For many, Tajikistan is a faraway place, the Soviet Union an increasingly distant memory, and neoliberalism an ill-defined buzzword. It makes sense, therefore, for readers to ask how and why a book examining the intellectual and ideological roots of a small global health project, set almost two decades ago in the remote mountain valleys of that faraway place, is relevant to the contemporary understanding of global health and development. Even more, how is it relevant to readers’ everyday lives?

As a practitioner and researcher trained in both internal medicine and anthropology, I have had the good fortune to spend significant time working with global health and development experts in a number of settings—Bangladesh, Tajikistan, Peru, Russia, Lesotho, and Switzerland—and have been involved in leading and implementing large and complex health projects. The idea for this book—an analysis that traces the intellectual and social history of one global health project but is really meant to inform our understanding of how we have approached international development over the last half century—stems from questions that have dogged me throughout my time working in some of the world’s most vulnerable communities. Why are some development programs pursued in the face of clear and abundant evidence suggesting that they will not achieve their
stated outcomes? How do social, political, and economic forces constitute a “metanarrative” capable of shaping events and choices? To be sure, the answers to these questions are complex. Yet, if we examine the latter half of the twentieth century, a defining ideological force does stand out, and its precepts appear to have played a significant role in shaping our social and economic landscape: neoliberalism. Because this political ideology has come to inform our “common sense,” understanding its impact on global health and development—especially at the level of communities and individuals—requires thoughtful exploration of some strongly held beliefs. That is the aim of this book: to map the passage of neoliberal ideology from the powerful to the poor, and from policies to the lived experience of individuals.

The first belief—at the heart of what is often associated with neoliberalism as an ideology—is that “the market” is the best distributor of social goods and that the main role of government is to enable and facilitate markets. We hear arguments about this belief almost every day. Should we have vouchers for private schools rather than promoting a public education system? Should social security be privatized rather than ensured by the government? How best can health care be distributed to the most vulnerable? Why do bond or stock markets influence the behavior of governments more than the electorate does? From the effects of post-2008 austerity on the countries of the eurozone to debates about the best way to foster economic growth in poor countries, understanding the roots of neoliberalism and its ability to shape social relations—both among individuals and between individuals and the state—is at the heart of comprehending how we organize our own society and exhort others to organize theirs.1 An abundance of data about the inability of markets to distribute health goods to those who need them most—such as the poor or those who become poor because of catastrophic or chronic health events—has been largely ignored.2 The reason, I argue here, is because of the ascendancy of neoliberalism in Cold War and post–Cold War institutional and policy circles, ostensibly as a bulwark against totalitarianism. The result has been an emphasis on markets as the optimal distributor of social goods and, through this, a complete reshaping of our expectations of governments and our fellow humans. It has redefined how we help others, including the most vulnerable in society, and has reshaped our social world by
penetrating our “common sense” about what is right and wrong. In the
case of global health and development, it has led to blind spots—referred
to in this book as neoliberal realms of programmatic blindness—that have
contributed to poor outcomes for individuals and communities.

The second belief is that nongovernmental organizations (NGOs) are,
de facto, the best institutions to provide social services to the poor. While
many, including myself, view the efforts of international NGOs in some of
the world’s poorest communities as heroic, it is important to take the time
for a deeper examination of how they have been used, for political pur-
poses, to replace state functions. The idea of civil society is at the founda-
tion of Western liberal thought: citizens and nongovernmental entities
coming together around important issues or missions, representing the
will of local communities or constituencies, and providing a check on state
overreach. Yet, from the 1980s on, donor-sponsored expansion of the
activities of international NGOs—entities we previously associated with
“grassroots” development and transnational civil society—has been pro-
moted by neoliberal thinkers and policy makers as a means of halting the
spread of communism and totalitarianism. In some ways, this has turned
the concept of civil society on its head and has increased the risk of NGOs
becoming a conduit—or “transplantation mechanism”—for neoliberal ide-
ology. The resulting conceptual realignment of the role of NGOs vis-à-vis
society and the state—tied to de-emphasis of the state in ensuring the wel-
fare of the poor—has contributed to what can best be called “mission cap-
ture” in global development. Moreover, it has exacerbated NGOs’ lack of
accountability to populations being served. This does not mean that NGOs
are bad, or that they are unable to complement and enhance the services
provided by governments. In fact, many do. It simply suggests that we
need to understand and examine the relationship among NGOs, their
funders, and their actions on the ground. The exploration of how neolib-
eral ideology has permeated and shaped the practice of NGOs working in
global health and development is at the core of this book.

The third belief worthy of careful examination is that if good people
embark on a development project with good intentions, then good out-
comes will follow. From my experience, especially in light of serious con-
cerns about the first two beliefs, this is not a given. In fact, from the
ethnographic case example I discuss in this book—about one of the
world’s preeminent NGOs working in what can only be described as an extremely difficult physical, economic, and political environment—it is clear that when left unchecked, dogma can prevail over data and shape the way we construct, execute, and evaluate development programs. Neoliberalism’s success as an ideology, as a significant social force, is demonstrated by the way the components of this ideology have been absorbed by individuals, transplanted by NGOs, and—through its infiltration of practice—embodied in the local world in the form of poor health outcomes. This can be prevented, but it requires actively orienting programs and practices around the outcomes that matter most to the communities being served. In the face of the large-scale funding required for many health and development interventions—along with the presence of often weak local institutions—this is certainly a challenge even for the best among us, as the case in this book highlights.

This book is intended to add to the conversation about how to more effectively bring the fruits of technology and innovation to those for whom it is a matter of life and death; how social, political, and economic forces have shaped practices in global health; and how ideological blind spots are traps along the path of achieving some of our most humane and important societal goals.