

A decolonised Commission agenda: the missing ingredients – Author's reply

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As Commissioners, Ramya Kumar and Neil Arya showed a strong commitment to social justice and we remain grateful for their participation in the deliberations of *The Lancet Commission on Peaceful Societies Through Health Equity and Gender Equality*.¹ In their Correspondence, they criticise the *Lancet Commission*¹ for its failure to adopt a decolonising lens that has led, in their view, to three critical shortcomings: the Commission's measurement of peace, its measurement and analyses of gender equality and health equity, and the absence of analysis of the effect of global capitalism. The Commission recognises the value of a decolonising lens; it can reveal the lasting legacy of historical injustices and the effect of global power structures on levels of health equity, gender equality, and peace. Although we acknowledge their constructive intent, these specific criticisms reflect neither the substance nor the spirit of the Commission

To conceptualise, measure, analyse, and thereby build an evidentiary base on the relationships among health equity, gender equality, and peace we made reasoned choices grounded in well established social science methodologies. The Commission's research question was clear: how does variation in health equity and gender equality influence the dynamics of conflict and peace? Our cross-national statistical analyses helped us avoid making false generalisations about these relationships. Comprehensive literature reviews and desk studies of countries and policy processes informed our theory of change and distilled lessons from previous efforts to improve gender equality and health equity. Contrary to their claims that we valorise positivism, we see it as a necessary tool to establish an empirical foundation at this early stage of the research agenda. We regard our research as a beginning rather than an end, emphasise the importance of interpretivist research, and urge other scholars to build on the Commission and examine these relationships from their own disciplinary and methodological perspectives.

We note that the measurements of peace, health equity, and gender equality criticised by Kumar and Arya are only used within the Commission's statistical analyses, and the limitations of these indicators are clearly acknowledged. Through in-depth analyses of available indicators² we selected metrics with the best availability, consistency, and quality across countries and over time—attributes required for rigorous analysis and generalisable conclusions. Kumar and Arya's assertion that we omitted available indicators of structural violence is not accurate, nor is their suggestion that we disregarded guidance on how to operationalise the social determinants of health, particularly given other researchers' calls for clarity on the methods to assess these determinants.³ Kumar and Arya make no proposals of alternative indicators, or ways to conceptualise and measure structural violence, health equity, or gender equality.

Contrary to their critique, the Commission reflects a broad conceptualisation of gender equality and health equity and recognises the importance and need for further research on social determinants of health. The paper also clearly acknowledges the varying definitions of conflict and peace; the authors' assertion that we do not consider structural violence is incorrect. Structural violence includes health inequities and gender inequalities,⁴ and the Commission documents the feedback loops between these aspects of structural violence and organised violence. Given that the report shows the linkages between improved gender equality and health equity and the economic, social, and political transformations that place societies on pathways to peace, we believe it furthers understanding of the structural determinants of violence and peace, and the relationship between marginalisation, inequality, and conflict.

Kumar and Arya also call for an analysis of global capitalism, including the effects of powerful private actors, such as pharmaceutical companies and big tobacco, alcohol, and food on health equity and gender equality. We would welcome empirical analysis on this important and vast topic. However, such analysis is far from the agreed task of the Commission, which was to investigate the relationships among Sustainable Development Goals 3, 5, and 16.⁵

Finally, we firmly reject their characterisation of the “trope of teenage pregnancy...deployed by family planning programmes”. The evidence is clear that pregnancy among adolescent girls reflects gender inequality including their absence of agency, their inability to access comprehensive sexual and reproductive health-care services, and the power imbalances and violence to which they are often subjected. The negative effect of adolescent pregnancy on women's future education and economic potential is also clearly documented.⁶

In our view, at its core this critique is more about ideology than indicators. Kumar and Arya assert that a decolonising lens is “fundamental for the Commission's theory of change to be truly transformative” and enable “a radical, rather than reformist, re-envisioning of our collective futures”. Although a compelling rhetorical appeal, policy choices that directly affect people's lives—particularly those that call for radical transformation—must be grounded in rigorous scientific inquiry and strong empirical evidence. Given the Commission's analysis of the unsuccessful imitation projects that transplanted policies and institutional structures to low-income and middle-income countries, the report strenuously argued for locally driven solutions, supported by both transnational norms and networks. This type of endogenous change, rather than the vaguely defined agenda proposed by Kumar and Arya, would be truly transformative. Kumar and Arya make no suggestions about how to implement the research and policy agenda they seek. Their contention that we must favour an opaque decolonising lens over a conceptually clear focused methodological approach might explain their reluctance to embrace the Commission's finding that improvements in health equity and gender equality lead to increasingly peaceful societies.

The authors are all Commissioners of *The Lancet Commission on Peaceful Societies Through Health Equity and Gender Equality*. They participated in the writing team that prepared the Commission report.

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