

Research in progress

## National health policies and international health programmes in historical and comparative perspective\*

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### Abstract

This paper presents the theoretical and conceptual aspects of a historical and comparative study of relations between international health organisations and their programmes and Brazilian health policies, particularly disease eradication campaigns (malaria, smallpox and poliomyelitis). This study forms part both of a line of research into the history of global health and public policies and of an effort to re-evaluate the longstanding, vigorous international interaction by Brazil's public health actors and agendas, which operated a network outside the Brazilian diplomatic circuit and were ignored by both it and studies of international relations.

### Key words

health policies; international organisations; global health; history; eradication

The study object is Brazil's relations – expressed as policies, institutions and actions – with world-scale disease (malaria, smallpox and poliomyelitis) eradication programmes proposed and coordinated by the World Health Organisation (WHO), the Pan American Health Organisation (PAHO) and the United Nations Children's Fund (UNICEF). The initial analysis period extends from 1958, when Brazil began to convert its malaria control programme into an eradication programme (joining the global effort proposed in 1955 by the World Health Assembly in Mexico City) until 1994, the year Brazil and the Americas were certified polio-free. In addition to institutions of the United Nations System, those three decades of interaction also involved bilateral cooperation agencies, such as the United States Agency for International Development (ICA, later USAID), philanthropic organisations, such as the Rockefeller Foundation and Rotary International and other cooperation and development agencies of European countries and the Soviet Union. Public institutions with traditionally national mandates, such as the Centers for

Disease Control and Prevention (CDC, USA) and University of Toronto's Connaught Laboratories (Canada), collaborated in some of the main disease eradication endeavours in Brazil.

This interest in international health programmes and national health policies began with a historical study of malaria control and the eradication of malaria in Brazil between 1930 and 1970. The results, in terms of production, recommendations, presentations and exchange with groups and researchers discussing similar subjects in other countries, suggested that the scope of the study and analysis should be broadened towards a comparison among programmes, extending the timeframe and spatial reach and exploring in greater depth the conceptual discussion of relations between international and national agendas in policy making and implementation. The analysis of Brazilian policies to fight malaria showed they oscillated greatly, from autonomy, a capacity innovate and a refusal to adhere to the PAHO/WHO/UNICEF eradication programme, through to complete alignment with international guidelines. The trajectories

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of such programmes in Brazil can be explained largely by whether or not there were pre-existing national policies and communities of experts, variations in the international conjuncture and in political regimes, as well as the availability and conditions of funding, as indicated in studies published previously (HOCHMAN, 2007a; 2008a; b).

Another ongoing project – related to this general theme, but focused more on the policy of human resources for health that originated in cooperation between PAHO and the Brazilian government starting in the mid-1970s – has made it possible to identify mechanisms, in Brazilian technical and bureaucratic circles, for re-appropriating and reformulating the PAHO's and the government's guidelines and their initial and contextual objectives, among other things as a basis for health sector reform proposals (PIRES-ALVES et al., 2008; PAIVA et al., 2008). As a result, comparing and contrasting the malaria eradication programme and two other – much more successful – national, regional and global disease eradication programmes (smallpox and poliomyelitis) will enable not only our knowledge of the history of these policies to advance, but also our understanding of these processes in terms of public policy analysis models.

The study also forms part of the *WHO Global Health Histories Initiative*<sup>1</sup>, which applies historical comparative policy analysis in an effort to understand processes that preceded and produced different international-regional-national health interfaces, particularly the international programmes started in the 1980s to reduce infant morbidity and mortality. These programmes operate with strategies to combat specific diseases that are considered neglected and/or immunopreventable, by increasing populations' access to drugs, vaccines and medical care. They characteristically involve a broad, complex association of individual philanthropists, private philanthropic institutions, the UN, non-governmental organisations, industries, government programmes, development banks and financial institutions, and others, together with new forms of programme funding and management (BIRN, 2009). These formats and relations have also been identified and analysed in studies of the privatisation, health sector reforms and economic adjustments of the 1980s and 90s.

Programmes such as the Global Polio Eradication Initiative (GPEI, 1988), the Joint United Nations Programme on HIV/AIDS (UNAIDS, 1996), the Roll Back Malaria Partnership (RBM, 1998) and the Global Alliance for Vaccines and Immunisation (GAVI, 2000) are some of the examples cited of the so-called new forms of international-national and public-private interaction in health care. Brazil's relationship

to these international health initiatives, especially in the immunisation and malaria fields, can be understood on a historical perspective by analysing the paths followed by disease eradication programs implemented by Brazil.

The study forms part of a line of research and thinking about the genesis, nature and development of social protection policies in contemporary Brazil and is a development from my projects and analyses examining the role of health in the process of State-building in Brazil. The theoretical and conceptual concern continues to construct interpretations of when, why and how compulsory, national, collective arrangements arise, in a given historical context, to protect populations from risks and to provide care and compensation for adversities (disease, ageing, malnutrition, death etc.) and of what their social and political consequences are. It therefore relates to the process of constituting public authority, as in authors such as Weber (1964), Bendix (1996), Elias (1993), Tilly (1975), Rokkan (1999), De Swaan (1990), and, for the Brazilian case, Reis (1992) and, specifically for health, Hochman (1998) and Lima et al. (2005).

Arising from this concern are a series of questions that I have attempted to answer in my analytical endeavours. The first is why and when adversities, disorders and risks become objects of public interest and policy initiatives. A second question concerns the conditions that make it possible and feasible to turn public interest into public policies, or on what basis individuals and groups decide to transfer responsibilities to the State. A third question has to do with relations between the content of policies that became public and the legal and institutional arrangements set up to implement them. In other words, how does this State intervention reinforce and/or alter relations between public power and society? What might be relations between the process of collectivising and nationalising the risks and adversities that affect a society (and care and social protection) and the process of State-building? More recently incorporated into my research is the question of how and why health care issues enter the international and multilateral agenda in an increasingly interdependent world, what interests and actors are involved and what organisational arrangements are put in place to address these problems on a supra-national scale. I am also interested in thinking about what consequences these international agendas have for States and their national healthcare policies. Accordingly, I have introduced the topic of international health organisations into my research and teaching activities; the subject has been studied little from a historical perspective either in the public health field or in policy history and analysis<sup>2</sup>.

The proposal is to understand the forms of interaction

between the national and international agendas regarding epidemic and endemic infectious contagious diseases, as well as the patterns in the Brazilian State's political and institutional responses to these problems and in its relations with international, multilateral and philanthropic agencies concerned with international health. The general argument is that the State structures, bureaucracies and communities of experts in the health sector in contemporary Brazil should be analysed also as outcomes of these relationships between nation-States and international organisations.

From the theoretical and methodological standpoint, the research aims to pursue in greater depth the dialogue that I have tried to establish among government policy analysis, history and public health. New agendas and research problems, together with the process of professionalisation in political science and the greater depth it has gained as a discipline, certainly make for a more complex dialogue between history and policy analysis (HOCHMAN, 2007b). It has to be recognised that specifically the field of political science has become more receptive to the question "Why does history matter?" (PIERSON & SKOCPOL, 1999; TILLY, 2006) on the assumption that institutions matter too and because of the historical comparative perspective, which has gained density in this discussion. In this way, *history* has attracted those who take the route of investigating processes and choices that took place "in the past", even though recent, and produce effects that are contemporary. On the other hand, there has been a renewal in political history that has also begun to confront dilemmas in the "present time", that is, seeking not only everyday life, but a historical interpretation for present events, while maintaining its distinctive and constitutive features (RÉMOND, 2003).

Support for the verdict that "history does matters" can be seen in the growing number of studies published. However, an agenda that calls on us to "go back and look", in the words of Pierson (2004, p.47), is neither completely new, nor simple or free from controversy, even within neo-institutionalism itself (HALL & TAYLOR, 2003) or in historical and political sociology (SEWEL, 2005). The methodological aspects involved in periodising political processes, sequencing and using time and the past are also complex and have occupied the attention of political scientists and historians (LIEBERMAN, 2001; BRIDGES, 2000).

The literature seeking to reflect on the subject and conduct historically-oriented policy analyses reveals both advances and problems. The advances originate largely from the development and increasing visibility of comparative and contextualised analyses. Using and controlling a certain number of cases to demarcate similarities and divergences, such analyses aim to

explain and identify causalities in the substantive outcomes of temporal and contextual processes, such as democratisation, the effects of social policies and the shaping of modern nation-States (MAHONEY & RUESCHEMEYER, 2003). They are also producing positive impetus in the field of comparative history methods. In large part the advances and propositions are drawn from the production of historical neo-institutionalism, which links to, but does not mix with, comparative historical analyses (STEINMO et al., 1992; MAHONEY & RUESCHEMEYER, 2003). The challenge facing this current is to seek to explain political processes and outcomes by examining institutional variables, or rather by considering institutions as rules of play or as limits that structure human action and interaction. Here the adjective *historical* has to do with considering institutions as products of political struggles and concrete temporal processes. This use of the adjective relates to the concept of path dependence. Choices are made within given conjunctures, after which the possibilities of alternative paths in politics and policies decrease – a process which is considered to vary in different, but potentially comparable, contexts. Thus, it is argued, there is a social causality that depends on the observed path travelled over time, in *history* (MAHONEY, 2001).

In this connection, drawing on the results of the ongoing research, the proposal is to conduct a historical study comparing among disease eradicating programmes in Brazil, in the context of international campaigns. This contextual and process analysis will seek to show continuities and changes in these relations, the institutional learning among programmes, agencies and communities of experts, the dynamics between the spread of models and local innovations and these programmes' sometimes unexpected infrastructural effects on the State and other, new government policies. The impacts of this process are apparent even when programme goals are not achieved. The dilemmas of funding and of the possibility of coordination and cooperation in the international context are relevant to the analysis.

As regards contemporary challenges, the historical analysis of these programmes may indicate the possibilities and problems of new control or eradication programmes and new formats for international health cooperation, coordination and funding in a situation of interdependence. The eradication of a disease is an international "public good", in order to obtain which requires the disease's inclusion on the international agenda, the power to persuade countries to make this a priority goal on their national agendas, a supply of funding and assistance for those that lack the necessary structures for the endeavour and the capacity for coordination among countries and agencies (BARRETT, 2004; 2006).

The governments of – generally more developed – countries which have eliminated the disease in question within their borders are inseparably linked to this endeavour, because eradication is achieved (as a “global public good”) if all countries manage to eliminate the disease. The existence of one country where it is endemic, or which has poor capacity to contain and eliminate the disease, threatens all the successes achieved at the national and regional level with the potential for reintroducing the disease. It is thus in the interest of the developed countries and/or those that have eliminated the disease that the others do the same. As international organisations do not have the authority to compel a country to begin an eradication programme or to modify its existing policies in line with an international programme, the issue of constraints, incentives and funding is key to the eradication dilemma (BARRETT, 2004; 2006; MILLER et al., 2006). Historical analyses of smallpox eradication in India show clearly that the international-national-local interconnection was complex (somewhere between coercion and cooperation, depending on autonomy) and diversified over time and within regions of the country (BHATTACHARYA, 2004; 2006; GREENOUGH, 1995).

For this purpose, the analysis will consider the actions and campaigns against malaria, smallpox and poliomyelitis carried out by the Brazilian government from 1958-1994, when in various ways Brazil joined in regional and global eradication efforts. First, the malaria eradication programme, which was considered a failure; then smallpox, the first and only human disease eradicated as a result of an international sanitary programme; and, more recently, poliomyelitis, which was eradicated from the Americas, but continues present in Africa and Asia and is targeted by an ongoing international eradication effort. This comparison will make it possible to indicate the political and institutional conditions necessary for public health policies to emerge and develop in interaction with the international health agenda and, more broadly, for government policies in an strong international interdependence environment. These are also events in the process of State-building that make it possible, over time and in a variety of contexts, to identify different models for organising health care actions at the national level and to think about present-day challenges facing the Welfare State in Latin America (DRAIBE, 2007).

The importance of this discussion lies in the prospect of tackling, from a historical point of view, increasingly central and contemporary issues for the possibility of autonomous domestic policies in an ever more interdependent world. Here I present once again some of the questions suggested by

Keohane and Milner (1996), when they assert that national public policies can no longer be understood without analysing the links they establish with the international environment: How does the internationalisation of social protection and well-being agendas affect domestic policies, their institutions and actors? Inversely, what capacity do nation-States have to influence and/or modify this agenda or to resist it, from the point of view of both domestic policy and the international environment?

The project aims to contrast the Brazilian State’s policy and institutional responses in its long and varied relationship with international agencies involved with health, as well as its recommendations, funding and actions. The contrast is between national programmes with similar goals (eradicating diseases), that formed part of the so-called international health agenda (with global eradication programmes and goals) and had varied results in terms of meeting goals and structuring policies, institutions and technical communities.

In this research I maintain the suggestion that State health policies in post-war Brazil must be understood by their internal dynamics, but also as resulting from and conditioned by these interactions. Both the international authority of these functional agencies and the national authority in the health field were built up in these processes and interactions (FINNEMORE, 1996). The aim is thus to introduce this interaction into a historically-oriented – and potentially comparative – perspective for analysing government programmes. Accordingly, as with the reforms of the social security system, the purely diffusionist argument, with policy paradigms based on external actors, seems to have little explanatory power in the health field (MELO & COSTA, 1995; MELO, 2005).

Discussing and comparing patterns of interaction among institutions and their effects on national policies, in terms of continuity and change, means adhering to the assumptions of historical institutionalism – institutions as rules to play or limits that structure human action and interaction – and to the related notions of policy feedback and path dependence (MAHONEY, 2000; 2001; MAHONEY & SCHENSUL, 2006). It also means identifying critical conjunctures at which, following Mahoney (2001), choices are made after which the possibilities for alternative policy paths are reduced. Inversely, conjunctures can be identified as ‘critical’ if they allow changes in policy paths. Another important element for this comparison is the relevant political arenas in which these programmes are formulated, decided and developed, which change according to their more or less pluralist political contexts (IMMERGUT, 1992).

Thus, time and contexts are crucial: periodisation, the

chronological order between international recommendations and the adoption of national programmes is important, as is its placement in specific political contexts. The existence and creation of communities of experts, or epistemic communities – which circulate among the sub-national, national and international bodies – is one of the important elements in this process (HAAS, 1992), as is what professional groups involved in any given public policy may learn about other correlated national and international programmes (HECLO, 1974).

The variables suggested for comparing the Malaria Eradication Campaign (CEM, 1965-1970), the Smallpox Eradication Campaign (CEV, 1966-1973) and the actions for poliomyelitis eradication (1986-1994), in their relationship with the international recommendations, are fundamentally institutional and political: the importance of a given disease on the national and international health agenda; the existence of national scientific traditions (institutions, research programmes and technological development); the existence of national programmes and specialist organisations to implement the policy; the degree of political and administrative centralisation; the existence and formation of communities of experts, and how active they are; and the availability of national and international funding for the programme. These variables also allow an exercise in comparison with other national experiences, to identify which variables explain national responses that resemble or differ from the norms and recommendations set down by international organisations in the health field.

## Notes

1. [www.who.int/global\\_health\\_histories/en/](http://www.who.int/global_health_histories/en/)
2. Political and institutional histories have been produced recently, such as Lima (2000) and Cueto (2007), about PAHO, or Farley (2004) about the Rockefeller Foundation's International Health Division. Regarding international organisations definitions, look at Herz and Hoffman (2004) in particular.

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