Studies in Comparative International Development (2023) 58:309–320
https://doi.org/10.1007/s12116-023-09411-1

Shifting Ground Beneath our Feet: New Research in the Political Science and Sociology of Global Health and its Significance

Kim Yi Dionne[1] · **Joseph Harris**[2]

Published online: 27 September 2023

While the coronavirus pandemic has focused public attention on the problems of global health as never before, the study of global health has frequently taken place on the margins of the disciplines of sociology and political science. Yet contributions from disciplinary social sciences bring unique theoretical perspectives, carry particular methodological concerns, and reference literature that frequently make them quite distinct from traditional publications in public health and medical journals.

Sociologist Sanyu Mojola's extraordinary book, *Love, Money, and HIV: Becoming a Modern African Woman in the Age of AIDS,* for example, drew attention to a surprising, important, and overlooked puzzle: why did young women with more education in Kenya face higher rates of HIV/AIDS than women with lower rates of education? The remarkable contradiction it tackles calls into question commonly held assumptions dating back to the Whitehall studies about the protective effects of socioeconomic status (see Marmot et al. 1978, 1991). Mojola found that the educated young Kenyan women she studied had sexual relationships with older Kenyan men who provided them with money, but who also had multiple partners. The women weighed their needs and desires for consumption goods that mark them as modern—jewelry, designer jeans, etc.—against the risk of contracting HIV. The book underscores the power of consumer advertising, often propagated on billboards by Western corporations, that influenced women's choices. As much as Mojola's book undermined theoretical foundations that many Western academics take for granted, it also invited us to resist popular tropes about sexuality across the African continent and think more

✉ Kim Yi Dionne
kdionne@ucr.edu

Joseph Harris
josephh@bu.edu

[1] University of California Riverside, Riverside, CA, USA

[2] Boston University, Boston, MA, USA

seriously about the many similarities between sexual relationships in Kenya and the United States. In doing so, it challenged greater thinking on the importance and power of culture, consumption, modernity, education, and public health.

Written by an anthropologist, Salmaan Keshavjee's *Blindspot: How Neoliberalism Infiltrated Global Health* asked how selling medicines to incredibly impoverished people, eighty to ninety percent of whom were unemployed, became not just a commonplace and acceptable idea in Tajikistan, but one expression of *the* dominant mode of development globally. In writing a book about Tajikistan, Keshavjee described a country and people most Westerners don't know or think much about. Yet the book succeeded magnificently in using a study of a remote place on the global periphery to explore how non-governmental organizations, caught up in the need for funding and the desire to please donors with their own agendas, operated as "transplanting mechanisms" for neoliberal market ideologies promoted by the World Bank, International Monetary Fund, and U.S. Agency for International Development. He showed that NGOs were involved not just in political projects attached to a larger project of democratization but also a deeply economic one involving the extension of capitalism to the most remote regions of the world. In a context where the old Soviet healthcare system that had been free at the point of service had unraveled with the fall of the U.S.S.R., the NGO Keshavjee follows set up "revolving drug funds" that aimed to sell pharmaceuticals to replenish funds used to pay for an initial stock and thereby kickstart a program of primary healthcare. But they somehow proved blind to the difficulty of selling drugs for money to people who were starving. In doing so, Keshavjee's book showed that if NGOs could turn such improbable logic into taken-for-granted conventional wisdom in the mountainous region of rural Badakhshan, then they could do so anywhere, with deleterious impacts on the world's most vulnerable people.

More recently, Alexandros Kentikelenis (a contributor to this volume) and Thomas Stubbs released *A Thousand Cuts: Social Protection in the Age of Austerity.* At a time when nearly half of the world's countries' face spending contractions compared to the 2010s, this book trained attention on the harmful effects of a powerful "development" institution whose conditional lending practices require countries in crisis to adopt tough budget cuts and structural reforms associated with austerity: the International Monetary Fund (IMF). The book opened with powerful vignettes that link required IMF belt tightening to street protests in Jordan and Argentina. While these brief stories offer windows into what IMF-mandated tax hikes, budget cuts, and removal of bread subsidies mean to ordinary citizens, it is the book's rigorous quantitative analysis that takes us well beyond any previous understanding of the IMF. The book drew important lines connecting both the number and kind of IMF conditionalities and their particular negative consequences on health, health spending, health services, and inequality. While many scholars had penned scathing diatribes against the IMF before, none to that point had provided such an illuminating, accessible, and most importantly actionable critique, built on such rich, novel, and varied evidence. The book also distinguished itself through an unwavering commitment to transparency in method and approach. In doing so, it invited us to imagine

a world beyond the current international organizations we know and to rethink our collective approach to health and development.

These are not the only great works in the growing social science literature on global health. Siri Suh's *Dying to Count: Post-Abortion Care and Global Reproductive Health Politics in Senegal;* Gowri Vijayakumar's *At Risk: Indian Sexual Politics and the Global AIDS Crisis*; Simukai Chigudu's *The Political Life of an Epidemic: Cholera, Crisis and Citizenship in Zimbabwe*; Victor Roy's *Capitalizing a Cure: How Finance Controls the Price and Value of Medicine;* Emma Louise-Anderson and Amy Patterson's *Dependent Agency in the Global Health Regime; Local African Responses to Global AIDS Efforts;* Alexandre White's *Epidemic Orientalism: Race, Capital, and the Governance of Infectious Disease;* and Jenny Trinitapoli's *Epidemic of Uncertainty: Navigating HIV and Young Adulthood in Malawi* are among many other new works worth reading (Suh, Vijayakumar, and Patterson are all contributors to this volume). A more recent volume, *Coronavirus Politics: The Comparative Politics and Policy of COVID-19,* edited by Scott Greer, Elizabeth King, Elize Massard da Fonseca (another contributor to this volume), and Andre Peralta-Santos, brought together accounts of the comparative response to the initial COVID-19 waves globally.

This is what good social science does: It not only documents, but it uncovers mysteries; tests assumptions; familiarizes us with new contexts, ideas, issues, and problems; raises questions; provokes the imagination; and prompts us to think about just how far ramifications may extend beyond the subject matter the author explored.

While global health—especially from the perspective of the Global South—has mostly been peripheral to the study of sociology and political science (Farber and Harris 2022; Stoeva 2022), a few recent articles appearing in disciplines' top journals suggest there may be a shift underway (see, for example, Mojola et al. 2021 and Ho 2022). Reviews synthesizing existing scholarship expand our understanding of the sociology of global health (Harris and White 2019), health diplomacy (Fazal 2020; Kickbusch and Liu 2022), global health governance (Wenham et al. 2023), the politics of universal health coverage (Ho et al. 2022), global health priorities (Shiffman and Shawar 2022), and ethnoracial othering during global health threats (Dionne and Turkmen 2020). These works demonstrate the analytical power of earlier scholarship, which largely studied global health through examining epidemics or pandemics like HIV/AIDS (Nunn 2009; Lieberman 2009; Youde 2010; Richey 2012; Dionne 2012, 2018; Benton 2015; Harris 2017), Middle East respiratory syndrome or MERS (Youde 2015), and Ebola (Benton and Dionne 2015; Davies and Bennett 2016; Harman 2016; Nunes 2016; Harman and Wenham 2018). Social scientists studying health are also applying their frameworks and analyses to global health issues beyond infectious disease, studying, for example, hunger, malnutrition, and food systems (Jurkovich 2020; Ho 2022; McCutcheon et al. 2023), maternal mortality (Bukenya and Golooba-Mutebi 2020), and water and sanitation (Herrera 2019).

We focus this issue on *global* health and here we draw on Miquel Porta's (2014, 123) definition of global health as:

> The international, transdisciplinary, and intersectoral research, knowledge, and policies for improving population health and health determinants on a planetary scale. It sets health equity, sustainable development, and efficiency

as worldwide priorities; focuses on transregional health issues; and seeks to influence system causal pathways and policies.

Importantly, our conceptualization of global health research does not require investigation at the global scale. Rather, as this collection of articles demonstrates, research on global health can draw on single country case studies (Dorlach and Yeğen; Flynn and Massard da Fonseca; Patterson), comparative case analysis (Kentikelenis, Seabrooke, and Sending; Burns and Warner; Farber, and Taylor), critical ethnographies (Suh and Vijayakumar), as well as quantitative analysis using global data (Ortiz Salazar, Rodriguez, Salayeva, and Rogers), and still other approaches. The range of analytical methods in this special issue reflect our belief in methodological pluralism as a productive approach to generating, testing, and refining scientific knowledge. Suh and Vijayakumar's article focuses primarily on methodology, making a compelling case for critical feminist global ethnography because it requires alongside analysis of the dynamics of health problems analysis of "the political, scientific, and social conditions under which problems are defined and given importance." The Kentikelenis et al. and Ortiz Salazar et al. articles take a global perspective, while in-depth case studies in this issue provide some ground-truthing of frameworks and arguments that emerged from analysis of global trends. For example, Dorlach and Yeğen's study raises important questions about the relative influence of domestic rather than international political dynamics, the latter of which has had significant attention in the study of global health.

As you read the articles in this special issue on global health, we hope you will consider two questions. First, what do disciplinary social sciences have to contribute to the study of politics, power, and inequality in global health? With their useful theoretical lenses, rich attention to empirical detail, and ability to bridge distinct literatures to help us understand issues in new ways, we believe disciplinary social sciences have a particular opportunity to contribute quite a lot to our understanding of these issues and spark new conversations that are missing in global health today. Second, what can the disciplines gain by moving comparative study of health problems, particularly those in the Global South, from the periphery to the fore? For too long, interest in health problems in the Global South has been marginalized in U.S. political science and sociology (Harris and Shaffer 2022). We believe this hyper focus on the U.S., ignoring what the rest of the world has to offer and teach, this "epistemic parochialism," will ultimately be harmful to the disciplines and to the production of knowledge more generally (Harris and Farber 2022).

In this special issue, we showcase cutting-edge research that we believe has a lot to offer conversations on substantive issues in the Global North and South, and we hope that these articles help break down artificial walls between the two and compel scholars working in the Global North to take issues, people, and problems in the Global South more seriously. If COVID-19 makes anything clear, it is that the days of the United States being the implicit reference point or model for health research and public health policy are over. And as climate change brings other problems from "over there" to the U.S. and other nations in the Global North, including dengue, Zika, and malaria, the mythology of Western supremacy and superiority will only dissolve further. As the "decolonize

global health" movement has suggested in public health and medicine, but which fewer works in the disciplinary social sciences on global health have forcefully argued—beyond important exceptions like Crane (2013), Richardson (2020), Vijayakumar (2021), and White (2023) —many of the inequalities in global health in practice and scholarship are situated in race and racism. While Du Boisian and post-colonial perspectives have drawn attention to the importance of race more generally, the importance of race in the field of global health must be sung out more because "the rest" of the world—which the vast majority of the world's population inhabits—has a great deal to say and to teach. Sociologists and political scientists can not continue to allow the United States to serve as an implicit reference point for their research. The "exceptional" status of the United States has been revealed, and in the areas of health, racial justice, and social policy, the model has been found wanting.

We are therefore proud to bring together diverse perspectives on varied issues from both the Global South and North. In that way, this special issue builds on earlier reviews and collections in other journals that began this important work, including those by Heimer (2007), Watkins-Hayes (2014), Gómez and Ruger (2015), Noy (2019), Harris and White (2019), Gómez et al. (2022), Lynch (2023), and Wenham et al. (2023).

This special issue takes on a wide-ranging array of questions, including:

What analytical leverage do we gain by taking a transnational feminist approach rooted in literature on gender and sexuality and postcolonialism to the study of global health problems? What does doing so mean for health care such as abortion and HIV/AIDS prevention? How do we put those perspectives into practice methodologically? (Suh and Vijayakumar)

How are we to understand the power and role of expertise in a global health landscape that is dominated by hegemonic powers? What enables actors to shape norms in global health governance? How should we conceptualize the relationship between epistemic communities and hegemonic interest? What might a typology offer to this understanding? (Kentikelenis, Seabrooke, and Sending)

What does a comparative understanding of disability offer the study of global health? What unique "disability regimes" exist in the Global South? How do they differ from one another and connect to broader social scientific understandings of the welfare state and "welfare regimes"? (Burns and Warner)

What does the struggle for power and public authority mean for the institutional geography of mental health care in the lower middle-income country of Tanzania? How do biomedical and spiritual approaches to addressing mental health issues compete with one another in a context where the state is a "twilight" institution? How does taking the spiritual approach seriously—which dominates in Tanzania and many other nations—reconfigure our understanding of the issues? What does this mean for theory and practice? (Patterson)

When is universal health coverage not universal health coverage? What does the privatization of state programs mean for healthcare programs that are intended to be universal? What do the ongoing transformations taking place in Turkey's universal healthcare program mean for Turkish citizens and people in other

countries where similar universal health care reforms are being instituted? (Dorlach and Yeğen)

Why is it that a country with incredibly high pharmaceutical research and development capacity did *not* become a global leader in the production of COVID-19 vaccines? How does a perspective that incorporates literature on dependency and global capitalism—typically neglected in political science and increasingly sociology—help us to understand and explain this phenomenon? What lessons does this case have to offer the rest of the world in this and other pandemics? (Flynn and Massard da Fonseca)

How are industrializing nations using health tourism as an emerging instrument of global health diplomacy? What does comparison of Thailand and Malaysia's different types of health tourism add to our understanding of studies of reputation-building and branding in global health? What do these public and private political and economic projects mean for national and international inequalities? What does incorporation of these emerging forms into what we understand to be "global health" mean for the field itself? (Farber and Taylor)

What does democratization mean for gender inequalities in health? Does premature mortality differ for men and women across levels of liberal democracy? What implications do these findings have for donors and global health practitioners? In what ways might these findings reshape the conduct and practice of global health work? (Ortiz Salazar, Rodriguez, Salayeva, and Rogers)

In Suh and Vijayakumar's agenda-setting article, "Toward Transnational Feminist Methodologies in Global Health: Critical Ethnographies of HIV and Abortion," the authors illustrate how the application of feminist methodologies can unsettle the very premises and assumptions of a field. Drawing on examples from their own respective work on post-abortion care and AIDS, they show how transnational feminist ethnography has deepened their engagement with issues of power and politics by pushing the boundaries of time, scale, and scope through an approach that is historicized, multi-sited, and multiscalar—all while remaining sensitive to their own positionality.

Kentikelenis, Seabrooke, and Sending's article, "Global Health Expertise in the Shadow of Hegemony," takes up an issue that is often implicit in conversations related to global health politics but is all too rarely made an explicit focus of global health research: hegemonic power. The authors use two case studies (obesity and pandemic preparedness) to explore the relationship between experts and hegemony. They show that epistemic consensus and hegemonic interaction can produce four different kinds of relationships (compatible, incoherent, conflictual, and strategic) as a way of advancing our understanding of how norms and rules are created in global health.

Burns and Warner's article, "Social Inclusion Among People with Mobility Limitations: Theorizing Disability Regimes in the Global South," takes as its starting point a largely neglected issue in global health and development: disability. In pointing to the fact that 15% of people in the world have a disability (including a growing number due to COVID-19) but almost 80% of people with a disability live in the Global South, the authors utilize a novel dataset to discern differences

in social inclusion in India, Kenya, and Tanzania. They find each country to have a unique "disability regime" (moral, integrative, and civic), illustrating the complexity of disability in the Global South in relation to traditional approaches that imagine a unidimensional continuum.

Patterson's article, "Biomedical and Spiritual Approaches to Mental Health in Tanzania: How Power and the Struggle for Public Authority Shaped Care," takes up a similarly neglected issue in global health—mental health—and takes as its starting point the fact that 80% of people with mental health conditions live in low- and middle-income countries. Drawing on original research in Tanzania, she relies on an inductive approach to illuminate how biomedical and spiritual approaches to mental health compete for public authority, upending frameworks that understand mental health solely in biomedical terms.

Dorlach and Yeğen's article, "Universal Health Coverage with Private Options: The Politics of Turkey's 2008 Health Reform," traces the political processes that led to the rise of privatization during the expansion of health care coverage in Turkey, a country touted as a success story in achieving Universal Health Coverage (UHC). Their deeply researched case study demonstrates that the introduction of private options in healthcare provision and financing is not a necessary component of UHC reforms but can emerge through persistent lobbying by organized domestic business interests.

Flynn and Massard da Fonseca's article, "Dependency, Capacity, and Agency: Austerity and Leadership Failures in Brazil's Homegrown COVID-19 Vaccine Efforts," is a detailed case study on vaccine production in Brazil. The authors explore the puzzle of Brazil lagging behind other middle-income countries in COVID-19 vaccine development despite Brazil's significant research capacity and its past successes in local pharmaceutical production to meet public health needs. The authors blend insights from dependency theory, world systems theory, and the theory of global capitalism to argue that fiscal austerity in public health and research and development coupled with neoliberal political coalitions pushing austerity and anti-science agendas explain why Brazilian institutions failed to develop a vaccine.

Farber and Taylor's article, "Global Health Diplomacy and Commodified Health Care: Health Tourism in Malaysia and Thailand," fills an important gap in the scholarship on global health diplomacy by demonstrating that middle-income countries can strengthen their economic and political power in the global arena through the promotion of a health tourism niche. Farber and Taylor draw on key informant interviews and content analysis of primary and secondary sources such as news articles and government promotional materials to inform their comparative case study analysis of the Malaysian government's initiative to become a hepatitis C treatment destination and the Thai government's strategy to promote traditional medicine and wellness tourism.

In "Does Democracy Matter for Lifespan Inequalities? Regime Type and Premature Mortality by Sex," Ortiz Salazar, Rodriguez, Salayeva, and Rogers draw on the large body of scholarship studying democracy and health to build a nuanced and focused investigation connecting liberal democracy to premature mortality. In their analysis of data spanning 162 countries between 2000 and 2015, they find a statistically significant association between liberal democracy and reduced

inequality in men's premature mortality. While liberal democracy also seemed favorable for women, their analysis did not yield statistically significant results for women.

The first two articles in the issue lay out bold, new critical agendas methodologically (Suh and Vijayakumar) and conceptually (Kentikelenis, Seabrooke, and Sending). Both contributions point to the need for researchers to be more thoughtful in how they understand, treat, and operationalize often invisible forms of power in their research. Two articles highlight areas in global health that have until recently been almost wholly neglected: disability (Burns and Warner) and mental health (Patterson). Burns and Warner draw on disability experiences in the Global South to offer us an alternative framework for understanding social inclusion among people with mobility challenges. Importantly, their article makes a strong case for the importance of large-scale data collection efforts on various kinds of disability and the need for additional cross-national studies that bring together individual-level data on disability and social experiences. Patterson not only makes visible the understudied problem of mental health but also the very real ways in which people rely on spiritual approaches as remedies in a context where the state is a twilight institution, as is the case in many parts of the world. The next two papers in the issue take up two concerns that have loomed very large in global health in recent years, universal health coverage (Dorlach and Yeğen) and COVID-19 vaccines (Flynn and Massard da Fonseca). While the issues and dynamics of their cases are very different, a common concern of both articles involves tracing the contours, sources, and effects of neoliberalism on outcomes that have the ability to save lives. Finally, the last two articles in the special issue invite us to step back and think about big issues that are taking place within nations but have implications beyond them. In one article, we learn how two countries are each pursuing their own unique brands of health tourism as a kind of global health diplomacy (Farber and Taylor). In the other, the researchers (Ortiz Salazar et al.) invite us to think about the relationship between democratization, sex, and health inequalities and how we might reshape the existing global health architecture to better address these issues.

We see productive and potentially fruitful tensions within and between articles in this special issue as well. For example, Kentikelenis, Seabrooke, and Sending highlight how Western actors are hegemonic in global health while Dorlach and Yeğen highlight the agency of local actors. Burns and Warner and Patterson both derive important new ways of understanding issues through comparison that takes the uniqueness of the different cases they consider seriously. However, whereas Burns and Warner develop "disability regimes" from national cases, Patterson considers the way in which the biomedical and spiritual compete with one another in a single state. The findings of both push against the grain of knowledge of studies conducted in the Global North. While we don't usually think about the limits of universality when we imagine universal health coverage, Dorlach and Yeğen suggest that (domestically driven) privatization can reshape "universal" coverage, making it segmented and inequitable. Although Flynn and Massard da Fonseca's paper is not comparative, it offers potential lessons for other countries that have or aim to develop high pharmaceutical and vaccination capacity. In drawing attention to different global health diplomacy strategies, Farber and Taylor push us to think beyond

what we traditionally imagine global health to be fundamentally about—improving social conditions, the poor, health disparities, inequalities, living standards, and development—who benefits, and who that important work is ultimately for. While some might imagine the findings of Ortiz Salazar et al. not to mean much to people who live in non-democratic states, the researchers thoughtfully chart out how we might creatively think about the policy implications of their study and use them.

The "global" in global health often centers our analysis on globally influential organizations and actors as the forces driving changes in health. Some of the research here challenges those notions, however. For example, while the World Bank is often credited as a force pushing for privatization in healthcare, Dorlach and Yeğen's study shows that domestic political dynamics were primary in influencing the partial privatization of the Turkish health care system following reforms in 2008. Other articles, like Kentikelenis, Seabrooke, and Sending, show us how to think in more sophisticated ways about the relationship between expert communities and globally powerful hegemons. In still others, such as Flynn and Massard da Fonseca's contribution, we see how global capitalism and dependency theory can help train our attention on dynamics taking place at national scales. For others, the "global" trains attention on the value of thinking comparatively and/or transnationally.

The articles collected in this special issue build on the powerful insights of great works in the growing tradition of social science research in global health that have come before it, and we hope that these contributions will also spur more work, not only in the sociology and political science of global health but also in domains outside of global health where the insights and ideas offered have import. We believe many of the ideas the authors in this volume traffic in hold currency and value for realms beyond global health and will spark needed and meaningful conversations within and beyond the domain.

The studies in this special issue offer a number of future research directions. For example, scholars could test the Kentikelenis et al. typology using other health issues, challenging and/or extending the typology, and refining the theory they build. Future research could use other cases to think about Patterson's inductively derived ideas about competition for public authority between the spiritual and biomedical. The valuable conversation that Burns and Warner started about disability regimes – and their intentional use of individual-level data on mobility experiences to measure those regimes – can and should be explored in other cases. The global reach of powerful hospital, pharmaceutical and insurance companies make the private sector a valuable future object of study nationally and transnationally; dependency theory and theories of global capitalism could offer a valuable framework for understanding these issues. How disability and mental health services fit into these organizations' scope of work in resource-constrained contexts is yet another potentially fruitful area of study. Understanding of international organization and philanthropic foundation operations in non-democratic countries remains poorly understood, while further research on other forms of global health diplomacy and alternative bases of other nation branding campaigns in global health are needed. Exploration of the politics of health technology assessment, which provides policymakers with tools to set priorities and allocate resources effectively, is another frontier that has for the most part yet to be explored in the Global South. The politics

and sociology of non-communicable disease is another area about which much more could be analyzed. While the issue of race is not the explicit focus of any of the articles in this special issue, arguably it is embedded in important and different ways implicitly in each of the studies. But understanding the workings of powerful organizations that bear on health, from the World Trade Organization to the Gates Foundation, through the lens of race, class, and gender could represent important contributions. Future research can and should build on the work of many of the scholars cited here and continue to draw that important issue more into view so that it receives the focus it deserves.

References

Anderson, Emma-Louise., and Amy S. Patterson. 2017. *Dependent Agency in the Global Health Regime*. New York: Palgrave Macmillan.

Benton, Adia. 2015. *HIV Exceptionalism: Development through Disease in Sierra Leone*. University of Minnesota Press.

Benton, Adia, and Kim Yi Dionne. 2015. International political economy and the 2014 West African Ebola outbreak. *African Studies Review* 58 (1): 223–236.

Bukenya, Badru, and Frederick Golooba-Mutebi. 2020. What explains sub-national variation in maternal mortality rates within developing countries? A political economy explanation. *Social Science & Medicine* 256: 113066.

Chigudu, Simukai. 2020. *The political life of an epidemic: Cholera, crisis and citizenship in Zimbabwe*. Cambridge University Press.

Crane, Johanna T. 2013. *Scrambling for Africa: AIDS, expertise, and the rise of American global health science*. Cornell University Press.

Davies, Sara E., and Belinda Bennett. 2016. A gendered human rights analysis of Ebola and Zika: Locating gender in global health emergencies. *International Affairs* 92 (5): 1041–1060.

Dionne, Kim Yi. 2012. Local demand for a global intervention: Policy priorities in the time of AIDS. *World Development* 40 (12): 2468–2477.

Dionne, Kim Yi. 2018. *Doomed interventions: The failure of global responses to AIDS in Africa*. Cambridge University Press.

Dionne, Kim Yi, and Fulya Felicity Turkmen. 2020. "*The Politics of Pandemic Othering: Putting COVID-19 in Global and Historical Context*." International Organization 74 (S1). Cambridge University Press: E213–E230. https://doi.org/10.1017/S0020818320000405.

Farber, Reya, and Joseph Harris. 2022. American medical sociology and health problems in the global south. *Sociological Perspectives* 65 (5): 848–868.

Fazal, Tanisha M. 2020. Health diplomacy in pandemical times. *International Organization* 74 (S1): E78–E97.

Gómez, E.J., and J.P. Ruger. 2015. The global and domestic politics of health policy in emerging nations. *Journal of Health Politics, Policy and Law* 40 (1): 3–11.

Gómez, Eduardo J., Prerna Singh, Jeremy Shiffman, and Lorena Barberia. 2022. Political science and global health policy. *The Lancet* 399 (10341): 2080–2082.

Greer, Scott L., Elizabeth J. King, ElizeMassard da Fonseca, and Andre Peralta-Santos. 2021. *Coronavirus Politics: The Comparative Politics and Policy of COVID-19*. University of Michigan Press.

Harman, Sophie. 2016. Ebola, gender and conspicuously invisible women in global health governance. *Third World Quarterly* 37 (3): 524–541.

Harman, Sophie, and Clare Wenham. 2018. Governing Ebola: Between global health and medical humanitarianism. *Globalizations* 15 (3): 362–376.

Harris, Joseph. 2017. *Achieving access: Professional movements and the politics of health universalism*. Cornell University Press.

Harris, Joseph, and Jonathan Shaffer. 2022. Comparing disciplinary engagement in global health research across the social sciences. *Social Science Quarterly* 103 (2): 439–454.
Harris, Joseph, and Alexandre White. 2019. The sociology of global health: A literature review. *Sociology of Development* 5 (1): 9–30.
Heimer, Carol. 2007. Old inequalities, new disease: HIV/AIDS in sub-Saharan Africa. *Annual Review of Sociology* 33: 551–577.
Herrera, Veronica. 2019. Reconciling global aspirations and local realities: Challenges facing the Sustainable Development Goals for water and sanitation. *World Development* 118: 106–117.
Ho, Carmen Jacqueline. 2022. Benevolent Policies: Bureaucratic Politics and the International Dimensions of Social Policy Expansion. *American Political Science Review* 116 (2): 615–630.
Ho, Carmen Jacqueline, Hina Khalid, Kimberly Skead, and Joseph Wong. 2022. The politics of universal health coverage. *The Lancet* 399 (10340): 2066–2074.
Jurkovich, Michelle. 2020. *Feeding the hungry: Advocacy and blame in the global fight against hunger*. Cornell University Press.
Kentikelenis, Alexandros, and Thomas Stubbs. 2023. *A thousand cuts: Social protection in the age of austerity*. Oxford University Press.
Keshavjee, Salmaan. 2014. *Blind spot: How neoliberalism infiltrated global health*. University of California Press.
Kickbusch, Ilona, and Austin Liu. 2022. Global health diplomacy—reconstructing power and governance. *The Lancet* 399 (10341): 2156–2166.
Lieberman, Evan. 2009. *Boundaries of contagion: How ethnic politics have shaped government responses to AIDS*. Princeton University Press.
Lynch, Julia. 2023. The Political Economy of Health: Bringing Political Science In. *Annual Review of Political Science* 26: 389–410.
Marmot, Michael G., Geoffrey Rose, Martin Shipley, and Peter J. Hamilton. 1978. Employment grade and coronary heart disease in British civil servants. *Journal of Epidemiology & Community Health* 32 (4): 244–249.
Marmot, Michael G., Stephen Stansfeld, Chandra Patel, Fiona North, Jenny Head, Ian White, Eric Brunner, Amanda Feeney, and G. Davey Smith. 1991. Health inequalities among British civil servants: The Whitehall II study. *The Lancet* 337 (8754): 1387–1393.
McCutcheon, Priscilla, Latrica Best, and Theresa Ann Rajack-Talley. 2023. *Beyond the Kitchen Table: Black Women and Global Food Systems*. UNC Press.
Mojola, Sanyu A. 2014. *Love, money, and HIV: Becoming a modern African woman in the age of AIDS*. University of California Press.
Mojola, Sanyu, Nicole Angotti, Enid Schatz, and Brian Houle. 2021. "A Nowadays Disease": HIV/AIDS and Social Change in a Rural South African Community. *American Journal of Sociology* 127 (3): 950–1000.
Noy, Shiri. 2019. An emergent sociology of global health and development: An introduction. *Sociology of Development* 5 (1): 1–8.
Nunes, João. 2016. Ebola and the production of neglect in global health. *Third World Quarterly* 37 (3): 542–556.
Nunn, Amy. 2009. *The politics and history of AIDS treatment in Brazil*. Springer.
Porta, Miquel. 2014. *A Dictionary of Epidemiology*, 6th ed. Oxford University Press.
Richardson, E.T. 2020. *Epidemic illusions: On the coloniality of global public health*. MIT Press.
Richey, Lisa Ann. 2012. Counselling citizens and producing patronage: AIDS treatment in South African and Ugandan clinics. *Development and Change* 43 (4): 823–845.
Roy, Victor. 2023. *Capitalizing a Cure: How Finance Controls the Price and Value of Medicines*. University of California Press.
Shiffman, Jeremy, and Yusra Shawar. 2022. Framing and the formation of global health priorities. *The Lancet* 399 (10339): 1977–1990.
Stoeva, Preslava. 2022. How can engagement with political science and international relations for health be improved? *The Lancet* 399 (10341): 2082–2084.
Suh, Siri. 2021. *Dying to count: Post-abortion care and global reproductive health politics in Senegal*. Rutgers University Press.
Trinitapoli, Jenny. 2023. *An Epidemic of Uncertainty: Navigating HIV and Young Adulthood in Malawi*. University of Chicago Press.
Vijayakumar, Gowri. 2021. *At risk: Indian sexual politics and the global AIDS crisis*. Stanford University Press.

Watkins-Hayes, Celeste. 2014. Intersectionality and the sociology of HIV/AIDS: Past, present, and future research directions. *Annual Review of Sociology* 40: 431–457.

Wenham, Clare, Joshua W. Busby, Jeremy Youde, and Asha Herten-Crabb. 2023. From Imperialism to the "Golden Age" to the Great Lockdown: The Politics of Global Health Governance. *Annual Review of Political Science* 26: 431–450.

White, Alexandre IR.. 2023. *Epidemic orientalism: Race, capital, and the governance of infectious disease*. Stanford University Press.

Youde, Jeremy. 2010. The relationships between foreign aid, HIV and government health spending. *Health Policy and Planning* 25 (6): 523–528.

Youde, Jeremy. 2015. MERS and global health governance. *International Journal* 70 (1): 119–136.