

EDITORIAL

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Globalization and health in an emerging new world order

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As editors of a journal that aims to illuminate how globalization impacts health (for better or worse), it seems apt that we address circulating claims that globalization is now dead. These have been voiced most loudly following the inauguration of Donald Trump's second presidency. As Branko Milanovic, a Serbian-American economist with an astute sense of history, wrote:

January 20, 2025, marks a symbolic end to global neoliberalism. Both of its components are gone. Globalism had now been converted into nationalism; neoliberalism has been made to apply to the economic sphere only...Only low taxes, deregulation and worship of profit remain [1].

Milanovic was writing about neoliberalism, that market-fetishized economic liberalism that the USA helped to entrench as a post-Cold War global economic order, based on tenets of privatization, deregulation, free trade, capital mobility, fiscal austerity, and minimal government intervention [2]. The health impacts of neoliberalism have been well-studied from the 1990s to the present, documenting near universal negative outcomes. The echoes of neoliberal policies are likely to continue resonating within many nations and in international institutions such as the World Bank, International Monetary

Fund, and World Trade Organization. Neoliberalism has been declared dead many times before (most recently after the 2008 near collapse of capitalism in the wake of the global financial crisis) but has a zombie's ability to resurrect. Its lingering impacts are likely due to its policy nostrums allowing the world's 1 per cent to continue accumulating excess wealth.

Globalization has also been declared dead many times before. Three years ago, after the COVID-19 pandemic and Russia's invasion of Ukraine, the journal's then-editors published a commentary challenging the claimed death of the global economic order [3]. True: multilateralism was rapidly fraying, the World Health Organization (WHO) was steadily losing influence, and global health governance was increasingly prone to a 'multistakeholderism' in which powerful private actors and nations from the Global North too easily drowned out those of civil society and governments from the Global South.

The commentary noted that if globalization is seen only as the post-1980s tilt to global neoliberalism, it had been losing its political prominence since the early 2000s. But it also argued that globalization "has a broader sociological meaning that embraces communicative, cultural, cognitive and temporal processes"; that it is not a new phenomenon but should be seen as a driving force of human history "traversing eras of imperial expansion,

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Western colonization, rapid industrialization, emerging global governance and gradual global economic integration” [3].

If globalization’s neoliberal order is if not dead, then at least dying [4], what are the contours of an emergent global economic order and how might they impact health? What then is the need for the critical globalization and health scholarship and analysis that our journal publishes? It is hard not to center much of the research that is needed around the unilateral decisions of an increasingly rogue, and fascistic, US government.

First, there is the USA’s withdrawal from the WHO and its new Pandemic Agreement, leaving the world less prepared for the next pandemic than it was when COVID-19 suddenly emerged. The Trump administration’s cuts to foreign aid, defunding of health research, appointment of anti-vaxx conspiracy theorists to senior health positions, and reimposing of the global gag rule (denying US health assistance to foreign NGOs that provide or offer information on abortion services) will have worldwide negative health impacts that demand careful monitoring and analysis. Studies are needed of fiscal and policy alternatives for those regions and states being hammered most by the US shift away from international trade to national autarky.

Second, the evisceration of ‘woke’ Diversity, Equity and Inclusion programs within the USA (and internationally via tariff-bullying and economic threats) undermines decades of slow progress in advancing health-related human rights and decolonizing global health research. Research is needed into the health implications of the ‘anti-woke’ Agenda 2025 in the USA and globally.

Third, scholarship must produce the evidence that is needed to “speak truth to power,” as the progressive saying goes. Trump is not the only autocrat in the emergent new world order, even if his ongoing dismantling liberal democracy has been unprecedented in scale and rapidity. Three quarters of the world’s population now lives under autocratic rule, too often characterized by restrictions on free expression and independent media, partisan capture of the judiciary and military, and ideological assaults on government workers, universities, and institutions that express views contrary to rulers’ dictates [5]. Autocracies can and have been reversed, but whether there is a pivot back to more participatory democracies in time to meet the existential environmental health challenges is a pressing global concern.

Many autocratic regimes were initially voted into power before entrenching themselves in military or one-party rule. There are many theories for why such voting patterns arise. While more nuanced studies are needed, most explanations emphasize how globalized neoliberalism led to massive inequalities in high-income nations, hollowing out the industrial working class and creating

space for far-right demagogues to emerge. Neoliberal outsourcing increased economic opportunities in low- and middle-income countries, contributing to reducing the number of people living in extreme poverty, but income levels did not rise much even as inequalities increased, and billionaire wealth exploded [6].

Research is also needed into the health impact of the global trade war the Trump administration has unleashed, imposing tariffs on most nations with little economic logic apart from coercing manufacturing and investment to relocate within US borders. Trade is one of the defining characteristics of globalization, long predating its rapid growth under global neoliberalism. It bears both health risks (from infectious pandemics to non-communicable diseases) and benefits (diffusion of new health technologies, global health assistance, labour mobility, and improved living standards).

Trade and health

Understanding the rules and practices by which trade, and trade and investment treaties, influence health has long been a feature of this journal and will continue to be so. Global trade continues despite the new US trade war [7], albeit with the future of global trade treaties in flux, slowing growth in merchandise trade [8], and rising global economic uncertainty. Restructuring of trade flows under the new US administration’s rejection of free and open markets will have enormous implications for the health and well-being of people in many of the world’s countries. This demands rigorous scrutiny of how nations respond to the collapse of international trade law. Will poorer nations that have grown reliant on highly unequal trade terms with high-income countries develop healthier, more equitable and environmentally sustainable forms of exchange, perhaps in alignment with other nations caught in Trump’s tariffs crosshairs? Will nations, especially poorer ones, exert more control over their own resources, producing and consuming at more local or regional scales and in ways that advance health while respecting planetary ecosystem boundaries [9]?

Planetary health

The parlous state of planetary health and climate-related health threats now loom large over all of us, more so with the Trump administration’s rejection of climate change, embrace of fossil fuel expansion, active efforts to stall the global transition to green energy, and bullying of other countries’ multilateral efforts to follow suit. In the future, the journal will seek to publish scholarship on the impact of planetary health challenges to human health and the socio-economic and political systems that drive such changes. This includes studies of how economies can be structured or regulated to sustain human and planetary health, while enhancing social cohesion to mitigate

a worsening pandemic of mental ill health, including through critical studies of postgrowth economics [10, 11], and “wellbeing economies” recently embraced by the World Health Organization.

Global governance and health

Going forward, our journal will seek to publish original research into how the pandemic and recent geopolitical changes have thrown global governance of (and for) health into disarray. Some international relations scholars argue that we are witnessing a return to the ‘spheres of influence’ or ‘great power politics’ of the late 19th century [6]. During that time, the world’s most powerful nations carved up the globe into areas of direct or indirect control. This persisted until economic competition, trade wars, and overlapping orbits of interest led to the outbreak of two world wars.

In contrast, other scholars contend that we are evolving into a 21st century quadripolar geopolitical order comprised of the USA, which acts as a global hegemon exerting dominance across the Western hemisphere; China, which is rapidly closing technology gaps while expanding influence throughout Southeast Asia and beyond; Russia, which maintains power with its nuclear stockpile, energy reserves, and reassertion of influence in the European region; and India, which is strengthening its position in South Asia while forming strategic alliances across the other three poles [12, 13]. The European Union (EU), with a collective economy almost as large as the USA’s, could be another geopolitical pole, and is seen by some as another fourth pole, albeit lacking the unified political cohesion and authority of the others [12].

Competing geopolitical narratives emphasize instead the growth in new national groups (notably the BRICS+ nations)¹ as heralding a more fluid and less stable multipolar order. These newer ‘clubs’ of nations, however, often exhibit extremely heterogeneous economic systems and political governance, with fewer than half of the countries of the BRICS+ group considered democratic in any representative or participatory sense. These differences weaken their capacities to reach binding collective agreements. Still, the USA’s abandonment of multilateral global governance of (and for) health creates new opportunities for other countries across the development spectrum to assume leadership in existing or newly proposed multilateral institutions. In-depth research will be needed to understand the challenges of implementing the new International Health Regulations and the

completion of negotiations on the pathogen and benefits sharing annex to the Pandemic Agreement.

Global health financing

Scholars should be attentive to how developing country leadership in global health policy may, or may not, attenuate the crisis in global financing for health, arising not only from US cancellation of most of its foreign aid programs, but from other donor countries similarly reducing their development assistance. Developing country leadership here is already underway, as manifest in the ‘Accra Reset’ initiated by Ghana with the intent of creating new cooperative global governance models built around “sovereignty, workability and shared value.” [14] The decline in public financing for global health is compounded by previous decades of insufficient taxation for public good purposes [6]. The result is continued courting by governments and WHO and other United Nations (UN) agencies of private capital to compensate for inadequate public financing. Too little scholarly attention is being given to how this inevitably funnels wealth and power to a rarified global few. One potential remedy for the global health and development fiscal crisis is the current UN-led negotiation of a new global tax convention which could ensure the greatest share of new tax revenues (potentially exceeding USD 2.6 trillion annually) goes to low- and middle-income countries [15].

Conflict-related health impacts

Finally, urgent research attention is needed to the unprecedented surge in conflicts with conflict-related deaths in 2022 reaching the highest number recorded over the past 30 years [16]. Although these conflicts have been largely regional, their number and severity have raised concerns that today’s trade wars and geopolitical realignments could trigger yet another world war. The mortality, morbidity, toxicity, and ecosystem destruction associated with such conflicts should place interrogating causes and mitigations for the resulting physical and mental health harms high on the list of important globalization-related health studies. Some research and commentary on this theme have appeared in our journal [17–20] (as in many other global health publications); more is needed, especially from diverse country sources, given the apparent disdain of the USA for research and evidence.

Conclusion

Globalization remains a sociological, political, economic, and ecological phenomenon of enormous health importance. The themes mentioned in this editorial – the health impacts of climate change and environmental degradation, changing trade and economic regimes, conflict and war, and global health governance – are among the priority research topics for the journal’s editors. Such

¹ The BRICS currently include 11 member nations (Brazil, China, Egypt, Ethiopia, India, Indonesia, Iran, Russia, Saudi Arabia, South Africa, and the United Arab Emirates) and 9 partner countries (Belarus, Bolivia, Cuba, Kazakhstan, Malaysia, Nigeria, Thailand, Uganda, and Uzbekistan) expected to soon become formal members.

research draws upon theories, disciplines, and methodologies associated with political science, international relations, sociology, and anthropology; as well as analysis of the globalization-related drivers of diseases, their causes, and their patterns of distribution, using the applied tools of public health epidemiology.

We welcome submissions that attend carefully to our journal's specialized focus, and remind authors to review the section descriptions of the different globalization-related areas in which we publish:

Development aid, humanitarianism, and health.
Cross-border threats to health.
Trade, investment and commercial determinants of health.
Climate change and environmental health.
Global governance, foreign policy and the geopolitics of health.
Health systems and policy research.
Migration, mobility and health.

In each of these thematic areas the link to globalization must be part of the article's analysis, whether as an aspect of the research itself, or as a contextualization of the study and its findings. We encourage authors to engage with the recent shifts in the global order outlined in this editorial in their analysis.

Author contributions

RL conceived of the concept for the article and generated the initial draft; all others provided review; all authors read and approved the final manuscript.

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