

Eduardo J. Gómez. *Geopolitics in Health: Confronting Obesity, Aids and Tuberculosis in the Emerging BRICS Economies*. Baltimore, MD: Johns Hopkins University Press. 2018. 304pp. \$34.95 paper.

There are at least four reasons why the subject of health policy in Brazil, the Russian Federation, India, China, and South Africa—so-called BRICS—is important. First, since BRICS represent 40% of the world's population, global health status is strongly affected by population health in these nations. Second, although their rate of economic growth has slowed in recent years, the combined gross domestic product (GDP) of BRICS still accounts for one quarter of world GDP (almost the size of US GDP). Third, BRICS play an increasingly important role in funding cooperative health projects in developing countries (Fan et al. 2014). Finally, BRICS have proclaimed a commitment to achieve what the World Health Report 2010 calls universal health coverage (UHC).

Eduardo Gómez has produced five valuable case studies on the evolution and significant determinants of health policy in BRICS with special attention to HIV/AIDS as well as several other conditions. In Russia and South Africa, he also examines their governments' policy responses to tuberculosis (TB) because of its higher prevalence rates in these countries. In Brazil, India, and China, he extends his analysis to obesity which emerged earlier there compared to Russia and South Africa. Such rationales seem most reasonable. It is unfortunate, however, that Gómez does not analyze the extent to which BRICS have progressed in achieving UHC, given their

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recent and projected high growth rates of health expenditure (Jakovljevic et al. 2017). Perhaps that is too much to ask of a remarkable study that already covers enormous ground; yet UHC and the overall performance of health systems is a key factor in assessing the capacity of nations to confront public health epidemics.

The main argument in this book is that BRICS's response to "international criticism and pressure" from other nations and multilateral organizations "for an improved response to epidemics"—what he calls "geopolitical positioning"—is one of two critical factors to explain the formation of their policies to confront HIV/AIDS. The second critical factor involves a combination of what he calls the state's ability to implement a "centrist policy response" which itself requires strong "bureaucratic-civil societal partnerships" and is sorely lacking in all of BRICS except for Brazil. When such partnerships provide governments with valuable information, political legitimacy, and financial resources, effective government responses to epidemics tend to be implemented, as in Brazil, in contrast to the other nations of BRICS. Gómez has sifted through an immense array of qualitative data across contrasting political, social, and cultural contexts. He covers the history of each nation's response to HIV/AIDS, explores the extent to which the nations' policies were driven by geopolitical positioning versus internal pressures, and evaluates the importance of bureaucratic-civil societal partnerships and the role of the state in the formation and implementation of BRICS's policies to confront HIV/AIDS and other public health epidemics.

This argument is plausible, indeed captivating when reading the cases, because Gómez drills down on how the differences among nations with "positive geopolitical positioning" (Brazil, China, and India) and those with "negative geopolitical positioning" (the Russian Federation and South Africa) are deeply rooted in history. Moreover, he provides compelling evidence that Brazil was able to build a centrist policy response to develop effective prevention and treatment programs (including access to essential medicines). This includes conditional fiscal transfers to municipal governments, as well as informal strategies and contracts with nongovernmental organizations (NGOs) to "monitor and pressure local governments into compliance with federal policy guidelines." In contrast to Brazil, based on analysis of documentary evidence, including laws, regulations, and interviews in other BRICS nations, Gómez highlights many factors that led to weak bureaucratic-civil societal partnerships. Governments outside of Brazil had a limited capacity to secure political and financial support and

implement effective policies to meet the challenges posed by HIV/AIDS, TB, and obesity.

However plausible his argument, do we need to reject other well-established explanations that Gómez himself invokes and claims to refute? I refer to the importance of democratic electoral incentives, strong state capacity, and civil societal pressure. Democratic government, of course, requires more than elections and is often inseparable from the strength of civil society and independent nonprofits. Moreover, other factors invoked by Gómez—the role of conservative moral views, the history of institutions, and policy legacies—may well appear to be neglected by some readers simply to fortify his own argument. In summary, I am less convinced by the theoretical scaffolding around “geopolitics” and more impressed by the careful scholarship and thick description (Geertz 1983) in the case studies. To be sure, Gómez certainly highlights how incentives in the international arena may well have exerted more influence over BRICS’s responses to disease epidemics than has previously been recognized. Tying together some literature on international relations, democracy, historical institutions, civil society, and global health may establish a scholarly reputation. But many readers may remain skeptical about the relative importance of geopolitics and the capacity of social science to disentangle its effect from other factors noted earlier. What Flaubert called “*la rage de vouloir conclure*” (the urge to conclude) tempts all of us, but I think the most important contributions of this book are the range of disparate insights infused within all of the case studies.

Brazil’s positive geopolitical positioning and relatively successful centrist policy responses to HIV/AIDS highlights the importance of national exceptionalism, a clear tribute to historical analysis. For example, the creation and federal funding of its unique Fundo-a-Fundo program serves as counterpoint, for Gómez, of what other BRICS nations have not managed to do—provide supplemental cash transfers to subnational government units that are in full compliance with national prevention, treatment, and antidiscriminatory AIDS guidelines.

In contrast to Brazil, consider the cases of South Africa and Russia, both of which were less concerned with the views of the international community. Gómez notes how in contrast to Russia, Mbeki did not seek to prohibit the donor community’s work with NGOs, yet most funding still comes from central government. Also, in South Africa, where gay and lesbian activity is illegal, he notes that the fear of mobilizing by these local actors is ever present. Here the perception of AIDS as a security threat appears reinforced in the hierarchy of variables often invoked to explain government action.

The dense case material on Russia also reflects important insights. Gómez reviews the evolution of its negative geopolitical positioning since the seventeenth century, and highlights the importance of historical factors and internal pressures as drivers of state policy. This is evident in Vladimir Putin's 2006 speech to the Presidium of the State Council, where he urged the "whole of Russian Society [to] get involved" (169). But how? At the Special United Nations Meeting of 2016, when calling for an end to the AIDS epidemic by 2030, the Russian delegation proposed an amendment that nations should not be required to assist the gay community, drug advocates, prisoners, diplomats, or civil society groups. Russia essentially rejected the UN's call to decriminalize homosexuality and drug use for purposes of prevention and treatment. This reflects the power of the Russian Orthodox Church and how its promotion of chastity, faith, and patriotism has impeded the Russian Federation's action to the point where its contributions to the Global Fund and the Vaccine Alliance (GAVI) serve as the most important source of funding prevention and promotion programs for HIV/AIDS and TB in Russia itself.

Finally, in Gómez's chapter on Russia, we see how the lack of political priority and commitment to provide medications for those in need, reflects the government's unwillingness to drive hard bargains with multinational pharmaceuticals. Russia, more than all other BRICS nations, relies on pharmaceutical imports (Rodwin, Fabre, and Ayoub 2018), which can encourage corruption and shortages due to artificially high prices. More importantly, it reflects how internal factors such as domestic values and culture play critical roles in explaining the formation and implementation of government policies.

In the case of China, we come to understand how a strong state, in many respects, can be simultaneously weak in ensuring the implementation of its policies and regulations at the local level. We also learn how deeply "conservative moral beliefs have penetrated the fabric of Chinese politics and society" (137) and how a state can create its own government-organized NGOs—GONGOs. In India, however well Gómez documents the government's history of responsiveness to positive geopolitical positioning, a more selective reading of many points made in this case might lead many readers to emphasize the government's inadequate attention to health care (Gusmano, Rodwin, and Weisz 2017). Although India manufactures generic drugs (including those for AIDS/HIV) and exports them around the world, they are still too expensive to meet the needs of its own population. Moreover, its public health expenditure as a percent of total health care expenditure and GDP is the lowest among BRICS (Jakovljevic 2016).

My own reading of these rich case studies leads me to a final question and to a suggestion for further research. The question is whether Gómez's explicit dependent variable—"building a centrist policy response" (12)—is really the most important one. Perhaps what matters more to the population of BRICS is the performance of their governments' efforts to reduce the toll of HIV/AIDS, TB, and/or obesity. As for further research, I am left wondering why BRICS, all nations of which have proclaimed a commitment to UHC, are so far from achieving this aspiration? Even more intriguing, how are we to explain differences among BRICS on this score? Based on the evidence presented in this book, Brazil has led the way. But among the other BRICS nations unable to develop effective centrist policy responses, how can one explain China's more rapid progress than India's (Gusmano, Rodwin, and Weisz 2017); and how do the Russian and South African health systems perform?

—Victor G. Rodwin, New York University

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Victor G. Rodwin is professor of health policy and management at Wagner/NYU and codirector (with M. K. Gusmano) of the World Cities Project. Rodwin is the author of many articles and books, including *Universal Health Insurance in France: How Sustainable? Essays on the French Health Care System* (2006); *Health Care in World Cities: New York, London and Paris* (with M. K. Gusmano and D. Weisz, 2010); and *À la santé de l'Oncle Sam: Regards croisés sur les systèmes de santé américain et français* (with D. Tabuteau, 2010).

victor.rodwin@nyu.edu

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