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International Organisations as Gatekeepers of Epistemic (In)Justice? A Critical Policy Discourse Analysis on Health Data Inequality Within the World Health Organisation

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Abstract

Despite the growing interest in tackling health inequalities – in particular for the achievement of the Sustainable Development Goals (SDGs) 2030 – the COVID-19 pandemic has highlighted anew that contemporary international regulations and global policies on the protection of vulnerable groups are inadequate. As I will explore in this paper, inequalities are not only caused by the absence or unavailability of health services and health care provision on the local and nation-state level, but instead the result of persistent power structures and elitist knowledge reproduced through languages and social practises. This finding is in line with an international consensus that the production of health knowledge is rather centralised leaving local and/or informal knowledge marginalised. Therefore, I ask: when and how have international institutions responded to the ever-accelerating global health inequalities? Which actors and actor networks have been shaping this debate in the last two decades, and why? And, most importantly, what are the network structures and mechanisms within the global health system that intersect with the dominance in knowledge production and thus account for the persistence of epidemic injustice?

Using Critical Policy Discourse Analysis (CPDA), I trace the temporal (re)emergence, evolution, and diffusion of policy frameworks in health data (as one prominent field of global health) within the World Health Organisation (WHO) as the largest "universal" discursive forum of global health governance. My analysis tries to contextualise the representation of social actors by examining why particular actor groups are more prevalent in policymaking on inequality within the WHO than others. Findings indicate that there has been a multiplication of policies on health data since the end of the 1980s, though peaks have persistently been apparent in times of crisis (outbreak of epidemics or pandemics). However, consistent with the theoretical strand of othering, the paper highlights that a dichotomy between we/us and

they/them has emerged within the global health arena, which is evident in both discourse coalitions and the participation in and output of policies on inequality.

The analysis relies on two models to explain this dichotomous development, diffusion, and contestation of policies on health data: firstly, the "Northern model" relies on the argument of an internationalisation pushback. This means that Northern actors accept internationalisation to a certain degree – in particular for the enforcement of international standards and norms supported by "Northern" international organisations (IOs), for instance, the right of privacy in health data access and sharing. Beyond that certain degree, those "Northern" actors are reluctant to adapt policies and thus potentially downgrade their epistemic dominance either out of fear to lose their position in global health governance or due to ignorance. The "Southern model", on the other hand, argues that IOs are considered epistomes of Northern dominance yet resulting in resistance to cooperate in policymaking in global health arenas or to a (re)emergence of South-South cooperation.

My analysis is based on an ethnographic approach to CPDA, which uses an observation (of the World Health Summit), expert interviews, and a document analysis of WHO verbatim records and minutes of meetings.

Keywords: Critical Discourse Analysis, Global Health; Inequality Theory, International Relations, World Health Organization