Lund university
Graduate School
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SIMV07
Spring 2013
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Global health – a change of perception

The role of health in the post-2015 development agenda

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Abstract

Health has been a recurring topic on the development agenda during the recent decades. During the 1980ies and 1990ies there was a great focus on the impact of infectious diseases such as HIV/AIDS, malaria and tuberculosis. In 2001 these three diseases were included in the UN Millennium Development Goals (MDGs) alongside with the health goals of reducing maternal and child mortality until 2015. As the final year of the MDGs is approaching the Secretary General has initiated the process for a new post-2015 development agenda. This thesis has looked into the role of health in UN documents that are related to the high-level summits of the UN. The timeline of the texts reaches from the inception of the MDGs at the end of the 1990ies until April 2013.

The research questions guiding this thesis are: "*How has the perception of health changed since the inception of the Millennium Development Goals and how does this affect the discussions on the place of health within the post-2015 development agenda?"* and *"What discourses are connected to the concept of health and how do they reflect in the key documents of the UN in regards to the Millennium Development Goals?"*

Method and theory: The method used in this thesis is the three-step model of Critical Discourse Analysis by Norman Fairclough. Theories used are the constructivist Copenhagen Scholl and the concept of securitization, as well as a constructivist approach to International Political Economy.

Findings: The findings of this thesis are the close connection of health to a security and economic discourse. The security discourse involves the change of perception regarding infectious and non-communicable diseases. The perception of health has developed since MDGs and is now broadened to including non-communicable diseases, chronic diseases, mental health and injuries.

Keywords: Global health, United Nations, Millennium Development Goals, Post-2015 Development Agenda, Human security, Critical Discourse Analysis.

Words: 17302

Table of contents

List of abbreviations

CDA	Critical Discourse Analysis
DAYLs	Disability-Adjusted Life Years
GDP	Gross domestic product
H1N1	Influenza A
HDI	Human Development Index
HIV/AIDS	Human immunodeficiency virus infection / acquired immunodeficiency syndrome
ICPD	International Conference on Population and Development
IDGs	International development goals
IMF	International Monetary Fund
IPE	International Political Economy
MDGs	Millennium Development Goals
OECD	Organization for Economic Co-operation and Development
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
SARS	Severe acute respiratory syndrome
TB	Tuberculosis
WHO	World Health Organization
YLD	Years with Disability
YLL	Years of life lost

1. Introduction

During the last decade the focus on health has increased and now the link between development and health is almost inseparable. Even though the knowledge about this has grown, health has been a lower priority within the global debate for a long time or the focus has mainly been on infectious diseases, specifically HIV/AIDS. During the 1980iess and 1990iess the understanding of public health transformed from international health to global health. International health was defined as examining health issues in multiple countries with a main focus on the developing nations. The main goal was to find population-based solutions to these health issues. Much like the progress in development changed, so too did the concept of public health. During the 1980ies and early 1990iess, public health was understood as a more global concept which effects entire populations from high to low-income countries (Sharma & Ashutosh, 2010, p. 31). The concept of global health was, then, looking to address health issues cross-sectorially and globally rather than keeping to a regional or country focus approach.

The 1990iess was to become what the United Nations Development Programme (UNDP) later coined as the decade of development and multiple summits were held focusing on sustainable development, environment, children, women, population, human rights and social development (Hulme, 2007, p. 4). It was in the same decade that the World Bank became increasingly involved with regards to development and health. Having earlier positioned health has a minor priority they introduced their increased health-effort with a report in 1993 called "Investing in Health" (Lindstrand et al, 2007). The decade of summits was to reach its culmination when states, in September 2000, convened at the Millennium Summit to ratify the Millennium Declaration which included an historic frame of goals-setting that was to guide the effort in development until the year 2015.

The Millennium Development Goals (MDG´s), are eight action orientated goals which have various indicators for measurement and contain three specifically health related goals – reduction of child mortality (MDG 4), improvement of maternal health (MDG 5) and combating HIV/AIDS, malaria and other diseases (MDG 6). In 2001, the Secretary General of the UN, Kofi Annan, published a road map that was to further guide the incentives. The roadmap stated that the first MDG summit, which was to be called the World Summit, was to be convened in 2005 to measure first results (UN A/56/326, 2001).

With only two more years until 2015 discussions are ongoing on what the new development agenda should contain. In late July 2012, UN Secretary General Ban Ki-moon appointed a high-level panel tasked with drawing conclusions on the MDGs, reflect on the results achieved, and based on today's development challenges give advice for a new agenda on how development shall advance. The high-level panel is tasked with developing what in this thesis will be called the post-2015 development agenda, which will, in practice, replace the MDGs. The high-level panel will be chaired by British Prime Minister David Cameron alongside with Liberian President Ellen Johnson-Sirleaf and Indonesian President Susilo Bambang Yudhoyono. The panel convened five times during the second half year of 2012 and first half year of 2013. The first meeting was assembled in New York in September 2012 and by June 2013 the panel will have to prepare a report, which subsequently will be discussed in the UN General Assembly in September 2013 (United Nations, 2012).

Since the inception of the MDGs times have changed and new challenges have been included into the global debate. This is especially true for health where the main focus up until recently, has been on infectious and communicable diseases. In recent years the concept of health has, on a global level, been broadened to now include mental health and non-communicable diseases such as cancer, diabetes and cardiovascular diseases. In order to get a broad spectrum of views from various stakeholders on international and national level, eleven thematic consultations are being conducted under the umbrella name of “The World We Want”. The consultation process includes various meetings, as well as on-line consultation processes. The thematic consultation on health is being led by the World Health Organization (WHO), UNICEF, the Government of Botswana and the Government of Sweden (The World We Want, 2013).

1.2 Research Questions

With the above considerations in mind, my objective is to analyze the perception of health and its role within the new development agenda.

The main research question will be:

How has the perception of health changed since the inception of the Millennium Development Goals and how does this affect the discussions on the place of health within the post-2015 development agenda?

This follow-up question will also be guiding this paper:

What discourses are connected to the concept of health and how are they reflected in the key documents of the UN in regards to the Millennium Development Goals?

1.3 Structure

Having given a short introduction to the processes regarding the post-2015 development agenda and the processes preceding and subsequent to the MDGs the following section includes the presentation of theories and methods chosen for the analysis. The method used in this thesis is Critical Discourse Theory by Norman Fairclough and his three-step model of analysis. Also, the concept of securitization by the Copenhagen School will be laid out in the same section, as well as the concepts of the constructivist understanding of international political economy. The depiction of the choice of theories and method will be useful for the analysis of the language-patterns in the texts and to gain a deeper understanding of the discourses related to health. In my analysis of the chosen UN documents I will make use of Fairclough's three-step model, looking into the text and its discursive and social practice.

1.4 Material

The material that is used for the analysis of the research questions are official UN documents such as declarations, resolutions, and reports, which all include references to health. The documents chosen are closely linked to the preceding and succeeding process to the Millennium Development Goals and the process in regards to the development of the post-2015 development agenda which has not been concluded yet. The documents used are related to the major summits convened during the MDG process, such as the Millennium Summit, the World Summit in 2005, and the MDG Summit in 2010. Noting that there have been various meetings by specialized UN agencies such as the WHO and UNAIDS, the aim of the thesis is

to look specifically at the main UN summits and the role of health within the related documents. The goal is to look at the role of health when it comes to documents and reports prepared for the UN system as a whole. The choice of the specific material was made because of the limited scope of this master thesis.

1.5 Literature Review

The literature I have chosen for my thesis is a combination of UN material as well as political science and public health related textbooks. In order to gain deeper understanding of global health it was necessary to reach into the public health field, since this is where the greatest expertise lies when it comes to technicalities of medicine and diseases. Furthermore I have chosen a variety of articles touching the subject of Millennium Development Goals, global health, health security or the post-2015 development agenda. The literature provides insight into the background and discourses that surround health. When using Fairclough's three-step model it is important to get an insight of what social practice the text is situated within. This kind of background information seldom is included in these kinds of official documents, which makes it important to reach out to other authors who have knowledge about the discourses surrounding the text. My theories and method have a constructivist focus and seeks to discover the transformation of discourses. I have used articles that come from a rather critical standpoint. While being careful not to choose too biased literature, I find that a balanced but critical standpoint has enabled a profounder process of thought and questioning.

1.6 Contribution to Political Science

Even though health is an important component to human development, it has not been a prominent topic in the political sciences. Because of its scientific base, the field of health is by political scientist often seen as a purely medical practice that can only be approached by medically trained or public health specialists.

The orthodox understanding of political science and international relations is based on the relations of states. This traditional view also puts a great focus on national and international issues (McInnes & Lee, 2012, p.24). Theories which have this state-centric understanding are (neo)-liberalism and (neo)-realism. These theories come from a positivist tradition, which focuses on the scientific measurement in order to understand reality. Health has, according to these traditionalist theory, been seen as a domestic issue rather than being a concern of the states. However, as the human security debate has grown stronger, so has the importance of health to political science.

Global health, on which this thesis has its focus, has great implications for governments, states, citizens and policies. In today's interlinked world, the same health conditions affect people in rich and poor countries. A healthy population is a pillar for a stable society and a functioning state. Not only do bad health and diseases have a negative influence on the human security of each individual, but it can also cause great despair and by that pose a risk for the stability within the state. In the way health has an effect on societies, it is highly connected to the academic interest of social and political science, and not only the field of medicine and health sciences.

2. Theory and method

This section of the thesis will introduce the reader to the theories and method used for the analysis of the material. Firstly, this section will include an introduction to the main concepts of Critical Discourse theory, which will be followed by the Copenhagen School in regards to securitization. This theoretical concept plays an important part in the analysis of health in relation to international and national security discourse. A profounder discussion regarding this will follow in the analysis of this thesis.

2.1 Critical discourse analysis

This section of the thesis will introduce the reader to the main theory and method guiding the analysis of the thesis, the Critical Discourse Theory by Norman Fairclough. Firstly, the introduction of this section will give an overview of Discourse Theory and how Critical Discourse Theory is positioned within its concept. Subsequently, the analytical framework of this method will be presented, aiming to show how the research has been operationalized and how the material was chosen. The end of this section will lay out the limitations of the method.

2.1.1. Discourse theory – an introduction

The concept discourse itself is not entirely uncontroversial, or clear-cut, and definitions vary. A simple definition of discourse is "a particular way of talking about and understanding the world (or a segment of the world)" (Winther Jörgensen & Phillips, 2000, p. 7). By defining the world we live in, we create different discourses, which we use to describe different parts of the world (ibid.). Foucault (1971/1993) argued that it is futile to search for an underlying, yet unspoken truth about the nature of reality, because such a truth simply does not exist. The only thing we can do is study the discourses that exist in order to explain and interpret reality or parts of reality, such as the discourses that we too are a part of. The goal of discourse analysis is not to clarify what people really mean and how things really are because social constructionist discourse analysis is based on the claim that this "reality" does not exist. The only real thing is language and its picture of the world. However, language is also a construction, and therefore the only thing we can study is just how different concepts or discourses are used (Winther Jörgensen & Phillips, 2000).

But why do we need discourses? Why talk about things as they are? The answer, according to discourse analysts is that things don't have one fixed reality, rather they are affected by the use of language used to talk about those things that affect how we interpret the world. The discourse thus becomes a necessary way to organize our lives and categorize our knowledge (Burr, 1995). Without discourse there would be no preconceptions, but each situation and phenomenon would need to be explained again with non-evaluative words every time it was mentioned. Thus, there is no neutral way of using language to describe the world since it creates or recreates discourses (Winther Jörgensen & Phillips, 2000).

Discourse theory therefore assumes that we understand reality through language, or at least how we relate to the reality that surrounds us. It is therefore impossible to speak or write about reality, but to simplify, interpret, and to some extent distort. In discourse analysis the focus is therefore not the reflection of reality in language, but rather about how language constructs and shapes reality. What we say or write is inevitably a subjective representation of reality, not an objective representation of it (Börjesson, 2003).

2.1.2 Critical Discourse Theory

There are several specializations within the Critical Discourse Analysis. They differ somewhat among themselves but have some basic features in common, which will be summarized in the section below. Critical discourse analysis considers social identities and relationships as a product of language use. Critical discourse analysis argues further, that discourse is constituted as well as constitutive, i.e. discourses are not elevated above any influences from other social practices and social processes, but shapes and is shaped by the world around you. This approach differs from discourse theory, where discourses are seen purely as constitutive (Winther Jörgensen & Phillips, 2000).

Since discourses help to constitute the world, critical discourse analysts claim that their theory has ideological effects in helping to construct and reconstruct power relations between different groups in society. The critical element in the critical discourse analysis is to uncover the ideological effects, in order to contribute to social change and more equal power relations. Since a critical approach must assume that there is a critical position, the critical discourse analyst can never claim impartiality in their research (Winther Jörgensen & Phillips, 2000). Norman Fairclough is a linguist and social scientists, and is also the one who formulated the critical discourse analysis which will be used in this thesis. Fairclough (1992) defines discourse, as well as the use of language, as one type of social practice among other social

practices. These are both discursive and non-discursive, and function both as a way to speak or write from a particular perspectives. Unlike discourse analysts such as Ernesto Laclau and Chantal Mouffe, Fairclough distinguishes between discursive practices and social practices. The discursive practices of Fairclough are limited to mere linguistic practices. Laclau and Mouffe do not make this distinction, but believe that all uses of language are discursive (Winther Jörgensen & Phillips, 2000). The difference between the two theories are that according to Fairclough, the spoken or written constitutes a discourse, while Laclau and Mouffe argue that all texts, and everything that we say and do, constitute discourses (ibid.).

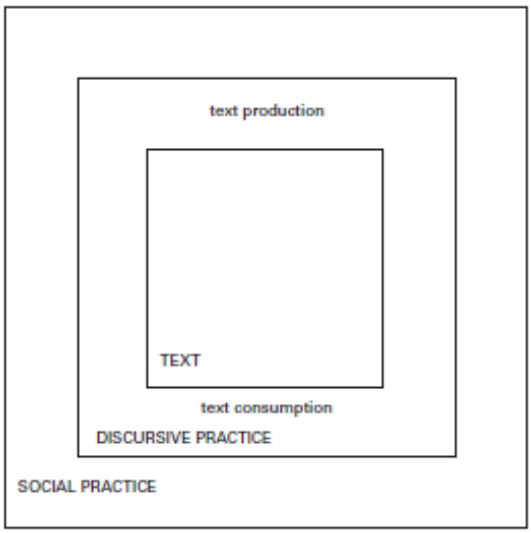
Discourse contributes, according to Fairclough (1992), to constitute:

• Social identities or groups,

• Social relationships between these identities or groups, and

• The broader context of these identities, groups and relationships involved in a so-called knowledge-and meaning systems.

To study these levels, Fairclough developed the three-step model. According to this model, a distinction is made in the analytical process on three levels: Text, discursive practice and social practice. While doing the analysis of the text one focuses on how discourse creates identities and groups. Within the analysis of the discursive practice, the focus lies on the relations between the groups that are involved in the discourse. Finally, the analysis of the social practice of the discourse shows the relation to a larger context (Fairclough, 1992). This combination of both method and theory lends itself well to the purpose of my thesis, as I am seeking to analyze the change of the health discourse. In order to gain an insight on these changes I have to look at language patterns in the chosen documents and set them in relation to each other and the social practice they are situated within. I will use Fairclough's three-step model as structured as possible and find that the three-step approach allows the right balance between structure and deep analysis.



Faircloughs three-step model for critical analysis
(Winther Jörgensen & Phillips, 2000).

2.1.3 Analysis of the Text

A text can consist of speech, writing, image, or a mix between the linguistic and the visual. Within the text analysis the production and construction of the text is studied. According to Fairclough it is important to look at who produced the text and in what context it is set (Fairclough 2001, p.92-93). Text analysis also focuses on the text's formal features, such as grammar, vocabulary and sentence structure. Two important grammatical concepts Fairclough uses is transitivity and modality. Fairclough argues that transitivity is the practice of looking at how different processes and events connect with the object and subject. It can for example be examined whether the sentence has an active or passive voice. By removing the agent responsibilities are mystified. This thesis will make use of looking at the vocabulary and the use of an active and passive voice in the text. The use of these analytical tools provided by Fairclough will be useful in shedding light on the language used in the chosen UN documents. Official documents by international organizations can vary in use of an active or passive voice, often depending on the receiver. The documents can for example be directed towards the diplomatic/governmental level or the civil society level, and sometimes aim for a broader public audience. The vocabulary however will give an understanding of how concepts related to health are highlighted and what language is used.

The focus of the text analysis lies in the identification of the agent-patient distinction. The correlation is important for the identification of power relations inside and outside the text. The agent has power over the patient and is often the active part that has responsibility and

takes decisions that can affect the patient. The patient is exposed to external forces and often victimized to have something done to him/her (Wood and Kroger, 2000, p. 101). When identifying the agent-patient distinction it is important to look at linguistic patterns such as the use of first-person pronouns, modals and passive voice. First-person pronouns, I and we, are indicators for the construction of agency. The use of modals aims to construct a need for action to be taken by the agent, depending on if the person is the object or subject of the verb (ibid). In the UN documents for the analysis it can generally be said that the agent-patient distinction is rather strong, judging by the use of we (a plural first-pronoun) and the use of modals such as must, might, may, can, should, need to and have to. Passive voice can be a tool for obscuring the agency and responsibility of the agent. The use of passive voice can also have the role to underline that something is done to somebody, often the patient (Wood & Kroger, 2000, p.102).

Other important signifiers to look for during the analysis of the texts are the use of metaphors and categories. Metaphors can have the aim to convey the subject of the text in a more relatable way to the audience (Wood & Kroger, 2000, p. 104-106.). The use of categories indicates the grouping of certain subjects or people, e.g. sex, race and age. The American linguists George Lakoff (1987) contributed to the definition of classical and prototype theory of classification. The classical theory of categorization implies that several similar categories are grouped as a tool of simplification (Lakoff, 1987, p. 5). The prototype theory of categorization implies that different categories, however perceived as similar, are grouped together under one category (ibid.). The creation of categories within the UN documents are used in a context specific way such as grouping countries and people by using terms such as *Africa* and *women*. The linguistic signifiers that have been mentioned will be further explored throughout this chapter and connected to what role they play to convey the specific discourses within the documents and how they relate to health.

2.1.4. Analysis of Discursive Practice

In the analysis of the discursive practice the focus lies on the study of the discursive conditions for the text. At this level of analysis the interest lies in seeing how the text is produced and how it is consumed. Discursive practices can, according to Fairclough, facilitate the creation and reproduction of unequal power relations between social groups, such as among social classes, genders, ethnic minorities and majorities. These effects are considered to be ideological effects which may be reproduced in the context of production, distribution

and consumption of the text. Ideology seeks to reproduce the text and convey power relations. Discursive practices can be found in institutional structures and practices (Fairclough, 1995, p. 22).

While analyzing a text it is also important to consider the intertextuality and interdiscursivity which are concepts that focus on the interaction between the different parts of the text and discursive practices. The analysis of the texts used in this paper will focus on looking at the discourses and genres that appear in the chosen documents and how they relate to each other (Winther Jörgensen & Phillips, 2000, p.66-93). Intertextuality is inevitably part of interdiscursivity. Intertextuality tells us about the origins of the text and how it relates to or is based on previous texts. By using the same language, texts can be interlinked with each other and together create what is called an intertextual chain. Language is often reused in texts and seldom reinvented. It is therefore interesting to look at socio-cultural change that can be found in the texts and how language is reused in the different discourses, or even possibly used in a new way (Winther Jörgensen & Phillips, 2000, p. 77). Since this thesis will look at a longer timeframe, it is interesting to look at the use of language is within the various discourses, and learn how it changes over time.

2.1.5 Analysis of social practice

The social practice analyzes the contexts and social practices the text is embedded in. The focus lies on the study of the economic, political and cultural practitioners related to the text in order to understand it better. The discursive practice and text analysis are now related to the broader social practices. It is studied which institutions have helped to create the context the text exists in. Also hegemonic structures are looked at in how they relate to the discourse and the socio-cultural context the text is imbedded in. It is within the social practice that one can approach the question of possible change and ideological consequences (Winther Jörgensen & Phillips, 2000, p. 66-93). In my analysis of the social practice I will look at the political and institutional environment the documents were produced in, such as the change of the security concept that has transformed during the last 15 years.

2.1.6 Critique of CDA

"What CDA has done, greatly to its credit, is to make discourse analysis relevant by relating it to a moral cause and an ideological purpose. In this respect (…) I regard its work as highly significant. It happens, furthermore, that the socio-political position its proponents take up is one I share. So I should stress that in what follows I take no issue with the critical discourse analysis as such. My concern is with its effects on the kind of discourse analysis that is carried out (…)"(Widdowson, ,1995).

It should be noted that Widdowson recognized CDA as a valid tool for research. He is however mostly critical about the methodology of the CDA and understands it as being too inconcise. "But if the analysis is to serve its purpose, it cannot simply be done selectively to provide interpretative support. It needs to follow clear principles of procedure and be as systematic and comprehensive as possible" (Widdowson, 1995). Having recognized the critique of Widdowson, this thesis aims to have a structured discourse analysis. In order to create a structure to my analysis I have chosen to treat all the documents in the same manner and analysis, as this has helped my own thought process but also help the reader follow better.

2.2 Concepts of security

Over time the concepts of security within the political sciences has changed and new theoretical concepts have been developed. In this part of the chapter I will lay out the contemporary concepts of security reaching from the Copenhagen School to human security. I have chosen theories from a constructivist and critical standpoint, as I think that these go well together with my methodology and will lend themselves well to the analysis of the discourses connected to health within the UN texts.

2.2.1 The Copenhagen School and the concept of securitization

"Security" is one of the most central concepts in national and international politics. The definition of security has long been linked to states, governments, military and sovereignty. This Realpolitik approach has been the most prominent theory in the context of security (Sheehan, 2005, p.12). During the 1980ies and especially at the end of the Cold War constructivist theorists called for a broadening of the concept of security. Constructivist scholars argue that the concept of security should not only be defined on a state-centered

level, but also include the individual (Sheehan, 2005, p.43). According to constructivists, we live in a reality that consists of both material and social realities. This theoretical basis within constructivism creates a connection between postmodernist and rationalist tradition. Much like discourse theory, constructivism is closely connected to the postmodernist tradition as it sees language to a large extent as a base from where "reality" can be analyzed. Within rationalism, on the other hand, notions are based on a positivist truth and material reality. It is in this interplay of holistic and positivist reality that constructivism analyzes social structures and how they are created (Gustavsson & Tallberg, 2006.) This theory is a good starting point for my analysis of security in connection to health. It will enrich my analysis of underlying discourses and perceptions of health. After this brief summary of constructivism theory, I will, in the following section, describe constructivist most prominent security theory – the Copenhagen School.

The Copenhagen School was developed in the early 1990ies by Barry Buzan, Ole Wæver and Jaap de Wilde. After the Cold War, it were these scholars who helped broaden the security agenda and define it beyond the traditional military-centered security strategy that had been dominant for the past decades. In "Security: A New Framework for Analysis" Buzan, Wæver and de Wilde have summarized their concept of a broader security agenda which is based on three core concepts: sectors, regional security and securitization. In the book Buzan presents five new security sectors, which he divides into military security, political security, and economic security, civil and environmental safety. In these sectors, there is a focus on the different stakeholders that are focused on different types of security. The military and political security institutions focus on the state, the economic, civil and environmental security is however strongly linked to concepts of individual security and human security. For my analysis of global health in the Millennium Development Goals (MDGs) and beyond, the concept of human security will be very useful. The concept of human security will help me analyze the connection health has to economy, the environment and civil security (Buzan, Wæver and De Wilde, 1998, p. 21-23). According to the Copenhagen School a security threat can be considered within three classifications of the action. If the threat is considered to be harmless, it is classified as a non-political issue, which means that it does not lie under the responsibility of the state and is also not mentioned in the public debate (Buzan, Wæver and De Wilde, 1998, p. 23). In the case when the threat is considered rather serious but manageable it may become "politicized", which means that the issue at hand is included in the

public debate, and ceded to the state, the government or other actors to be addressed. The last and highest classification is the so-called “securitization“, which means that an issue poses a serious threat that must be prioritized in the highest degree, and that action must be taken that moves beyond the ordinary (Buzan, Wæver and De Wilde, 1998, p. 23-24). An important part of securitization is called the securitization process. This means that "securitization can never be imposed" (Buzan et al., 1998, p.25) and that the threat must be accepted as serious by both the public and other stakeholders. In order to get the public’s attention and support the state and powerful stakeholders make use of a Speech Act, which is used to convey the severity of the threat. Language use and especially the Speech Act put great emphasis on the issue and make it an extraordinary priority (McDonald, 2008, p.69-70; Emmers, 2010, p 137-140). It is important to note that securitization is not something positive. The theorists of the Copenhagen School emphasize that ”securitization should be seen as negative, as a failure to deal with issues as normal politics" (Buzan, Wæver and De Wilde, 1998, p.29).

In this thesis the concepts of the Copenhagen School regarding securitization will lend themselves well to the analysis of the changing discourse when it comes to health and security. During the 1990ies and specifically after the Cold war, there has been a shift in the epidemiological focus on health. While the focus for the longest time has been on infectious diseases such as HIV/AIDS, malaria and tuberculosis, recent years have shown that increased focus is given to chronic and non-communicable diseases and mental health.

2.2.2 Human security

The concept of human security was an important development in the wider security agenda in the 1990ies and shared many of the theoretical ideas of the Copenhagen School. The concept of human security was developed in 1994 in conjunction with the United Nations Development Programme (UNDP). In the same year the UNDP published the "Human Development Report", and the organization played a central role in the development of the concept of human security, which at the time was considered an innovative way of security thinking. The UNDP report divides human security into seven different security areas. The first is financial security, especially in connection to poverty and homelessness. The second security area is food security, which points to an adequate diet to combat hunger and malnutrition. Thirdly, the report includes the area of health security, with a focus on the mitigation of diseases and access to adequate health care. Fourthly, the area environmental security is important for human security, aiming to combat environmental degradation, pollution and helping victims of natural disasters. Additional security areas that needed to

ensure human security are also political security, civil security, human rights, and mitigation of discrimination, violence, and torture (United Nations Development Programme, 1994, p.24-33; Elbe, 2010, p.414-415).

With this new approach to security thinking, the concept has shifted from a military definition to be more focused on the individual. Human security is nowadays considered a vital part in the building of the contemporary global security structure. Globalization has been a driving force in this development by connecting the international community in a new way. The global economy and open markets, however, have produced winners and losers. The gap between the global "North" and "South" has increased by inequalities which have followed in the wake of globalization. Global market structures and urbanization have led to an increase of issues in developing countries that are related to human security. Most issues are related to poverty, health, the environment and development. However, the responsibility does not only lie on the state to ensure human security. Constructivist theory also places a great emphasis on the role of other actors and stakeholders, which can have great power and influence in these issues. With regard to health and specifically non-communicable diseases, this means the need to create structures that make it possible for individuals to meet healthy choices. Since human security is a very broad concept, this means that an individual's well-being must be encouraged in every way to ensure health. It should therefore not be underestimated that diseases related to poor nutrition are not only related to malnutrition but also to over-nutrition. The result is overweight and risk for chronic diseases, which in its turn leads to the ill individual being unable to work while the medical treatment of non-communicable and chronic diseases is both expensive and lengthy. The same case also applies for infectious diseases. In this way, the health status of a person has an impact on the socio-economic structures and can increase poverty. A vicious circle is created and human safety and development is threatened.

The international relations scholar Lene Hansen has contributed to the broadening and critique of the Copenhagen School by adding a gender dimension to the concept of securitization. Hansen argues that the concept of security is defined at two main levels. Firstly, she argues, the international security, meaning that an issue is perceived as a collective threat to the government or nation, focuses a great deal on survival. The second and subordinate level of security is defined as social security. Within this definition security is mainly perceived as an individual and social issue. Hansen argues that gender security is placed within the concept of social security (Hansen, 2000, p. 288).

As noted earlier, a speech act is crucial for lifting a security issue to the collective debate. Hansen challenges the notion of the speech act being an accessible option for both genders. She argues that women are often caught in a "security of silence", a situation where the subject of security has no or a limited possibility of speaking about its security issue at hand (Hansen, 2000, p. 295).The security of silence not only means that women are prohibited from vocalizing their security issue, but may possibly be exposed to physical harm and punishment when doing so. Hansen also states that the "significance of death", a concept she borrows from William Connolly, bares a great deal of importance in the projection of fear onto a collective or individual level. The fear of early death ultimately connects the individual to the world he or she is situated in (Connolly, 1991, p.18). However, not every death bares significance for the collective society, but is rather seen as tragic individual experiences, which subordinated the priority of the issue at hand.

The gendered view of security has put men in the role of the soldier, or decision-maker defending society against outer threats. Women are mostly placed in the role of the mother and caretaker, who plays a vital role within the community but nonetheless does not have a strong voice in the decision-making process. In connection to health and development women are important for their community being the ones taking care of children, the sick and elderly. Yet, women are for the most part expected to complete these tasks for free, since it is understood as their role of mothers and caretakers. In regards to the MDGs women's health needs have also been defined through their roles as mothers, mainly focusing on children's health and maternal health (Harman, 2013, p. 90-93). The issue of women's health will be discussed in depth in my analysis. I will specifically look at how the view on women's health and the perception of it has expanded since the inception of the MDGs.

2.2.3 Health security

The discourse of health in connection to security is one of the more dominant discourses when going through the chosen documents, especially concerning the beginning of the new millennium and the set-up of the development goals.

The discourse of security increased its dominance in the 1990ies and beginning of the recent decade. Health security has become a growing concept in human security and especially in connection with the widening of the concept of security health threats have gained increasing focus in the last 15 years. The focus has been broadened and takes into account both the importance of national security and individual's security. As we see in other health discourses

poor standards of health and ill populations have a negative influence on development and economy. In 2000, the HIV/AIDS pandemic put health security in the focus and became part of the global security agenda. In 1999, U.S. Central Intelligence Agency (CIA) classified the spreading of the HIV/AIDS pandemic as a threat to U.S. national security. Furthermore it was pronounced as a threat to international stability and the global economy (McInnes, 2008, p. 275.). The UN Security Council adopted Resolution 1308 in July 2000, which focused on the prevention of the spread of the HIV/AIDS pandemic in African developing countries (UN Security Council, 2000). The international community was determined to avert a deeming humanitarian crisis and national and international instability if this health threat was not addressed promptly. One of the prominent persons to place health issues on the international security agenda was Gro Harlem Brundtland, who put a great focus on global health security during her time as the secretary general of the WHO.

2.2.4 Health and development

Health and development have long been perceived as closely related to each other. The main focus has been on poverty reduction, which is said to have a large effect on the level of health. Not only is health an important indicator for the measurement of development but also an end to it. There are different understandings of what development implies. To some, development constitutes a linear continuance of the development in society, such as improved technological solutions, continued economic growth and increase in consumption. To others development constitutes a negative force that it seen as the West imposing their norms and ways on others. Nowadays the definition is often connected to the understanding of having the right to choose and material goods such as food, water, and housing. Non-material rights that are important for the contemporary notion of development include the access to health services, human rights, education, gender quality, freedom, and democracy (Lindstrand et al., 2007, p. 12).

2.2.5 Health and human rights

The health discourse has been increasingly linked to human rights. A healthy state of wellbeing and "good health" is closely linked with access to health care, universal health coverage and health education. Early on, health has been mentioned in the Alma Ata Declaration in 1978, defining health as "a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity" and linking health closely to the concept of human rights by stating that it is a " fundamental human right and that the attainment of the highest possible level of health is a most important worldwide social goal

whose realization requires the action of many other social and economic sectors in addition to the health sector." (Declaration of Alma Ata, 1978). The discourse of health and human right has been very present in the documents regarding the Millennium Development Goals and has increased during the past 13 years, as the focus has increasingly shifted from poverty eradication to the promotion of human rights. In order to empower the civil society on the local level, it is important engage to them in the decision-making process by choosing a bottom-up approach. In the process of the post-2015 development agenda we can see an increased mentioning and inclusion of the civil society, starting off with broad web-based and face-to-face consultations.

2.3 The international political economy of global health

The study of International Political Economy (IPE) is important to the theoretical understanding of global economic forces that have an effect on society on both a material and social level. According to Susan Strange, one of the founding scholars of modern IPE, the political economy affects society on four distinct levels. Firstly, IPE determines the production structure by setting the conditions for production and also guiding under what rules and conditions products are manufactured by whom and for whom. Secondly, IPE has an influence on the global financial structures, such as the international monetary and trade system. Thirdly, IPE determines the knowledge structure, and by influencing who has access to knowledge and technology. Lastly, Strange adds, that IPE affects power relations which are created through the provision of security from an individual to another (McInnes & Lee, 2012, p. 80).

The dominant theories within the IPE are realism, liberalism, and marxism. However, during the past decades new theories and nuances to the classic theories have been developed. One of the newer theories that have been added to IPE is constructivism. According to the constructivist perspective on international political economy the state is not only a political actor, but also a social actor that has great influence on rules and norms, beliefs and values within a society. The constructivist assumes that social facts exist in this world, but that they are affected by our collective understanding and by a product of intersubjectivity (Abdelal et al., 2005). The constructivist notion stands in contrast to the dominant IPE perspective of the materialist-rationalist theories such as realism and liberalism, which both share a notion of an anarchic world where economy is based on material facts (Balaam & Verseth, 2008, p 89).

The realists believe in a structure based on the balance of power, which results in a so called "self-help" world where the state makes its security its first priority. The constructivist Alexander Wendt claimed that "anarchy is what states make of it", and is by that noting that anarchy mustn't result in a "self-help" world where power politics are the first priority (ibid.). The state has a choice to act in this manner or not. Realism and liberalism put a great deal of focus on the material facts. These facts are constituted through measurement techniques such as e.g. the measurement of the GDP (gross domestic product) to measure the effects of globalization and development. Constructivism, on the other hand, is interested in the social facts that are hidden behind these numbers and the actor's interest, and are rather asking themselves "how is globalization perceived by diverse actors and various cultural settings?".

Since the 1980's and 1990's global health has, much like other areas, been dominated by a neo-liberal narrative, especially since the World Bank increased its activities within the field of health in the beginning of the 1990's (McInnes & Lee, 2012, p.78). The focus within this neo-liberal narrative within IPE lies in finding cost-efficient solutions in the promotion of health. An example of these cost-efficient measures was the introduction of Disability-Adjusted Life Years (DALYs), which is a measurement that aims to quantify the burden of disease. This method of measurement was developed by the Harvard University for the World Bank in 1990 and was adopted by the WHO in 1996 and has been used ever since in combination with the measurement of Years of life lost (YLL) and Years Lived with Disability' (YLD) (Lindstrand et al. , 2007, p. 99). Critical scholars are contesting the contemporary discourse on the neo-liberal, market-based and growth-orientated approach to conducting health and development promotion and problematize to which extent these approaches stimulate inequalities caused by globalization (Thomas & Weber, 2004).

2.4 Concepts

Since this thesis makes use of many broad concepts such as globalization, development and global health, I would like to provide a short definition on how they are used in this text.

2.4.1 Globalization

The world has become increasingly interconnected in the past 30 years. Robert Keohane and Joseph Nye described globalization as "a state of the world involving networks of interdependence at multicontinental distances. These networks of interdependence are linked through flows and influences of capital and goods, information and ideas, people and forces, as well as environmentally relevant substances" (Cockerham & Cockerham, 2010, p. 9 f.). Keohane and Nye put a great focus on economy and trade. Likewise, a sociocultural globalization is happening through media and increased cross-cultural relations. The spread of dominant cultural flows from the US or the western countries are called Americanization and Westernization, negative expressions that imply an increase of Western hegemony, a term that I will clarify further within this section. The spread of Western media and culture have also had a great effect on consumption and lifestyles, which has a negative effect on the health status of developing countries. Non-communicable diseases such as cardiovascular diseases and diabetes type 2 are so called lifestyle diseases, which have long been connected to high-income western countries, but are now equally present in the developing countries. Reasons for this are, among others, the spread of the fast-food culture and increase of food prices. The interconnectedness through travel has also contributed to the rapid spread of infectious diseases. When it comes to infectious diseases such as SARS and H1N1 the pace of the spread of diseases has increased enormously. In this thesis, when using the term globalization I am taking all of these previously mentioned dynamics, economic and sociocultural, into account to get a broad scope of both the positive and negative consequences globalization entail .

Globalization and modernization also bring new risks into society. Ulrich Beck and Anthony Giddens described in their work, which was published in the end of the 1990ies, how the modern society is affected by its own manufactured risks. Beck described the globalized era as a "risk society", in which "individuals, social, economic and political risks created by the momentum of modern innovation increasingly elude the control of protective institutions of society" (Cockerham & Cockerham, 2010). In essence the progresses are not supposed to cause any harm, nonetheless it is also possible that they have the opposite effect. Giddens described the era of globalization as a time of manufactured risk, and notes that there is an

increase of manmade risks. Giddens emphasizes that throughout history of human kind, there have always occurred high-risk periods, however, the modern era is marked by the notion and scientific proof that, which has raised the common awareness that risks are manmade (Cockerham & Cockerham, 2010).

2.4.2 Development

"Development is the process of enlarging people's choices" according to a short definition provided by the United Nations Development Program (Lindstrand et al., 2006, p. 13). This thesis makes use of the term development as a reference to human development. The basic material needs to support development are the supply of water, housing, and food. Also education, human rights, health services, gender equality, freedom, democracy, sustainable use of natural resources and a fair distribution of economic growth are considered important pillars for development. This approach to human development was inspired by Amartaya Sen who emphasized that economic growth is not the only valid component for the development of a nation and its citizens. By that he emphasized the importance of the non-economic indicators such as human rights and protection from violence as being equally important to economic indicators. The focus of development has shifted over time. The early post-colonial stages were concentrated on the development of nations rather than the individual human being. During the 1990ies the international community put the focus on eradication of poverty and hunger, as well as access to water and education. Towards the end of the 1990ies and the beginning of the new millennium the focus widened to nowadays also including an increased focus on human rights, gender equality, and sustainability. Health has gained more attention and is considered an important goal and indicator for development. Using health as an indicator has a strong scientific value since it can tell a lot about human life conditions.

There are diverse ways of measuring development. A widely used measurement is that of GDP, introduced by the World Bank and the IMF. By the measurement of the GDP a country can be categorized as a high-income country, middle-income country, low-income country or collapsed country. In 1990 the UNDP introduced a new method of measurement, the Human Development Index (HDI). The HDI was an innovative and inclusive way of measuring development beyond the economic scope. For the purpose of this thesis I look to both the GDP and HDI in order to get a more complete picture of the situation in a country or region. In this thesis I will make use of the term developing country or region as a method of grouping without passing any judgment on the political state or progress of development in comparison to countries with higher GDP and HDI.

2.4.3 Global Health

What is health? In 1948 the WHO defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1948). Socio-economic determinants like education, gender, and income/poverty are so called Determinants of Health and have a great effect on the human health. Other health determinants are food, water, sanitation, behavior, health services, climate, housing, environmental degradation, and natural disasters (Lindstrand et al., 2006, p. 53). The commonly used health indicators that are used to understand the health situation in a country or region, are the measurement of: mortality rates (infant, under-five children, maternal) , life expectancy at birth, Disability-adjusted life years (DALY), disease occurrence, total fertility rate, crude birth and death rate, population growth rate (Lindstrand et al. ,2006, p.99).

This thesis has its main focus on global health. Until the mid-1990ies, the term international health was commonly used and indicated a focus on the health status and disease burden in developing nations with a special focus on tropical diseases. With the change of disease and health patterns a broader understanding was needed. The term global health allowed a more broader and inclusive understanding of diseases and public health issues that occur globally, not only in developing countries. Global health gave earlier neglected diseases new attention and offered a political boost for these forgotten issues. For my thesis the concept of global health lends itself well to the understanding of the ever-changing relationship between health and politics. Diseases are not as regionally bound as they were 30 years ago. High-income countries and low-income countries share the same diseases patterns, when looking at both infectious and non-communicable diseases.

2.4.4 Hegemony

When analyzing power relations and discourses, hegemony is an important and reoccurring concept that is mainly produced through the international economics. According to the Italian and Marxist philosopher Antonio Gramsci, hegemony are power relations that exists on the national and global level. The concept implies that there is a dominant class that defines the conditions for the rest of society on both an economic and cultural level. In order to maintain its position, the hegemon creates structures within economics and policies that favor its dominance. By using these structures the hegemon has the power to influence society with its ideology. This is something Gramsci calls "intellectual hegemony"(Balaam & Verseth, 2008, p. 73-74). A contemporary example of a hegemonic relationship is the dominance of the Western high-income countries over other countries. In regards to economic power and

influence the U.S. is perceived especially dominant. When looking at IPE the conditions of production and trade are closely interlinked with these global powers. According to Gramsci, intellectual hegemony reinforces power structures through trade and the economy, which also can lead to a cultural hegemony (Balaam & Verseth, 2008, p.74 & 427). An example of this is the change of media and fast-food culture all over the world.

2.5. Limitations and critique

One of the main limitations of this thesis is the choice of timeframe and the narrow choice of material. When looking at such a specific time period (1999-2013) there are innumerous articles and documents to choose from and to analyze. Therefore, I chose to focus on the highest level of documents in order to structure my choice of texts. I could have chosen documents by the WHO. However, texts by a technical agency such as the WHO would not have given me the insight that I wanted to achieve. Within the WHO health is the main topic of work, but when looking at the higher level decision-making in the UN there is a competition between different development topics, especially when it comes to goal-setting. With regards to my choice of theory I have mainly limited myself to security theories and IPE. There are of course more theories one could apply to the topic of health. As this thesis is aimed to be situated within the political science field I found these theories to be most relevant for my purposed of analysis.

3. Analysis

This chapter will focus on the application of the critical discourse analysis by using Fairclough's three-step framework. Firstly, I have conducted an analysis of the text, followed by the analysis of the discursive practice and the social practice. Even though the three levels are closely linked to each other, this division will help me conduct my analysis in a structured way. The documents that will be analyzed are associated with the MDGs, as well as the ongoing discussions and documents concerning the post-2015 development agenda. The documents which I analyze in this chapter are a report by Kofi Annan "We the Peoples: The role of the United Nations in the twenty-first century" (March 2000), "The Millennium Declaration" (September 2000), "Security Council Resolution on HIV/AIDS" (June 2001), "Road map towards the implementation of the United Nations Millennium Declaration" (September 2001), "World Summit outcome document" (2005) and the MDG Summit Outcome document (2010). In order to get a deeper insight into the intertextual-chain and the interdiscursivity which are important for analysis, the discursive practice and social practice, the analysis will also take previous documents of UN summits into account. During the 1990ies various UN summits were held that are relevant to the topic of global health. The most important were the Child Summit (1990), Agenda 21 of the Earth Summit (1992), Cairo Conference on Population (1994), Copenhagen Conference on Social Development (1995), and the Beijing Conference on Women (1995). With regards to the post-2015 development agenda the analysis will look at official documents by the UN such as "Realizing the Future We want for All" (June 2012), "Health in the post-2015 agenda - Report of the Global Thematic Consultation on Health" (April 2013). With regards to the post-2015 agenda process the analysis will also take the Rio+20 Summit outcome document into account, since the Sustainable Development Goals (SDGs) play an important role and are meant to be integrated into the post-2015 process.

3.1 Millennium Declaration and the Millennium Development Goals

In the year of 2000, the Millennium Summit was a unique event in the history of the United Nations. The expectations were high within the international community to bring development work back on track. The summit, which was set in September 2000, was considered a success when the world leaders ratified the Millennium Declaration, a document that summarized the challenges that need to be tackled in order to eradicate poverty, hunger

and improve the lives and socio-economic situation of people, especially in developing states (A/56/356, 2001). Following the declaration was the set-up of the Millennium Development Goals (MDGs), which were intended to guide the operationalization of development until the year 2015. Three of these MDGs were directly related to health and aimed to reduce child mortality rates (Goal 4), improve maternal health (Goal 5) and combat HIV/AIDS, malaria, and other diseases (Goal 6) (A/56/326, 2001). In my analysis of this historic momentum I will focus on the documents that were directly related to the formation of the MDGs, such as the report "We are the Peoples"by the Secretary General at the time, Kofi Annan. The aim is to see the change of the discourses over time and in what way language and concepts change when it comes to health.

3.1.1 Millennium Development Goals

As outlined in the previous chapter of this thesis I will make use of the three-step model by Fairclough in order to understand the dominant discourses connected to the texts and in what way they change over time. Firstly, I will make a separate text analysis for the each of the documents connected to the Millennium Declaration. Subsequent, I will go into the discursive and social practice of the documents.

3.1.2 Text analysis

For the purpose of the text analysis I will in a short manner outline the language patterns that occur in the documents related to MDGs. Reoccurring language patterns in these documents are the use of personal pronouns such as *I, We, Our* and *Them.* The frequent use of the personal pronouns aims to underline the agency of the UN and its partners in the matter, while at the same time putting an emphasis on responsibility of the governments of states. The most prevailing modals used in the text are *must, may, should* and *need to,* which aim to underpin the urgency and need for action by the UN, its partners and the affected states. Categories are used for the grouping of countries and groups, such as the use of *Africa*, *women* and *children.*

We the Peoples: The role of the United Nations in the twenty-first century

In the preceding process to the MDGs the Secretary General at the time, Kofi Annan, appointed the Harvard professor John Ruggie to compile a document that would summarize and present the challenges that should be taken into consideration during the Millennium

Summit. The document is called "We the Peoples: The role of the United Nations in the twenty-first century" (2000) and is around 50 pages long. The language in the document is active and rather inclusive in its message, aiming to emphasize that action is necessary and a people-focused approach to the issue needed. Throughout the text suggestions and challenges are presented and validated by the use of statistics and graphs. First-person pronouns such as *I* and *We* are used frequently throughout the text, given the reader the image of strong agency by both the Secretary General Kofi Annan and the UN. Compared to the *Millennium Declaration* and *The Road map towards the implementation of the MDGs*, the language of *We the peoples* is put in a rather personal way, showing that the Secretary General is closely involved in this process. The report intertwines health into many different concepts and discourses, making it the basis for education, employment and economic growth (We the Peoples, 2000, p.15). The text takes up the issues of globalization and technological development and puts emphasis on marrying these two concepts by working towards development and the eradication of poverty. Special emphasize is put on making globalization a positive rather than polarizing and excluding force.

When looking specifically at the sections that are linked to health or disease, the emphasis lies on HIV/AIDS and malaria. The prominence of HIV/AIDS throughout the document is striking. Expressions used directly linked to HIV/AIDS are; *threat to a generation*, *global*, and *crisis*. Verbs used in a direct link to HIV/AIDS are *attacks, expand*, and *hit*. The expressions and verbs used aim to convey the urgency of the matter and frame the issue of health as a threatening force that moves on its own , which must be contained. The text also puts great emphasis on the gains of health in regards to economic growth and productivity, emphasizing that healthier people lead fuller lives while being more productive in the economies (We the Peoples, 2000, p. 15-16).

The Millennium Declaration

The UN Millennium Declaration was a resolution adopted by the General Assembly on the 18th September 2000 at the end of the Millennium Summit. The language of the resolution is diplomatic and shows agency by the United Nations, its member states and other involved stakeholders such as the Bretton Woods Institutions (The World Bank and International Monetary Fund). The keywords guiding the text are presented early on: Freedom, Equality,

Solidarity, Tolerance, Respect for Nature and Shared Responsibility. Other keywords guiding the concepts of the text are e.g. human rights, development and economy.

Health is mainly mentioned in relation to development and poverty reduction. The health issues that are included in the text are maternal mortality, child mortality, HIV/AIDS, and "other major diseases" (UN Res/55/2, 2000, p.5). Within the document it is further resolved that gender equality and the empowerment of women are effective ways to eradicate poverty, hunger and disease. HIV/AIDS is specifically mentioned in the section for "Meeting the special needs of Africa", listing HIV/AIDS as the last point on the list in order to "help Africa build up its capacity to tackle the spread of the HIV/AIDS pandemic and other infectious diseases" (UN A/RES/55/2, 2000). The emphasis put on HIV/AIDS is strongly connected to the security discourse of health. By using words such as *scourge* and *fight* urgency is conveyed that there is an invisible enemy that must be fought. The document also encourages the pharmaceutical industry to make essential drugs more available and affordable to developing countries. The text draws on an economic discourse, since much focus is put on the shared responsibility and an improved relationship with the pharmaceutical industry and private sector.

The Roadmap towards the Implementation of the UN Millennium Declaration

The report by the Secretary General, "Roadmap towards the implementation of the UN Millennium Declaration" (2001) was published in 2001. The language is much like the previous documents, putting much emphasis on the agency of the UN and its partners. Key verbs that are reoccurring are *fostering*, *supporting* and *enhancing*. However, they point to the power relation between the agent in charge (UN) and the patient in need (developing countries). As in the previous documents, health is mostly mentioned in connection to development, poverty eradication and the special needs of Africa. The language in this text is, connected to economy and stresses the close connection between poverty and the lack of education with the spread of diseases. Essentially, this is then linked to a negative effect on economic growth (UN, 2001, p. 7-22). Towards the end of the report the need to contain the spread of HIV/AIDS is stressed very explicitly. The language used is linked directly to the discourse of security, connecting HIV/AIDS to words such as spread, *profound unraveling, devastating effects*, as well as stressing the epidemics negative impact on peace and armed conflict in Africa.

Declaration on the Commitment on HIV/AIDS

The language used regarding HIV/AIDS derived from a special session on the epidemic in August 2002, the Declaration on Commitment on HIV/AIDS (UN Res 55/13). Only two years earlier in January of 2000 the United Nations Security Council had for the first time in its history taken up a topic of discussion that was regarding health, the HIV/AIDS pandemic (McInnes & Lee, 2012, p. 131). The language in the declaration of 2002 conveys the great urgency on the matter using wording such as *global emergency*, *crisis*, and *state of emergency.* HIV/AIDS is pronounced as a threat to "development, social cohesion, political stability, food security, life expectancy economic burden" (UN Res 55/13)..

3.1.3 Discursive practice

The way the text is produced and the consumption of the text is important for understanding the social context it is situated in (Fairclough, 2011). In order to understand the discourses that are related to health in regards to the development of the MDGs it is important to see the relation to previous documents produced by the UN and its partners.

The documents related to the MDGs vary somewhat in their process of both production and consumption. *We the Peoples* and *The Roadmap towards the Implementation of the UN Millennium Goals* are both reports by the Secretary General, written by appointed task-teams within the UN secretariat. These documents are aimed to be consumed by the UN agencies and member states, as well as other stakeholders such as the World Bank and NGO's.

Documents such as the *Millennium Declaration* and *Declaration on the Commitment on HIV/AIDS* are produced through various negotiations within the UN General Assembly and UN Security Council. The consumption of these documents is aimed for a broad audience reaching from government level to the grass root level.

When exploring the discursive practice of a text it is also important to see how it relates to previous documents. The way texts are linked together and build upon each other is what Fairclough describes as the intertextuality and the intertexual chain. The documents related to *the Millennium Declaration* are to a great degree part of the same intertextual chain. Not only do these documents share the same context and language-patterns, but they also share the same genre and discourses. Looking at the genre of the texts, they are all part of official documents published by the United Nations General Assembly as reports by the Secretary General, resolutions or declarations.

The documents also share the same discourse community, which indicates that they are aimed for a group that share common language- patterns (Barton, 1994). As the document is aimed for the eyes of all UN member states, the language has to be rather standardized and provided in the six UN languages. When publishing UN documents the two main working languages English and French are especially important. Since most members within the UN neither have English or French as their mother tongue a standardized lingua franca is important and must be detached from culture and work as a neutral linguistic vehicle (Jaber, 2001, p.23). The language of all these documents is diplomatic, while conveying an inclusive message. The audience of the texts is most likely specialist on the topic in international organizations, governments, institutions and NGO's. For the purpose of this thesis I will especially look at how these language patterns evolve in regards to health.

The so-called era of UN summits during the 1990ies set the precedents for the MDGs. Many of these events also put a great focus on the topic of health. The World Summit for Children in 1990 included emphasis and a specific set of targets on the topic of HIV/AIDS, pre-natal care, reduction of child mortality, and maternal health. In 1992 the United Nations Conference on Environment and Development followed, also known as the "Earth Summit", which was to set the road ahead for the Rio Conferences and focused on sustainable development with an emphasize on environment. One of the outcome documents, the "Agenda 21", was early in pointing out various health-related challenges such as reproductive and maternal health, child health, control of communicable diseases and the health risks connected to environmental pollution and hazards (UNEP, 1992). International Conference on Population and Development (ICPD) was held in Cairo in 1994, and was in regards to health focusing on infant mortality, reproductive and sexual health, as well as sexually transmitted diseases such as HIV/AIDS (A/RES/49/128, 1994). The Cairo Conference was a precedent in regards to establishing goals to lower the rate for infant-mortality. In 1995 followed, the so called Copenhagen Summit, which was the World Summit for Social Development. The conference was an important in the process that was leading up to the MDGs in regards to sustainable development , and focused on health related topics such as HIV/AIDS, malaria, tuberculosis ,reproductive/ maternal health, child health, strengthening of health systems, basic health care, investment in the health sector and research (A/CONF.166/9, 1995).

The same year the Fourth World Conference on Women was held, commonly also referred to as the "Beijing Conference". In accordance to the focus on women, the health topics were focused on reproductive, maternal and sexual health, but also infectious diseases such as HIV/AIDS. The Beijing Conference took a broad approach to the topic of health, including the matter of mental health, non-communicable diseases, injuries, domestic violence and healthy ageing (United Nations, 1995, p. 34-48).

When looking at the intertextuality of the documents, it was the Child Summit, ICPD and the Women's Conference in Beijing that laid the basis for the maternal and child health related MDG goals (Hulme, 2009, p.29). However, many health issues that were raised throughout the 1990ies did not all make it into the MDGs even though the diversity of the health discourse had been more diverse than only HIV/AIDS, malaria and TB. One of these prominent health related issues was reproductive health, a topic that was specifically emphasized during the Women's Conference in Beijing. It was, however, an infected topic politically and religious conservative countries were afraid it would lead to the loosening of abortion rights (Hulme, 2009).The inclusion of maternal health was seen as a middle way to include gender dimension into the MDGs. Critics however complained that this goal reduced women to the role of mothers and caregivers. An inclusion of reproductive health gives women a better choice over their sexual health and includes them in the health dialogue before they are mothers. I will take up the issue of gendered health in the next section, where I will explore the security discourse connected to the MDGs, in depth.

Security discourse of health

As the language patterns of the text analysis show, the security discourse is very dominant when it comes to the understanding of health in the analyzed documents. When looking at the concept of securitization, as described in the theoretical chapter, HIV/AIDS has received the greatest attention, since the international actors handled the pandemic as an international security issue and perceive it as the enemy from outside threatening the state. The step that the Copenhagen School describes as most vital to a securitization process is the speech act, which elevates an issue to be a great threat to the public and by that giving it an increased priority. The declaration on the Commitment on the HIV/AIDS by the UN Security Council can be seen as one of the highest levels of securitization within the UN system.

The main issue when securitizing a threat is that is has to be specific and severe. The classic perception is the threat from outside that moves as its own force that has to be contained, much like the classic enemy attacking when it is least expected. HIV/AIDS is a virus that has been constructed as this kind of issue and force that moves on its own. The disease is constructed as being an agent who is hard to control and moves borderless in this interlinked world. According to the American political scientist Sarah Glasgow humans are prone to construct this kind of enemy image, even when it comes to diseases. She goes as far as stating that there is a tendency to create a fetish of threat, especially when it comes to infectious diseases. According to Glasgow the perception of a threat also influences the priority that is put a disease. One of the reasons why infectious diseases have gotten a privileged position in the health agenda and have been given a lot of attention is the need for quick reaction when it comes to the containment of the disease (Glasgow, 2008, p. 5-6). A historic example of an extremely deadly infectious disease that fits into the classical image of the enemy, and is often used as a reference, was the plague in the 12th century also coined as the Black Death. The plague cost millions of lives within a short period of time and moved across geographical and socioeconomic boarders of society, anybody could get infected no matter of what social class. Nowadays, infectious diseases such as SARS and the pandemic influenza A H1N1 have been framed as health security threats and as invisible enemies. These are very modern examples of how international actors such as the WHO and governments elevate a security issue with the help of speech act to inform the public of the danger posed. The result of this kind of securitizations, as seen in connection to the outbreak of the H1N1 virus, can be national campaigns for vaccination or public awareness adds to remind the public of the importance of hand hygiene.

In the analyzed documents there is also a strong focus on infectious diseases since this was the main focus of the UN health agenda during the 1990ies and in the beginning of the new millennium. The infectious diseases that were on top of the priority list were HIV/AIDS, malaria and tuberculosis. HIV/AIDS lends itself well to this kind of construction kind of an enemy picture, since it is so widespread that any human being in any part of the world can be infected not only by the unprotected sexual contact with HIV-positive individuals, or needle exchange. An equally big issue is the transmission through blood transfer. So when looking at the language in all the documents associated with the MDG´s, HIV/AIDS takes a special place on the very top of the priority list. The interdiscursive chain linking these UN documents together, build on similar discourses when it comes to health and security. There is

language that focuses on the classical perception of security, aiming to protect the state and its citizens from an outside enemy. At the end of the 1990ies and the beginning of the new millennium it was still a common language used when talking about health threats such as the HIV/AIDS pandemic. Certainly, other health issue were mentioned and included in the MDGs such as mother and child health, issues that are linked to human security and never constructed in the way infectious diseases are. According to Lena Hansen's contribution to the concept of security, women are often forgotten or neglected when it comes to the prioritization of security issues. Firstly, even though the health of women is taken into account in the MDGs, the goals that focuse specifically on the health of women reduces them to the role of being mothers or pregnant. It is the reduction to the role of motherhood that takes away a great part of the agency women could have within the community and over their own bodies. The agency over their lives and bodies would increase if reproductive health of women had been taken into account at the time.

It is also the use of language and the framing of the discourses that resulted in including the health goals focused on maternal health, child health, and HIV/AIDS, malaria and TB (tuberculosis) in the MDGs, while the list is long of other diseases that could have been taken in. Health issues that are prominent today such as non-communicable diseases and life-style diseases were already a great concern 13 years ago, however, the health discourse was framed in a way that the focus was placed on the health goals that made it into the MDGs. In the second part of my analysis I will go into how the security discourse has shifted over time and how the strong focus on infectious disease is not as common anymore, compared to 13 years ago, and is allowing a broader view on health security. This broadened view also allows the inclusion of non-communicable diseases, chronic diseases, neglected tropical diseases and mental health.

3.1.3 Social practice

MDGs were influenced by a decade of UN summits and the post-Cold War era. It was a time marked by the positive and negative forces of globalization, when technological development started booming. The period of structural adjustment during the 1980ies had shed a negative light on the UN, which had played a weak role in contrast to the dominance of the World Bank and International Monetary Fund. The neo-liberal narrative of the Washington consensus aimed to increasing the economic growth in poor developing nations, while in the

process forcing the countries into adopting structural adjustment policies. The adjustments by the Washington Consensus were attached with loans and resulted in great debt for the developing countries. Nonetheless, the economic discourse within the UN still remained dominant as the World Bank entered the development arena in the beginning of the 1990ies. Ever since, the World Bank has been an influential stakeholder within the UN system, as the bank is one of its greatest donors. Throughout the 1990ies the development aid from governments was declining, and opinions from the right-wing governments suggested that aid was a waste of time. Left-wing governments, on the other hand, were motivated to improve the global situation, but saw development aid as something negative, closely identifying it with the structural adjustments of the Washington Consensus (Hulme, 2009, p. 12).

The great critique against the Washington Consensus resulted in a divide within the development community during the 1980ies and 1990ies. Therefore, the Millennium Summit and *Millennium Declaration*, which outlined the MDGs, represented an historic moment of goal setting and was a great promise for the new millennium. The MDGs were a way of bringing the fragmented development community together for the cause of poverty eradication and aid. The goal-setting was important for the credibility of the UN, which had lost much of it good reputation and needed to prove its validity to its members and the global community.

Even though, ratified and applied by the UN agencies and governments, the MDGs initially built on an economic discourse, having their roots in the period of the mid-90ies as the OECD set up a set of goals called the IDGs (international development goals) with bilateral partners. The goals were published in the OECD report *Shaping the 21st Century: the Contribution of Development Co-operation*. The text contains economy-focused language and emphasize is put on the importance of economic growth for developing countries. The report also notes that it is important for donor countries to contribute to the development work of these countries, since it is seen as an important investment in the future of the countries and the world economy. An organization like the OECD has a positive understanding of globalization, and sees growth as the only way of ending poverty and ensures healthy lives. In regards to health there was a great focus on infant and maternal mortality, as well as the access to primary health care to reproductive health. As earlier mentioned, the latter never made it into the MDGs.

Seeing the documents through these economic influences, it becomes clear that the process of developing the MDGs has been donor dominated. The hegemonic relationship that exists between the donor and receiver countries becomes visible. As the language of the documents

shows, the goal is to create as much independence for the developing countries as possible. However, the way to get there is through development aid and adaption to the global market which is dominated by the West. In regards to health the priorities set are also by donor countries. To a large part the donor countries have the biggest pharmaceutical companies, which also pursue their own mainly economic interests.

3.2 The period between MDG and post-2015

Various summits have been held since the inception of the MDGs in 2000. As instructed in the *Millennium declaration* the General Assembly has held follow-up meetings every five years regarding the MDGs. The two main meetings have been the World Summit in 2005 and the MDG Summit in 2010.

3.2.1 The World Summit

The World summit was the first follow-up meeting held in September 2005 in New York. The summit was attended by 150 heads of state and government (Whiteside, 2006). The outcome document was named the 2005 World Summit Outcome (A/Res/60/1, 2005).

Text analysis

Being the first follow-up meeting since the setup of the MDGs, this document reiterates a lot of the language and points mentioned in the MDGs. What stands out, in comparison to the earlier documents, is the slight change of language use. As I mentioned in the previous section of analysis, the language connected to infectious diseases and HIV/AIDS was rather dramatic and aimed to underline the urgency and security threat posed. The language used in the outcome document of the World Summit is, while of course still putting a great emphasis on these diseases, more low-key. Rather than continuing to construct HIV/AIDS as an outside enemy who will attack when the public least expects it, the language has changed and places focus on prevention and human agency (A/RES/60/1, 2005, p 15). Also, the language includes references to reproductive health, which is mentioned directly in connection to health goals such as maternal health, child health, and prevention of HIV/AIDS.

Discursive Practice

The documents share an intertextual chain with the texts associated to the MDGs. The documents share the same discourses, however this documents shows a development in the discourse regarding health and security. The disease focus has been somewhat broadened and reproductive health has been included, which is a great development within the gender dimension of the health discourse and allows women more agency. As earlier mentioned, agency is an important aspect in his document. When it comes to the prevention of diseases, the importance is placed on providing people with the right tools to take agency of their health. A great focus is also placed on financing, which of course is vital for realizing the MDGs. Again emphasize is put on the importance of a multilateral trade and the important role of the private sector. In regards to health the significance of health services and equal access to these are stressed.

Social Practice

The World Summit was set in a time that was marked by a republican administration with George W. Bush as the US president. Since 2001, a lot of focus was put on the fight on terrorism and state security. The World Summit's greatest achievement was the UN member states commitment on the "responsibility to protect". Herein the states committed themselves to intervene in the case that a governments fails to protect their citizens from crimes like genocide, war crimes and other crimes against humanity (A/RES/L.1, 2005). A trigger for this kind of resolution was situation in the Darfur region of Sudan. Also the initiation of the Human Rights Council was a landmark in the history of the UN. In regards to health the World Summit initiated a great step for the inclusion of reproductive health and the UN: commitment to work towards universal access to reproductive health (A/RES/L.1, 2005)

3.2.2 The MDG Summit

The second follow-up meeting, the MDG summit, was held in September 2010 in New York. The outcome document of the meeting was called *"Keeping the Promise: untied to achieve the Millennium Development Goals"*. The outcome document aimed to outline what the UN called a *global action plan* in order to achieve the MDG until 2015.

Text analysis

In its language patterns this document is very similar to previous outcome documents and also shares the same discourse community as previous texts. Being closely linked to the Millennium declaration and the MDGs, the language of this document has a lot to do with reaffirming and reiterating agreed principles. As a follow-up meeting to the MDGs, the document also includes progress made and challenges that need to be met. Some of these challenges include the global level of maternal and child health, which are goals that have not made the same progress as other goals (A/RES/65/L.1, 2010, p.2).

The language in the document shows that a lot of agency is placed on the national level and government level, rather than sticking to the earlier prominent agent-patient relationship. It is underlined that there is not "one size fits all" and that each country has primary responsibility for its own economic and social development" (A/RES/65/L.1, 2010, p.3). The UN therefore encourages national governments to cooperate with civil society organizations on both academic and private-sector level (A/RES/65/L.1, 2010, p. 18). More agency is also given to young people, which is a demographic that has not been mentioned as explicit before. The role of young people is emphasized to be important for the success of the MDGs and the future. Giving young people more agency will be important, since they are the future of each country and are the ones that will see the fruits or consequences of progress.

Another newer level of agency is the cooperation of South-South. Earlier development efforts have focused on a North-South dynamic. Now that there are increasingly bigger economies in the development region, such as sub-Saharan Africa, cooperation among the countries in the region can be more sustainable and useful.

When addressing issues such as maternal and child health, as well as HIV/AIDS the same expressions are used to convey agency by using terms such as "deeply concerned" and that the "redoubling of efforts" are needed (A/RES/65/L.1, 2010, p.10).

Discursive practice

The interdiscursive chain of the document is connected to previous documents, reaching back to the outcome documents of the UN summits during the 1990ies.

Great focus was put on the maternal and child health, as the results were concerning the international community. During the summit it was decided to increase the financial effort in order to reduce maternal and child mortality. A result from the meeting was the Global Strategy on Women's and Children's Health, which was launched and received pledges of

over 40 billion US$. Also, HIV/AIDS was connected to the importance of reducing mother-to-child transmission. This document shows a great development for the concept of health. Emphasis is put on the importance of reaching the health goals, but furthermore, it is stated that the health goals are important in order to be able to reach the other MDGs (A/RES/65/L.1, 2010, 9). This link between the goals has not been mentioned as specifically in the previous documents. The document contains a chapter named *Promoting global public health for all to achieve the Millennium Development Goals*. Great focus is put on the importance on better access to health-care services. What is new in the health related discourse is the first mentioning of stigmatization of individuals living with HIV/AIDS. The discourse related to HIV/AIDS has developed from being treated as a security threat to nations to being a disease that individuals carry with them and live with every day. Since so many individuals live with this virus the language has now changed from being dramatic and enemy focused, to a more soft and respectful tone. The health discourse has also changed in the way it has opened up for new issues that has been left out of the MDGs. One of these issues is non-communicable diseases, namely cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. Furthermore, the increase of road traffic injuries and fatalities is more novel health issue that was not mentioned in previous MDG documents. Also, health is connected to environmental and work-related hazards.

Social practice

The MDG summit took place two years after the beginning of the financial crisis. With only five years left, the goal of the summit was aimed to create a push towards the achievement of the MDGs until 2015. While various goals were on a good path to being reached until 2015, the goal of lowering maternal health had suffered setbacks. The Secretary General was also concerned with food and nutrition security. As the other health goals related to the combating of HIV/AIDS, malaria and TB were on a good way, the focus shifted to the two health goals related to maternal and child health.

The economic discourse also had a strong presence in this outcome document as it emphasized the important role of the private-sector to provide funding, and new technologies to ensure an equitable growth (A/RES/65/L.1, 2010, p. 10). In the document an emphasis is also put on the vital role the private-sector has as a contributor to the eradication of poverty and development, thereby marking their close relationship. At the time, the development

sector and national governments were still in the middle of the financial crisis. However, the spirit was high to make the MDG a success until the year 2015, only 5 years away.

3.3 Going beyond 2015

In this section of the thesis I will look into the documents that are closely connected to the post-2015 development Agenda of the UN in the same manner as I did with the documents connected to the development of the MDGs. Considering that the texts share a similar discursive chain and were all produced in 2012 and 2013, I will conduct separate text analysis but conduct a common analysis of the discursive and social practice.

The process was initiated as a follow-up to the MDG Summit of 2010. The UN Secretary General Ban Ki Moon established a task-team in September 2011 to support the UN in the preparations for the post-2015 development agenda. In this section, I will look into the first report by the UN task-team to the Secretary General, which was published in June 2012. Furthermore, I also analyze the outcome document of the Rio+20 Summit that was held June 2012. The Rio+20 Summit was a follow-up meeting to the Earth Summit and Rio+10 Summit, which had a focus on sustainable development. The Rio+12 Summit also agreed on a set of SDG (Sustainable Development Goals). Even though the SDG and MDGs currently are running parallel to each other, the goal is to streamline them into the same post-2015 development agenda. Since this thesis has a specific focus on the role of health in the post-2015 agenda, I will lastly also analyze the report by the Task Team for the Global Thematic Consultations on Health in the Post-2015 development agenda.

Text analysis

Rio+20 outcome document

This document shares the same production process and is consumed by a UN or governmental audience. The topic of this document however stems from a different intertextual chain as it is part of the sustainability discourse and also closely connected to the environmental discourse within the UN. Being a follow-up Summit to the Earth Summit (Agenda 21) which was convened in the beginning of the 1990ies, this document builds on the texts of both the Earth Summit and the Rio+10 Summit, which was held in Johannesburg. Sustainability and issues related to the environment were considered among the greatest losers when it came to the setup of the MDGs, since they were not included. The sustainability and environmental

discourse has, however, grown stronger and are nowadays considered equally important to development as human rights and poverty eradication.

In regards to health this document notes that health is a precondition for the achievement of sustainable development. This document takes many dimension of health into account and emphasizes that both infectious and non-communicable diseases are important to tackle, as well as physical health, mental health and social wellbeing (A/RES/66/288, 2012, p.27).

Realizing the Future We Want for All

The language of this report is very accessible and differs a great deal from the language of UN resolutions. The message of the document is to have a more holistic, inclusive and people-centered approach in regards to human development and the future efforts beyond 2015. Similar to language that was used in the outcome document of 2010 the concept of agency within this document is more widened and focuses on empowerment of each individual rather than the North telling the global South what to do.

The production of this document differs from the one of the Millennium Declaration MDGs. This time the UN places critique on its own methods and states that is was wrong to not having had a more inclusive process while developing the MDGs (Realizing the Future We want, 2012, p.7). The set-up of a task-team aims to make the production process more inclusive this time around and has the purpose of making as many voices as possible heard, from the local to the national level. The consumption of the document is aimed for the Secretary General but also to inform the UN agencies, governments and NGO's, on what the task- team has to propose and how the process until 20125 will be operationalized.

Report from thematic health consultation

The production process of this document is rather unique as it is the first time that task-teams are set up to conduct thematic consultations which aim to gather the global opinions on specific topics. There have been eleven thematic consultations in total. The task-team for the global thematic health consultation is comprised by officials from the governments of Botswana and Sweden, as well as UNICEF and WHO. The production process has been an inclusive one and consultations have taken place over the web and face-to-face meetings.

Stakeholders were able to submit their input on a website named worldwewant2015.org/health. In October 2012 stakeholders were also invited to submit

background papers to contribute to the discussion and the report of the task team. Furthermore governments and civil society consultations were held on numerous occasions during the fall of 2012 to spring of 2013. The aim was to make all voices heard, reaching from the local to the international level. The final report by the task-team for the thematic health consultations was published in April 2013 and handed to the Secretary General Ban Ki Moon.

Discursive Practice

Even though the documents vary in their production and consumption, it is clear that they share the same discourse when it comes to health. The discourse of health has changed and broadened since the inception of the MDGs. All of the texts place a great focus on the importance of the access to health-care services and reproductive health services. Another concept that has evolved is the importance of nutrition and food security. Earlier a great focus has been put on the fighting of under-nutrition, especially for children. Now, food security also includes the malnutrition in regards to over-nutrition, which in combination to physical inactivity has caused a rise of obesity and resulted in an increase of non-communicable diseases. Food security is also linked to sustainable development and environmental practices when it comes to the production of foods.

An issue that developing nations which are affected by infectious diseases face is the double burden of disease when the population both tackles infectious and non-communicable diseases (Realizing the Future we want, 2012, p. 16) This represent a great development in the health discourse and adds a new dimension to human security, as non-communicable diseases are finally lifted to be a higher priority. Health has also been elevated in other aspects and is now seen as a vital keystone for an inclusive social development. Furthermore the document shows that health is now more connected to human rights than it has before, as health services are listed as an important contribution to human rights (Realizing the future we want, 2012, p. 23-26)

The main issues that need to be taken into account are maternal and child health as well as reproductive health. The importance of access to essential medicines is also stressed for both infectious and non-communicable diseases.

The security discourse has clearly developed since the MDGs and is now focused on human security and sustainable development. Even though it is emphasized that infectious diseases

such as HIV/AIDS, malaria and TB are still important issues to tackle in the future, there seems to be a much more broad understanding on how health has an effect on human security. It is emphasized that health is both important as an indicator and a goal, which makes it an important part of the post-2015 development agenda.

Social Practice

The Millennium Declaration and the MDGs have had great normative power and shaped the discourse of development for the last 13 years. By normative I mean that they have advanced the way of thinking when it comes to development and what is understood by that. When talking about the effort of the UN to work for human security, poverty eradication and human rights, the MDGs are known to most people, even the ones that do not work in the UN field. The reason for this is the accessible understanding of the goals, their logic construction and their equally clear indicators. The international organizations and civil right organizations all over the world make use of the MDGs and include the progress made in their annual reports. Events are organized to review the MDGs and some of the most high-profile events and attract a lot of attention not only from professionals in the UN field but also from the public eye. The development discourse has evolved and is now more focused on a sustainable, human rights-based and equitable dialogue. In comparison to the 1990ies the discourse is also more unified and guided by these goals to remind the international community what the aims are.

More than ever, the understanding of how all the development goals are interlinked has grown and sustainability on all levels is now a common understanding. The post-2015 development agenda is coming about in a world that has seen progress from the MDGs, but also an international community that wants to improve and make the new set of goals as holistic as possible. On the one hand the MDGs were praised for being straightforward and feasible. On the other hand, critics found that these type of numerical goals left out the human dimension of the issues.

The environmental discourse has also grown stronger during the past 13 years and the consequences of climate change are now more evident than ever before. It is an important discourse that has a great impact on development and health. Climate change is not only the cause of many natural disasters we witness today, but also a threat to food security. In order to

ensure food security and to combat under- and malnutrition, food prices need to be affordable and stable.

Security discourse of health

In this section of the thesis I will take a look at how the security discourses of health developed as I did earlier in my analysis of the MDGs. When looking at the documents it becomes clear that the view on security has shifted since 2001 and that the focus on human security has increased and become even more broadened. A great change that is notable is the discourse around infectious and non-communicable diseases. As outlined in the analysis of the MDG there has been a great focus on HIV/AIDS, as well as malaria and TB. HIV/AIDS was constructed as an outside enemy that both threaten the state and its citizens. Until today there has been great progress in the work against HIV/AIDS, especially when it comes to prevention and better access to anti-retroviral drugs. The invention of and improved access to anti-retroviral drugs means that HIV is not a death sentence anymore and is today more and more considered a chronic disease that can be controlled with the right tools. Of course, access to these drugs is still a problem and for many individuals, especially in the least-developed countries HIV/AIDS, where the virus is still one of the main causes of fatalities.

4. Discussion

Throughout the analysis I have aimed to look at language patterns that the texts have in common and in what discursive and social practice they are situated. The three-step model of Fairclough has given me the right methodological tools to get a deeper insight into the language used and to what discourses they are connected. Since the documents all share the same source and genre it is interesting to see how they yet differ in style. When looking at the discourses surrounding health have been marked by a lot of security and economic language. It is however, at the same time, the discourses that have developed the most and changed remarkably from the inception of the MDGs until now. In the preparations and the set-up of the MDGs health was much treated like an addition to the agenda and was framed very narrowly. The focus was solely put on infectious diseases, as well as maternal and child health. Even though these are pressing health issues to tackle, the set-up of health goals did not reflect the spectrum of health goals that needed to be addressed at the time.

Having analyzed the outcome document of the World Summit of 2005 and the MDG Summit of 2010, there is a noticeable change of attitude and additions. In the texts it is indicated that there are other pressing health issues that need to be taken into account, even though they did not make it into the list of development goals.

As mentioned earlier, the security discourse also changes over the years and already in the outcome documents of the follow-up meeting there is a softening of language when it comes to infectious diseases such as HIV/AIDS. The constructivist understanding of security such as the Copenhagen School and Lene Hansen have been useful theories in order to find out where health is situated in the security discourse and how it has changed over time. In the same way IPE theory has provided me with a good base to see economic language patterns and power structures. The economic discourse is of course very broad and touches every aspect of development. Economy has a great influence on power structure on both an obvious and subtle level. In regards to health, the hegemonic structures that are strengthened through economic power relations have an effect on food culture and food prices. Also, the economic discourse has applied measurement systems on health that have long limited it to disease burden and death rates. However, it is not always that simple and not every health condition, such as mental health issues, fit into these kinds of measurement systems.

The texts associated with the post-2015 development agenda show that health has finally been fully included in the development dialogue. It is conveyed as an essential component in the development of this new agenda. Of course, the final list will not be published until autumn 2014 but the process so far indicated that health will have an important spot in the post-2015 agenda. The reports by the task-teams and the Secretary General indicate that a broader spectrum of health issue will be included as either goals or indicators.

5. Conclusion

The aim of this thesis has been to analyze the positioning of health in the MDG until the preparations for the post-2015 development agenda. With Faircloughs critical discourse analysis as a methodological tool I have looked at language patterns and noticed a change in the health discourse. With the help of Faircloughs three-step model, I have been able to see in what context the texts have been produced, consumed, and situated within. As theories, I chose to use the securitization theory by the constructivist Copenhagen School and also included Lene Hansen, who has contributed to the development of these security theories. These theories have helped me to analyze security discourse of health threats and issues.

The most noticeable development in the security discourse of health has been the shift from state-centric security to an increased focus on human security. Also, new health threats have gained more attention since the inception of the MDGs. While at the end of the 1990ies few mentioned non-communicable diseases and mental health, it is now an essential part of the health discussion on the highest UN level.

The economic discourse has a strong influence over health ever since the World Bank and the IMF have gotten more involved in development work. As one of the biggest donors to the UN the World Bank has had a strong voice in the debate. In my analysis I saw a tendency of language shift and the tone on purely economic growth in developing countries has softened. Instead there is more talk about sustainable growth and that countries and regions themselves should gain more agency in their own matters. There is “no size fits all”, and the same thing applies for health issues. Not every developing nation has the same disease patterns but today the world has more diseases in common than ever before. Therefore it is important to make all health issues visible and the priority-setting targeted but broad in the post-2015 development agenda, so that no issue or individual gets left behind.

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