Of Politics and Epidemics: A Discursive Reflection on Political Epidemiology

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Abstract
This paper is a reflection on political epidemiology. By way of scholarly commentary that draws discursively from the existing literature, the paper observes that political epidemiology seeks to investigate the political context and determinants of public health in an attempt to ascertain how political factors condition public health processes and outcomes in a polity. The paper cites a number of instances to demonstrate that regime disposition, ideology, political will, and civil society activism are crucial in determining the complexion and direction of public health dispensation in a country.

Keywords: Epidemics; political epidemiology; public health; political determinants; health emergency.

1. Introduction
Contemporary Political Science is ebullient, dynamic, versatile and forward-looking. It is consistently breaking new grounds and claiming new frontiers. It is now possible to hear of studies in psephology (elections and polls studies), political ecology, political epidemiology, to mention but a few. While the orthodox political scholars get locked in the mainstream, the progressives keep exploring new trends and terrains, seeking to come to terms with the political essences and significations thereof.

This paper engages and situates political epidemiology as one the emerging sub-disciplinary modes of contemporary Political Science with a view to advance its understanding. What is political epidemiology? What constitutes its scope and subject matter? What are its concepts and approaches? And what dominant themes and perspectives does it embody? These are crucial issues that this paper seeks to address. But for the time being, let us consider the concept of epidemics.

2. What is ‘epidemic(s)’?
An epidemic simply means a pandemic disease. It is the outbreak and spread of a serious and often contagious disease in a population in such a manner that poses significant public health threat in that context. The prevalence of an epidemic in a population poses a situation of public health emergency (Okoli, 2014). Characteristically, epidemics usually overwhelm the capacity of the affected population to mitigate; hence the need for concerted national and international interventions.
The history of the world is fraught with records of epidemics with varying degrees of localized, national, trans-national and global spread. Table 1 hereunder highlights some of the prominent epidemics that the world has witnessed in contemporary times.

**Table 1: Some World’s Important Epidemics in 20th and 21st Century**

<table>
<thead>
<tr>
<th>S/N</th>
<th>EPIDEMIC</th>
<th>CURRENT REMEDIAL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yellow Fever</td>
<td>Cure by medication</td>
</tr>
<tr>
<td>2</td>
<td>Cholera</td>
<td>Preventive cure by vaccination</td>
</tr>
<tr>
<td>3</td>
<td>Malaria</td>
<td>Cure by medication</td>
</tr>
<tr>
<td>4</td>
<td>Small pox</td>
<td>Preventive cure by vaccination</td>
</tr>
<tr>
<td>5</td>
<td>Influenza</td>
<td>Efficient treatment</td>
</tr>
<tr>
<td>6</td>
<td>HIV/AIDS</td>
<td>Efficient treatment; no cure</td>
</tr>
<tr>
<td>7</td>
<td>SARS</td>
<td>Efficient treatment</td>
</tr>
<tr>
<td>8</td>
<td>Dengue fever</td>
<td>Efficient treatment</td>
</tr>
<tr>
<td>9</td>
<td>Polio</td>
<td>Preventive cure by vaccination</td>
</tr>
<tr>
<td>10</td>
<td>Measles</td>
<td>Efficient cure by vaccination and mediation</td>
</tr>
<tr>
<td>11</td>
<td>Meningitis</td>
<td>Preventive cure by vaccination</td>
</tr>
<tr>
<td>12</td>
<td>Ebola</td>
<td>Experimental (trial) treatment; no cure</td>
</tr>
</tbody>
</table>

**Source:** Author

The outbreak and spread of epidemics in various parts of the world at various times has been a source of concern for the comity of nations. The United Nations Organizations (UNO), through her World Health Organization (WHO), has been in the vanguard of the international campaign aimed at mitigating the spread and impact of epidemics. It is held that pandemic diseases are one of the principal causes of human mortality and morbidity across the world (WHO, 2012).

### 3. The Nature of Political Epidemiology

Epidemiology is a socio-medical inquiry into the outbreak, incidence and spread of pandemic disease in large populations (see Encarta, 2008 Premium DVD). It seeks to unravel the sources of disease outbreaks as well as the conditions that influence their spread and prevalence. Social epidemiology emphasizes the social and structural determinants of diseases’ (epidemics’) spread and prevalence (Amon, 2013). With particular reference to HIV Pandemic, Amon (2013: n.p) observes:

> [E]pidemiology has focused upon understanding the influence of macro-social and economic factors that affect HIV prevalence, such as poverty, gender inequality, population mobility and conflict.

Political epidemiology refers to the study of the political determinants of a country’s public health, in an attempt to situate the relationship between political context and health (Pega, Kawachi, Rasanathan and Lunberg, 2014). It probes into the political undercurrents of public health dispensation in a country. According to Amon (2013: n.p), “political epidemiology seeks to understand political determinants of health” by looking at the consequences of politics and political factors on health processes, behaviours and outcomes in a polity (see also Brownlea, 1981).

The subject matter of political epidemiology is the political essences and dimensions of public health dispensation. This entails a scope of issues bordering upon the philosophy, structure, organization and delivery of public health in a country, including policies and laws, law/policy enforcement, governance and
leadership question, ideology, regime disposition and interests, civil society activism, and human rights concerns. The crux of political epidemiology is therefore to situate how the aforementioned variables impact on, or imply for, health and health equity in a country (Pega et al, 2014:1).

In seeking to ascertain the “health relevant aspects of the political context” (Pega et al, 2014:1), political epidemiology has evolved three broad approaches as illustrated in Table 2 hereunder.

Table 2: Approaches to Political Epidemiology

<table>
<thead>
<tr>
<th>APPROACH</th>
<th>RELEVANT DOMINANT THEME(S)</th>
</tr>
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<tbody>
<tr>
<td>Regime approach</td>
<td>The nexus between welfare regimes and child mortality/life expectancy/population health, etc.</td>
</tr>
<tr>
<td>Politics approach</td>
<td>Ideology and health; political activism and health; democracy and health; globalization and health; party politics and health, etc.</td>
</tr>
<tr>
<td>Policy approach</td>
<td>Poverty alleviation and health; taxation and health; reform and health, deregulation and health, etc.</td>
</tr>
</tbody>
</table>

Source: Adapted from Pega et al (2014:2).

4. Perspectives on Political Epidemiology: A Discursive Scholarly Exegesis
The conception of health and disease in political epidemiology holds forth the understanding to the effect that health or ill-health is more of a social issue than a bio-medical problem (Youde, 2006). According to Decoteau:

Health is socially constructed and experienced; therefore, the ‘choices’ people make are radically contingent on their ideologies, their identities, their experiences, and their relationship to health institutions, political organizations and the state (2008: 5 & 6).

The social context of health goes beyond the socio-cultural and socio-economic conditions under which citizens either make health-related choices, “or are left without choices to make” (Decoteau, 2008:5). It encompasses institutional, structural, ideological and civic systems that underpin the dispensation of public health in a given country. Political epidemiology seeks an epistemologically break from the mainstream social epidemiology by emphasizing squarely politically relevant aspects of the social context of health. The underlying thinking in this regard is that there is a political dimension to health that requires a proper politics-specific apprehension and investigation. This thinking has given rise to a variety of emerging analytical standpoints, including policy, leadership, regime, process and civil society perspectives.

The policy perspective to political epidemiology is concerned with how specific government policies bear directly or indirectly in public processes and outcomes. In this regard, a discourse on political epidemiology may seek to ascertain how a particular government policy affects a specific public health concern. A case in point is how the Brazilian policy of universal access to AIDS treatment led to the curtailing of HIV/AIDS in Brazil (Greco and Simao, 2007; see also Amon, 2008). At the macro level, and inquiry may seek to understand the impact and implications of a given development policy (reform, deregulation, etc.) vis-a-vis public health.

The leadership perspective to political epidemiology examines how the actions or inactions of a political leadership affect the dispensation of public health. For instance, it is widely held that official state denial, cover-up and inaction fueled the spread of HIV/AIDS pandemic in China prior to 2000 (Haung, 2005:3). The South African AIDS denialism under President Thambo Mbeki is another veritable case in point. Mbeki held the unconventional view that AIDS is more correlated with poverty than it is with HIV (Decoteau, 2008). This position affected Mbeki’s government policy and disposition towards the fight

Akin to the leadership perspective is the ideological perspective. In this direction, it is held that the ideological worldview or disposition of a political regime affects its attitude to public health concerns. With reference to HIV/AIDS, Graco and Simao (2007:n.p) opine:

[I]deology shapes institutions and guides policy-makers in their perceptions of risks, vulnerability, and responsibility. Ideology colors how states see and use the policy-making tools available to them. It frames how state interprets problems and their responsibilities to address those problems. If we seek to understand why different states establish different institutions or perceive the role of combating the AIDS pandemic differently, it makes sense to pay attention to ideology.

There is also the regime perspective, which holds that the type of regime order in place in a country determines the level of priority and commitment that the political leadership could accord to public health issues (Haung, 2005:13). Hence, it has been observed that owing to peculiar regime interests and considerations, “some governments have responded more aggressively than others, illustrating stark contrasts in the degree of government leadership and commitment to containing epidemics” (Haung, 2005:13). The regime-based approach equally gives insights into how leadership and ideology interplay in explaining government’s attitude and response to public health concerns.

Another important approach to political epidemiology is the civil society perspective. The assumption in this regard is that the activities of the organized civil society groups (advocacy, activism, outreach groups) are crucial to determining the thrust and direction of national policies on public health as well as how the policies are perceived and received by the populace. The civil agitations of pro-life movements have compelled governments in some parts of the world to rescind or rethink their decision towards implementing controversial health policies such as legalization of abortion and euthanasia (mercy killing), promotion of contraceptive-based family planning, etc. (Okoli and Abdullahi, 2014). The role of the civil society groups has been a critical component of the anti-HIV/AIDS campaign in most countries such as Nigeria, Uganda, Brazil, etc.

The process perspective to political epidemiology is also worth mentioning in this discourse. This perspective focuses on the impact of political processes on public health dispensation. Some important studies in this regard have stressed the correlation between public health and processes such as democratization, reform, deregulation, globalization, and the like (Amon, 2013). The process perspective to political epidemiology ties up with the rest already highlighted in the preceding paragraphs to constitute the theoretical foundation of political epidemiology in its current evolutionary status. The prospect for evolving a coherent disciplinary episteme of political epidemiology largely rests on how this foundation is improved upon, going forward.

5. Concluding Remarks
Health has become a critical political issue at both national and international levels (McLnnes, 2010). The need to understand the nexus between epidemics and politics has been affirmed by the emergence of disciplinary political epidemiology. With its emphasis on the study of the relationship between the political context and states of health and wellbeing (Pega et al, 2014), political epidemiology is set to enable analysts come to terms with the politics of public health in the ever politicizing contemporary world. It must be appreciated that the evolution of the discipline of political epidemiology is yet at a rudimentary stage.
Consequently, its epistemological and methodological foundations are still incrementally fertilizing. If this paper has contributed in any mean measure towards the continuous evolution of this field, then its purpose would have been quite modestly attained.

References


