Global health and international business: new frontiers of international business research

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Abstract

Purpose – The purpose of this study is to revisit the interdisciplinary roots of international business (IB) by challenging the compartmentalized and obscured nature of certain major themes in current IB research. Here, the author broadens IB’s natural scope by introducing the links with global health while preemptively removing the existing limits of critical perspectives.

Design/methodology/approach – The study synthesizes ignored common insights from IB and global health governance. It supplies a select composite of emerging themes mostly at the interface of IB and global health as foundational proposals for reengaging IB for radical social change. This is in response to the urgent calls for inquiries into the “extra dimensions” of IB in answering wicked questions of global sustainability, injustice and inequality and other emergent grand challenges whilst embracing novel conceptual, theoretical and empirical opportunities.

Findings – This study demonstrates that IB research in its current form is reductive, quintessentially compartmentalized and evidently weak in responding to the emergent wicked problems of global scale. This is because several layers of complex, burning interconnected questions with roots in IB hardly receive exposure in research although they are the very existential and emerging issues with massive impacts on populations both in home and host countries.

Practical implications – This study sets new research agendas for critically studying IB and global health topics of vital relevance to reflect the changing frontiers of knowledge production in the fourth industrial revolution.

Originality/value – This study calls for deeper and broader discussions about the limitless opportunities of cross-fertilization of IB and other disciplines whilst highlighting the heretofore-overlooked connections between IB and environmental and medico-techno-scientific disciplines.

Keywords Critical management, International business, Multidisciplinary research, Emergent threats, Global health governance

Paper type Viewpoint

Introduction

The erosion of ethics and the increase in corporate irresponsibility in almost all socioeconomic and political activities is having profound impacts on global health and the environment (Ahen, 2015b; O’Sullivan et al., 2012; Sen, 1988; Weber, 2002; Wickert et al., 2016). This is a grim assessment of the health of the global economy. In theory, international business (IB) and geo-politics are interesting and harmless domains for understanding international operations, competition, cooperation and strategies for managing them. In

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practice, however, they also involve corporate irresponsibility, shady deals, dirty politics and unethical and environmentally harmful practices – all of which are detrimental to health of populations around the world (Banerjee, 2011; Hanlon and Fleming, 2009; PublicEye, 2016). The 1984 Bhopal gas tragedy and the 2015 emission scandals come to mind (Rauter, 2015). There are numerous other tragic incidents with equally devastating effects that hardly gain a spotlight in the media or even a modicum of academic attention. Most students are oblivious to the latter reality. Some topics are also so controversial that they are repellent to academics who want career advancement.

I am not suggesting that these grand issues are being completely ignored. Rather, I argue that sustainability related issues directly rooted in IB operations have hitherto been given sporadic attention as if they were only tangentially related, and not the central issues of twenty-first century IB that require mainstreaming. Thus, the intensity and scope of IB research must match the magnitude of the problems as well as highlight the centrality of IB to their root causes. There is the generic and more specific or technical version of the institutions of IB and global health and the interplay between both. Seminal contributions can be found at both ends of the spectrum (Ahen, 2015b). Nevertheless, their interdisciplinary amalgamation is rare, although there are burgeoning exceptions to which this paper adds. For example, Onoteso and Yusuf (2017) and de Jonge (2011) combine management and international law in ways that reveal how multinational companies (MNCs) evade accountability in the developing world. However, IB is either sustainable in essence, or it contributes to unsustainability. This is because its neutrality, innocence and separation from many global health phenomena is no longer defensible as in the exploitation of mineral resources (extractivism) (Acosta, 2013; Ayres, 2012), the incalculable human suffering caused by human rights abuses (Carasco and Singh, 2010; de Jonge, 2011) and structural violence across the developing world (Banerjee, 2011; Srikantia, 2016). In a soap opera economy, it appears that corporate scandals are a functional equivalent of what makes for a good publicity. However, the days when the sacrosanct research results from the ivory towers were held in high esteem without questions are long gone. Research is now vigorously and rigorously challenged and scrutinized by anti-intellectuals, citizen scientists and critical thinkers (Kimura, 2016). They all enhance the discussion by broadening our understanding of major emergent wicked problems and sustainability related issues (Ahen, 2017a, 2017b). The explanation script is no longer the hegemonic right of solely multinationals and Western universities (Faria, 2014). Less sustainability is not only a product of irresponsible IB but an intrinsic part of IB practice as a whole, given the scale and impact of MNCs on the environment and global geopolitics (Ahen, 2017b; PublicEye, 2016). With much corporate political power comes greater corporate responsibility, the critique of which cannot be delegated to others by critical management scholars. Building on the above foundations, this study answers the question:

How can the interdisciplinary essence of IB be meaningfully revived to accommodate its direct relationships with grand challenges that are intrinsically part of IB or its outcome?

Cross-fertilizing international business and global health as naturally codependent disciplines
An uncomplicated way of defining IB research is “a study of the management of wealth creation across borders by entrepreneurs, MNCs or transnational corporations (TNCs)” (Hymer, 1960/1976; Ietto-Gillies, 2002). Besides organizing the normal production, distribution, consumption and exchanges of goods and services across borders, this wealth creation process comes about through the exploitation of both new and old technologies, historical relations, legal loopholes, political connections and dominance, as well as medico-
techno-scientific and military resources as competitive advantages (Jackson et al., 2014; King, 2002; Wallerstein, 1976).

Global health is IB and IB is global health. This can be explained in three major ways: One, vector-borne parasitic diseases, international travel, tourism, international production and commerce go hand in hand (Ahen, 2015b; Amankwah-Amoah, 2016). IB and global health are definitely overlapping, codependent and mutually reinforcing. Wealth creation, after all, is the original end goal of international trade. Therefore, health is wealth. In that sense, IB does not only affect global health; IB is global health. IB and global health have an analogous alignment of socioeconomic, medico-techno-scientific, political, legal, military, geopolitical, cultural and ideological conditions. Furthermore, there are multiple interconnected power structures as well as the health and environmental impacts that perpetuate and constrain the above.

Two, the major actors in both IB and global health are the global governors such as the Troika: The World Bank, the International Monetary Fund (IMF) and the World Trade Organization (WTO) and multinational corporations, hybrid international organizations, governments and supranational organizations whose power transcends national borders. The commonalities (overlapping functions) between IB and global health operational structures are self-evident. IB involves MNCs. Global health involves pharmaceutical MNCs (producing therapeutics, prophylactics and diagnostics for global distribution) and hybrid organizations, non-governmental organizations (NGOs) and governments; all these organizations are also involved in international operations and global governance (Ahen, 2015b; Carlson, 2015; Hymer, 1960/1976; Ietto-Gillies, 2002). Their human resources comprise professionals and consultants with similar educational backgrounds operating as managers, researchers and field workers (Brès and Gond, 2014). The operations of these professionals involve collaborating with governments and negotiating with similar stakeholders. The global and multijurisdictional nature of MNCs and hybrid organizations such as the World Health Organization (WHO) or the WTO allows them to evade regulations and national boundaries. Their activities, however, affect population health in direct and indirect ways worldwide.

Three, global financial institutions such as the IMF and the World Bank play a major role both in global health and IB, thereby defining which problems actually matter and those which will not merit financing (Global Health Watch; www.ghwatch.org). For example, infant-maternal mortality and morbidity, malnutrition, epidemics, as well as links of water and sanitation to certain diseases are among some of the subjects of intense study in public international health or its more fancy nomenclature, global health (Ahen, 2015b; King, 2002; Labonté and Gagnon, 2010). It is however important to consider the fundamental roles of MNCs, governments and hybrid international organizations in agenda setting, decision making and implementation (Hajer, 2003). This also includes how much and what is financed, hence shaping the nature and scope of global health index of nations. The activities of these organizations cannot be excluded from health issues in developing nations because the WTO’s trade policies, the conditionalities imposed by donors and the effects of land grabbing, resource seeking and lobbying qualitatively and statistically shape who gets worse or better health (Ahen, 2015b). What is more important is the ability of such powerful organizations to shape institutions and in the end, have systemic effects on billions of people.

In fact, to solve international health problems, multinationals and international NGOs are also called in either as partnering stakeholders who employ both their expertise and technologies or as financiers (Ahen, 2017b). Thus, problematizing the role of the major actors in global health and IB, seeking a deeper understanding about their use of power and
resources, and their effect on the well-being of society is an interdisciplinary task. More prominently, the times are changing speedily. Hence, paradigmatic frames will no longer be useful in answering emergent questions in IB and by extension global health. In the fourth industrial revolution, bolder, more serious and forward-looking IB research frontiers must be defined and tackled in an innovative fashion.

**Philosophical background**

In this study, I synthesize ignored insights from IB and global health governance as an explanatory model based on illustrative cases. I base analyses of literature on the critique of the governance of global health crises and the extent to which IB actors are implicated. Here, critical management studies refers to:

A branch of management theory that critiques our intellectual and social practices, questions the ‘natural order’ of institutional arrangements, and engages in actions that support challenges to prevailing systems of domination (Cunliffe et al., 2002, p. 489).

Rather, critical management studies seeks to introduce into managerial practice a:

Discursive nexus between knowledge and power as it manifests in the workplace [in nations for our purpose] and, from there, to illuminate how socio-economic systems of inequality and exploitation are engendered in such settings (Prasad and Mills, 2010, p. 230) and promoted by numerous consulting agencies (Shamir, 2005).

Furthermore, I use a philosophical groundwork to problematize the current role of multidisciplinary research as it pertains to complex and grand challenges of global scale. In the light of the above, the study supplies a select composite of emerging themes mostly at the interface of IB and global health as foundational proposals for critically analyzing and rigorously researching about topics of vital relevance.

Additionally, I seek to proactively contribute to the understanding of the impact of IB and global health issues on society by shedding light on unexplored and existential themes that require careful scrutiny from an interdisciplinary perspective. Shedding light on intractable problems matters because “when injustice becomes law, resistance becomes duty”. And that duty is also the social responsibility of IB and critical management scholars (Alvesson and Sandberg, 2011) and global health actors as active and engaged participants (not mere spectators) in creating the maximum value for society and ecology (Manring, 2014). Understanding and engineering solutions through critical management studies (Alvesson and Sandberg, 2011; Srikantia, 2016) is at the core of this. It is important to study the existential issues. It is also important to stay current in order to participate in on-going discourses with healthy Skepticism. There are emerging new global challenges. There are also new global socioeconomic and political agendas to fix the problems. Prominent among them is the post 2015 United Nations (UN) Sustainable Development Goals (SDGs) that succeeded the Millennium Development Goals (MDGs). Three defining factors actually shape this latter initiative: the interdependence and interconnected nature of emergent global questions, the international and blurred nature of business strategies on one hand and global policy agendas on the other and how these affect society and the environment in a systemic way to define the nexus between IB and global health. Such problems are public, private, hybrid, medical, technological, environmental and ethical in nature. By and large, it is becoming difficult to remain oblivious to the extent to which these intertwined issues are affecting everyone on the planet, including researchers.

In my quest to explain the complex nexus between IB and global health, I provide a framework of analysis that also pinpoints the mutually codependent elements that serve as
the structural connections for explaining processes and outcomes of IB's links with global health (Figure 1). The long arrows in the figure depict the co-dependence of IB and global health. The downward pointed arrows depict the inherent inter-relationships between health and wealth creation and the question as to how they can be aligned in research and practice to create sustainable global health/wealth.

In synthesis, it is not possible to create wealth without a strong public health system that sustains the economic production, distribution and consumption and the environment in which all these are embedded. The complexity of this process requires investigations and policy interventions that bring together different levels of analysis.

Historicizing the link between global health and IB
“Medicine is a social science, and politics is nothing else but medicine on a large scale.” This is how Rudolf Virchow (1848), explains the interdependence of science, medicine and politics in his weekly medical newspaper Die Medizinische Reform (cited in Sigerist, 1941, p. 93). His interdisciplinary perspective of substantive domains that were narrowly seen as worlds apart now conducts us to a more enlightened framework on global health and IB. Stuckler and McKee (2008, p. 86), for example, elucidate the complex world of health, politics and business. For them:

Global health as foreign policy [diplomacy] is based on politicians using global-health policies to create a positive worldwide reputation and exert political influence, forging alliances with countries where they have strategic interests, opening new markets for trade and protecting domestic pharmaceutical companies.

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**Figure 1.**
The structure and nature of the nexus between IB and global health.
Consider further that global health diplomacy is structured into six policy domains: security, development, global public good, (international) trade, human rights and ethical reasoning (Labonté and Gagnon, 2010). Similarly, for Stuckler and McKee (2008), global health policy can be presented in five metaphors: global-health as:

- a foreign policy (e.g. trade governance and economic development);
- a security issue (e.g. bioterrorism, epidemics);
- a charity in developing economies;
- an investment (maximizing economic development); and
- a public health issue (maximizing health effects and reducing global disease burden).

In sum, these two views on global health diplomacy and global health policy coincide in many ways, and at their core, both have IB and economic development as the engines for wealth creation. Here, MNCs, governments and international hybrid organizations play very fundamental roles in shaping outcomes. Further, these views also explain the political nature of both global health and IB, the protection of national interests (protecting national monopolies and health security from epidemics) and how these end up revealing inequities and other structural impediments in the way of development.

Just like international trade, global health is profoundly marked by persistent structural inequalities (Ahen, 2015a; Marmot, 2005; Ruger, 2006). This is clearly an intractable socioeconomic and political problem especially in the global South. Nevertheless, what has IB got to do with global health governance? Everything! In fact, these two fields have evolved dialectically and in interdependence rather than as separate spheres. This may not be immediately noticeable. However, global health governance gave birth to IB within the context of Europe-West Africa and beyond. How? Here is one example of this general path-dependent tendency: The discovery of quinine initiated the Western imperial adventure that had hitherto been stalled due to the ability of little mosquitoes to kill millions of people, including four Popes (Shah, 2010) and even the most powerful armies, by transmitting the dangerous parasite *Plasmodium falciparum* through their lethal “sting”. IB within the above context became less perilous only when this major epidemiological issue was solved — at least in part (Ahen, 2015b).

That is, when a preventive medicine for malaria (“bad air”) was found, it allowed European merchants a trading access to the continent (Rocco, 2003). Subsequently, there was the Berlin conference organized by European governments and monarchs to partition the continent of Africa in order to facilitate the sharing of its resources. Before then, irresponsible IB practices in Africa (especially the Congo) were conducted through what historians have documented as forced labor, slave labor and brutal punishment (e.g. cutting of hands of thousands of those who could not make their quota of rubber supply meant for the European market) (Gewald, 2006; Weisbord, 2003). In fact, bad working conditions and child and slave labor are still features of modern IB supply chains (Burmester et al., 2019, this special issue) and private rule setting and regulation of labor abounds to keep the practice in place (Bartley, 2007). The year 2019 marks the 400th year (1619-2019) when major shipments of charter slaves were sent to the America from Africa to boost the plantation-based IB. Then the proselytizing mission of Christianity, the commerce of everything (including humans), and the *civilizing mission* (now replaced by international development and humanitarian interventions) through conquest of the “others” ensued (Jackson et al., 2014; King, 2002; Nkomazana, 1998). As King (2002, p. 780) writes:
Colonial public health was part of a larger ‘civilizing mission’, in which modern medical science would drive out primitive traditional therapeutics, freeing backward societies from the grip of irrationality and legitimating colonialism as an ultimately humanitarian project.

That was then, but even today epidemiological questions such as Zika in South America (Reardon, 2016), Ebola in West Africa (Stiglitz, 2014), severe acute respiratory syndrome (SARS) in Asia and the hidden ones such as antibiotic resistance (e.g. methicillin-resistant *Staphylococcus aureus*, MRSA) or obesity mostly in the West (Reinl, 2016), and many existential chronic diseases that will not go away despite the massive investment in R&D, threaten the movement of goods and services and other IB operations. The aging population in the West needs care and the youthful population of the global South needs jobs. Both conditions have serious implications for economic productivity in IB and global health. This is not a “catalogue of apocalyptic tales” or some urgent trivia to raise a specter of an imminent dystopia. However, while IB is theoretically a wealth creating endeavor, in practice, the pervasive nature of irresponsible IB practices such as corruption are as much threatening to health as any dangerous virus (Burgis, 2015).

Hajer (2003), writing on the expansiveness of global policy making and emerging fundamental changes, offers an interesting illustration to explain how even the discovery of a new medicinal plant becomes an issue that trespasses national sovereignties and engages multiple actors. The conflict always lies within the health of populations and capitalists’ profits. The WTO’s agreement on trade-related aspects of intellectual property rights (the WTO/TRIPS agreement) raises an important question about the finding of any plant-based active ingredient. Would the major actors consider such a medicament as an invention as the West “suggests” or can it be labeled a discovery as the global South “argues”? These are not mere semantic games because inventions receive protection under patent law, discoveries do not. Two issues of institutional nature are raised here by Hajer (2003). First, the established notion of sovereignty is now challenged in this decision making process that involves pharmaceutical MNCs, nation states and supranational organizations and local people. Second, the question of who decides which actors become the legitimate protagonists in such a legal, socio-political and ethical conflict becomes increasingly complex in global health governance and IB. The state of global health and IB strategies today is therefore a product of the history, geography, epidemiology, geopolitics, economics and institutions surrounding all of them (Sachs, 2006; Shah, 2010; Wainwright, 2008).

International trade, when conducted in the most transparent, ethical and sustainable manner, is a major creator of development in the long run. However, the opposite is true as depicted in Figure 2 below where we see the interdependence between global health and IB. Hybrid and private organizations have strong influence on trade policy through lobbying (Garsten and Sörbom, 2017; Solon and Siddiqui, 2017) for more deregulation (De Vogli et al., 2014). What is even more insidious is the emerging problem of using corporate political power to flood markets with products with short lifecycles (programmed obsolescence) leading to overproduction of waste that ends up in the environment (Gabanelli, 2018). Concurrently, aggressive advertising leads to overconsumption of unhealthy foods and other products. The problem with these is that they undermine the sustainable development goals, circular economy and bio-economy initiatives while perpetuating the linear economy of “take, make and dispose”. More prominently, irresponsible IB operations in general, for example tax avoidance in developing economies (Contractor, 2016; Schock, 2015), simply translate into limited resources for health infrastructure and medical innovations. Under neo-liberal capitalism, inequalities are produced (Fotaki and Prasad, 2015) mainly through particularly unfair bilateral or international trade agreements or bad trade deals (Cossar-Gilbert, 2015) such as land grabbing (Gardner, 2016) or management by dispossession.
These practices lead to poverty and bad health infrastructure leading to global sustainability issues. There are also structural impediments that influence trade and health. These include networks of transnational corporations and asymmetrical relations between corporations and host governments. Further, corporate irresponsibility in its various forms affects climate change and biodiversity, which in turn affect population health. Additionally, human right abuses such as bad labor conditions have direct health effects on populations. On the other hand, epidemics, pandemics, and weak health infrastructure coupled with generally unhealthy population have direct effects on IB operations as discussed in the next section.

Epidemics, pandemics and international business
The event of any pandemic, regional or zonal quarantine interventions would mean an immediate exclusion of large geographical swaths from international trade – demand and supply of goods and services and the movement of human resources. Restrictions on trade then lead to border closure, which in turn leads to interruptions in socioeconomic activities of different sorts. An emerging empirical problem of global magnitude is the business and entrepreneurial side of global health. They represent some of the most intractable problems that affect IB in ways that are mostly glossed over. International trade, geopolitics and global health affect international exchanges and resource flow (Labonté and Gagnon, 2010; Stuckler and McKee, 2008).

Recent epidemics and outbreaks have had massive impacts on IB. First it was SARS and bird flu in Asia, then Ebola in three West African countries (the Gambia, Sierra Leone and Liberia), and most recently there was the Zika infection, which is linked to birth defects such as microcephaly (Stiglitz, 2014; WHO, 2015), in Brazil and parts of South America. The world has seen similar recurring cases throughout the past few centuries (Jackson et al., 2014; King, 2002; Nkomazana, 1998). That global socioeconomic, environmental and health issues may worsen if actors do not embark on serious, proactive and productive interventions (both at the academic and practice levels) is well received. What is ignored are the devastating spillover effects of IB which far outweigh the gains in globalization in the global South (Piketty, 2014; Srikantia, 2016; Stiglitz, 2002). Such dystopian future prospects are not some “fashionable prophecies” about broader, systemic and contemporary issues, neither are they born out of guesswork. At the heart of the problem is the naive acceptance of the ‘myth of dispassionate investigation’ (Jaggar, 1989) that has led many to the
formalization of irrelevance in management research (Bennis and O’Toole, 2005), where they sacrifice utility in favor of elegant abstractions (McPeck, 1990).

If one was a CEO of an airline company, a shipping company or a hotel chain when SARS broke out or an extractive company in an Ebola-stricken country, one would immediately appreciate the implications of these international public health problems on strategy, cash flow, human resource costs and other contingency plans. Public health concerns affect the sourcing of raw materials and the sale of finished products. Perhaps, since developing economies are becoming increasingly prominent in IB education and research, there is the need to use the Ebola crisis to address interdisciplinary roots of IB and its nexus with global health (Ahen, 2017b), human suffering resulting from MNC mineral exploitations (Ayres, 2012; Omoteso and Yusuf, 2017) and the structural violence (Srikantia, 2016) inherent in globalization. Ebola brought the economies of the epicenters to their knees. Both production and consumption slowed down and in some cases ceased completely (WHO, 2015). International trade between the epicenters and the rest of the world was significantly affected as some even suggested the grounding of airlines in order to cut out those countries (Amankwah-Amoah, 2016). Demand and supply was simply not happening and general productivity fell. Similar to global terrorism, global health issues can keep nations on edge due to safety and security concerns. They affect international tourism and related sectors, hotel and restaurants and other markets of local artisanal products sold to tourists. Wealth creation comes to a halt and the livelihoods of local populations are then affected. In what follows, I explain the IB–global health nexus. I then supply a synthesis of the aforementioned problems related to global health and IB and the intellectual urgency to redirect attention toward the big issues.

**International business is global and a select composite of other examples**

To this end, “global health is IB and IB is international entrepreneurship and geopolitics” (Hymer, 1960/1976; Ietto-Gillies, 2002). This is an interdisciplinary way of suggesting that IB has much to do with the existential issues such as climate change, environmental sustainability, the security of global food supply chains, global labor standards that respect human rights (de Jonge, 2011; Farmer, 2005; Mutua, 2001), global terrorism and poverty reduction or gender equality and the future of all the above (Ahen, 2017b). In the case of global food supply chains, for example, misleading and deceptive labelling of products occurs on a large scale and adulterators routinely put harmful chemicals into food for mass consumption (Weber, 2009).

Scholars have already warned about the urgent need to tackle these issues (Littrell and Rottig, 2013; Roberts and Dörrenbächer, 2016; Sen and Mukherjee, 2014). That notwithstanding, there is a glaring disconnect between IB, sustainability and other pressing themes. IB has much to do with the under-researched areas of underground business of everything; from international commerce of nuclear items (Williams and TheAssociatedPress, 2015), uranium (Shuster, 2017) and coltan (Ayres, 2012) to the sale of human kidneys (Chugh, 2015) and fake drugs across borders (using digital market technologies) (Ahen, 2015b) as well as the commerce of conflict minerals (Ayres, 2012; De Jong, 2010). “The world is a business” that does not exclude even the sale of human body parts and such ethically questionable goods. Radin (1996) refers to this type of IB exchanges as “contested commodities”.

Furthermore, the effects of corporate operations on food production include the use of chemicals and other agricultural inputs that affect human health (Baraniuk, 2016). The careless overuse of antibiotics on large-scale commercial farms, serve to fight illnesses and fatten animals so as to meet market deadlines and high demand. Such farming methods also
breed ‘reservoirs of resistant pathogens’ that are now contributing to the global health conundrum of antibiotic drug resistance—a disturbingly wicked problem. For example, “in the US, 70 per cent of antibiotics sold end up in beasts and fowl, mostly via their water and feed” (Reini, 2016). These, in turn, are consumed by households and also exported abroad. But consider this also:

Today, the value of the global retail food market is $4tn (£3tn) – and rapidly growing. Some predictions hold that by 2020, it will reach more than $8tn (£6tn). As a result, supply chains are getting more and more complex – and more at risk of a type of criminal fraud in which cheap, often nasty substances are mixed in at some step of the process. The adulterators siphon off billions from the legitimate market. And in doing so, they put people’s health at risk” (Baraniuk, 2016).

Additionally, in the effort to curb the global outbreak of obesity and heart diseases which are the results of overconsumption of sugary foods:

A report from the WHO suggests that a tax of 20% or more results in a drop in sales and consumption of sugary drinks. People consume fewer “free sugars” such as fructose and glucose, take in fewer calories and reduce their risk of tooth decay (Boseley, 2016).

Consider further the fiscal and economic policies and regulatory regimes as well as their link to the global scorch of obesity. A recent study by De Vogli et al. (2014) argues that deregulation has led to significant market concentration of food and drink companies who now operate mostly in oligopolies with enormous political power to lobby and swerve regulations to change them. These companies offer mostly over-processed foods which led the authors to conclude in their extensive study that countries with highly deregulated markets have a population with much higher body mass. It is interesting to note that more and more educated people are no longer brushing off unofficial versions as conspiracy theories but are clearly engaging the sophistication of the insights they offer.

The nexus between the root causes of major health and international trade regulations cannot be clearer. All these areas provide analytical, empirical and philosophical links between IB and other disciplines creating enormous opportunities for reaching new interdisciplinary frontiers.

The intellectual urgency for connecting international business and global health research

IB and global health scholars are intellectuals doing research as a practical social activity. In fact, global health scholars are also seriously involved in advocacy and health politics just as IB scholars render consulting services to governments, firms and hybrid institutions (Ahen, 2015b). They are neither law enforcement agents nor criminologists, but they are consumers too, and they live in a world where the boundaries between IB and global health are more blurred and affect them much more than they easily let on (Ahen, 2015b). They cannot wait until retirement before being concerned about the presence of toxins such as lead, mercury, asbestos and other chemicals in their food, water, air and environment (Derry, 2012; Weber, 2009), nor can they be silent about the health of the voiceless, marginalized, dispossessed and distal stakeholders who work with or are affected by such toxins (Ahen, 2017b; Banerjee, 2011). Most importantly, scholars produce knowledge and educate those who practice IB as a profession that has effects on global health. Therefore, they cannot be oblivious to what goes on around them. After all, is not it the goal of research to create understanding about phenomena that really matter and to build foundations for social change (Parry and Murphy, 2015; Pfeffer and Fong, 2002)?
There is therefore the need to start reversing the current and past value destruction practices in which the corporatized business schools (Huzzard et al., 2017) continue to create “planetary vandals” implicated in the plundering of the earth’s resources and abusing human rights for profits (Orr, 1991). On a brighter note however, business schools consist of a mighty army of scholars and students who can mobilize their intellectual and political resources in bringing about a change as many are already doing (Alcadipani and Faria, 2014; Ayres, 2012; Banerjee et al., 2009; Cairns, 2019, this special issue; Burmester et al., 2019, this special issue; Roberts and Dörrenbächer, 2016; Srikantia, 2016). Our hope is anchored in the proud awareness of the fact that change is possible. What is needed is a critical mass of actors who will move critical perspectives from the fringes to mainstream to unseat the status quo with dialogue where necessary and radical approaches are needed with a sense of urgency.

**International business and other ignored wicked problems**

IB and global health is only one problem area as espoused in this paper thus far. However, there are numerous other wicked problems which urgently require attention. The following pragmatic solutions provide analytical grounding for further appreciation of the magnitude of the issue at stake and why action is urgently need.

First, I argue that either IB scholars proactively lead the way by advancing inquiries into such novel and existential themes of socioeconomic and environmental relevance or such challenges will render their intellectual outputs not so relevant to society. Thus, if they fail to engage in fruitful interdisciplinary work that addresses the urgent issues. In fact, that lack of engagement will make them accomplices in the creation of wicked problems rather than a part of the solution. However, this great “complicity to irresponsibility” is already systemic and it is due, at least theoretically, to:

- increasing insensitivity to global issues (taken for granted as just news or too ubiquitous to worry about) has led to negligence and separation between IB and sustainable health issues.
- short sightedness of the capitalist view of the world means short-termism is privileged over ethical considerations.
- short news cycles (news as just manufactured products, which may also be fake for consumption by a desensitized public) leave more and more people detached from reality, indoctrinated, mis-educated (Woodson, 1933) about the deep issues and linkages between IB and the environment, peace, prosperity, forests, oceans and other life-support systems as well as their planetary boundaries (Wals and Jickling, 2002; Whiteman et al., 2013).

There is also the issue of moral narcissism in a digital age as well as institutions within the educational systems whose power dynamics dictate what is interesting and “relevant”. Kwame Anthony Appiah (2015) explains that: “Moral narcissism is about being more concerned with the cleanliness of your hands than with how your conduct shapes the lives around you.” On the other hand, the pressure to publish (Bennis and O’Toole, 2005) and the need for individual salvation of careers undermine the quest for relevance, let alone creative destruction through innovative pedagogy and research outcomes.

There are three other particularly serious issues, namely, business school’s distance from settings where wicked problems unfold, the weight given to grades and certificates for the sake of it and excessive executive pay even in the midst of scandals (Boston, 2016). These are elaborated in turn. The distanced location of business schools from nature – forests,
water bodies and mining fields, farms, butcheries, etc. This has meant that since business schools are established in metropolis away from where externalities and corporate impact on the ocean and environment occur, they hardly give thought to the health of the environment or, at least, talk about it without engaging it in their real life settings. Such a situation hardly transforms the minds of students because globally important issues are treated as distant issues. Here, trivialities are emphasized and the wicked problems created by ‘planetary vandals’ are suppressed and referred to as conspiracy theories or at best IB risks. This translates into a huge disconnect between business schools and reality (Ahen, 2017a). For example, the import and export of agricultural products and their retailing are studied but hardly those aspects that affect health from planting to fertilizing, application of weedicides and pesticides, storage and treatments of food within the food supply chains until they arrive at our super market shelves. However, there are a growing number of allergies and pesticide causing diseases (Weber, 2009) which spread democratically even to the business scholar. Such issues know no borders. ‘Out of sight, out of mind’ is not a cliché, but because business schools are established in metropolitan areas that are far away from the farms and animal husbandry settings, students tend to talk narrowly about trends such as mobile phones, internet of things, or new technologies for games. At the same time they are losing touch with the most fundamental areas of commerce such as food, water, and medicines. These sectors, with worldwide corporate control (Krinninger, 2017; Krinninger and Russell, 2017), however, have had the biggest mergers and acquisitions (Banos Ruiz, 2017). The exponential increase in the freedom and power of MNCs has also meant that they have a massive impact on global health outcomes.

Additionally, the absolutization of grades and certificates as a mark of excellence, but not learning processes and outcomes seems to be a faltering touchstone for education in modern times. This may explain the current failure of modern education (Mintzberg, 2004). Furthermore, within the context of IB, the financial crisis was a wake up call for business schools’ educators, researchers and students. There was a backlash challenging their legitimacy and impact on our socioeconomic advancement. More pronounced were the criticisms directed at the teaching strategies of business schools where the distributive effects of neo-liberal capitalism resulting in inequalities are hardly questioned (Fotaki and Prasad, 2015). Business Schools were condemned for treating ethics and corporate responsibility as only tangentially related to business and society (Ahen and Zettinig, 2015; Pfeffer and Fong, 2002). In fact, prior to the crisis, Mintzberg (2004) in his well-cited paper argued for the need for responsible managers and not just MBA degrees. Students would be better prepared if scholars engaged them in the broader issues of cross-disciplinary nature. There are other issues which undermine the efforts of academics. On one hand, there are those who see action as driven by the logic of anticipated consequences and prior preferences. On the other side are those who see action as driven by the logic of appropriateness and a sense of identity (March and Olsen, 1998). More people then enroll in courses mostly because they can pass them and obtain credits with relative ease without doing much or learning anything useful. The narrow economic and instrumental view pervades and persuades both students and IB scholars.

The disproportionate executive compensations even after serious wrong doings (Boston, 2016), tax avoidance (Contractor, 2016) and other scandals abound. First, high executive payouts vis-à-vis the ordinary employees’ wages are the most powerful and insidious advertising machinery that suggests that greed is good. This sets a bad example for students. This, in turn, undermines our Business Schools’ pedagogical resolution to inculcate social responsibility in the minds of future leaders. Coupled with the above is that corporate lobbying “undemocratizes” our democracies because lawmakers end up doing the
biddings of corporations instead of the constituents and this is just the beginning (CRP, The Center for Responsive Politics; Stringer and Garsten, 2018). Corruption and corporate irresponsibility, especially in developing economies, are the root cause of systematic underdevelopment and extreme health poverty as the powerful keep fleecing the poor (Burgis, 2015; Kofele-Kale, 2006). Nevertheless, this hardly ever earns space on the G20 agenda (Nobel Laureate Joseph Stiglitz; CNN, 2011). The above instrumental behaviors are not harmless but their articulation in extant literature hardly reflects its gravity. More than ever before, interdisciplinary enquiry into the complex and intertwined questions such as IB and global health are especially pertinent because corporations are endowed with the power, medico-techno-scientific resources, the expertise and mechanisms that can be used to either destroy or create the maximum social value (wellbeing). All these endowments are also given by society through its intellectual heritage and subsidies paid by citizens (Standing, 2016). What then is the way forward?

Discussions
“Global health is IB and IB is global health” is all about relevance, rigor, interdisciplinary, multidisciplinary and transdisciplinary[1] engagement of IB with the fast changing world of science, technology and socioeconomic ills in which it is embedded. In particular, it is about the community of scholars in critical perspectives moving their courage, adventure and mission a notch higher beyond the domesticated criticism (Faria, 2014) by challenging the status quo in a more radical fashion than hitherto seen. Most importantly, this is the age where others are using the scientific and naturalistic approaches to bring about the desired social change through useful knowledge production and dissemination. For IB scholars to stay relevant they must engage society, not the corporation.

There is an emerging pattern toward serious interactions between research and policy where rigorous engagement with empirical and existential global issues are encouraged. There is also a multiplicity of (non)formal but legitimate knowledge intensive entities with intellectual merit acting as evidence-based policy influencers (through their reports) on burning issues (Shaw et al., 2015). These are gradually transforming the way that research processes and outcomes and teaching and learning are conducted in academia. Additionally, there are a growing number of citizen scientists. Their messages are now making inroads because of alternative media outlets, and people are listening. Citizen scientists are “social movement activists skillfully utilizing scientific tools for social change” (Kimura, 2016, p. 19). As an example, “citizen science after the Fukushima accident seemed to exert taming effects on activism, as they are ‘more concerned than outraged’ citizenry apparently took to science instead of politics” to question “official” versions of the degree of food contamination and other forms of contaminations (Kimura, 2016, p. 19). Then there are freelance scientists who do not only create science but critique and effectively communicate science to a lay public in an impactful manner. Take for example Global Health Watch (www.ghwatch.org/who-watch/about) that provides advocacy and critique of the WHO as representing only the status quo in the agenda setting and rulemaking with strong influence from private pharmaceutical MNCs whilst ignoring essential local problems. They present alternative views that problematize the WHO’s approach to global health governance that ignores the insidious role of private corporations against the wishes of underprivileged communities (Ahen, 2017a). A case in point is the deep bribery and back room deals that were discovered about the recent reemergence of the opioid crisis in the USA (Dwyer, 2017). What this does is to tarnish the hard-earned reputation of those in the industry investing in new science and technologies for better health care globally.
Recent decisions to develop incentive structures within academia to improve the relationship between research and policy (both process and outputs) are largely informed by these kinds of linear, instrumental, utilitarian conceptualizations of strategy. At the institutional level, demonstrating “research impact”, for example, now forms a significant part of the research grant application process for all of the major UK funding councils (Parry and Murphy, 2015, p. 98). This is currently happening all across Europe and other parts of the world; see for example https://erc.europa.eu for guidelines on annual research directives. The chase after individual glory and prestige forces some to continue the path of turf protection, even building walls around topics that have run out of steam. In some cases, this is achieved through the use of dishonest means. For example, 80 per cent of all clinical studies are not replicable (Clark, 2017; Winnacker, 2015). This is clearly bad for science and knowledge creation in general. That may not be the case for IB research. Nevertheless, research that is either meant to make already rich corporations rich again or meant for the shelf in an era of deep distress and profound crisis is as useless as falsified studies. However, there is a danger in staying in one’s silo and compartmentalized research domain without broadening one’s horizon. This is because IB scholars and global health scholars are not the only producers of knowledge. NGOs, consultancies, individual scholars and Think Tanks are drawing attention to the issues that matter using the scientific methods (Shaw et al., 2015). This means that IB scholars have other competitors who are also policy influencers (Parry and Murphy, 2015).

Concluding remarks
I have addressed the nexus between global health and IB to shed light on the interdisciplinary foundations and the mutual effects they produce. This paper produced a two-fold outcome; first, it opens up discussions and connections among socioeconomic and medico-techno-scientific disciplines. Second, it reorients attention toward new interdisciplinary, cross-disciplinary and multidisciplinary research agendas that reflect not only global socioeconomic, political and environmental dynamics but also the profound effects such as cross-fertilization can have in social transformation. The paper further argues that the nature of emerging changes is fundamentally different in their depth and scope in comparison to previous IB and global health phenomena. In synthesis, IB scholars must tackle their academic fault lines with a sense of urgency in order to remain relevant. Privileging superficial issues over serious ones in the face of wicked problems and crucial issues that require critique often assumes IB research is somewhat stuck in domesticated criticism (Faria, 2014). However, critical perspectives are hardly ever about acquiescence or weakness to the point of being neutralized or coopted to become just another epistemic community with surrendered power. In that sense, “global health is IB and IB is global health” is not an anti-capitalist polemic but realistic intellectual stance for global health and global wealth for all. It is a defining conceptual framework for concretizing the identity of the epistemic community of critical scholars, especially within IB whose foci of research are not about anything and everything but the big issues with the potential to make or break.

On the corporate front, there are countless attempts by major global firms to strategize sustainably instead of offering lip service as the prevalent behavior (Wickert et al., 2016). This is just what is expected of a normal business entity as of all citizens. Therefore, the focus of a critical perspective recognizes that truly responsible companies do not glorify themselves based on such normal routines since there are real dystopic prospects if things continue the way they are going now. In essence, they must not only avoid value destruction but they must create and protect value (Ahen and Zettinig, 2015). After all, corporations owe governments, societies and the environment upon which they depend for their very survival.
The pharmaceutical and even technology companies such as Microsoft have only built on knowledge previously produced by others who were, in turn, heavily subsided by society (Universities) over time (Alperovitz and Daly, 2008; Standing, 2016).

Finally, emerging global changes are expected to gradually transform the research foci and pedagogical orientations in the future. I conclude that without serious engagement with the real world in an interdisciplinary fashion, the risk of irrelevance in the nearest future is not farfetched. This is not a fashionable prophesy if one looks a bit deeper into the emerging changes on the ground.

Policy recommendations and suggestions for future research

The above analyses have the potential to offer some “viable utopian ideas” to use the words of Shostak (2003). The essential focus of international trade, global health governance and economic development nexus is the speed of their change and how at the same time they remain stable at both the meso and the macro levels in the fourth industrial revolution. IB and management scholars have done well in advocating the need for interdisciplinary work (Littrell and Rottig, 2013; Roberts and Dörrenbächer, 2016; Sen and Mukherjee, 2014). However, not much is done to heed to this call or to explain how this can be done. Another practical problem is that we do not even have a sufficient number of editors and reviewers who are experts in more than two disciplines. Nevertheless, there are IB and management scholars with engineering, pharmaceutical or natural science backgrounds who will find it worthwhile diversifying their current research portfolio. This is either implying or explicitly challenging IB scholars that there is much work ahead and serious gaping holes in literature in need of filling. It is also important to consider that we have reached a critical juncture in the evolution of IB and global health where the boundaries are so blurred and allow for immense positive and negative glocal externalities. The benefits are enormous. Students (the future leaders) will gain insights that will amplify the possibilities they can have in the future. This much is possible only through the fusion of openness and creativity in interdisciplinary work for the advancement of knowledge that is not compartmentalized and self-serving.

Thus, “IB is global health and global health is IB” is a way of suggesting all the things IB translates into when its scope and horizon are amplified. The problem as usual is the taboos and sacred cows.

For example, how can the big questions be investigated? Poverty, mega corruption, diseases, famine, global security and modern slavery constitute prominent aspects of IB operations (Stringer and Michailova, 2018); the dumping of toxic waste on land and in sea, toxins in food supply chains etc. constitute IB (Baraniuk, 2016). In fact, war and regional conflicts constitute IB, too. War is based on geopolitical strategies and technologies involved in the movement of heavy weaponry, people (military personnel) and now private international armies, massive financial resources and complex forms of logistics across borders. It leaves behind devastation of economic and political systems and the destruction of the environment. It is however, extremely profitable. On the flip side, we are not unaware that the same weapons are used to stop terrorist or illegitimate violent actions which always have the potential to disrupt IB operations. The controversial nature, ethical dimensions and the actors involved in such IB is what makes it even more interesting. However, such industries are hardly studied in depth in IB. There are also the sacred cows, taboo subjects and glaring caveats.

Global health security and international diplomacy are in fact IB at its core. In which way will the fourth industrial revolution shape IB’s futures? To what extent will new post truth, cybercrime and global insecurities affect IB intelligence gathering for strategic decisions?
How are global isolationism and globalization going to contribute to the formation of new economic and geopolitical alliances? In addition, how will that affect new sustainable production and consumption modes to shape global capitalism – with sharing economy, circular economy, artificial intelligence and climate change? As for global warming and climate change, neither the alarmists nor the deniers are giving up their guns (Wals and Jickling, 2002). All these issues have implication for future IB research.

Note
1. All “disciplines as branches of knowledge are held together by a shared epistemology” (Choi and Pak, 2008, p. 41), ontological, conceptual and theoretical foundations for pedagogical and application purposes. In the context of health research, Choi and Pak (2006) define Interdisciplinary research: An interactive and purposeful synthesis of perspectives, theories concepts, and methods from different disciplines – resulting in a synergistic novelty. Thus, a process of harmonization that seeks to leads to a harmonized and coherent whole. Multidisciplinary research: Teams of scholars of disciplinary orientations drawing strengths and knowledge to solve a problem or create policy interventions, but remain in their disciplinary boundaries (additive). Transdisciplinary research: “Integrates the natural, social and health sciences in a humanities context, and transcends their traditional boundaries in the quest to solve complex real world problems whose solutions require a melting pot of normally silo disciplines (holistic).”

References


Further reading

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