AMERICAN SOCIOLOGICAL ASSOCIATION

ASA FOOTNOTES

MAY/JUNE 2020 · VOLUME 48 · ISSUE 3

Development, Global Health, and COVID-19 (Sociology of Development)

Shiri Noy, Denison University
Nicole Angotti, American University
Joseph Harris, Boston University

We are in the midst of a pandemic. But that midst differs by place. Health crises exacerbate underlying inequities, and countries vary in expertise, infrastructure, and the will to address them. As sociologists who study global heath and development across several world regions (Africa, Latin America, and Asia), we understand the importance of recognizing the multiplicity, but also the commonality, of challenges. While the study of **global health within the sociology of development is nascent**, work in this area can offer critical insight into understanding both the differences in responses as well as lenses through which to examine the social dimensions of pandemics. Here we offer three insights.

(1) Effective Interventions Require Coordination.

While viruses do not respect borders, **our social world is nonetheless defined by them**. Disease has diffused from one country to another via the grooves laid by international trade, travel, and migration networks and patterns. While the poor and vulnerable are usually hit hardest by crises, ironically, countries on the global economic periphery were spared from high rates of infection initially, likely due to fewer transportation links (though it is also possible cases were undercounted due to lack of testing). However, many of those same countries are now seeing a rise in new infections and the ultimate impact could be devastating. While global health organizations have the potential to galvanize governments and move swiftly to promote coordination and information sharing, both about disease spread as well as scientific advances in prevention and treatment, this does not always happen. The world of international institutions and **organizations** is a complex one, characterized by power asymmetries and often conflicting agendas, with **differential** effects across organizations, outcomes, and regions. Advocacy may be necessary to shield the interests of poor countries from attempts to weaken state social policies. As well, it is paramount that donors, intermediaries, and communities come to **mutual understandings** of the problem, and that we understand how **historical legacies**, situational logics, and **cultural objects** inform the response.

(2) Expertise and Solidarity Are Critical in the Face of Uncertainty.

Global health emergencies are doubtless increasing. Amid growing calls to be prepared for the next big pandemic, COVID-19 has, nonetheless, illustrated how **unprepared** we are. In a globalized world, expertise is diffuse and, in many places, **politicized**. Further, in many low-income countries, health ministries are marginalized vis-à-vis concerns that are viewed as more pressing or immediate (e.g. defense, or resource extraction). The pandemic underscores the central role of politics in responding to epidemiological events, highlighting that not only medical, but also public health and *social scientific*, expertise is critical. In democracies especially, compliance requires solidarity — an understanding that we are in this together. Social movements have a role to play here, but compliance also requires trust in experts with appropriate credentials. Further, social science allows us to consider **unintended consequences of global health efforts**. For example, while shelter-in-place orders may prevent disease spread, they may intensify other crises, such as **hunger** and domestic violence.

(3) Structural Inequities are Exacerbated and Compounded, But We Have an Opening to Act.

COVID-19 has **laid bare inequities, both domestic and global** in the availability of resources such as protective equipment and testing kits, as well as in access to and experiences of patient care—further disadvantaging those who are already vulnerable. This pandemic is an opportunity for us to re-examine our health system and **dominant approaches to development** more broadly. We need to ensure that social development serves people. As the **austerity associated with a global recession** takes hold, we have an opportunity to think about the **role** that tax-financed universal healthcare systems that do not tie healthcare access to employment can play in regions of the world with large informal employment sectors, for example. These systems have been shown to be more effective for health outcomes as well as more cost effective **and equitable**. As we race to discover possible treatments and vaccines, we must also be vigilant against **power dynamics in patents** and **pharmaceutical production** and guard against **richer countries profiting economically** at the expense of

people in low-income countries. We must move beyond **ethnocentrism in the study of global health**. We're in this together, but our circumstances are not the same. Sociologists are uniquely suited to contribute to this conversation, and to suggest global, organizational, and community-level, pro-social, effective, evidence-driven-interventions.

References