

Global Public Health Special Issue

***Making Global Health “Work”:
Frontline Workers’ Labour in Research and Interventions***

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The ever-expanding field of “Global Health” contains a multitude of different types of workers. Data collectors, field workers/surveyors, community health workers, field/community health nurses, humanitarian response workers, and contact tracers are just some of labourers involved in operationalising, researching, and implementing global health on its ‘frontlines’ and in ‘the field.’ While these workers span varying geographies, organisations, and sectors, a crucial commonality is their “body work,” defined as work that *“focuses directly on the bodies of others: assessing, diagnosing, handling, treating, manipulating, and monitoring bodies, that thus become the object of the worker’s labour”* (Twigg, et al, 2011).

In this Special Issue, we would like to explore the value of “body work” in elucidating more than the physical nature of their work and examine how their positions create emotional, ethical, social, and political labour in working directly with and on the bodies of others. In doing so, we would like to highlight the need for greater attention to this cadre and the complexities involved in their roles in Global Health.

AIMS AND SCOPE

Increasing amounts of scholarship has begun to attend to the everyday practices of Global Health, but few have focused on its frontlines and those who are making forms of evidence and Global Health itself as a distinct grouping or discipline. When attention is given, however, it is often through the lens of their role (e.g. as village health workers or data collectors), rather than their position in the hierarchy of Global Health and how this creates unique experiences and insights. The ‘body work’ of frontline healthcare workers has been brought into sharp focus by the COVID-19 pandemic. However, most of the discussion on this issue has been in the form of public and media discourse and it has yet to be given full scholarly attention. Further, this discourse has focused on the clinicians of the Global North, often overlooking those in the Global South, and potentially omitting work still being carried out for other diseases.

The reasons for the lack of attention on their position as a group are varied. Frontline workers are often among the lowest paid in their institutions. They are most likely to operate outside the gaze of Global Health’s clinics, laboratories, and headquarters, and are most likely to be situated in “the community,” “the field,” “the villages,” and “homes” of recipients (Maes, 2015). Whether they work inside or outside the physical confines of their institution, these

workers are seldom empowered to make decisions about the design and structure of the tasks they are designated to undertake (Chuinto et al, 2020). Often socio-economic forces, alongside identity characteristics, such as sexuality, age, membership in racialized groups cast frontline workers as simultaneously instrumental to Global Health's aim of gaining access to research participants and yet can render them interchangeable and disposable precisely because of these characteristics. Furthermore, as an increasing number of frontline and field-level workers are women, there is a gendered dimension to their invisibility (Dhanju and O'Reilly, 2017). Global Health has prioritized the perspectives of those from its headquarters, from the most powerful furthest away from the people and bodies of the work. Not foregrounding the role of frontline workers has not only produced a skewed understanding of Global Health, it has undermined the success of its goals in practice and the extent to which it works (Campbell, 2003).

Aims and scope of *Making Global Health "Work"*

The aims of this special issue include:

1. Exploring and analysing the challenges and risks faced by frontline and field-level workers. These include but are not exclusive to the:
 - a. Physical risks associated with performing body,
 - b. Emotional and psychological harms associated with this type of work can create.In addition, this topic includes the solutions frontline workers employ in navigating the broad spectrum of challenges to make Global Health work.
2. Foregrounding the everyday ethics of frontline workers' realities in operationalizing Global Health;
3. Gaining insights into the different forms of knowledge that operate on the frontline e.g cultural knowledge, institutionalized formal trainings, and tacit knowledge skills which all have to be reconciled while conducting frontline Global Health work.

This special issue seeks to address this lack of attention by centring on the labour, interests, and practices of frontline workers as a distinct cadre in global health. Recent pandemics have focused attention on the crucial - yet often invisible - role played by field-level and frontline workers in undertaking Global Health interventions and trials. While the geographical context of polio vaccine workers in Pakistan might differ from the Ebola frontline workers in Liberia or the COVID-19 track-and-tracers in Brazil, they share a commonality of experiences and insights into Global Health. Particularly, their 'body work' brings them in close proximity to the hopes, dreams, fears, and pain of people as recipients of interventions and research (Ahmad and Smith, 2018; Sheikh and Jensen, 2019). Their position engenders a range of tacit skills, knowledge and labour which is often taken for granted and undervalued (Sontag, 2003). We aim to give visibility to these experiences such that future research, interventions, and

policies are informed by the accounts of those whose role involve the emotional, ethical, social and political labour in working directly with and on the bodies of others.

Scholars have argued that the field of global health's privileging of quantitative data often fails to capture the complex realities and particularities of performing field work and marginalises the needs and interests of the people and places it targets (Biehl and Petryna, 2013; Adams, et al, 2014; Packard, 1989 and 2016). In general, this literature splits its focus between high-ranking experts, such as senior scientists, clinicians, or programme managers, and their "local" target populations. This results in a number of consequences. For instance, this focus tends to reproduce ideas that expertise, skill, and labour are principally found at the level of the global, implying knowledge and capacity deficits at local levels. Secondly, and of importance to this special issue in GPH, this focus has underpinned the ongoing exclusion of the contributions made by the frontline and field-level workers who are integral to Global Health's functioning. To address this omission, this special issue foregrounds frontline and field-level workers' expertise and experiences from a range of contexts, sectors, and organisations.

While frontline and field-level workers have been cast as middlemen bridging the office and the field, or the global experts and the local populations, the specific ways in which the moral, socioeconomic, and ethical investments of Global Health's actors differ, overlap, or come into friction has been underexplored. Field-level workers are on the front lines of global health projects, and often face the bulk of burdens inherent in engagement (Mosavel, et al, 2011; Biruk, 2012; Kingori, 2013). For example, field-level workers who administered the polio vaccine in Pakistan (in 2015) and Nigeria (2013) were accused of being spies and, in some cases, murdered; the sometimes violent resistance to Ebola research and interventions in West Africa amid the 2014 epidemic took a tragic toll on field-level workers (Ahmad 2002; Closer and Jooma, 2013; Kombe et al, 2016). These fraught dynamics have characterized outsider-led projects since the colonial period and the role of field-level workers in such projects has become momentarily visible through the challenges they encounter on the ground. Such dangers as these are often obscured by global health researchers' dual romanticisation of "the field" and their investments in conjuring it as an expedient and homogenous unit from which data is extracted and collected. Those in positions higher in the Global Health hierarchy are furthest from its bodies. At the same time, the "local knowledge" of field-level global health actors has often been taken for granted, obscuring its performative aspects and instability in contexts where it is commodified and in high demand (Pigg, 1992).

CONTRIBUTIONS

We welcome contributors to engage in diverse methodologies, theories, challenges, and the potential that comes from studying frontline and field-level workers in research, clinical, or humanitarian settings. From this vantage point, we suggest, we can destabilize the taken-for-granted assumptions around Global Health at large, the field, and local knowledge, all of

which is of significant interest to scholars, implementers, and clinicians engaged across Global Public Health.

Collectively, we envisage the contributions to this Special Issue to include junior scholars and authors in different global health contexts and locations. We encourage those working in global health research, international clinical trials, and humanitarian responses, including topics such as the West Africa Ebola crisis of 2014-2016 and the current COVID-19 pandemic. Together these papers will demonstrate the innovative practices, skills, and tacit knowledge involved in 'body work' and the associated emotional, ethical, social, and political labour experienced by frontline workers.

Methodological focus

In this special issue, we would be open to a diverse range of methodologies and the perspectives of the frontline workers who employ them, including digital story-telling or photovoice as a means to give insight into the real-world experiences of the labour involved in global health research and interventions.

This Special Issue in GPH seeks to include contributions from scholars and implementers studying and working with different types of frontline and field-level workers across the globe. It will move beyond current conceptualisations of frontline and field-level workers bounded by region (e.g. Indian community-based worker, African data collector, or Chinese village worker) and type of global health initiative. Drawing on comparative accounts, this Special Issue will explore overarching themes and theories pertaining to everyday features of global health labour, as well as the politics, ethics, and expertise that characterize this corporeal kind of fieldwork across disciplinary and geographical contexts.

Submission Instructions:

- Abstracts should contain original research.
- Abstracts should be no more than 250 words (excluding references), in PDF or Word format.
- Submissions from early-career researchers and more senior scholars from anywhere in the world are welcomed.

Important dates:

- Abstract submission deadline: 7th May 2021
- Author notification of acceptance: 17th May 2021
- Complete manuscripts due: 2nd September 2021

Email abstracts to: GHWork2021@gmail.com

Journal and formatting info: [Submit to Global Public Health \(tandfonline.com\)](https://tandfonline.com)

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