine really had to do with this idea of creating something alien that was also a threat. And this was very much a fabrication. You had to create the notion of the tropics in order to have tropical medicine, but also this idea that these parts of the world were threatening to Europe and to the imperial power. So you have this whole recreation, and then in the early 20th century you have kind of a re-baptizing into international health. The idea here was in part drawing from the international sanitary conferences, but also trying to think about health across different parts of the world without necessarily the colonial and imperial overlay. So you have this transition and it really takes off after the founding of the World Health Organization, this idea of international health, health between countries, through sometimes collective decision-making but also very much influenced by the world order, in that case the Cold War. And then much more recently you have this post-Cold War re-emerging of this idea of global health, which some argue is more or less a continuity of international health with power asymmetries across different parts of the world. Others see it as an opportunity to highlight equity, inclusiveness and really bring parts of what was formerly called the Third World, maybe many use the Global South majority world, into decision-making around health activities that affect arguably the entire globe or certainly relations between and among countries.

**Garry Aslanyan** [00:06:54] We often approach lessons from the past with great confidence and we want to apply this to our current contexts, to health situations and interventions. Are there any dangers in doing so.

**Sanjoy Bhattacharya** [00:07:08] So for me, there isn't one historical narrative, and Emanuelle has just told us very powerfully, but I've always had a different view in the sense that when we are trying to fight for equity and trying to use history for equity, we are also then complicit in not listening to alternative voices. The resistance that has always existed, from the time colonialism started, to those dominant narratives which empires tried to impose or organizations tried to impose. So there isn't one historical narrative. There is also the narrative of the colonized. There is also the narrative of the resistor. This is where, for me, the study of history's implementation are very important. So the question you ask Garry for me is which history are we talking about? Are we talking about the history of the colonizer and the lessons of the colonizer? Are there dangers there in implementing? Absolutely. But then I would say that there are dangers in implementing elite histories. And the radical histories that only look at the voices of the few are as elitist as, let's say, that history is being created by colonizing forces of whatever shape or size. But if we are looking at histories of implementation and complexity that use multiple voices to look at multiple experiences, there may be lessons to transfer over, as long as we are aware that politics, economics, social determinants and cultural determinants of health, change from context to context. But dominant narratives written in metropolitan cities by us elite historians sitting in wonderful cities and wonderful universities, we have to work very hard to make that history applicable for policy implementation. Because if we don't, we are part of the same elite group. We're just talking in different echo chambers. That's my take on it.

**Anne-Emanuelle Birn** [00:09:12] With the COVID-19 pandemic, there was an expectation in certain quarters that history would help to address, resolve, shed light on the course of the pandemic and so on. So just kind of a first general comment, I completely agree with Sanjoy that history is unable to make any kind of accurate prediction and arguably even provide comfort amid vicissitudes, solitudes, divided experiences of the pandemic. And there's no way historical perspectives can resolve social, political and other forms of tensions that the response to COVID-19 continues to engender, arguably. History can't

predict or liberate, and every pandemic has occurred in particular social, political, cultural configurations. So there's no recipe, right? The expectation was that history would provide a recipe. Now that said, the historical voices that garnered an enormous amount of attention, were those based on European and North American experiences of plague, of influenza and so on, and it became rather challenging for historians working from other perspectives, other parts of the world, to at least get kind of a global level to try and intercede in those discussions. And so you have all of these kind of false stories about what was going to play out based on the particular experiences of, say, Britain or Germany or the United States and so on. And one of the problems with these attempts at kind of universalizing how pandemics start and end and what the arc or the drama of how they unfold is, that it gives fuel to continued flawed approaches and beliefs about pandemics today. So there's very troubling utterance, shall I say, of Melinda Gates very early on in the pandemic when Guayaquil was facing a terrible crisis. Insufficient coffins, for example, and bodies were literally lined up in the street. However, Melinda Gates then said, "You see what's happened in Guayaquil with bodies lined in the streets, the exact same thing is going to happen in Africa". And she went on to say, "This is what we're facing in the rest of the world". And this was a very kind of recipe approach, an imperial approach to understanding the pandemic without any kind of idea of what was going on. Actually, in many ways, sub-Saharan Africa was the most important protagonist role. Africa CDC, for example, in creating a shared platform for purchasing PPE, for buying testing kits and so on. So all this to say that we need to understand pandemics, first of all in their specificity, but also in terms of very different histories in different places and the kind of recipe assumptions that some of these grand historical narratives lent themselves to is very problematic.

**Sanjoy Bhattacharya** [00:13:26] There are multiple historical narratives about any aspect of global pandemics. So if you're saying was COVID influenced by any historical narratives, I would say that one interest group that came up immediately and said, oh we have lessons to offer, were the polio eradicators, because they were saying, oh look, we've created all these structures for polio eradication and we can give lessons and we can have these structures help COVID vaccine delivery and things like that. But the problem then became that there wasn't one historical narrative. There was a historical narrative sitting in Geneva. There was a historical narrative sitting in Seattle. And then if I use the example of India, there were multiple historical narratives sitting in India. But when that narrative was used to justify the polio eradication initiative's usefulness for what was happening in the COVID pandemic, what one threw was a history of implementation, because that, at the end of the day, was what was actually useful on the ground. Not the big words being said in Seattle and Geneva, but actually the histories of implementation in India were then put to service. Those lessons and those experiences were put to service in relation to COVID and its vaccination against it. So again, my point is that there isn't one historical narrative. Every story has multiple historical narratives. We, as historians, can empower the voices of the elite. But when it matters in implementation, it's the histories of implementation on the ground that often are more powerful than the big words said by elites who often don't know about context. So history matters, but we have to always ask which history is mattering because there are multiple histories.

**Garry Aslanyan** [00:15:24] So, Sanjoy, what about the history of WHO as an organization? And I think you've already alluded in your earlier response. How does the history of WHO as we know it and understand it today matter?

**Sanjoy Bhattacharya** [00:15:39] So for me, the WHO is not just Geneva, the WHO is equally all the regional offices. So when I look at the WHO, I don't just focus on the debates, discussions and individuals who are saying things, doing things in Geneva. That is a very important part of the story, but for me, the history of the WHO is a mosaic(?) and if it's 100 piece puzzle, 20 pieces of that puzzle is Geneva, the other pieces are the regional offices. So I then study what is happening at regional level, I see how

normative policies suggested from Geneva are understood, negotiated and then implemented at regional level. I'm not saying that the regions are free of elitism, but if you have a region, a bottom-up so the regions up history of WHO, it becomes a very different history than what we often get published by leading Western presses, which then enter our educational system and then are taught in quite unquestioning ways. So if you look at a bottom up history of the WHO, where you centre the regional offices, I would submit that you actually get a much more decolonized and democratic history of international and global health than you would if you looked at Geneva and say that everything that is happening in global or international health is happening because of things that are happening in Geneva. I submit they're not. I submit what is happening is much more in response to what is being discussed and negotiated at regional level.

**Garry Aslanyan** [00:17:21] Okay. Yeah. Anne-Emanuelle?

**Anne-Emanuelle Birn** [00:17:23] I would actually go further than that. I think in some ways, only looking at the regional offices really takes away from what's going on in country by country and also alternatives to those regional offices. So if you look at settings like Brazil in the early 2000s, there was an attempt through the Organization of South American States to actually create a different circuit that didn't have to go through WHO but could engage in health cooperation beyond WHO, but that ultimately influenced WHO, so it became a very important voting bloc, for example. And I think that some of Cuba's efforts, or many of Cuba's efforts, in South-South cooperation also are extremely important to look at. So understanding WHO is also understanding where WHO is absent. And those silences or those absences actually enable us to understand even more about how the Organization, its regional offices and its national offices are not where all of the action is happening.

**Garry Aslanyan** [00:18:46] So if we were to explore the history through certain achievements, Sanjoy, you had an article where you reflected on smallpox eradication and you highlighted unacknowledged roles of, let's say, frontline health workers in communities. So what kind of lessons can this history of implementation offer to current debates around how we improve global health and including improving the work of the organizations involved?

**Sanjoy Bhattacharya** [00:19:21] So for me, Garry, technology is important, but the hands that hold the technology is far more important. So for me, technology isn't an answer for all the global health problems we face today. It's about developing the right human resources, it's about mobilizing the right teams, it's about making sure that those empowered teams have respectful and equitable connections with communities. If you get all of that in place, then I think the history of smallpox eradication, the way I see it, my historical narrative, there are lessons to be transferred over. And that lesson is simply this, that the thousand odd US CDC officials who claim that they eradicated smallpox is a false narrative. Because yes, they went in and out of countries and did things, but they didn't implement stuff on a day-to-day basis over the many decades that were needed to eradicate smallpox. That work was done by hundreds of thousands of national workers and local workers, many of whom were women, many of whom did not speak English, many of whom wrote the reports and the analyses about how to improve things in languages other than English and who were often forgotten by the chroniclers that the US CDC and the US government employed after smallpox was eradicated to write supposedly the definitive history of the smallpox eradication. So those frontline workers, for me it was let's say those 100,000 workers as compared to the 1000 international workers, were the real heroes and heroines of smallpox eradication, because they taught the international and global fraternities about how to adapt some centrally developed ideas about how to use vaccination, who to talk to, what social determinants and what cultural determinants to consider, and many of these officials, we must remember, were paid by national exchequers. Their salaries were actually not paid by international bodies, they were paid by

national exchequers. But when calculations were done about contributions to smallpox eradication, these national investments, huge national investments in smallpox eradication, are often not even considered in the figures when big claims are made about who contributed to smallpox eradication. So what I can tell you definitively, having looked at personnel files of many thousands of workers, none of them ever had their salaries paid for by US CDC in India. So at some point we need to give the Indian Government some credit for smallpox eradication as well. And that is what I meant by the unacknowledged actors, not just the workers on the ground, but people who are also paying salaries. The Global South, I don't like that term, but if we talk in terms of low- and middle-income countries and smallpox eradication, were not just a black hole in which high income country money was being poured into so that smallpox could be eradicated, these countries were actually investing in the immunization frameworks that eradicated smallpox. They were equal partners in smallpox eradication. They were not beggars. They were equal contributors. And that is what I meant in that Lancet article.

**Garry Aslanyan** [00:22:53] Thank you for that. Anne-Emmanuelle, let's look at one other historical event, which is the famous 1978 Alma-Ata Conference that really still remains as a key kind of turning point. And actually I was lucky enough to be at the 40 year celebration of that conference, which is now called Almaty. So from your point of view, what does the history of this conference reveal to us and how does it influence the current efforts around universal health coverage?

**Anne-Emanuelle Birn** [00:23:31] So this is also a complex question. There are so many myths around the Alma-Ata conference and some of the tensions that Sanjoy raised about who's telling the history, using what kinds of sources and so on is a huge issue. It was only actually very recently, and I was involved in kind of trying to understand the back story from the host country, which had never been examined. And that's still kind of a top down history. But what were the interests of the Soviet authorities in hosting the conference? What were some of the tensions that arose? What was the famed Halfdan Mahler's role both in his support, but also his trepidation about not only the Declaration itself, but having the event cited in the Soviet Union, what would that mean in the context of the Cold War and so on. Now, Alma-Ata has served as a very important touchstone for many health activists. And one in particular, and I consider myself a scholar activist, it has become a very important way of reviving some of the aspirations that were articulated in the Declaration around equity and the responsibility of national governments and the huge inequalities within but especially between countries and so on. And these are all very important social justice issues. But I think it's also crucial not to overplay Alma-Ata in multiple ways. First of all, how much it was truly a turning point is a question mark, in part because of what we just heard about, the smallpox eradication. The last six or seven years that effort took place were unfolding at the exact same time as the planning for Alma-Ata and so on. So that's one issue. Another is that it played out very differently in different regions. And most countries raised their hand, there wasn't a formal vote, but a lot of acclamation for the Declaration at that moment. But what that meant, for example, in particular Latin American countries, Brazil, Uruguay, Colombia, all these countries under either dictatorship or very repressive governments. And those governments said, yes, let's join the bandwagon and support Alma-Ata, but for people on the ground, for health workers who were struggling for liberation, it actually meant primitive health care, or health care on the cheap, not taking into account local needs and inequities within countries and so on. On the other hand, in certain places, the exemplars that unfolded, Sri Lanka is one of those settings, Alma-Ata was extremely important in Thailand as well. So you had it playing out very differently in different places and lots of struggles both within the WHO headquarters and regional offices, what it would mean. So the universal health coverage debate is also quite fraught, plays out very differently in different countries and between Geneva and I should say, Washington, because the World Bank has been very involved. And one of the big issues has to do with whether it's universal health care or universal health coverage that is opening the door to private insurance, private players and so on. So whether it's really looking at a single tier of care under a public

provider, under a public financer, or it's this very different kettle of fish as seems to be playing out. But again, we can see things that look quite different in different places. So I guess to be short on this question is that there are real differences between aspirations and how things play out on the ground and who are the array of actors, both locally, globally, within and beyond what we would call the global health sector that are influencing how this gets implemented and taken up.

**Garry Aslanyan** [00:28:34] This year, 2023, is a historic year for the World Health Organization. WHO is celebrating its 75th anniversary. Anne-Emmanuelle, you have written several papers on the factors that shaped and are shaping WHO. From your point of view, what are the prevailing current forces influencing the Organization's current and future agenda?

**Anne-Emanuelle Birn** [00:29:03] Well, of course, WHO has been influenced by the larger global order, whether that's the Cold War and the fights that took place, the tensions over Alma-Ata, over decolonization, etc., etc. But it also played out in this era that I just referred to, the rise of the neoliberal phase of capitalism, whereby some of the aspirations of WHO, its Member States, sometimes in conjunction with UNICEF, to have a list of essential medicines, for example, or a code of ethical conduct of breastmilk substitutes so that you didn't have profiteering taking place in terms of technologies, pharmaceuticals and so on. And so that past has very much shaped the ways in which WHO has been able to respond in some of its points of manoeuvring. So in the context of the 1990s, with the real constraining of WHO's budget, this meant turning to private players, philanthropic players and so on. But this is also an era eventually of the rise of alternatives to WHO. I alluded before to South-South cooperative efforts that are really bypassing WHO in large part because WHO has been under this yoke or choking of so-called earmarked funding whereby the vast majority of its budget, some 80%, is actually decided by donors, whether that's the larger countries or by public private partnerships. So private players, corporations, foundations and so on. So, I think when we're looking at the future of WHO, we need to look at all of these actors and not only how they are shaping WHO's agenda, but why in the recent period, these various alternatives to WHO have emerged precisely because of the constraints that have been placed on at least WHO headquarters, but in many ways, that also influences how regional offices are able to engage.

**Garry Aslanyan** [00:31:53] And Sanjoy you, as someone who has studied the history of WHO, which two or three aspects from the organization's history should be used to continue to evolve and look into its future?

**Sanjoy Bhattacharya** [00:32:07] So when WHO was formally established in 1948, the body that helped it come into being was not just composed of people from high-income countries, but also from nationalist movements that were leading decolonization. So in 1948, for me, the WHO was a huge democratic force. It represented an active challenge to imperialism. It was an anti-imperialistic body of a type that had never been seen before, where all the countries that came out of the British Empire in South Asia had one vote each, which were equivalent to the single vote that Great Britain, the ex-colonial ruler, had. This was a seismic change in the way in which international health was going to be run. In this new model, the newly decolonized countries were important, a new type of regional office, the first regional office was the South-East Asia Regional Office, was important and that is what excited me when DG Tedros was elected, because DG Tedros immediately said, "We need to engage countries more. We need to look at regional requirements more". So I think there is a connection between that very powerful initial history of the WHO when it was born, for me as an anti-imperial force, and the democratizing potential of some of DG Tedros' messaging today, where he constantly refers to the importance of country level action. So I'm still waiting. The moment he came to power, he said, "We must have new terms of reference where we must make country level engagement very important". I hope that comes

to fruition because that contemporary policy in relation to creating bottom-up planning and bottom-up resourcing of major campaigns can gain so richly from that initial dream of empowerment through health, that this new infrastructure that the WHO represented in 1948. There are just fantastic possibilities that I think the world needs to be brave and connect those histories with visions for democracy in the 21st century and then connect those. I think there are great possibilities.

**Garry Aslanyan** [00:34:43] Thank you very much, both of you, Sanjoy and Anne-Emmanuelle, for this discussion today.

**Anne-Emanuelle Birn** [00:34:49] Thank you very much.

**Sanjoy Bhattacharya** [00:34:50] Thank you.

**Garry Aslanyan** [00:34:51] History is multifaceted and as we heard in this episode, it can look slightly different based on which narratives are considered, how historical events are interpreted and whose contributions are credited. The same is true for global health history. Personally, I was struck by the colonized lens Sanjoy used to study the World Health Organization and the richness that emerged from understanding the events that occurred at country and regional levels. I felt that there was a lot of wisdom in Anne-Emanuelle's words. For all of us who want to learn from the past, it's important not to view history as a recipe that can be directly applied in the present or in the future without due consideration of the context and culture in which these events took place. On this 75th anniversary, I want to express my congratulations to all colleagues working at WHO, at different capacities and in different countries. For me, WHO and its history means a demonstration of what is possible when nations come together for a common purpose. Our future depends on how we strive for equity by bringing science, research, innovation and partnerships together. If WHO didn't exist, we would need to invent it.

**Ebere Okereke** [00:36:34] Hello. My name is Ebere Okereke. I'm a global health specialist working with the Tony Blair Institute for Global Change and Africa, CDC. I enjoy listening to Global Health Matters because I like the perspective that Garry takes in interviewing his guests. My favourite topic episode was the discussion on Decolonizing Global Health with Catherine Kyobutungi and Agnes Binagwaho. But every topic is interesting and I make a point of listening to every new episode when it's released. Garry, thank you for this excellent podcast.

**Garry Aslanyan** [00:37:12] Thank you Ebere for sending such a positive message and for being such a loyal listener. To learn more about the topic discussed in this episode, visit the episode web page where you will find additional readings, show notes and translation. Don't forget to get in touch with us via social media or email with your reflections and why you think that global health matters.

**Elisabetta Dessi** [00:37:37] Global Health Matters is produced by TDR, a research programme based at the World Health Organization. Garry Aslanyan is the host and the executive producer. Lyndi Van Niekerk, Maki Kitamura and Obadiah George are content and technical producers. The podcast editing, dissemination, web and social media designs are made possible through the work of Chris Coze, Elisabetta Dessi, Izabela, Suder-Dayao and Chembe Collaborative. The goal of Global Health Matters is to produce a forum for sharing perspectives on key issues affecting global health. Send us your comments and suggestions by e-mail or voice message to TDRpod@who.int, and be sure to download and subscribe wherever you get your podcasts. Thank you for listening.