

# Public health leaders must confront the power imbalances that harm global health



**T**he World Health Organization (WHO) Commission on the Social Determinants of Health noted in 2008 that the unequal distribution of health-damaging experiences resulted from “a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics” and called for the **inequitable distribution of power** to be tackled “globally, nationally and locally”. The relevance of power imbalances to global health is even clearer today, from the inequitable response to COVID-19 (ref. 1), the alarming erosion of civic rights and democratic institutions in many countries<sup>2</sup>, high levels of **oligopolistic capture** across multiple markets and sectors, and the increasingly **extreme concentrations of wealth** within and across countries.

However, despite the call to correct power imbalances, the global health complex has tended to adopt narrow and apolitical technocratic and econometric approaches to health improvement. In some instances, health policy discourses have even been crafted to actively depoliticize the issue of health inequality, including through the deployment of anti-political narratives that exaggerate the virtues and effectiveness of technology-based solutions while denouncing political contestations as counter-productive distractions to the saving of lives<sup>3</sup>. The emergence of public-private partnership models of governance that obscure formal lines of accountability have further helped conceal power imbalances and social divisions in global health<sup>4</sup>.

Perhaps unexpectedly, recent discussions about post-pandemic financing mechanisms, structures and platforms have not discussed how to remedy power asymmetries and prevent the abuse of power. This neglect is potentially dangerous. Health security for all cannot be achieved without fair and accountable systems of governance and a rebalancing of private and public interests. It cannot be achieved without reducing the power disparity between billionaires and the billions living in poverty or on the margins of poverty. And it cannot be achieved without a decolonization of mindsets that view global health as a

humanitarian rescue mission performed by rich countries and people on poor countries and people. We suggest three steps that can be taken to avoid any further neglect of the Commission’s call in 2008.

First, we call for a better analysis and understanding of power asymmetries in global health and their impacts. This should capture the different types and manifestations of power, including the political authority vested in governments, the power of financial, economic and material resources, and the power embedded in expertise, knowledge and information<sup>5-7</sup>. Any thorough analysis would need to include overt and explicit uses of power as well those that are covert, or hidden within acts of charity or the dominant ideas, values, beliefs and narratives of society that help legitimize, reinforce or reproduce existing inequalities or injustices.

A holistic analysis of power is crucial for assessing the balance of power between different states or population groups, but also for understanding how national and democratic institutions have lost power to the financial and corporate organizations that operate in trans-national or global spaces that lack democratic scrutiny and accountability. Such analysis would further enable informed debates about the origins, legitimacy and appropriateness of current power imbalances and what power shifts are needed to advance justice, human rights and health for all.

Second, we call for the expansion of systems of accountability in global health. At present, most accountability mechanisms tend to mirror or accentuate power asymmetries. Many are contained within principal-agent relationships in which funders hold contractees or recipients of funding accountable, or through uncritical governance structures that focus their attention only on the efficient delivery of narrow and selective outputs. Major accountability gaps include the lack of transparency related to commercial contracts, conflicts of interest and financial flows within and through the global health complex.

This lack of transparency contributes to another accountability gap, which is the dearth of independent and critical assessments of the

role, performance and wider social, political and economic impacts of different power holders or power brokers in global health, whether they be states, private foundations, international non-governmental organizations or influential consultancy firms. Similarly, private and public financial institutions appear to operate with little accountability despite their profound impacts on health systems across the world. These accountability gaps need to be filled with more critical evaluations and analysis produced by independent research and civil society organizations, but power holders should also be willing to act themselves in the interest of equity, democracy and good governance.

Finally, we call on the global health community to provide more vocal and active support for obvious remedies that can help correct these harmful power imbalances. These include the ending of systemic tax avoidance and evasion which would not only redistribute resources and mitigate plutocratic power, but also strengthen representative government, generate revenues for public goods and services, and correct health-harming market failures. Other remedies include anti-trust laws to limit oligopoly and monopoly power, and regulations to prevent the social, health and environmental costs associated with private profits from being externalized and borne by governments and society at large.

Such policy prescriptions will face opposition from powerful actors with a stake in maintaining the status quo. Political will and democratic legitimacy are needed to overcome such opposition. This raises questions about the social and political function and responsibility of health professionals and organizations in strengthening democracy, and promoting and protecting equity, justice, human rights and the common good. To begin, health professionals can help ensure that health systems function fairly and effectively and are governed through systems that are transparent and accountable<sup>8,9</sup>. But we assert that health professionals and organizations can and must also contribute to wider efforts to protect or strengthen democracy and social justice at all levels of society.

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# Correspondence

None of these actions is simple or straightforward. Confronting and challenging power is risky, and so it is understandable if public health professionals choose to avoid courting trouble and to instead concentrate on addressing the proximal and immediate causes of disease and illness. However, we should not undersell our power as a global epistemic community that transcends national, religious, racial and gender divides and which has a professional and social mandate to promote social justice and health for all.

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## Competing interests

The authors declare no competing interests.