Santé mondiale:
savoirs, dispositifs, politiques

Séminaire 2016-2017 - Séance de clôture

Du vieux vin dans de nouvelles bouteilles ? La philanthropie à l'ère de la santé mondiale

Global Health:
knowledges, dispositifs, poli-cies/-tics

Lecture series 2016-2017 - Final session

Old wine in new bottles? Philanthropy and the rise of global health

Cermes3, Campus CNRS, 7 rue Guy Môquet 94800 Villejuif
21/06/2017, 10:00-17:00

10:00 | Introduction
Jean-Paul Gaudillière, Guillaume Lachenal

10:30 | Public-private partnerships in global health and the value of absent evidence
Linsey McGoey, University of Essex, UK

This paper draws on the history of ideas in order to investigate early 20th-century shifts in economic thought that have led to widespread 21st-century assumptions about the effectiveness of private-sector actors in improving health outcomes. Through a critical analysis of Hayekian ideas on the diffusion of knowledge in social life, I situate the emergence of public-private partnerships in global health in a longer historical debate over the efficacy of private actors in allocating resources efficiently. I then suggest that the evidence-base attesting to the economic and social benefits of subsidizing private-sector actors to help realize global health goals is far weaker than proponents of increased PPPs typically acknowledge. Lastly, I argue that this apparent weakness – the difficulty in obtaining empirical evidence of private-sector efficacy and cost-effectiveness – functions as a rhetorical asset for private actors rather than, as might be expected, a liability.

11:30 | Indirect and Diffuse Philanthropy in (British) Colonial Africa Between the Wars
Helen Tilley, Northwestern University, USA

Philanthropies are, by definition, institutions that donate money, mobilize resources, and, in turn, influence (health) policies. Studying their grant-making patterns can thus help us understand which regions and topics have been a priority and which have been neglected. Yet actual revenue streams tell us only part of the story and can sometimes distract us from understanding both the significance and impact of philanthropic activities. This is especially true in places such as sub-Saharan Africa, where U.S. and European philanthropies did comparatively little direct work until the second half of the twentieth century. This paper takes up these questions by considering the myriad effects of indirect philanthropy within British Africa between the wars, focusing largely on the activities of the Rockefeller Foundation and the Carnegie Corporation and their grants to the League of Nations Health Organization and the African Research Survey (1931-1939). It also examines a number of smaller projects funded by the Rhodes Trust (in Oxford, England) and the Colonial Development Fund (managed by Britain's Colonial Office), which

operated at times as quasi-philanthropic and quasi-governmental institutions. Taking this approach allows us to see the diffuse effects of large-scale metropolitan projects and smaller-scale initiatives within British Africa. It also reveals the broad definitions of health and medicine in play, such that intelligence tests, medical ethnographies, and agro-ecological surveys were all part and parcel of the picture. Because global health specialists and even social activists often describe much of Sub-Saharan Africa as a neglected or overlooked region of the world – even in terms of the work of health philanthropies – these multifaceted approaches to well-being are often erased, as if they never existed, or condemned and criticized given their colonial roots and uneven application. My analysis of philanthropies' hidden histories is meant to challenge simplistic notions that funders failed to do much in colonial Africa by focusing on the ripple effects relatively small sums of money had.

12:30 | Repas / lunch break

14:00 | Humanitarian medicine and pharmaceutical capitalism: the alliance between the DNDI and Sanofi in the malaria field

Maurice Cassier, Cermes3, CNRS, France

The Drugs and Neglected Diseases Initiative (DNDI) is a foundation and a laboratory without walls created in 2003 at the initiative of MSF, to compensate for the shortcomings of the innovation property rights model in the field of so-called neglected diseases. MSF used the grant it received as Nobel Peace Prize laureate in 1999 to set up a "not-for-profit pharmaceutical laboratory" (Jacques Pinel, MSF). The NGO's aim was to use its therapeutic activism not only to appeal for access to medicines, but also to set up R&D projects and industrial alliances. In this respect the DNDI is the heir of the Tropical Diseases Research (TDR) group launched by the WHO, the World Bank, UNICEF and the UNDP in 1975 to make up for the lack of therapeutic research on tropical diseases. The TDR was moreover a founding member of the DNDI. Finally, the DNDI engages the services of research and public health institutions in countries of the South: Fiocruz, the Indian Council of Medical Research, the Kenya Medical Research Institute, the Malaysian Ministry of Health, and the Pasteur Institute in France. In 2015 the Bill and Melinda Gates Foundation contributed one quarter of the DNDI's budget, while government institutions contributed a little over half, and MSF 17%. The idea is to balance public- and private-sector contributions and to preserve the Foundation's independence. I will pay particular attention to the partnership formed with Sanofi in 2004 to industrialize and distribute an artemisinin-based combination therapy, the artesunate and amodiaquine combination, that accounts for one quarter of the global ACT market, based on a "no profits no loss" model.

15:00 | Mobile (for) development: cellphones as philanthropic tools for global health

Marine Al Dahdah, CEPED, Université Paris Descartes, France

With more than 7 billion mobile phone users in 2017, mobile phones became the most widespread communication technology worldwide. From appointment reminders by SMS to mobile glucometers, healthcare systems are increasingly using mobile technologies. However, the use of mobile technologies for health called « mHealth » or « mobile health » has not been well documented so far, especially in the Global South. Through the study of a global mHealth program on maternal health implemented in Western Africa and South Asia, our research offers a first glance at those devices. This communication will focus especially on power relations, philanthropic and market interests underlying the expansion of those new technical artifacts in the Global South.

Mobile operators, cellphone manufacturers or private foundations from the digital sector consitute core stakeholders of mHealth programs. All newcomers on the scene of international health, they are major players in digital development projects. The high proportion of private investors and public-private partnerships characterize mHealth and reflect the fragmentation and commodification of public health already associated with Global Health programs. This evolution has mostly been studied through

partnerships with pharmaceutical companies. The case of mHealth embodies a different convergence of interests between public health actors and private actors from the digital industry.

This communication will first examine the public-private partnership on which the studied Gobal mHealth program is based and how the philantropic foundations involved in it have influenced the trajectory of the program. From philanthropic grants to the commercialization of the device, its itinerary echoes the notion of "philanthrocapitalism", the meeting between generosity and commercial interests. This communication will discuss this dual philanthropic and commercial dimension and show how mHealth is part of a strategy for developing new markets in the Global South. It will detail mechanisms by which those technological and market-based partnerships perpetuate imperialist dynamics and North-South inequalities.

16:00 | The <royal we> in global health <philanthropy>

Anne-Emanuelle Birn, University of Toronto, Canada

The power wielded by philanthropists in channelling profits from their business and investment interests into shaping the global health agenda toward particular ends (technical, market-oriented…) is accompanied by an even larger marshalling of the public purse to this same agenda and modus operandi. How have philanthrocapitalists so deftly corralled public resources to their vision of global health? This talk explores the narrative approach employed by global health philanthropists past and present, particularly the way in which the « royal we » is invoked to explain (and take credit for) a trajectory of population health improvements (defined in ways that aggrandize the role of <donors>). Finally, and fittingly –given our proximity to the setting of the quintessential monarchic overthrow– what does this account tell us about the possibilities for resisting <le nous de majesté> in global health?

Seminar series outline

The framing of health as a global issue over the last three decades has carved out an intellectual, economic and political space that differs from that of the post-war international public health field. This older system was characterised by disease eradication programs and by the dominance of nation states and the organisations of the United Nations. The actors, intervention targets and tools of contemporary global health contrast with previous international health efforts. The construction of markets for medical goods takes a central place in this new era, as does regulation by civil society actors. Global health can also be characterized by co-morbidities between chronic and infectious diseases, the stress on therapeutic intervention, risk management, health as an instrument of 'community' development and the deployment of new modes of surveillance and epidemiological prediction. This emerging field takes on a radically different appearance when examined at the level of its infrastructures (such as the WHO, the World Bank or the Gates Foundation) or at the level of the knowledges and anticipatory practices generated by its practices and local instantiations.

This seminar will combine historical, sociological and anthropological approaches to examine this globalized space and the assemblages that constitute it: public-private partnerships, foundations, local 'communities', cancers, 'non-communicable diseases', risk prevention, monitoring and evaluation, etc. Particular attention will be given to the infrastructures and the contemporary dynamics of knowledge production, insurance techniques and diagnostic interventions, therapeutic 'innovations' in their diverse geographies, including Africa, Asia or Latin America. These often differ widely from transfer schemes between the global north and the global south that insist on technological dependency. The seminar will examine the myriad local forms that global health takes in everyday practices.

Organized by Claire Beaudevin (CNRS-Cermes3), Fanny Chabrol (Inserm-Cermes3), Jean-Paul Gaudillière (Inserm-Cermes3), Frédéric Keck (CNRS-LAS/Musée du Quai Branly), Guillaume Lachenal (Université Paris Diderot), Vinh-Kim Nguyen (Collège d'Etudes Mondiales), Laurent Pordié (CNRS-Cermes3), Émilia Sanabria (École Normale Supérieure de Lyon)

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For updated practical information: http://enseignements-2016.ehess.fr/2016/ue/969/

Directions to Cermes3 | CNRS campus, 7 rue Guy Môquet – Villejuif

- **Metro line 7,** direction: Villejuif-Louis Aragon to **Villejuif-Paul Vaillant Couturier**
- **12-15 min walk to the entrance gate**
- **Entrance gate:** introduce yourself to the guards, with your ID (they have the list of workshop participants and will let you in)
- **Cermes3** is "bâtiment C", about 50m from the gate