

Health in the Inter-land

MALCOLM MACLACHLAN
Trinity College Dublin, Ireland



Journal of Health Psychology
Copyright © 2009 SAGE Publications
Los Angeles, London, New Delhi, Singapore
and Washington DC
www.sagepublications.com
Vol 14(5) 647–650
DOI: 10.1177/1359105309104905

Abstract

Estacio presents the exploitation of migrant workers, particularly those from low income countries, as a challenge for critical health psychology. This resonates with calls for an understanding of health that reflects its social determinants, the influence of power relationships and the need for social justice to promote people's welfare and rights. Recent developments in international health policy now call for an approach to health that is inter-disciplinary, inter-sectoral and inter-ministerial. This presents critical health psychology with an opportunity and an obligation to address health in this complex 'inter-land'. The concept of 'research for health', the recommendations of the Commission on the Social Determinants of Health and the Bamako Call for Action on Research for Health, are outlined in relation to this challenge.

Keywords

COMPETING INTERESTS: None declared.

ADDRESS. Correspondence should be directed to:
MALCOLM MACLACHLAN, Centre for Global Health and School of Psychology,
Trinity College, Dublin 2, Ireland. [email: malcolm.maclachlan@tcd.ie]

ESTACIO (this issue) describes a specific instance that embodies the multilayered exploitation of vulnerable people, in this case immigrant workers in the UK. She goes on to examine the link between 'third world poverty' and labour migration and exploitation, and suggests that critical health psychology should have a role to play in addressing the social injustices that undermine human health, welfare and rights. I argue that recent developments in international health policy have presented critical health psychology with the opportunity—nay, the obligation—to show how it can meaningfully contribute to improving the lives of people in low income countries.

The Bamako Call for Action on Research for Health arose from a meeting of Ministers of Health, Education, Science & Technology, Foreign Affairs and International Co-operation, from 59 countries; as well as researchers, policy makers, civil society representatives, journal editors and development agencies. From 17–19 November 2008, in Bamako, Mali, amid presentations on the conference theme of 'Strengthening research for health, development and equity' the call was crafted, having benefited from recent regional 'feeder' meetings in Algiers, Bangkok, Copenhagen, Rio de Janeiro and Tehran. This Ministerial conference, which occurs once every four years, is agenda setting; on this occasion the agenda being to change the way in which health research is undertaken. Three elements of the Call (www.bamako2008.org), and their implications for critical health psychology, will be considered: the new concept of 'research for health' adopted by the Call; the recommendation to implement the findings of the Commission on the Social Determinants of Health; and some specific statements within the Call itself.

Research for health

IJsselmuide and Matlin (2006) note that the scope of health research is broad, including, for example, biomedical and public health research, research on health policy and systems, environmental health, science and technology, operational research, as well as social science and behavioural research. However, they argue that the range of research needed to protect and promote health and reduce disease is in fact much broader than this: 'the fields of interest span the relationships between health and, among many others, social, economic, political, legal, agricultural and environmental factors' (2006: 4). For example,

major health gains have been made possible through civil engineering improvements in water quality, sanitation and housing conditions, in addition to medicines and health care.

As stated in the Bamako Call itself:

The nature of research and innovation for health improvement, especially in the context of the United Nations Millennium Development Goals, is not sufficiently inter-disciplinary and inter-sectoral; there is a need to mobilize all relevant sectors (public, private, civil society) to work together in effective and equitable partnerships to find needed solutions. (Recognition Statement 5)

The Bamako Call seeks actions from national governments across a number of important areas, including giving priority to the development of public health research and innovation; allocating at least 2 per cent of health ministries' budgets to research; improving capacity in institutions, ministries and throughout health systems to implement new health policies; developing, setting and enforcing standards, for fair, accountable and transparent research processes; promoting knowledge translation and exchange; and developing mechanisms and tools to enable inter-sectoral, inter-disciplinary and inter-country research.

This move to 'scale up' our approach to understanding and implementing health will require engagement with a degree of complexity that few disciplines can span. Psychology is well placed to contribute to this and perhaps particularly well placed to develop mechanisms and tools that can facilitate this. Thus the concept of 'research for health', enthusiastically endorsed by the Bamako Call, challenges us to embrace a level of inter-sectoral collaboration, and inter-disciplinary engagement that has often demarcated the impact of academic and clinical disciplines.

Working across sectors is difficult for many disciplines as they are naturally nested within particular sectors. Not so for (critical) health psychology, which thrives across so many sectors, and in doing so may provide a critical touchstone for their interplay. Furthermore, psychology does not only apply itself across diverse fields, but its applications in negotiation, conflict resolution, knowledge management, organizational learning and so on, may also place it in a key position to facilitate the sort of inter-sectoral collaboration on which joined-up efforts for health will surely come to rely upon.

In the case of migrant workers, for example, government ministries must develop 'harmonized'

policies; preventing the situation where health services in rich countries are at once actively recruiting staff from low-income countries; while simultaneously the rich countries' ministries of 'development' are also supporting the training of staff to address the very staff shortages which they are creating in the same countries (McAuliffe & MacLachlan, 2006).

Psychology has been able to push out its disciplinary envelope to perhaps a greater extent than any other discipline. This ability to find common purpose across diverse disciplines reflects the fundamental importance of understanding human behaviour. Psychology therefore has much to offer both the *process* of doing interdisciplinary research, as well as the *content* of what is done, and the *translation* of research into social gain (MacLachlan, Carr, & McWha, 2008). Critical health psychology has a particular role to play here in articulating how psychological research for health addresses issues such as power, socioeconomics differences and social exclusion (see for instance, Marks, 2002; Murray & Campbell, 2003); issues at the heart of the Bamako Call's highlighting of the need to implement the recommendations of the Commission on the Social Determinants of Health.

The Commission on the Social Determinants of Health (CSDH)

The CSDH was established by the World Health Organization in 2005 and submitted its final report in 2008. The Commission, constituted from leading health researchers, practitioners and policy makers from around the world, was Chaired by Sir Michael Marmot, who encapsulated the ethos of the report by starkly stating in his keynote address that 'social injustice is killing people on a grand scale' (Marmot, 2008). The CSDH (2008) made three broad recommendations that the Bamako Call seeks to be implemented: improving the daily living conditions of the most impoverished; tackle the inequitable distribution of power, money and resources; measure and understand health problems and assess the impact of interventions. These first two targets clearly resonate well with the case made by Estacio (this issue) regarding the exploitation of migrant labour. Psychology's contribution is potentially very wide.

Psychology has made major contributions to community empowerment and community participation, prerequisites for improving the lives of impoverished people. It has also contributed to establishing the

importance of local people feeling ownership over development initiatives. Addressing the effects of the distribution of power, money and resources in organizations is a major motivation behind research on organizational justice and clear links between perceptions of dominance, justice and identity, in international aid have been made (Carr, McAuliffe, & MacLachlan, 1998; MacLachlan, Carr, & McAuliffe, in press).

The CSDH's emphasis on scientific measurement and evaluation chimes with the evidence-based-practice ethos that psychology has been so influential in developing; but this also needs to be checked by a constructive, and critical, analysis of the strengths and limitations of this approach; as well as the provision of the many alternative forms of evidence that can be garnered through more qualitative traditions of research.

The Bamako Call

The Bamako Call recognizes that: 'Greater equity in research for health is needed: only a small proportion of global spending on research addresses the health challenges that disproportionately affect the poor, marginalized, and disadvantage' (Recognition Statement 4).

The Bamako Call also stresses the need to assist poorer countries through international collaboration and to work through regional alliances to 'advocate for research, establish networks of researchers and regional centres of excellence' (Action Statement 10).

Addressing itself to 'All partners and stakeholders' the Bamako Call asserts the need to 'Harness the potential of research by drawing on new sciences, emerging technologies, and social and technological innovations to address priority health challenges' (Action Statement 11). It also calls for the scaling up of research and learning on health systems, promotion of improved access to new health technologies and enhanced civil society involvement in the whole process of research for health.

For those who fund research the Call draws attention to the need to align research with the needs and interests of low income country governments and harmonize the health research 'architecture' so that researchers in high income countries do more to cooperate with each other. Finally, the Call outlines the need for partnership between WHO, UNESCO and the World Bank, governments and other multilateral agencies; reflecting the breadth of this new and much more comprehensive conceptualization of health.

Action Statement 19 is a call 'To establish, strengthen and sustain national research systems for health—in particular research institutions—in low- and middle-income countries.' Here then is a concrete challenge—what can critical health psychologists do to help establish, strengthen and sustain a research centre in a low income country, which can bring a critical health perspective to realizing some of the aspirations contained in the Bamako Call? Seeking to promote health through inter-disciplinarity, recognizing its inter-sectoral nature and calling for greater inter-ministerial action; all of this places health in the inter-land. Is this somewhere that critical health psychology can be?

References

- Carr, S. C., McAuliffe, E., & MacLachlan, M. (1998). *The Psychology of Aid*. London: Routledge.
- Commission on the Social Determinants of Health (CSDH). (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. Final report. Geneva: World Health Organization.
- Ijsselmuiden, C., & Matlin, S. (2006). *Why health research?* Geneva: Research for Health Policy Briefings, Council on Health Research for Development & Global Forum for Health Research.
- MacLachlan, M., Carr, S. C., & McWha. (2008). *Interdisciplinary research for development: A workbook on content and process challenges*. New Delhi: Global Development Network.
- MacLachlan, M., Carr, S. C. & McAuliffe, E., (in press). *The aid triangle: The human dynamics of dominance, justice and identity*. London: Zed.
- Marks, D. (2002). Freedom, responsibility and power: Contrasting approaches to health psychology. *Journal of Health Psychology*, 7, 5–19.
- Marmot, M. (2008). The report of the Commission for the Social Determinants of Health. Global Ministerial Forum on Research for Health, Bamako, 17–19 November.
- McAuliffe, E., & MacLachlan, M. (2005). Turning the ebbing tide: Knowledge flows and health in low-income countries. *Higher Education Policy*, 18, 231–242.
- Murray, M., & Campbell, C. (2003). Living in a material world: Reflecting on some assumptions of health psychology. *Journal of Health Psychology*, 8, 231–236.

Author biography

MAC MACLACHLAN wants to promote a more inclusive global health and has particular interests in disability, culture and international aid. He was a European Union delegate at the Global Ministerial Forum on Research for Health, held in Bamako, in November 2008.

Mac is with the Centre for Global Health and School of Psychology, Trinity College Dublin. He is the Director of the International Doctoral School

in Global Health (Indigo), which partners universities in Africa (Addis Ababa, Ibadan, Makerere and Malawi) with northern universities (Trinity, Columbia, Harvard and Oxford), the Human Sciences Research Council, in South Africa and the Council on Health Research for Development (COHRED), in Switzerland; on a four-year Doctoral Programme commencing September 2009.
