

Can Art Influence Global Health Policy?

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Article abstract

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Kaisu Koski, *Injection Simulator* (2015)

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CAN ART INFLUENCE GLOBAL HEALTH POLICY?

PATRICK FAFARD

This article examines the influence of art on global vaccination policy, with a special focus on contemplative art, designed to get us to look at issues differently, and advocacy art, making the case for quite specific policies or programs. Ultimately it argues that because policy choices are influenced by ideas and emotions, there is room for art to be indirectly influential when combined with action by social movements, at least those built around specific diseases.

Cet article examine l'influence de l'art sur les politiques publiques de vaccination, avec un accent particulier sur l'art contemplatif, conçu pour nous amener à regarder les problèmes différemment, et l'art de plaider, plaidant pour des politiques publiques ou des programmes assez spécifiques. En fin de compte, il fait valoir que, parce que choisir entre les politiques publiques est influencé par les idées et les émotions, l'art peut avoir une influence indirecte lorsqu'il est combiné avec l'action des mouvements sociaux, du moins ceux construits autour de maladies spécifiques.

"I am not in any way a political scientist. I can only re-fract whatever I take in and communicate that to people. I don't know if we can inspire political change [...] [but] we can get people to think more politically."
—Shehzaad Jiwani, "Race, Punk, and Rock & Roll,"
TVO, The Agenda

Infectious diseases and vaccinations to protect against them are routinely discussed at global summits of heads of government and senior ministers. For example, at a meeting of G7 finance ministers in London in June 2009, the ministers agreed to grant \$1 billion to

pharmaceutical companies developing vaccines for diseases that primarily affect developing countries (“G7 Finance Ministers Approve Vaccine Proposal”). At the 2010 G8 Summit in Canada, the assembled heads of government agreed to the \$5 billion Muskoka Initiative on Maternal, Newborn and Child Health and restated their support for polio eradication (Group of Eight). At the 2012 meeting of the World Health Assembly, ministers of health from 194 countries endorsed a Global Vaccine Action Plan, described as “a roadmap to prevent millions of deaths by 2020 through more equitable access to vaccines for people in all communities” (World Health Organization). Finally, tackling antimicrobial resistance and infectious diseases, along with health system strengthening, were featured at the G20 summit in 2017 (McLeod et al.). These examples speak to the fact that much of what is done by way of global health and global vaccination is the result of decisions taken at major summits of global policy makers, not technical meetings of health experts, including those meetings at which ministers of health are not the principal players.

What influences decisions at global summits? This is a question that has been explored at length by others, even spawning a small subfield of “summitologists” who focus intensely on these meetings (see Larionova and Kirton). My broad interest is in exploring the opportunities and modalities through which these decisions can be better informed by powerful evidence not always presented or better challenged by important voices not usually heard. Specifically, in this article, I assess the potential constructive role that art can play as political intervention into global health policy-making processes. I focus on art because of its long history as a challenger and instrument of political power, as well as its success in empowering disadvantaged or vulnerable populations who are too often left out of policy decision making. Also, practically, there is reason to believe that art may be particularly influential at global summits. With today’s security environment, only a small number of people gain entry to these meetings, and advisors, advocates, and scientists get shut out of most summits. However, there is often a cultural component to major meetings that lets artists get through the security gates.

Do these artists have a realistic opportunity to inform or challenge the decisions of summiteers? If so, at what stage and in what way? Those are the questions I seek to answer. But rather than look retrospectively at one or more cases of the making of global health policy, I rely on public policy theory to look prospectively at future meetings. Mine is an exercise in trying to imagine creative interventions in global health policy making. Building on earlier efforts to introduce the use of artistic works to influence health policy (and, in particular, inspired by the role of artists' collective efforts in the AIDS movement that forced change in HIV/AIDS policy), this article seeks to shed light on the question of whether art, broadly defined, can influence decision making about vaccines at global summits. Drawing on what we know about global summits and research on policy making, the argument that I make here is that yes, art can be influential. In short, the potential influence of art on global vaccination policy making is unlikely to be direct and will depend on the type of summit; and not all art and art exhibits will be influential. Rather, to the extent that artistic works express emotion and evoke an emotional response, under the right conditions they can exercise indirect but potentially powerful influence on policy decisions about global vaccination, particularly if, as was the case for HIV/AIDS, broad-based social movements are willing and able to make normative claims and advance emotional claims for policy change.

To develop this general argument this article has two main sections. The first section examines the three constituent elements of the general claim: namely, that art (e.g., kinds of art and art exhibitions) can have influence (e.g., directly on negotiators vs. indirectly on governments) on decisions taken at global summits (i.e., general vs. more technical). The second section draws on policy theory to make a series of linked claims: first, global health policy making is inherently political; second, the influence of different types of general ideas are more influential than mere empirical evidence; third, social movements play a critical role in global health policy making; and finally, emotions play an important role in policy making and artistic works can be a conduit for introducing potentially powerful emotions into global vaccination policy making. The conclusion summarizes the argument and

points to the limits of vaccination—as opposed to a specific communicable disease—as a rallying point for a social movement interested in forcing policy change. Simply put—and echoing the opening quote from Canadian indie rock musician Shehzaad Jiwani—music, and by extension art more generally, may well influence policy and politics. However, the influence is not usually going to be direct and instrumental via health summits or any other policy-making venue.

I—LINKING ART, INFLUENCE, AND GLOBAL HEALTH SUMMITS

“Art”

The proposition that art—say, for example, an art installation—could influence negotiations at an international health summit requires careful attention to the three key terms in the claim: “art,” “influence,” and “global health summit.”

It is not possible or desirable in this article to define what “art” is and what it is not. What is more, in what follows I am focussing mainly on visual art, not performance art or other forms of artistic expression. Instead, I want to suggest a (preliminary and highly provisional) typology that divides artistic works into three categories linked to the question of policy influence, specifically policy influence on global health and vaccination policy. This typology is meant only to facilitate analysis of the potential of artistic works to be influential on global health policy making. Of course, this stance assumes that art can or should intervene in the political or in policy making in a direct way, conceiving of art as a tool to influence policy and social change. Many would disagree with this understanding of art. Again, I cannot address this issue here, aside from simply observing that artistic works have been so used in the past and will continue to be deployed as agents of political change.

The first category is what one might call “contemplative” art, art meant to raise issues and questions about, for example, vaccines and vaccination, and encourage us to think about them in potentially new and different ways. The artistic work may elicit different intellectual and emotional reactions from different people, but the general goal is

to make vaccines more rather than less complex and challenge some of our individual and collective assumptions about vaccination.

The second category is what I have labelled broadly “promotional” art that seeks to make a relatively simple statement about the world, in this case, affirming that vaccines and vaccination are a good thing. While posters and other graphic art commissioned by governments often play this role, we should nevertheless allow for the possibility that an artist might take the merits of vaccines as given. That is to say that it is quite possible that an artist is interested in the enormous potential of vaccines to save lives. Alternatively, the focus might be on the challenges associated with deploying them effectively (e.g., technical challenges associated with the need to keep some vaccines cold; vaccine hesitancy if not outright opposition to vaccines, etc.). In either case, the underlying message is that vaccination is a good thing. For example, many if not all of the pieces that were part of the vaccination-related exhibition <Immune Nations> would fall into this category (<Immune Nations>).

Type	Common/ likely?	Direct Influence on Negotiators	Indirect Influence on Negotiators
Contemplative	Yes	Low	Low to moderate
Promotional	No	Low	Moderate to high (general summits)
Prescriptive	No	Moderate	Moderate (technical summits)

Figure 1: Categories of Policy-Related Art

The third and final category might be called “prescriptive” art that makes the case for relatively specific vaccine-related policy and program choices. This category is meant to capture what I expect to be relatively uncommon artistic works that are fully integrated into world of global health policy and engage with very specific issues and choices associated with, for example, vaccination policy (e.g., intellectual property issues associated with the production of low-cost generic vaccines; the criteria for how to fairly allocate scarce resources to

specific vaccines in particular countries; raising awareness of vaccine-controllable diseases like measles or polio). As indicated in Figure 1, it is likely that the vast majority of artistic works that seek to address vaccines and vaccination will fall into the first category of what I have called contemplative art. Much less likely will be works that are primarily promotional or prescriptive.

"Influence"

In very general terms, an art exhibit can have influence on global vaccine-related policy making directly or indirectly. As outlined in Figure 2, one could imagine a situation where an art exhibit, strategically located on the margins of a global health summit, could have an influence on the negotiations. This channel of influence assumes, not implausibly, that governmental or civil society negotiators would experience the art exhibit and that this would influence the conduct and outcome of the negotiations. However, it is much more likely that the potential influence of an art exhibit would be indirect; that is, the influence would derive from the fact that the exhibit is experienced by a wider group of people beyond the actual negotiators. Members of the global vaccination policy network who experience the exhibit could then be motivated to push for certain policy choices in their interactions with national governments (or, for that matter, NGOs with access to the negotiations). An overlapping vector of influence would be when people who identify as part of a vaccine-related social movement (e.g., Malaria No More) are inspired by the art exhibit to redouble their efforts to put vaccines on the policy agenda and/or push for specific policy and program change. Alternatively, there are precedents for global health-related social movements using art to advance their advocacy efforts. A very good example of this might be the Keith Haring painting included in Figure 3 and used, among others, by AIDS ACTION NOW! in a 1996 poster campaign calling for a national AIDS strategy in Canada. Another example would be the art created by the Canadian art group General Idea (Bordowitz). Since General Idea, there have been a number of poster campaigns by various AIDS/HIV groups to raise awareness of the disease and/or confront allegedly unfair or ineffective government policies (Taylor).

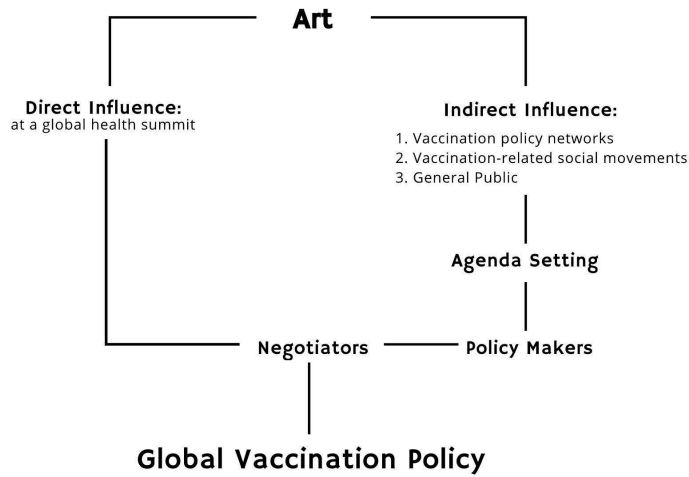


Figure 2: Direct and Indirect Influence of Art on Global Vaccination Policy.

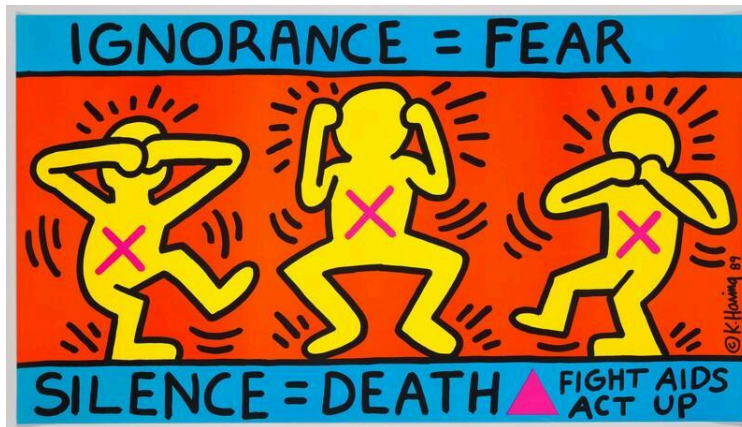


Figure 3: Keith Haring, *Ignorance = Fear / Silence = Death*, offset lithograph, 61.1 x 109.4 cm, 1989 © Keith Haring Foundation.

Of course, this indirect influence can also occur when members of the general public experience the art exhibit and are motivated to push for policy and program change. The more general point is that an art exhibit could be a tool of agenda setting designed to raise the profile of vaccine-related issues and, hopefully, influence government and participating NGOs who would, in turn, instruct their negotiators at a global health summit. The very idea of the indirect influence of art on global vaccination raises the question of time and access—specifically how long an art exhibit (or a specific piece of art) needs to be available to be seen by the public. Simply put, if the influence of a piece of art is to be indirect, it is critical that members of the public and more specifically of vaccine-related social movements and policy networks have the time and ability to actually engage with the art. In this sense, a one-time exhibit, on the margins of a global health summit, might allow for the possibility of direct influence on negotiators, but would do little to allow for indirect influence (see Figure 4). While the exhibit may have some ongoing influence via an exhibit catalogue or an online presentation or discussion, this influence is likely to be more muted since the interaction with the exhibit is mediated and less likely to elicit the deep interaction that happens with a live exhibit.

	Nature of the Exhibit / Nature of Influence		
		One-time / Focused	Runs over time / Diffuse
Vector of Influence	Negotiators	Low to high	Low to medium
	Global vaccination policy network (elite opinion)	Very low	Very low to high
	General Public	Very low	Very low to high

Figure 4: Nature of the Exhibit and Potential Policy Influence

Global Health Summits

When considering the potential influence of art exhibits on global health summits, it is critical to observe that there is considerable variation in their nature, and, by extension, their policy influence. For our purposes it is useful to distinguish between two kinds of summits. On the one hand, there are what we might call “general” summits: meetings involving heads of government (e.g., G7/G20 summits; APEC meetings) or health ministers (e.g., World Health Assembly; G7 Health Ministers). In these meetings, often involving presidents and prime ministers, health in general and vaccination in particular are two subjects among many. Moreover, there is a challenging process to get a given issue on the agenda. In contrast, there are more “technical” summits or meetings where the primary focus is some aspect of vaccination, or at least infectious diseases for which vaccines are a key tool. Examples here might include pledge meetings for the Global Fund to Fight AIDS, Tuberculosis and Malaria or the World Health Assembly. At these meetings, the issue is not so much the relative place of vaccines and vaccination but instead more detailed questions about vaccination policy and programs.

Linking Art, Influence and Summits

Generally speaking, it seems to me that contemplative art is not likely to be particularly influential, at least in the short or even the medium term, simply because it does not convey a particularly clear or directive message. While this kind of art is about getting us to think differently about vaccines and vaccination, the result is a somewhat muffled or muddled message that is less likely to be influential, except insofar as it puts vaccines “on the map.” Conversely, in the longer term, it is possible that the most powerful art is not clear or directive but rather forces us to think, contemplate, and see things differently. Moreover, in some cases, it may be that the long term can be measured in months or just a few short years.

On the matter of *direct* influence, as outlined in Figure 5, there are a series of possible scenarios for influence giving rise to a set of propositions:

- The direct influence of an art exhibition on policy making at a general summit involving heads of government or health ministers is likely to be low, given the simple fact that they are unlikely to see the exhibit and, in the case of G7, APEC, and other summits involving heads of government, the outcomes and decisions are largely decided well in advance of the actual summit.
- At a more technical summit involving government (and possible NGO) representatives making policy and program decisions about vaccination, the influence of contemplative and prescriptive art will be low to moderate, and much will depend on the fit between the issues raised by the art exhibit and the actual policy and program issues under discussion (i.e., no or limited fit = limited influence).
- At a technical summit on, say vaccination, the influence of promotional art will be very low simply because the participants do not, by definition, need to be convinced of the merits of vaccines, for that is why they are getting together.

Type	Direct Influence	Indirect Influence		
	General	Technical	General	Technical
Contemplative	Very low	Moderate	Low	Low
Promotional	Very low	Very low	Low	Low
Prescriptive	Very low	Low to moderate	Moderate	Low

Figure 5: Categories of Policy-Related Art and Likelihood of Direct vs. Indirect Influence

The *indirect* influence of art on (global vaccination) policy is also going to be modest. At a technical summit, the influence of most types of art will be very low except in the rare case of highly prescriptive art (i.e., do this, now!). At a general summit of heads of government or even health ministers, the positions they take will, at least to some

extent, be the culmination of a domestic (and global) political process where the various actors seek to set the agenda and, in the case that concerns me here, try to put vaccine-related issues on the agenda with a specific set of ideas for action. In theory, a well-publicized art exhibition or even an individual artwork could be influential if it galvanizes public opinion in a particular direction. In this scenario, promotional art could be influential because the first task is to establish the relative importance of vaccination for heads of government who have a myriad of other issues to discuss and a very crowded agenda. However, precisely because of this crowded agenda, the chances of success are therefore much lower.

To summarize the argument thus far, the influence of art on global vaccination policy will be highly variable depending on the type of art (contemplative, promotional, or prescriptive) and the type of summit (general or technical). Moreover, this influence or potential for influence can be both direct—on the participants at the summit—or indirect—via the general public. On balance, it would appear that, based on this analysis, the influence of art on global vaccination policy will generally be quite modest with perhaps two exceptions. First, contemplative art designed to get us to look at issues differently might have an impact at more technical, health-only global summits. Second, promotional art making the case for quite specific policies or programs might have some modest, indirect influence at general summits involving heads of state and heads of government if the art has been accessible to multiple publics in a number of influential countries over a moderate period of time (or if the online presence of the exhibit has had some enduring effect). However, as presented so far, the global policy-making process is rather linear and straightforward. Decades of research demonstrate that this is not, in fact, the case. Work on theories of policy change and on social movements open up the possibility of a more nuanced discussion of how art might influence global vaccination policy.

II—LESSONS FROM POLICY THEORY

How does public policy get decided? Why do governments choose some policies and not others? What explains the policy choices made by governments acting alone or in concert with other states on the global stage? Both scholars and policy practitioners have debated questions like these, and many more besides, for decades. One of the results is a body of political science and international relations theory that offers a variety of different explanations for different kinds of decisions (for an introduction, see Cairney, *Understanding Public Policy*; Howlett et al.). Generally speaking, the goal of such theorizing is to offer explanations for policy change or the lack thereof. Drawing selectively on this research, in this section of the article I will argue, first, that policy making is not a technical matter alone, and that politics are key to policy and must be incorporated into the explanatory model (Kingdon; French). This most certainly applies in the case of global health policy. Second, I will argue that in political decision making, what matters most is often less a case of proper empirical or scientific evidence, but, rather, varying sets of powerful ideas (K. Smith). Third, the vector for ideas is often social movements. In public health, the case of HIV/AIDS is a powerful indication of this basic fact. In that case, what happened in the early years of the response to HIV cannot be understood without at least some reference to the powerful agenda setting and policy role of ACT UP and other organizations. Finally, I will argue that the key to social movements and their policy influence may be that they are not afraid to engage with policy issues on an emotional level (Orsini and Kelly; Goodwin et al.). And it is this last element—emotion—that creates an opening for art to be influential. Simply put, art both expresses emotions and can elicit a strong emotional response from those who engage with it. For this reason, artistic works about global vaccination policy could potentially have a powerful agenda-setting role.

On the Primacy of Politics in Policy Making

The last decade has seen a resurgence of interest in the role of scientific evidence in policy making. An enormous literature has developed that tries to understand how, when, and why scientific evidence is and

is not influential in policy processes (Oliver et al.; Parkhurst; Cairney, *Politics of Evidence-Based Policy Making*). However, no matter how efficient or effective, there are limits to what can be accomplished by way of knowledge transfer for policy, which is to say getting the relevant scientific evidence in the hands of those who shape and make decisions about policy, in this case global health policy. For one thing, too often the focus on getting scientific evidence to so-called policy makers assumes that the issue is a knowledge deficit or what Weiss has called the “enlightenment” hypothesis. On this argument, policy makers often do not know the relevant science, and if they did, they would decide differently and act on the basis of science rather than “politics” or “ideology.” This claim is based on the erroneous assumption that policy making is an exercise in bounded rationality (Cairney, *Politics of Evidence-Based Policy Making*). In fact, policy making is inherently and appropriately a political process, and political decision making involves evidence, yes, but it also must grapple with a number of other considerations besides (Pielke Jr.; French).

One model of the policy-making process that gives pride of place to the role of something called “politics” is the so-called multiple streams model developed by John W. Kingdon. Based on a careful analysis of policy making at the national level in the United States, Kingdon’s explanation of agenda setting and policy making focused on three categories of independent (and interdependent) variables that interact to produce “windows of opportunity” for agenda setting. These problem, policy, and political streams flow independently along different channels and operate more or less independently of one another until, at a specific point in time, a policy window opens. Only then do the streams cross. The creation of a policy window is the result of the influence of “policy entrepreneurs” and the powerful effect of unrelated focussing events (e.g., crises, accidents) or institutionalized events (e.g., elections, budgets). The utility and applicability of Kingdon’s model has been much debated (Béland; John; Zahariadis; Jones et al.). Nevertheless, the framework has been successfully used to explain agenda setting and policy change in a number of countries and policy sectors, including public health (Mamudu et al.; Guldbrandsson and Fossum).

For our purposes, what matters is the fundamental observation that something called politics is a primary influence on policy making, including global health policy. This opens up the possibility that in this and other policy fields, the outcome is not the result of simple gathering and application of the best available scientific evidence. Tracing the precise influence of politics on policy making is an essential part of explaining policy change.

On the Primacy of Ideas

If politics matters to policy making, then how? Part of the answer lies in the power of a small number of simple ideas to galvanize and animate the policy-making process. In her analysis of UK policies for tobacco control and health inequality, Katherine Smith shows how public policy is driven less by scientific evidence and much more by research-based ideas. To do so, she surveys the political science literature on the role of ideas in policy making and then draws on an extensive body of qualitative evidence (i.e., 141 interviews and an extensive analysis of documents) to look more closely at the role of evidence and ideas in her two case studies. In the case of tobacco, she argues that rather than a simple evidence model, policy change is best explained with reference to how the tobacco control coalition successfully deployed a series of policy frames that helped expand support for specific policy and program initiatives. In point of fact, tobacco control measures were introduced before the research evidence was available. Having made the case for the primacy of ideas (rather than evidence), the three subsequent chapters develop a second core argument of the book—namely, that the relationship between research and policy is a “continual exchange and translation of ideas” (K. Smith 75). She elaborates this to suggest that there are four types of ideas: institutionalized, critical, charismatic, and chameleonic.

In her schema, institutionalized ideas are those that have become “unchallengeable” and embedded in policy and discourse. They enjoy the status of “facts” and are widely accepted within the policy network. In global vaccination policy circles, an example of an institutionalized idea might be the merits of vaccination itself or, more specifically, the idea that where possible it is desirable to completely eradicate a dis-

ease and do for polio and guinea worm what we have done with smallpox.

In contrast, Smith also underscores the importance of what she calls critical and, much more rare, charismatic ideas. These ideas challenge the status quo in different ways and seek to usurp or at least undermine institutionalized ideas. She argues that critical ideas are often dismissed by most actors as irrational, are not evident in the mainstream media, and are unlikely to lead to significant change. In global vaccination policy, a critical idea might be the notion that we should not, in fact, allocate limited resources to eradicating a few diseases and instead reallocate these funds to fighting more prevalent communicable diseases (Taylor et al.). Conversely, a charismatic idea might be the notion that vaccine hesitancy (as distinct from outright denial of the benefits of vaccines or exaggeration of the risks) is a reasonable response by some parents who are understandably concerned about the effects of multiple vaccinations on their children (Larson et al.).

This is not the place to canvas the range of ideas that animate global health policy and the specific roles they play. However, for the moment, it is important to acknowledge the potential power of some core ideas. How some ideas become institutionalized and others remain in the realm of critical or charismatic ideas is a complex process. But one thing is clearly understood: in global health, and indeed in many other policy fields, social movements have been a critical vehicle for bringing new ideas to the fore and challenging if not destabilizing established policy networks.

On the Primacy of Social Movements

So how do ideas have an impact on policy making? Specifically, how might key ideas around vaccination become influential in the making of global vaccination policy? Without a doubt, national governments remain the most influential actors involved in the making of the global approach to using vaccines to combat infectious disease. The Westphalian system, while challenged, is by no means dead. Thus, it is reasonable to expect that states will be one of the main vectors for maintaining institutionalized ideas. Yet in public health, private foundations—the Rockefeller Foundation in the 20th century, the Gates and

Bloomberg foundations in the 21st century—are also powerful policy players both by virtue of the amounts of money they spend but also through their ability to command the attention of policy makers (or, in the case of Bloomberg, become a policy maker).

However, as is the case in other policy domains, notably environmental and social policy, social movements have also become critically important players in public health at all levels, but particularly in the domain of global public health. Again, space does not permit a full account of the policy role of social movements (see Castells; M. Smith). However, it is clear that local, national, and global social movements increasingly have a powerful impact on public health policy in general and vaccine policy in particular. The best example of this is, of course, the global HIV/AIDS movement (Boyd; Gould). This and other “embodied social movements” focussing on health concerns (Brown et al.) have become important players in their own right when it comes to the development, and in some cases, the implementation of health policy at all levels.

The Role of Emotion and Emotion as a Vector for the Influence of Art

The policy impact of social movements rests in part on their ability to galvanize public opinion by encouraging strong, emotional reactions to critical issues. The whole point of some social movement protest is to encourage a strong emotional engagement, often one based on anger (if not outright rage). Other social movements encourage other forms of emotional engagement, focussing in some cases on compassion (e.g., for the less fortunate; or in the case of the animal rights movement, for pets and other domesticated animals), in other cases guilt, and in still other cases hope. Many seek to elicit multiple types of emotional engagement from a wide range of people.

This engagement with emotion has been, traditionally, what distinguishes social movements from other, more sober and rational policy actors who tend to privilege scientific or legal arguments and do not, at least on the surface, appear to be engaging in emotional appeals. However, there are reasons to question the conventional dichotomy between, on the one hand, the calm, rational, ordered policy discussion of insiders and traditional interest groups and, on the other hand,

the emotional engagement of some individuals and some social movements. As Orsini and Kelly put it, “There is ample support for challenging the imagined distinction between a world of art and emotion from the worlds of politics and tangible action. But this only holds if we accept that emotion and politics are discrete concerns” (22–23). They and others seek to challenge the separation of reason from emotion and the claim that art and radical activism are motivated by irrational emotional responses (Orsini and Kelly; see also Gould; Goodwin et al.). On this view there is merit in focussing on “the productive tensions that might emerge when we merge the artistic with the political” (Orsini and Kelly 26).

Similarly, those who focus on the so-called policy makers are increasingly being enjoined to engage with the practical reality that policy making is not, and has never been, a totally cool, ordered, and rational process (as much as the proponents of evidence-based policy might want it to be so). As Cairney et al. put it,

“policy makers do not have the ability to consider all evidence relevant to policy problems. Instead, they employ two short-cuts: “rational,” by pursuing clear goals and prioritizing certain kinds and sources of information, and “irrational,” by *drawing on emotions, gut feelings, deeply held beliefs, and habits to make decisions quickly.*” (Cairney et al., emphasis added)

In other words, decisions about public policy, and, in the case that concerns us, global health policy, are the result of a process in which those with the power to influence, if not actually make, more and less binding policy choices do so on the basis of things other than the evidence. Policy making, then, is a process that often requires a normative if not an emotional engagement with the issues at hand.

It is precisely this normative and sometimes emotional dimension of policy making that creates an opening for artistic works of all kinds to be influential, or at least have the potential to be influential. To the extent that an art exhibit, a piece of music, a novel, or a play elicits an emotional reaction from those who engage with it, this same reaction creates the possibility of galvanizing individual and/or mass opinion

in support of policy change. In the specific case of global health, and more specifically vaccination policy, the simple fact that millions of children around the world are unable to gain access to the vaccinations they need to prevent illness is a reality that, amplified and strengthened by a given artwork, could generate a strong emotional response of frustration if not anger.

This influence can, once again, be direct or indirect. If this art were, for example, part of an art exhibit on the margins of a general international health summit, it is possible to imagine it encouraging heads of government or ministers of health (either directly or via their close advisors) to focus all the more on vaccines and vaccination and possibly allocate more resources than they might have otherwise. Conversely, and arguably more likely, an art exhibit that was open to the public over a long period of time and perhaps in more than one location could, under the right circumstances, galvanize public opinion and in turn generate pressure on national governments to take action. Whether and to what extent this would have a real effect on global vaccination policy is harder to discern. Much would depend on whether mass publics in more than one country were touched by the artwork and how the resulting public pressure was managed by governments.

OF ART AND SOCIAL MOVEMENTS

The provisional conclusion that this framework advances is that art, broadly defined, can influence decision making about vaccines and vaccination at global summits. That said, the influence of art on global vaccination policy will be highly variable depending on the type of art (contemplative, promotional, or prescriptive) and the type of summit (general or technical). What is more, policy making is not, and has never been, a particularly rational process; it is, instead, a political process. And in some kinds of politics, including health policy, what matters is less scientific evidence per se and much more ideas, social movements, and emotion. In general, to the extent that an artistic work can engender an emotional response from those who engage with it, the more likely that that work will have

some influence on policy. However, it is rare that this influence will be direct (e.g., at a summit) and is more likely to be indirect via public opinion which, as we all know, can be quite volatile and subject to change quite quickly based on small (and in some cases quite irrational) incidents or events.

However, and this is a critical issue, it is highly unlikely that support for vaccines and vaccination are something around which a positive social movement is going to be created or for which an emotional engagement can be generated. Of course, there is a loosely organized movement of people who are resolutely opposed to vaccination based on discredited claims that vaccines cause autism and have other major negative health effects.¹ A larger and much less organized group of citizens in several countries are unsure about specific aspects of vaccination—for example, the vaccination schedule for children (Macdonald). These are, to some extent, emotional responses, but ones rooted in a negative, or at least a skeptical view of vaccination.

The claim being made here is that the more positive view of vaccines is unlikely to be the basis of a social movement. Vaccines are a tool to protect people from infectious diseases and, in some cases, to eradicate diseases altogether. For the vast majority of people, largely unconcerned about vaccination, they are a useful but uncontroversial part of the health care system. For the strong majority who understand the role and effectiveness of vaccines, they are not a matter for concern and do not elicit a strong emotional response. Conversely, the diseases that vaccines are meant to prevent are more likely to generate an emotional response. Thus, what is likely, and, indeed, is the case, are social movements organized around specific vaccine-preventable diseases. Earlier references were made to ACT UP, the movement created to foster action on HIV/AIDS.² Today, there are several more, including social movements aimed at addressing the challenges of dengue fever and malaria (Turner and Robinson). The pain and suffering and death associated with these and other diseases are more likely to be at the heart of a social movement. The tools to address those diseases, including but by no means limited to vaccines, are less likely to foster the energy and commitment required for a social movement to be sustainable and successful.

What then of the role of art, and by extension artists, in influencing global vaccination policy? This role is likely going to be modest. While direct influence on world leaders at a global summit is too much to expect of an individual work of art, there is a role for artistic creation in the making of global health policy if linked to larger social movements.

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IMAGE NOTES

Figure 1: Categories of Policy-Related Art

Figure 2: Direct and Indirect Influence of Art on Global Vaccination Policy.

Figure 3: Keith Haring, *Ignorance = Fear / Silence = Death*, offset lithograph, 61.1 × 109.4 cm, 1989 © Keith Haring Foundation.

Figure 4: Nature of the Exhibit and Potential Policy Influence

Figure 5: Categories of Policy-Related Art and Likelihood of Direct vs. Indirect Influence

NOTES

1. Editor's note: For more on this issue, see the dialogue between Sean Caulfield, Timothy Caulfield, and Johan Holst, "Discussing *The Anatomy Table* and *The Vaccination Picture*," in this volume.↵
2. Editor's note: See also Hoffman et al., "The Role of Art in Political Advocacy on HIV/AIDS," in this volume.↵