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Health promotion, power and political science

Valéry Ridde¹ and Patrick Cloos²

'The people are the only power': such are the words heard on the radio from a demonstrator in Egypt on February 11, day of Hosni Mubarak's departure. The distribution of power and wealth is central to the recently intensified rebellions in countries of the 'Arab world' (1). In his forum, Roy (1) describes the population responsible for these popular upheavals as a generation which 'lives in social displacement', a situation deleterious for those who are affected by it. And yet, health promotion aims to reduce social inequalities in health (2) which, as Marmot reminds us (3), are an 'eminently political problem'. The link between health promotion and power seems evident. Consequently, we believe it important for us to use the opportunity offered by these events to reflect on this link and the interest the health promotion field has in studying the relationship between health promotion and the power held by concerned stakeholders, such as states and their institutions, civil society and social groups.

What can we say about this relationship, how do health promotion actors position themselves when faced with the relations of power, and more generally, how is power, largely studied in political sciences, defined in this field? Health promotion and political science are two disciplines that remain too distant. A review of health promotion articles published between 1986 and 2006 around the study of public policies shows that only 17% refer to a political science theoretical framework (4). Another review of published articles on the implementation of public policies between 1933 and 2003 shows that only 15% concern health policies, with regional coverage including only 7% for Asia and the Middle East and 4% for Africa (5).

As many media have highlighted, the 'corrupted dictatorships' (a term used by Roy [1]) and notably those of Tunisia and Egypt, maintain close economic, financial, military and even private links with certain governments of countries said to be occidental and democratic. This questions the universality of values preached by these same countries, such as democracy, human rights and social justice. What is the position of health promotion actors with regard to this modern state paradox, as De Boeck (6) has already implied: promoting the universality of rights while generating differences?

The political dimension of health promotion and the reconstruction of health systems have already been suggested in the case of Iraq (7). This political dimension can be seen as an act aiming to strengthen empowerment, a concept central to the Ottawa Charter's objectives. If the empowerment issue is not new to health promotion (8,9), the link between health promotion and political science – an important discipline in the understanding of the notion of power and explaining changes (10) – remains fine. And yet, if the implementation of public policies is a pillar of health promotion, one must understand that 'it is through exercising power that public policies come to fruition or not' (11) and that the study of this same power is the cornerstone of 'any serious analysis of collective action' (12).

The theoretical frameworks and concepts of political science (13) could bear fruit not only in better understanding contemporary changes but also, and above all, in the way in which health promotion strengthens (or not) its actions, allowing the development of more equitable public policies, as the redistribution of resources is integral to the

1. Associate Editor for the French language, *Global Health Promotion*. Correspondence to: Département de médecine sociale et préventive, Centre de recherche du CHUM-Unité de Santé Internationale, 3875 rue Saint Urbain, Montréal, Québec, H2W 1V1, Canada. Email: valery.ridde@umontreal.ca
2. Institut de recherche de l'Hôpital Montfort, Ottawa, Ontario, Canada. Email: Patrick.cloos@umontreal.ca

definition of public policies. Recent theoretical developments in political science (14) show, for example, the better consideration of the notions of crisis (cost of life in Tunisia or in Syria), friction/tension (between the military and civil society in Egypt, between clans in Libya), social network and information systems (Twitter or Facebook in Tunisia and in Morocco), interconnection of sub-systems (use of slogans from one country to the next such as the infamous *dégage* meaning *go away*) or even public opinion and not just the opinion of the elite (in Egypt and Tunisia).

The title of a political science piece sums up how health promotion actors may better interact with this discipline: 'understand the world to change it' (15).

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