COMMENTARY

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Faster and farther towards the abyss: global health accelerators instead of tangible changes

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Abstract

Global health accelerators have become the leading expression of global health engagement and policy. While accelerators seem to be the strategy of the moment, the term is meaningless and devoid of any statement of content. Moreover, acceleration can make social processes too fast to be subject to rational control or governance, especially in an era of (un-)social media, which makes the pace of communication and information. Under the dominance of neoliberalism, acceleration and accelerators pose a particular risk because they encounter a situation in which mankind is moving away from solving vital challenges and addressing their root causes. The fashionable emergence of accelerators cannot inspire confidence in the future trends in global health unless they actually result in tangible change and new approaches to tackling systemic challenges.

Introduction

A new term is spreading inexorably in global health. Accelerator has become the buzzword in global politics, including global health. The World Health Organization defines accelerators as multi-stakeholder engagements of relevant organisations towards the health-related SDGs, noting that "accelerators are moving into the stage of multi-stakeholder engagement toward identifying collectively-shaped, country-relevant, concrete actions at global, regional and country level" [1]. It is becoming increasingly difficult to keep track of the growing number of accelerators being set up everywhere and for every conceivable purpose. In recent years, initiatives with names that sound as catchy as they are generic, such as the Global Health Primer and Accelerator, the Global Health Leadership Accelerator, the Global Health Research Accelerator CIC (funded by the Gates Foundation), and the Global Healthcare Innovation Alliance Accelerator (GHIAA), among others, complement the

well-known Access to COVID-19 Accelerator (ACT-A), in addition to the rich landscape of accelerators at UN level (Global Accelerator on Jobs and Social Protection for Just Transitions), EU level (EIC Accelerator - European Innovation Council), the Commonwealth-led Accelerator for Resilience in Climate and Health, and a number of vertical accelerators such as the USAID-funded Global Accelerator to End TB, the TB Drug Accelerator, and more recently the African Vaccine Manufacturing Accelerator, to name but a few.

It is not difficult to see the reasons behind the growing sense of urgency in global health and other areas of international cooperation. With just over five years to go until 2030, the Sustainable Development Goals (SDGs) are still quite far from being achieved, and especially after the setback of COVID-19, mankind is at risk of failing to meet the ambitious targets of the 2030 Agenda for Sustainable Development [2]. Faced with time pressure, UN member states have issued a political declaration calling for accelerated implementation [3].

In an age where Facebook, Instagram, X (formerly Twitter), TikTok, and other fast-paced media have taken over much of the communication and information and imposed an accelerated rhythm, the so-called click activism has actually started since the social media technology

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has become established [4]. Social media activism aims to generate vocal support for an issue from laypeople and has the potential to have an immediate impact on politicians and other decision-makers [5, 6]. While the literature on the subject mainly presents the positive effects of social media on policy-making [7, 8], even research that uncovers undesirable effects of social media, e.g. on public administration [9], tends to ignore the dynamics of social media on political decision-making. Government officials and employees of global organisations increasingly complain that the pressure to constantly respond to instant activism prevents them from focusing on longer-term tasks [10]. As a result, the need to respond quickly to instant activism often prevents policymakers from continuously working on the issues for which they are responsible, and can thus undermine sustainability. In democratic societies, speeding up political decision-making entails a certain risk of reducing participation and democracy in problem-solving [11].

Acceleration, particularly through technological and scientific innovation and modern communication in the form of social media, reduces the time available for politicians to decide on an issue [12]. At the same time, digital technologies have exacerbated income disparities and disrupted societies [13]. Political and financial decision-makers who have opted for the avalanche of accelerators in global health and beyond, should be aware of the fact that acceleration can only be a means to an end, but never an end in itself. Since acceleration is a physical quantity defined as the rate at which velocity changes with time, both in terms of speed and direction [14], an accelerator is actually devoid of any statement of content and requires contextualisation to be of value. Acceleration sounds attractive and promising, it can be good or bad, desired or undesired, useful or harmful, depending on what is being accelerated and with what intention or purpose.

Acceleration or delay of change?
According to Hartmut Rosa, the continuing triple acceleration of technology, namely transport, communication, and production; of social change, reflected in cultural knowledge, social institutions, and personal relationships; and of the pace of life, tends to lead to a series of social consequences such as social disintegration, de-differentiation and the loss of political steering capacity [12]. The social acceleration that characterises modernity, seems to be inherently linked to social and cultural stagnation and immobility; it may well be that social and other processes have become too fast for any form of rational control or direction [15]. Social media both as important pacemakers of acceleration and as transnational private initiatives, are not subject to effective governance or control,

but intervene massively in national and international politics [16]. Global health experienced directly the enormous potential of Twitter and the like to create and fuel a veritable infodemic during the COVID-19 pandemic [17]. While most attention has focused on the avalanche of fake news and conspiracy theories, less attention has been paid to the no less significant use of the fast channels, by, for example, the pharmaceutical industry [18].

The main drivers behind the hodgepodge of global health accelerators, governments, academia and private actors in high-income countries, and in particular philanthro-capitalists, are unlikely to be adherents to the theory or philosophy of acceleration, as Mackay & Avanessian explain: "Accelerationism is a political heresy: the insistence that the only radical political response to capitalism is not to protest, disrupt, or criticise, nor to await its demise at the hands of its own contradictions, but to accelerate its uprooting, alienating, decoding, abstracting tendencies" [19]. This theory echoes Karl Marx's assumption that every economic and social system is characterised by contradictions and conflicts of interest that drive and impose changes to the system and enforce them in a dialectical process of thesis, antithesis and synthesis [20]. In this logic, the accelerationists are convinced that the current political structures are inadequate to tackle the most pressing global problems because they are too slow compared to the fast-paced world of Google, genetic research and financial transactions. As Sutherland has noted, social processes are increasingly driven by the demand for acceleration which both defines and limits the decision-making choices available to those involved [21].

Risk of faster and firmer deterioration
Even a cursory look at some of the fundamental global trends, such as the growing rather than diminishing maldistribution of income and wealth, inequalities in virtually all aspects of economic and social life, and the unchecked degradation of the environment and climate, might suggest that acceleration may not be the best approach unless the trend is, or can be, reversed. For now, however, there is ample evidence of how far humanity is away from solving vital challenges and achieving the SDGs [22], especially after the COVID-19 pandemic [23], and from identifying and and overcoming the obstacles that impede the necessary changes [24]. The most obvious example is the climate catastrophe, where international conferences, agreements and treaties have so far failed to reverse global warming. Achieving climate targets is receding ever further into the distance [25], and addressing the root causes is even further away [26, 27], despite overwhelming scientific evidence of the need to reduce fossil fuel and greenhouse gas emissions, which

are ultimately caused by the way mankind does business and consumes [28]. Global action lags far behind the current state of knowledge on the critical control screws that need to be turned to move closer to achieving the SDGs and improving the lives of people around the world, especially given that the impacts of climate change disproportionately affect the most vulnerable people and systems [29].

Moreover, there is ample evidence of the critical importance of the social and commercial determination of human living conditions and of the persistent abuses and injustices that prevent the eradication of hunger, the improvement of health for all, the provision of education for all, and the overcoming of gender discrimination, to mention only SDGs 2–5 [30, 31]. Against the backdrop of current knowledge on the essential determinants of population health, to mention the topic most relevant to this journal, there is abundant evidence that people's health depends primarily on non-medical factors such as education, income, housing and working conditions, environment, etc. Rather than an epistemic problem, public and global health faces an implementation problem. Of course, scientific knowledge will never reach an end point, and the claim for ever more evidence is really nothing more than an epistemic triviality. However, it often takes on the characteristics of a systematic delaying tactic rather than a serious demand for better evidence as a precondition for focused and targeted action.

It is interesting to observe that public institutions mainly in high-income countries and to a lesser extent in emerging economies, and, even more importantly philanthropists [32, 33] are funding more and more research on rather obvious things that have already been proven and confirmed countless times. Research funding, which is mainly channelled through public academic institutions, has meanwhile become a priority area of action of private philanthropy [34]. In this way, philanthropists have been setting the research agenda for some time [35], while at the same time conveying a positive image as open, participatory and committed actors. Through their sheer financial power, philanthropic foundations exert a strong influence on academic and research agendas, health care delivery and public policy worldwide [36], and are thus able to impose their focus on output-based performance measures and innovation, and to further prioritise biomedical approaches at the expense of interdisciplinarity and wider systemic approaches [37], which are indispensable for effectively addressing the upstream determinants of today's challenges and bringing about the necessary systemic changes.

Obviously, this also applies to the inflationary emergence of accelerators supported by a handful of extremely wealthy representatives of the global financial aristocracy who represent one side of the outrageous health inequalities in today's world [38]. The suspicion arises that acceleration tends to replace the actual implementation of much-needed fundamental changes such as a ban on fossil fuels, an effective global tax mechanism, improved living and working conditions, and, yes, also effective - not just resilient - healthcare systems worldwide. Unless the root causes of global health challenges and threats are addressed in a timely and appropriate manner, acceleration is most likely to lead to faster and deeper deterioration. Threatened balance of power, armed conflicts and wars around the world, multiple transnational crises that are truly syndemic [39], and increasingly polarised politics at national and international levels do not exactly inspire confidence that acceleration is desirable as long as it makes the path faster in the wrong direction. Given the current global distribution of power, the almost unquestioned dominance of neoliberal ideology in the economy and society [40], and the lack of governance on global issues, it is to be feared that the current decade of accelerators will stand out in retrospect as a decade of accelerated descent into the abyss.

Conclusion

If international cooperation and global health are to achieve real and tangible improvements in the health and well-being of people around the world, they cannot accept empty rhetoric or be deceived by misleading promises. Assuming that the various accelerators do indeed function as such, they run the risk of overriding the intentions behind them and losing their way by becoming too fast for rational governance [12]. Against the backdrop of the rather modest results of the most recent Conference of the Parties COP 28 held in Dubai [41, 42], the worrying vaccine nationalism of high-income countries during the COVID-19 pandemic [43], and the ongoing blockade of the United Nations Framework Convention on International Tax Cooperation by the same countries [44], it is much more likely that the various accelerators will fail to achieve their goals in a timely manner. The ubiquitous proliferation of accelerators runs the risk of being nothing more than another fashionable trend masquerading as actionism, while once again ignoring the root causes and leaving the upstream drivers untouched [45]. Until this is overcome, the current emergence of accelerators in global health and beyond is unlikely to bring about tangible change and innovative approaches to addressing systemic challenges in global health.

Declarations

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