

# Sophie Harman

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## SPEAKERS

Jessica Knezy, Zoe Varenne, Sophie Harman, Tom Pegram

### Tom Pegram 00:00

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](https://ucl.ac.uk/global-governance).

### Tom Pegram 00:35

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 is also a real inspiration for scholars keen to draw on insights from across disciplines, as well as mix it up when it comes to how we actually do research. Alongside academic accolades, including being awarded the Joni Lovenduski prize by the Political Science Association in 2018. Sophie is also one of my more star studded colleagues, having been nominated for the BAFTA for outstanding debut by British writer, director or producer in 2019. For 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.

### Jessica Knezy 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.

**Zoe Varenne 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.

**Tom Pegram 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 those changes. And I'm wondering, from your vantage point, where do you see the most exciting work happening in IR at the moment? And do you think the whole COVID-19 pandemic will change the discipline in any way perhaps, for example, breaking down the traditional separation of domains like security, international political economy, issue-specific areas like health or climate, and also disciplinary silos? And those sorts of perhaps arbitrary distinctions that we often see out there.

**Sophie Harman 04:16**

I love it start with the big question. Well, obviously, in the past, I would have said, "Oh, interesting research is happening in global health." But now I am so bored of global health, because we're all so bored of global health. And for years, lots of people are saying: "Global health politics matters. We need to take this seriously in international relations." And everyone sort of said, "Oh, yeah, yeah, you can have your section at ISA - the International Studies Association. You can do your fringe stuff, but really, you know, what's this got to do with international relations and international politics?" And so this is the worst time to be right about things. I think lots of people in global health are thinking, "Oh my gosh, you know, we've been talking about this for ages. IR has now discovered global health. We've been pointing that out. No one wants to be right about this stuff at the moment." So yeah, in the past, I would have said global health, but now I'm super bored of global health. And I think what's more interesting for me is actually in visual politics. So people working in visual politics, and also emotions and international relations as well. I think that's really, the, you know, the stuff that is stuff that I kind of like to read. So when you're sort of, you know, you think it's a pet project or something you're not actually doing research on. And I've really enjoyed reading kind of work around that. I always enjoy reading new feminist research as well. But is it going to break down these kind of silos in IR? I mean, I think these are conversations we've been having for a really long time. And I'm not sure if we just make these silos up sometimes to create panels or put order on workshops, I think people are more open to learn a bit more from other people, I think you're always going to have some people always stuck in their, kind of this is what I do. I'm a neo-realist. I just talk to the neo-realists, and I'm going to stick like this until I get tenure. And then I'm going to ignore everyone else, until you know, I find it relevant. But, actually, I think you're seeing more people getting interested in wider questions of method, and areas of research we haven't thought about before. So the politics of science and scientists, whether that's in climate change, environmental research, or indeed in global health, so I think we have to break down those silos. And I think International Relations has been a bit slow on that, particularly with the methods part as well, which perhaps we can get into in a bit. But yeah, so where's the exciting research yet anywhere, but global health, but those who listen to the podcast and don't know anything about global health politics? You know, go to the BISA, go to the ISA working groups, find your global health politics

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.

**Tom Pegram 06:59**

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?

**Sophie Harman 08:08**

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 film, I'm going to think about it methodologically." And it just was, you know, a bad film or the film, I just didn't make a film. It was, you know, I'd have to be accountable to my funder. But I'd already got an established career. So I could take that risk. And I think that's the real issue when we're trying to advance different methods and innovations is who can be innovative in International Relations, you can really only do it when you've got a permanent job, when you have research funding, and you have the support of people saying, "Okay, we're going to let you do this and take a risk." Surprising aspect of that, I think, is doing the research, you know, in your head, everyone said, "Oh, doing a film is cool. And it's fun." And it is neither of those things. Like, you know, it's such a pain. I mean, the fun bit is definitely the BAFTA's red carpet, all that stuff. I mean, I'm not even going to lie, that was amazing. But that's just like a tiny snippet. All the stuff that comes before is just a real, it's not fun, and it's not cool. But it's really interesting about navigating some of those relationships, both with the filmmakers and how they see the story and the research process. And also, the women I made the film with. So the film is made with women living with HIV in rural Tanzania, and the kind of relationship I had to them as well, and how that changed and their agency that they had and exhibited during the film. So I think when you go and work with these communities, you're always very conscious of how you might be positioning yourself, or how you might abuse your privilege, or you know act in an unethical way. And you don't actually think about how they might do that, or how they might use these kind of power relations to their own advantage. And that was just really fascinating for me, and especially- It just kind of confronts a little bit of your academic arrogance, you know, you study these power relations, you study patronage, you study all this kind of colonial legacies. And then when you're actually immersed in it, how do you act in a way that isn't a colonial oppressor? How do you stop

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, kind of like, "Oh, you know, poor me, the white woman going into these communities, and they don't love me as a saviour," not like that. But just actually understanding the agency of the people that you're working with, I think was really revealing. And then on the other side, for the kind of like, the discipline side, how many people are really keen to embrace the film when it was a success? And then those who were kind of interested in it, but were not really sure if it was academic, and you know, what is an academic output? "Why is it not a documentary?" But you know, I'm big enough to handle that. That's fine. That was just more funny. You know, it's never come from people who've seen the film. People who've seen the film, get the film, people haven't seen the film, they're like, "What is this documentary you've made? It's, you know, anyone can do this." And I just thought, "Well, we'll see."

**Tom Pegram 11:50**

That sounds like a good sort of Zen attitude to take really.

**Sophie Harman 11:54**

It wasn't always like that. I should add, I mean, this is years on I am now like, "ha-ha," but no, at the time, it was just like, "Oh, I'm having this argument again. Great."

**Tom Pegram 12:05**

I mean, let's get into that a little bit more. I mean, you know, I work in global governance. I mean, what is global governance? And often, it can seem like a very elitist endeavour. And you, when you look at, say, qualitative research in that field, it's often at that level, it's often there's a lot of very elite level interview data. And the focus is predominantly on kind of the big organisations in that space: the World Health Organisation or the WTO, whatever it may be. There has been a push by certain scholars, people like Jason Seabrook, Rorden Wilkinson, and others to bring in sort of a more everyday global governance, how is global governance received by those who are at ultimate, the sharp end of say, big austerity, restructure programmes or whatever it may be, but that remains somewhat peripheral in the mainstream conversation, although I think it's beginning to make inroads. And I was just wondering whether you have any reflections on that, you know. Why is it so important to take seriously the everyday global governance experience of people such as women in Tanzania who I assume also are recipients of global aid programmes? And those sorts of global governance initiatives?

**Sophie Harman 13:32**

Yeah, I think ever since I did my PhD on the World Bank and AIDS, I was interested in those kinds of, you know, the Geneva, DC institutions, and what they say and what they do. But if you don't see what that's actually happening on the ground, then what's the point of looking at it? So it's, you can see that as the everyday. you can label it as the local you can say it's community engagement, however, you want, or bottom-up global governance. I think this has been around in global governance for a while, but people kind of label it differently. But yeah, I think you can come up with all the policies, norms, recommendations. And then for years, everyone says, "Well, why is it not working?" You're like, "Well, have you ever gone and asked the people it's meant to affect why it's not working, or traced the money down or traced the policy down from you know, the bank, so the World Bank, sorry, or the WHO, to what happens in countries, then what happens in the district?" and I've always thought that you have to

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's totally stolen my idea. I can say that now. He wasn't looking at this before. I'm only joking. He was.

**Tom Pegram** 15:42

That's great. Okay, thanks Sophie. So I think Jess wants to come in.

**Jessica Knezy** 15:49

Yes, I'd like to talk a little bit more about the film, we found it a really powerful watch. And personally, I was on the edge of my seat the entire time, I was watching it. But I know you've touched on this a little bit. But why do you believe this story needed to be told? And why present your research through this medium specifically?

**Sophie Harman** 16:08

Thanks so much. That's really lovely that you've watched it! And you have such positive feedback. Yes, so I've been working on the politics and the governance of HIV and AIDS for a really long time. And actually, this relates to Tom's question of, then you go to these kind of high level meetings in these institutions, or you go to another IR conference, and everyone's talking about what should happen with AIDS, or, you know, what should happen in Africa. And nobody is going and engaging with these stories, or what's happening at the others, you know, at the endpoint effectively. And then I combine that with a kind of feminist sensibility around women during pandemics and women during big global health initiatives. So for years, we've known that women act as the carers, the volunteers, the people who are, majority of people living with HIV, and yet, their kind of everyday stories aren't told, or how they make sense of the politics of this isn't told. So I really wanted to have a way of showcasing those stories, and engaging with kind of affects of audiences as well. So that's kind of like why the film medium came up with how to connect. So I don't know if you use film in your teaching, but I've been using films for years, but lots of the global health films tend to be particularly around AIDS are very much kind of like social histories of AIDS in North America, in Europe. And that's great. But it doesn't tell you what's happening with the contemporary AIDS response, which is a very different picture. And so that, these films didn't really exist. You saw them in small pockets, but not as a kind of feature film. So I thought, well, let's go off and make that. And then we were going to do it connecting to the institutions. And then that would have been clumsy, it would only have worked as a documentary. So you know, you have little kind of like snippets here and there if you're a keen governance observer you might pick up on but yeah, so it was audience, it was affect. But it was also about representation. So

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.

**Jessica Knezy 18:45**

Yes, I think that effect came across really, really well in the film. And I, personally, I thought it was I thought it was just incredible to watch. I come from a theatre background myself, and I noted that you used a combination of scripted dialogue and improvisation. So in relation to the power dynamics that you spoke of earlier, how did this approach sort of balance that and what did it give to the community in terms of telling a story in their own words?

**Sophie Harman 19:14**

I mean, it's a really tricky one, because we obviously scripted the whole film. And that script was based on stories of just over 80 women that we sort of spoke to in the process of making the film. And then we had to have the script to then organise how you're going to shoot it. So we weren't going yeah, we had a very tight schedule. I mean, I've never written a film schedule before and I have and I'm now I've done it. I'm like, well, this is actually quite cool. That was a fun bit, actually. A bit of organisation. And but yeah, so we had the script. But then when we went into the community, we said like we've got the script, we've translated it into Swahili, because it was written in English. And everyone wanted a script, but lots of people didn't actually, weren't actually able to read it. So there was a lot of working with interpreters to sort of say, "this is what we want you to say at this bit, but obviously you just, you know", director Leanne Welham will be able to tell you more about this. "And, you know, you just actually say what you would say if you were trying to negotiate to get some black market antiretrovirals, let's just play this out." So it was also just to work with the women where they were at. So we wanted to give them the script because they said they wanted it. But it was quite clear that not all of them could use it. So it was a bit of both. What was interesting in the community was some of the cast were very much like, " Oh for God's sake, just this is your line, say the line correctly, or set, get to your mark" would be frustrated, when other cast members wouldn't get it. So we will sort of like me and Leanne were like, "Let's just be friendly, nice, conducive and get the best out of the actors" where some of the actors were like, "if you mess up this line again, while I'm stood here in the sun, this is not cool." So I don't know if we'd go for community power. I think it's, I mean, Swahili isn't a language that spoken super widely around the world. But it was really important that it was in Swahili, I think. It also gives power to them, because they could be in cahoots with some of the translators saying, you know, "this mzungu, this white woman is exploiting me send help." And I would never know, because my Swahili is very basic. I mean, I think I would probably get that. But so yeah, it was important that it was in Swahili. And also it would have been impossible because they don't speak English. So it would have been, yeah, it would be rubbish.

**Zoe Varenne 21:26**

I have a quick follow up question about the film. So there's one scene that really stood out to me was when she's going to, Pili is going to one of I think it's like the third clinic of the day. And she walks past this couple of white tourists shopping. And I guess just for me, personally, I want to know, was that improvised? Or did you put that in? Because either way, I thought that was so powerful, because you just look at them. And you're like, you just know that they have all the privilege in the world, and that they could probably afford to give her the deposit. And you're like, Oh, I don't know. I just thought it was a very, very powerful moment. And it really like stuck out.

**Sophie Harman 21:59**

Yeah, that was the only time you see anyone white in the film. Is that like flashing moment? And yeah, it was very deliberate. And it was deliberate on a couple of reasons. Because she's gone to Bagamoyo, which is a bigger town, it's a richer town it's also where tourists sometimes come through as well. So you have, you know, backpacking, hostels and things like that. And again, yes, because they're looking at these goods. And one of those goods could just be the amount of money that she needs for her deposit. And it's just a completely different world. So she's kind of like looking at them. And then just kind of pays them no mind. But yeah, all these kinds of little subtle things they're all deliberate.

**Zoe Varenne 22:35**

I really loved it. I thought it was such a good touch.

**Sophie Harman 22:38**

Thank you. So at one point, Leanne, the director was like, "You need to do it, because we can't find any extras." And I was like, "I am not being in the film. I have no interest in being filmed." So we just went to the backpackers. And I think that cost me two margaritas each. For them to be in the film. Yeah. That all went on my receipts, my expenses for the research. And I'll tell you that as well. Accounted for.

**Tom Pegram 22:58**

Yeah, there's a there's an audit trail. Yeah, very good.

**Sophie Harman 23:01**

Absolutely!

**Tom Pegram 23:02**

So you didn't make a cameo then Sophie?

**Sophie Harman 23:05**

No, I do. Actually, I think my voice is on one of the radios, sort of like the BBC World Service on her radio. That's the only cameo. I think I'm talking about Ebola. That's it, but no.

**Tom Pegram 23:17**

So I suppose I'm curious to ask in the process of making the film, and engaging with these people at that community level. There's a general perception that the international organisations: The World Health Organisation, UNAIDS, and so on, although UNAIDS has often, has a rather, perhaps more

positive scorecard. But these organisations are kind of very distant, remote from the realities that are actually happening out there, in these kinds of spaces. And often, WHO is kind of particularly sort of singled out as perhaps a more dysfunctional, international organisation, shall we say, compared to others, whether that's fair or not, I'm not sure. But I was curious to ask, you know, is your sense that these organisations are past their sell by date that, that they are no longer fit for purpose? And perhaps more concretely, in light of this research and this experiential research? What is the role of these, the international apparatus within these local contexts? What should it be?

**Sophie Harman 24:31**

So there's a couple of points I think to unpack with that and that's, the first the relevance of global health institutions. And I think it's been a tricky year for that. Because obviously, lots of people like me have come out and defended the WHO, when it looked like the US was going to withdraw funding from it. But at the same time, the WHO is not without fault. And it's been problematic for years and undergoing these processes of reform for years. And the one thing I'd say about global health is different to other forms of global governance, they always create new institutions, and new treaties. And they always like doing new stuff. So it's quite an innovative space of governance to try and respond to the times. But the problem is the kind of stuff that they're doing is just rehashing the old problems of global health and maybe just park into a new institution and think, "Oh, well, we've separated out the problems." So you saw that when the WHO wasn't seen to be active enough on AIDS, or involving civil society, they created UNAIDS, when after Ebola, they thought that not enough money was getting to countries, they set up the pandemic financing facility, but put in the World Bank. Now you see COVAX that's now with the GAVI. So you have this separation out of the WHO of all these global health initiatives. So does that mean that WHO is fit for purpose? Some people say you get what you pay for, but I think the WHO is not politically savvy, it has an arrogance to it, that they're like, "Well, here is the guidance, this is what you should do." Anyone in international relations knows well, that's not enough. And I think in this pandemic, actually it does have to have a real look at what, how it balanced the investigation into the outbreak in Wuhan. How it worked with China, and then how it worked with other states as it progressed. And I think the, after the investigation into what happened in Wuhan started to come out, you know, the WHO really changed its rhetoric. So Tedros, the Director-General, previously, he'd been very, you know, "we're collaborating with China. China is very open. You know, don't blame China, this could happen anywhere." And then as soon as the investigation happened the week, before there was a switch and saying, "actually, China could have played ball a little bit better." And you know, he's not fooling anyone, and that doesn't do the WHO any favours. I'm not saying Donald Trump was right. But you can see how, the WHO walked into that trap? Very much so. Both set by China and the US, how it walked into that proxy war. In terms of the WHO's relevance on the ground in countries, I mean, again, the WHO is one of those institutions, you actually don't see its footprint. And it's really interesting to me, if you go into a country like Sierra Leone, for example, you see UNFPA. You see, UNICEF, the footprint there, or the bilaterals is very evident, whereas the WHO, its footprint is lacking. And that was both during I think the Ebola response, and even when I was there in 2020, is sort of like what's it actually doing now? The WHO might say, well, that's part of our intent. Because we work with governments, governments say what we do so we shouldn't be, you shouldn't be able to see what we do. But then I think that's a bit of a cop out. I'm, I'm never really convinced. What technical support, what gov- you know, what does the WHO do? it justifies itself a lot, I think by saying, "We provide the good of global health security." But people have got to get behind it, I think. And I think, yeah, I'm sort of

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.

**Tom Pegram 28:59**

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?

**Sophie Harman 29:41**

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 organisations like UNHCR, I think, has had similar issues with that, where states allocate funding to its Directors General budget, and then basically to very specific health issues. And so the funding is like now split 80% towards states, earmarking what they want, and then 20% to the general budget, which hamstring the institution, because how are you ever going to plan and states are always going to invest in things that they want to so more money is therefore going to go to polio, emergency outbreaks, things like that. Whereas something as basic as health systems just never gets the money, or water never gets any money. So I think it's less, you know, it's great that we have these systems in place. But unless you sort out the financing, yeah, you can vote whatever you want in the World Health Assembly, everyone can commit to universal health coverage, but no one's going to pay for it.

**Jessica Knezy 31:33**

Yes, going back to the funding, I had a question about this kind of co-dependent relationship with the world now has to these global institutions and as you were saying before, you know, there are regulations in place that address a lot of the challenges that the world is facing, and that that's within the WHO, but again, we have this kind of stagnant, you know, circular problem when it comes to addressing initiatives and actually getting things going that maybe people on the ground would actually experience. So it's funding responsible for this kind of tension between what we need and you know, what's actually going on? Is that what needs to change in order to kind of break the co-dependent relationship that the world has with global institutions? Like the WHO?

**Sophie Harman 32:16**

Oh, yeah, I think yeah, effectively. I mean, it's sort of, what's weird in global health is, you know, the needs of people around the world do not define what gets funded, the interests of those states that give the aid is what defines what gets funded. So, of course, well you're always going to have that disconnect, that's always going to be a problem. I think what's interesting, and this is why it's important to do research in those aid recipient countries, or those countries that really rely on kind of money is how those countries use certain budget allocations to fund other things. So if you know you've got a chunk of money coming to HIV and AIDS, which was really big in the early 2000s, how you can creatively use that for say, maternal mortality within your budget lines. So if you're setting up a big AIDS clinic, why not just put another room next to it, that's the you know, maternal health. So there are some creative ways in which states then use that cash to fund other things or fund health systems, basically. But yeah, of course, if you don't kind of level out these kind of questions around what states want to fund, but then what other states need, then global health is never going to advance. Particularly because of this kind of what we call in global health, vertical funding. So funding specific issues, it's really easy, if you want health to be better in the world, fund health systems. I mean, imagine being in Canada, or the UK, and someone's saying, well, 70% of the UK's budget is going to go to breast cancer, because we really care about breast cancer. And then we'll have a bit more to pandemic preparedness, and then everything else GP surgeries, that's going to be like 20% of your budget, right, that's just going to collapse. And yet, we persevere with this model of financing in global health. Now, the answer to that is institutions who say, well, that's not really a good comparison, because states should be able to then fund these health systems. But those aid recipients states that should be funding these health systems are also too busy servicing the international projects around these big flagship issues. So even if they had the money, or they wanted to, when would they ever have the time to do it as well? So it's money and time.

**Jessica Knezy 34:31**

Moving from states to private corporations, I was wondering your opinion on whether a stable universal health care system can coexist when companies continue to make money, more money off of sick people than healthy people?

**Sophie Harman 34:48**

Ooh yeah, I mean, that's the big North American question as well. And it's engrossing a question in the UK. And it's, it's the Gramscian in me right so like you know, optimism of the will, pessimism of the intellect like I would hope so, in that I think you can still have this push for universal health coverage

that is free at the point of access that, isn't about - for profit. However, I think increasingly, when we see increased privatisation of health care, that is going to become a problem. And people keeps asking me whether I think COVID-19 will change that, that, you know, people will start to recognise the value of public health. But also COVID-19 is going to come with a huge pay check to the taxpayer. So I think you're going to see more private actors, and that cycle is actually going to get worse. But I would love to be wrong on that.

**Zoe Varenne 35:41**

So I had a bit of a question. I read a paper you put out recently about gender and global health, the one about why global - gender is a threat to global health. And I thought it was quite interesting in terms of what you were saying about the creative accounting for like the maternal health care, but then also the fact of COVID-19, drawing attention to things because in your paper, you noted that COVID-19 everyone started talking about gender, but not tangibly changing anything about gender. And I thought that, that phrase, you know, gender equality is incompatible with global health security, because it's a threat. I'd love to kind of pick your brain a bit more about that. And you know, if you could expand on that a bit more, and, and what, what systems, how would you redesign I guess, for gender to no longer be a threat to health, to global health? And how would that - how would they coexist? And maybe, how could we break out of reifying gender stereotypes instead of just using them in a damaging way?

**Sophie Harman 36:34**

Okay, no problem. I've got all the answers. So I mean last year was weird for everyone. But I think it was really weird for me, because at the start of the year, I was in Sierra Leone, looking at the gendered impact of health emergencies, in this case Ebola. And then, of course, this was all, you know, erupting in the UK. And so I was like, "Oh, everyone's interested in my research. This is weird," and suddenly, people were talking about gender. And people were really interested in this and everyone's like, "What we need is we need more evidence, you know, in global governance, everyone was like, more evidence, more data, and then we'll act on it." And I was like, "Right, yeah." And then I was like, "Do you know what, I'm calling bullshit on this because you have all the evidence. We've seen this from AIDS, we've seen this from Ebola, we've seen this from Zika. We know what the gendered impact of health emergencies and pandemics are. Yes, this is. So in the UK, this is the UK, it's not Tanzania, it's not Sierra Leone. However, there are going to be trends that are going to be similar violence against women in lockdown, that should just be obvious." And so it wasn't that there wasn't any data, it was that people suddenly actually didn't care. And I was like, "No, is it not that they don't care what's going on?" And that's when it sort of clicked for me is that gender and gender norms are seen as solutions to health crises that women will just absorb this, right? And that it will be expected that when you close the schools, that's fine, because somebody is going to look after the children. Now, we know that men upped their work in the home during the pandemic, but not to the same extent as women. So there was just this expectation that people would be like, "Okay, yeah, I'm just not going to do my work, I'm going to look after to my kids." And so it was there before the solution. So this is, oh like "This is it, they do understand gender, they just see it as the solution to these issues. Whereas what they need to do is see it as a threat." Because gender norms shape behaviour. So how you access health care, while you might be susceptible to infection for the types of jobs you do, or how you understand behaviour, change, communication, also makes you incredibly vulnerable to violence to your mental health and wellbeing, yet there's just this "Yeah, but it's always secondary to the main thing." So if you ever talk to

anyone in global health, who's working in pandemic response, though, use this kind of emergency imperative idea of like, that's just secondary. "You know, we just got to get contact tracing done. That's the main thing". They said that with Ebola, they said that with COVID-19, with no recognition for who is doing the work, right. And then fundamentally, you know, it's the solution, because all, most, not all, most healthcare workers in the world are women. So they're on the frontlines, even though I hate that term. So global health security just depends on women being the solution to the problem, and they're never going to see it as a threat, because then you're going to actually have to start paying women more, giving infrastructure around that. And there's just no interest or someone like the WHO, will be like "Well, we don't do that. We just do the health stuff." Same in the domestic health systems. You know, Ministry of Health would say, "Well, we don't do that. That should be social security." And I think part of the solution to that then is actually first, getting some feminists who understand gender in global health institutions is quite a big one. Secondly, marrying health and care seeing that labour as care and reframing this idea of saying "Actually, these are threats to women, women are not the solutions. And reproducing these gender narratives is really problematic." And that also has to happen with those women who are concerned about these issues. One thing that I was really uncomfortable with was when everyone said, "Oh, women leaders are better at responding to pandemics, because they're caring, because they listen, they're consensual," I was just again, like calling bullshit on this. This is yet another gender stereotype that reproduces these norms that this is how women act, and that women are expected to mop up all these problems. That's not the case. Also, don't ever call out who's doing well and who's not doing well in a pandemic, because look at Angela Merkel. Everyone was like, "She's great. She's doing really, really well." Look at Angela Merkel. Now, lots of criticism around the response in Germany. So really, yeah, I'm just my sort of issue with that is, it's really important that there's so much recognition and awareness now of gender and pandemics. I think that's fantastic. All the research is brilliant. But ultimately, these institutions know it, they are deliberately ignoring it. And that is what we need to draw our attention to.

### **Tom Pegram 41:18**

We have a colleague at UCL who I'm sure you know, Professor Sarah Hawkes, who's doing really pioneering work on the way gender norms, inform global health, and really upending a lot of these implicit assumptions that are very pervasive, it seems, in the mainstream policy discourse, and it seems like this is maybe an opportunity to break the frame, to really think hard about how we're actually understanding these problems. And I think that speaks to the bigger debate about well, how do we, how do we fix global governance, if that's even the right way of thinking about it? A lot of these problems are very long standing, you know, a lot of the problems which these organisations have been supposedly created to fix, to solve, have not been solved. And we're sort of we're now 50, 60, 70 years after the establishment. So it seems as if, on some level, we need to delve to a deeper level of understanding, well, what is the problem? You know how do we constitute the goal? Who, who's voice is heard when we constitute that goal? And I mean, we've been doing a lot of work here on the podcast around complexity thinking, in the context of climate change, which reflects a bit on my own research at the moment. And when we think about global health, you know, clearly there's a lot of intersection here with other domains. I mean, you've done work on the interface with trade, we had Susan K Sell on the podcast a few months ago. But also, of course, climate change as well, and the toxification over our environment. So it seems like we are dealing with hard problems. Some people call those sort of wicked problems. How do you think we can make progress in terms of actually, you know, what is 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?

**Sophie Harman 43:19**

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 manage that. But you have to get the fundamentals right." And I think that is always kind of missing within these institutions. And it's to do it in a way that you don't say, "Well, it's a little bit complex, and you know, everyone's got their economic interests and things like that." But, but also, do you know what just being accountable and transparent is huge. I mean, look at what's happening now with COVID-19 and the vaccines, no one's publishing the contracts that you know, these institutions are having with pharmaceutical companies. No one's knowing what's going on behind closed doors. And that's just bad governance practice, because it raises questions. It feeds conspiracy theories, it makes people think that something's happening that's untoward or unequal. And so actually, I would say the solution to the complexity question is getting the basics right, which institutions fail to do time and time again.

**Tom Pegram 45:36**

Yeah, I like that a lot. I know, sort of Nora Bateson, who's a sort of major, major figure in complexity thinking. She often says that the sort of antithesis to complexity isn't simplicity. It's so reductionism. I think that's quite interesting to ponder, as you say, get the basics, right.

**Sophie Harman 45:56**

And I think so for example, I mean, you also mentioned, I mean, Sarah Hawkes' fantastic work with global health 50/50. You know, she has done something which is huge, but it's basic. And I mean, that in the base, in the best possible way, I'm not criticising the word for being basic in that kind of insulting sense. But genuinely, she's just said, like, "Okay, so let's look at these institutions, their representation, their strategies, their policies, let's just look at it all and let's break it down and show you what the problem is." And then you just can't deny that there's a problem because it's there. And she does it in such an effective way. So it's making something complex, like gender norms, these kinds of things that people can't necessarily grapple with, and say, "Well, here it is." And I think we need more of that.

**Tom Pegram 46:43**

Yeah, and I've done a bit of work with Sarah and also with Kent Buse on profit driven disease, non-communicable diseases. And it seems as if the, the orthodox solutions to global health problems don't seem to have much traction when we move into that domain. So it may be that we need to start from understanding the problem first, as opposed to working forward from the, assume the solution, which again, is something which is actually it takes a bit of work to disentangle that and to ensure that everyone's sort of on the same page, shall we say, in some of the points of departure?

**Sophie Harman 47:19**

Yeah, absolutely. I think that's a really interesting insight that they start with the solution, rather than work out what the problem is. Or there's a sort of defensiveness, sometimes in global health, where they're like, "Well, we can't do this, because otherwise this person's going to be annoyed. And we can't do this, otherwise, this institution is going to be annoyed," rather than saying, "What's the problem? And then what is the appropriate solution?" But also, sometimes the what's the problem question can be an excuse to do nothing, because then it takes you back to the: "We don't have any data. We don't have any evidence," which is always the way in which there's an excuse not to do anything. So yeah, I think more instead of starting with the solution. Think about what the problem is. And importantly, if you don't know, it's okay. I think there's a lot of kind of egos involved, people wanting, you know, understandably progression in their own careers, where they're appointed to a role, and they think they should know stuff, and they don't, and instead of slowing down and actually engaging with that, they don't. And so they're appointed to come with solutions, rather than being appointed to try and diagnose what the problem is. And I think that's also got something to do with the temporality of Policy and Governance as well. It's always got to be quick. It's like, "What's the goals? How do we do it? How do we have action? How do we show results? How do we show performance?" And that is just not helping either.

**Tom Pegram 48:40**

Yeah, and it seems sometimes as if we're almost drowning in data. And it's getting more challenging to make sense of the data. And there seems to be this idea that eventually AlphaGo or AlphaZero is going to step in and just it will fix global health. You know, we can remove the human component, the flawed human element. Oh, I'm not sure about that.

**Sophie Harman 49:04**

No, you should read there's a great book that came out last year but got lost because of the pandemic by Sarah Davis, Sarah and Meg Davis, there are two Sarah Davis in global health, which is quite confusing. So Sarah LM. Davis, on I think it's called 'The Uncounted' yeah 'The Uncounted: The Politics of Data,' and it's brilliant. It's really, really good. So if you're interested in data, and yeah, don't leave it to the algorithm. You should definitely read those. But she's great, because she kind of breaks down how these systems work. And that is, yeah, mind boggling to me.

**Tom Pegram 49:36**

Sounds fantastic. Well, we should get her on the podcast.

**Sophie Harman 49:39**

Yeah, you should definitely.

**Tom Pegram 49:41**

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?

**Sophie Harman 50:38**

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 this, like, why are states doing this? Why are they just not like not abiding by the rules?" and it was just like a lightbulb moment, I thought, "Oh, my gosh, she's so right." So I can't really claim this idea, it's Róisín's, but COVAX is just charity. It's a front really, for maintaining these unequal systems of intellectual property. And it's saying to other countries that can't afford to do these bilateral deals, "Don't worry, we're just going to ensure you know, these doses for 20% of your population," which is not nearly enough to deal with the problem whilst also kind of like, it's a kind of way in which you then stop states pushing these wider questions. And what's really interesting to me and I would love to find out is whether when everything kicked off with COVID-19, and the extent to which it did early last year, and people were developing the idea for COVAX kind of before that but really hits up now. Were they thinking about what happened with the TRIPs, the Trade Related Intellectual Property amendment around antiretrovirals and HIV back in the early 2000s, or 1999? I can't remember the exact date, when the South African South African government forced the issue and said 'This is grossly unfair. We have a major epidemic of AIDS. We're paying more than people in Europe are and North America for AIDS drugs. This is grossly unfair, we're just going to issue compulsory licences and buy drugs from India. Go sue us effectively' Tried to sue them didn't work. And then you had this TRIPs amendments. So I'm thinking was there a conversation where everyone said "This could happen again, we need to set up an institution to stop this from happening." And that's not conspiracy theory, that's a genuine, it's we need to have an equitable institution and COVAX was the result. But then that was, kind of raises the question of why are states not issuing compulsory licences for COVID vaccines, that's in the rules. So the World Trade Organisation technically says you can do that in the state of a health emergency,

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 you pay. I think that's one of those questions of social justice. It's an ends justifies the means kind of idea that, really, this is a state of emergency. So if you're not going to do it, when, when are you going to do it. And I don't think the world is going to come down on you. And that's, it's a risk isn't it? It's a huge risk isn't it? Who's going to blink and do this? And I think that's a really interesting one to watch because you can see some states kind of playing both sides, India obviously, because it's manufacturing so many vaccines, want to keep in with the kind of Global North argument, but then is very much currying favour with this Global South equity. You know, "what are we going to do we need to push this reform." South Africa because the internal politics of South Africa, I don't know if they would do it. It's, it's a real risk, but it would be interesting to see, yeah, and I was just like, "You know what, if not now when? And if you're not going to make a bold suggestion now, when are you going to do it?" So yeah, that's why we said it.

**Tom Pegram** 54:58

Yeah, we're waiting for one those states that break ranks?

**Sophie Harman** 55:01

Yeah. Which one do you think will do at first?

**Tom Pegram** 55:04

Shall we rule out some odds?

**Sophie Harman** 55:07

Yeah. That would be so grim. Let's not do that.

**Tom Pegram** 55:14

I think there's also some really great student research projects there in the last five minutes, some fascinating strands to pick up on. So we're coming up to close to the hour, time flies when you're having fun.

**Sophie Harman** 55:27

Indeed.

**Tom Pegram** 55:27

I want to give the last question to Zoe, please Zoe.

**Zoe Varenne** 55:32

So my question was sort of bringing it back a bit more full, full circle, to what we started with would be, what advice would you have for students of global politics, who are inspired to transgress disciplinary boundaries, and explore visual methods and maybe more alternative methods of storytelling and of engaging with their research in service to an academic career?

**Sophie Harman 55:55**

I think first, all students of global politics have value and recognising the value of the expertise that you have. I know lots of students I teach come in to looking at global politics and they end up "There's more problems, there's more complexity, I wanted a solution." So you might not have the solution to world peace. But that's okay, you still have value, and you can still really help. And I think that's really come to the fore, we're COVID-19. You know, this isn't a health crisis. It's a political crisis. That is a cliché. But this type of knowledge, I think that International Relations, Global Politics students have is really, really important. If that's because, you know, you understand the Neo-Realism, Neo-Liberal debate, you might think that's so abstract. But states actually use some of these terms to really present themselves in the world, or they talk about norms. These aren't just things that we talk about in the classroom and deconstructing how and when states use that, it's very interesting to see how they position themselves within institutions, and how institutions actually respond to state behaviour as well. So I think the fundamental thing is your work has real value. And you really should recognise that and sometimes you can feel a bit crowded out by the economists, or the epidemiologists or whatever, just do you know, just ignore them, your work has value, and it's really important. And the other thing is, is just to keep going. So sometimes, it could drag you down, and sometimes the things that you think, you know. So I've seen HIV and gender, I've seen Ebola and Zika and gender, and now we have COVID-19. You just think, "Why do these things keep happening?" But you have to take the small wins as much as you can. And then, yeah, enjoy what you do. And be judicious in your use of social media. I mean, I think everyone knows that. But debates on social media can suck you in is great for learning about new research. It's great for solidarity. But there's also a lot of nonsense as well, that you just don't want to get involved in, and then just be a good person. I know that sounds really basic. But there's a lot of people in academia that are fantastic, kind, and supportive and great colleagues, and you want to be that type of person. You don't want to be the person that everyone bitches about in the conference, because we all know who you are.

**Tom Pegram 58:13**

That's like - that's great advice. Thank you Sophie, I'm going to use that in, when I do my introduction talk with my students next year, that was great. Thank you so much for your time. We've really enjoyed it. My goodness, we've covered such sort of rich territory, loads of detail, loads of provocations. I mean, it's just fascinating. And I really encourage everyone listening to this to check out the feature film 'Pili', which is a, which is really a fantastic piece of work. And I don't know, Sophie, would you? Would you make another film?

**Sophie Harman 58:50**

No, never again. I mean, not. I mean, never say never. But you know, football analogy played 1 won 1, I would say. So, what I'm quite enjoying now is kind of supporting other people who want to make films. So I think it's really noticeable that my film was funded by AXA insurance. I tried to get funding for film from all the kind of research councils. And it was always seen as like, "Yeah, nice idea can't pull it off." Again, look at me now. But if having my name as an advisor on a funding application, you know helps someone else get funding to make a film, and they just have someone that can be a bit more hand holding, then that's what I want to do. And so you know, send me your applications. No, please don't I'm really busy. But yeah, as much as I can. That's what I want to do, support people as much as I can that way.

**Tom Pegram** 59:40

Fantastic. Well, you heard it here. So yeah, thank you, Sophie, thank you for your time. You know, we'll be following what you do next door to global health. It's going to be exciting. Yeah.

**Sophie Harman** 59:51

Thanks, Tom. Thanks, Jess. Thanks Zoe it's been fun.

**Tom Pegram** 59:55

Thank you.

**Zoe Varenne** 59:55

Thank you so much.

**Tom Pegram** 59:58

Thanks for tuning into 'Imperfect Utopias' to get access to all of our content and to stay up to date with future zoom calls, workshops and events and more check us out at [ucl.ac.uk/global-governance](https://ucl.ac.uk/global-governance). If you liked this content, please do leave us a comment and subscribe, till next time.