

Sophie Harman

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Jessica Knezy, Zoe Varenne, Sophie Harman, Tom Pegram

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Hi, and welcome to 'Global Governance Futures' based out of the Global Governance Institute at University College London. This is a podcast about the challenges facing humanity, and possible global responses. If you're new to the show, and you want to get a list of our favourite books, other resources, listen to past shows, and to join our community, go to ucl.ac.uk/global-governance.

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We're really delighted to have Sophie Harman on the podcast today, Sophie is a Professor of International Politics at Queen Mary University of London, and a world leading authority on the politics of global health governance with a wide range of expertise on women, gender, post colonialism, the politics of securitization, to name just a few. Her research draws on a deep world of fieldwork experience, both within the corridors of power in Geneva, DC, New York, but also extensive field work across Africa, most recently, I think, in Sierra Leone, just prior to COVID-19 being declared an International Public Health Emergency by the WHO, in February 2020. So it's, it's great. Sophie was able to get that field work in before everything got shut down. Sophie's doing some of the most really penetrating research on global health in the IR space, and she's been nominated for the BAFTA for outstanding her feature film, 'Pili', a powerful examination of the lived experience of those living with HIV/AIDS in Tanzania. This no doubt formidable undertaking informs her recent book, 'Seeing Politics: Film, Visual Method and International Relations', which explores the frontier of how storytelling through the medium of film, can open up new vistas for IR scholarship, which often does remain quite methodologically conservative. So we're really excited to have a chance to chat with you, Sophie, thanks so much for joining us today. Thanks. Well, before we get into it, I'll just invite the podcrew to introduce themselves.

02:50

Hi, I'm Jessica. I am a co-founder of podcast and I help with research and logistics. And I'm super excited to speak with Sophie today.

03:01

Hi, I'm Zoe. I'm also a co-founder for the podcast. And I help with the research and some of the social media aspects of things. And again, I'm like Jess, I'm super excited to speak with Sophie today.

03:15

All right, great. So where to begin? A lot to talk about, perhaps we'll begin with a big picture question, both sort of within IR but also looking out into the world. So I don't know whether you agree, but there often feels like there's a bit of a lag between changes out there in the real world and then the ability of our discipline to keep up with they of

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friends, go and read all about it. Because everything that's happened with COVID-19, you can see from past pandemics as well, and we've got a rich body of research that we can draw on.

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Yeah, I mean, I think we are going to get a bit into global health today. We've got one of the world leading authorities on it with us. But I yeah, I totally, I totally take what you're saying. And it's, it is a, it is an extraordinary moment, really, I think there's the, there's sort of, there's a lot of activity that's been on the periphery, perhaps of the discipline, which is now sort of making itself heard more, I think methodologically it's really interesting to explore the potential value of say, visual arts and different mediums for telling stories. I mean perhaps it would be great just to hear from you, in sort of pursuing that sort of methodological approach after having, you know, gone through the tenure track process, and having had to sort of pay homage to the, perhaps the gatekeeping sort of context that we sometimes have to navigate in the discipline. What was it that was most empowering about that new direction? And perhaps also, what was the biggest surprise for you bringing that into your research?

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Oh, that's a great question. I think, well, I think the first thing is the gatekeeping question is really important, because I'm asked this quite a lot. And I think I was able to make a film because I had a hugely supportive academic department. So the School of Politics, and International Relations at Queen Mary, you know they didn't think I was bonkers. They just said, "I actually, I think you can pull this off." Whereas I think a lot of other places would have been like, "Is it not better that you just get another University Press book, you know, the ref is around the corner." So having backing like that, I think is important. But also, I was at a stage of my career where I could take the risk. So if it all fell flat, if it didn't work, if I said, "Look, I'm going to do this quitmp I (bec)2 k Tw 10.88 0 Td[look)2 'è ac)2 beeno, d havf i o

having that kind of white woman guilt around that, I think was a really interesting thing for me, not in a kind of self-help

do it in that kind of multi-level, multi-sectoral governance analysis. Otherwise, it's never going to make sense. In the same way, the bank or the WHO doesn't just come up with these ideas. They're meant to come from countries or they're, you know, the people who work in these institutions normally come from these countries as well. So it's looking at all those different factors. And I think if you're just going to analyse the policies of these organisations, you're going to get some insight, but it's not really going to tell you much and it's not going to tell you much about why things do or don't change. And I think like many people working in international relations, you know, James C Scott's 'Weapons of the Weak,' I'm always fascinated by how people at the kind of receiving end or the end point, subvert in very small ways, these processes because they know that they're not around forever, they know that they're going to leave, or they're not going to make sense, and how these kind of norms don't really work within their communities as well. So, yeah, I've been interested that for a while, and it's interesting, you mentioned Rorden, because Rorden Wilkinson was my PhD supervisor. So he

instead of me going around and saying, "Oh, yeah, but if you're a woman, you have to go to these three clinics to get your aids drugs," or if this is happening, it was to allow those women to actually express themselves and tell the story themselves in their own language, with their own clothes in their own communities. You can say something like, "you know, a woman has to go to three different clinics to get her antiretroviral treatment." But if you actually see it happening, it's something else because it has that build-up of tension, but also just that frustration, it's just like "for God's sake, like just come on." And so these are some of the ways it's sort of show, don't tell, really, that's what it came down to.

going in this circular motion here it's the tricky one because everything that people suggest at the moment during COVID-19, of what we need in Pandemic Preparedness and Response exists, and it exists within the WHO, so either get behind that, or don't, but this whole, you know, new pandemic treaty, it does exactly what the International Health Regulations do. Setting up new institution for pandemics, it does exactly what the global health security section of the WHO does. So, you know, the risk is, that's what the WHO becomes. And I think if, that's going to be a problem, because people working within the WHO really resent this kind of global health security, big pandemic kind of outbreak focus, because they want to do health systems strengthening, universal health coverage, nutrition, water sanitation, that's what they're sort of like seeing: public health, basically. And so you see this real tension happening. And I think that's what's going to happen in the last year, what oh sorry, in the next years to come post pandemic.

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That's really interesting. Just perhaps a question on something I teach on. I mean, when you're thinking about sort of prototyping good global governance, one thing about the WHO that really stands out is that they have a legislative assembly, they have the World Health Authority, Assembly, sorry, which is quite unusual within the IO landscape, in that it's a sort of, a similar to the General Assembly, it's kind of a, you know, there's, there's a sort of democratic ethos, at least formally speaking. And I was just wondering, you know, what's your take on the World Health Assembly? And to what extent does that actually fulfil a democratic function in the global health space?

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Yeah, it's really interesting because global governance people love the World Health Organisation, Tom Weiss, he's always like the World Health Organisation always scores very highly on whatever indicator of global governments because Yeah, because of the World Health Assembly and this idea that sovereign states are kind of equal within the World Health Assembly. I mean, and also the regional I think bigger thing is the WHO is made up of regional bodies. And so its HQ is sort of subservient to those regional bodies, which you would say is actually quite a good thing in the world because you're dispersing power. But in a way, it's a bit of a chimera, because it's those states that fund the WHO, it's the funding of the WHO, that's the real issue. So even though you've got kind of the states within the World Health Assembly who have this kind of equal democratic presence, your problem is, is the WHO is funded by this combination of assessed and voluntary contributions, which we see in other UN organisat

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Yes, going back to the funding, I had a question about this kind of co-dependent relationship with the

first step to framing a problem, you know, in a way, which actually is going to open up new vistas for thinking about what actually is more complex than that?

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You just love a bit of complexity, don't you Tom? Can't help yourself. Yeah, I think it's really interesting, because this last year, I've done more kind of policy facing work. And you end up sounding like a realist all the time. Well, you talk about, like, you know, IR 101, and interest in values and all this kind of stuff. And yeah, how do you just go? "Oh, well, it's a little bit more complex." And, you know, it's, how do you sort of reorient towards solutions? I suppose, it is actually a bit more simple, because the same mistakes keep happening. You know the same mistakes are just not going and asking a country what their health system needs is. It's just happens. Why do they, why do institutions not do that anymore? And I think, actually, this is why international relations and global governance is so important, because most people who work in these kinds of institutions tend to be economists, or policy people or very specialised in certain sectors, particularly in global health, they tend to have come from clinical or public health backgrounds, but not necessarily a kind of governance or politics background. There's an assumption that that's just easy, though, if you just read the paper, or you read some Chomsky, you're fine. And I think we need to actually leverage some of our ability to sort of say, "Well, here's some of the issues you've got. You've got all these competing actors and interests, whether it's private public and different state interests. Yes, this is all coming together but there are ways in which you can

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So I do want to just pick up on the issue of private power within the COVID-19 context. You recently weighed in on the question of vaccine equity in a piece in The Conversation with some other colleagues. And it was a really interesting read. I mean, you're basically reflecting on these issues of hierarchy, of unequal power in global health structures, the prospects of these multilateral solutions like the COVAX scheme, possibly falling short. But I was really struck by some of the very concrete suggestions that you close out the piece with, including states being prepared to disrupt power relations within supply chains by breaking contracts with the big pharma companies. And this to my ears almost sounded like a call for states to engage in civil disobedience. So to what extent do powerful, wealthy, private entities now call the shots in global health governance?

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Oh, well, they've always called the shots and they still do I mean, look at, look at it, I mean, look at how our access to vaccines is happening. It's all being defined by pharmaceutical companies, and brokers who are brokering those relationships to states to invest, and institutions to invest in the development of these vaccines, and then what they're going to pay for them. But ultimately, it's the pharmaceutical companies that have states over a barrel, because we really need the vaccines to get out of this. And the negotiating position of states. I mean, you can see the desperation. So it's a really bad negotiating position to be in. And, and I think what's really interesting to me is, I mean, I was just not looking at COVAX I was like "Yeah COVAX blah, blah," so COVAX this funding facility to ensure that every country in the world has enough doses for 20% of their population, and people would ask me, and I wouldn't think about it until my friend Róisín Read, who also does lots of work on humanitarian governance at the University of Manchester, she just messaged me one day and said, "What's up with

states can issue compulsory licences. Obviously, they have to have manufacturing capacity or be friendly with states that do. But then also this point that you said about basically yeah, a bit of civil disobedience, and publishing, breaking contract with pharmaceutical companies and publishing what

