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Exclusivity and Circularity in the Production of Global Governance Expertise: The Making of "Global Mental Health" Knowledge

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Global mental health expertise favors biomedical explanations of mental disorders that conceive such disorders as stable entities, which can be diagnosed according to universal categories. Following this logic, universal and standardized solutions can also be applied throughout the world, regardless of context. Despite its assumptions and data being contested within the field of psychiatry itself, global mental health expertise has been highly stable. How is such expertise produced? Through what mechanisms are its products, such as reports, studies, or numbers, made and replicated? The article proposes a model of expertise production in global governance that discloses specific mechanisms of circularity and exclusivity in knowledge-making processes, which result in the circular and exclusive character of expertise itself. These include the circulation of profesionals and data across spheres and organizations, as well as the role played by several sites such as boundary expert groups, influential research clusters, and "policy-scientific" journals, which operate as powerful centers of knowledge production at the intersection of the policy, scientific or private spheres. Such sites not only act as loci where people's circulation operates at its best but also as autonomous mechanisms that produce, cement, and perpetuate the circularity and exclusivity of expertise beyond the role of specific individuals.

L'expertise globale dans le domaine de la santé mentale favorise une approche biomédicale des problèmes mentaux, qui conçoit ces troubles comme des entités stables pouvant être diagnostiquées selon des catégories universelles. Suivant cette logique, des solutions universelles et standardisées peuvent également être appliquées dans le monde entier, quel que soit le contexte. Bien que ces hypothèses et ces données soient contestées au sein même du domaine de la psychiatrie, l'expertise dans le domaine de la santé mentale est restée très stable. Comment cette expertise est-elle produite? Par quels mécanismes ses produits, tels que ses rapports, études ou chiffres, sont-ils créés et répliqués? Cet article propose un modèle de production de l'expertise dans la gouvernance mondiale, qui révèle des mécanismes spécifiques de circularité et d'exclusivité dans ses processus de production, qui aboutissent au caractère circulaire et exclusif de l'expertise elle-même. Ceux-ci incluent la circulation de professionnels et des mêmes données entre différentes sphères et organisations, ainsi que le rôle joué par plusieurs sites tels que les groupes d'experts, les groupes de recherche influents ou les revues « politico-scientifiques », qui agissent comme puissants centres de production de connaissances à l'intersection des sphères scientifiques, politiques ou corporatives. Ces sites opérent comme des lieux où la circulation des personnes est

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manifeste, mais aussi comme des mécanismes autonomes qui produisent, renforcent et perpétuent la circularité et l'exclusivité de l'expertise au-delà du rôle d'individus spécifiques.

La experiencia en salud mental mundial favorece las explicaciones basadas en el cerebro de los trastornos mentales, que los conciben como entidades estables que se pueden diagnosticar de acuerdo con categorías universales. De acuerdo con esta lógica, las soluciones estándares también se pueden aplicar en todo el mundo, independientemente del contexto. A pesar de que sus suposiciones y datos se cuestionan dentro del campo de la psiquiatría, la experiencia mundial en salud mental ha sido sumamente estable. ¿Cómo se produce dicha experiencia? ¿A través de qué mecanismos se elaboran y replican sus productos, como informes, estudios o cifras? En el artículo se propone un modelo de producción de experiencia en gobernabilidad mundial que revela mecanismos específicos de circularidad y exclusividad en los procesos de creación de conocimiento, que dan como resultado el carácter circular y exclusivo de la propia experiencia. Estos incluyen la circulación de personas de alto perfil y de los mismos datos a través de ámbitos y organizaciones, así como la función que desempeñan varios sitios, como grupos de expertos en límites, equipos de investigación influyentes o revistas "políticas científicas", que operan poderosos centros de producción de conocimiento en la intersección de diferentes ámbitos. Estos sitios actúan como centros donde la circulación de las personas funciona de la mejor manera; pero también como mecanismos autónomos que producen, consolidan y perpetúan la circularidad y exclusividad de la experiencia más allá del rol de ciertas personas.

Mental health has become a pressing issue and, to echo the words of the World Health Organization (WHO), the "foundation for the well-being and effective functioning of individuals."[1] It has also, over the last twenty years, become a well-established domain of global governance. The WHO, in collaboration with a number of "experts," professional organizations, activists and private actors, produces expert reports, recommendations, and a plethora of programs in order to tackle mental health disorders on a global scale. In its Mental Health Gap Action Programme (mhGAP), targeted at countries with low and middle incomes, the WHO claims that, with "proper care, psychosocial assistance and medication," tens of millions could be prevented from suicide and live "normal lives" (WHO 2008). Indeed, at the core of the global mental health agenda lies what the WHO has called the "treatment gap"—the difference between the number of people estimated to need treatment for mental illness and the number of people actually receiving treatment (WHO 2001). The case for the "treatment gap" was widely made in the The Lancet Series on Global Mental Health (Lancet 2007, 2011), a central element of the knowledge base of global mental health. In direct connection with this diagnosis, the WHO places the emphasis on the need to scale up "evidence-based" interventions in developing countries, to address conditions such as depression, schizophrenia, suicide, or dementia. Evoking increasingly alarming numbers about the "burden" of mental health disorders throughout the world, the WHO presents its agenda as a "response" to a plea for help on the part of low- and middle-income countries.

This agenda is informed by a body of knowledge that favors biological and brain-based explanations of mental disorders. Mental health disorders, from this perspective, are stable entities that can be diagnosed according to neat and universal

[1] See the website of the WHO, "Mental Health" section. Accessed August 18, 2021. https://www.who.int/westernpacific/health-topics/mental-health.

categories. Following this logic, standard treatments or solutions can also be applied throughout the world, regardless of context (Edquist 2008). Although such claims are often taken for granted, they are based on contested knowledge. The evidence behind biomedical explanations of mental disorders has been contested within the discipline of psychiatry itself for decades (McGoey 2010; Moncrieff 2010), where professionals increasingly agree that biological constructions of mental disorders might be wrong or should, at minimum, be examined in light of other approaches focused on environmental and contextual factors (Kirmayer 2012). One would think that such controversies are particularly relevant for the agenda of global mental health, which is geared toward diverse populations and contexts throughout the world. In addition, critics have also been vocal about the role of private industry in the proliferation of psychotropic medication use (Mills and Fernando 2014; Lehmann 2019). Yet, biological explanations, standardized diagnostical techniques, and access to medicines remain at the heart of the WHO's recommendations.

How is mental health expertise—defined here as the material knowledge considered relevant, valid, and authoritative in a given governance domain—being produced? Through what mechanisms are the documents, reports, studies, or numbers, which come to be seen as expert in a particular domain, being made and stabilized? Expertise is ubiquitous in global governance. Global governance actors, in particular international organizations (IOs), boast about the "evidence-based" nature of their agendas and interventions, whether in health, climate, education, or development aid (Timmermans and Berg 2003; Donovan 2010; Jatteau 2013; Sending 2017). "Experts," sitting in IOs, expert groups, academia, high-level commissions, or advisory committees of all sorts, abound and produce a plethora of studies, databases, and seminal papers that form the knowledge base of given issue domains. Yet, we know little about the specific processes through which such knowledge is being produced and replicated.

Shifting away from a focus on scientists or experts, who would be producing expert knowledge autonomously from "politics" (Haas 1992), scholars of global governance have revealed that there is no strict separation between the academic/scientific, the policy, or the private spheres and that "identities cut across analytical categories of epistemic communities, international organizations, or advocacy networks" (Sending 2015, 5). Thus, actors and organizations from seemingly distinct spheres are deeply enmeshed, so that experts and those who do policy in practice are often the same (Vauchez 2008; Tsingou 2015; Seabrooke and Henriksen 2017). We also know that those communities where global governance knowledge is articulated tend to be elitist, often producing orthodox and "exclusive" forms of expertise, which include certain voices but exclude or marginalize others (Leander and Weaver 2018, 1). Yet, we have little grasp of the specific mechanisms through which expertise—the reports, studies, and numbers that make the knowledge base of a field—is being produced in this *enmeshed and interwoven space*. Exploring such processes makes it possible to disclose tangible mechanisms of exclusivity and circularity in the making of expertise, which result in the exclusive and circular nature of expertise itself. In doing so, it also sheds light on novel processes through which certain groups retain and replicate their power.

I propose here a model of expertise production that sees expertise as created by a nucleus of actors and organizations, which operate in a highly enmeshed and mutually reliant space. Exclusivity and circularity work in tandem and refer to the way expertise is produced in closed and self-reliant circles. While specific mechanisms of circularity and exclusivity operate at a granular level, they also intersect with structural hierarchies, be they epistemic or resource based. Such mechanisms include, first, the *circular movement of a small group of individuals* across spheres and organizations, itself paralleled by the *circulation of data* (numbers, studies, reports) across different sites. While sustained by the circulation of professionals, data circulation also operates mechanically, through a system of cross-citing that results in its

crystallization. The circularity and exclusivity of expertise is also produced and sustained in a number of sites, where professional trajectories intersect at their most, but that also act themselves as mechanisms that inscribe and perpetuate the circular and exclusive character of expertise beyond the role of specific actors. These can take the form of "*boundary research clusters*," in effect prestigious research centers that entertain entrenched relationships with policy, or *boundary expert groups*, which directly produce expert reports that cement and perpetuate a consensus, or yet "*policy-academic*" *frontier journals*, which sustain a symbiotic relationship with governance actors and also produce and perpetuate an exclusive and circular form of expertise. Finally, the *routine meetings* of the same actors and organizations in crossing points (conferences, workshops, global fairs), where the same data are circulated and rehearsed to the extent that they come to be taken for granted, also contribute to produce and stabilize the circularity and exclusivity of expertise. The production of knowledge that comes to be considered as expert is carried in closed loops. These mechanisms of exclusivity and circularity are *inscribed* into global governance processes and perpetuate the circular and exclusive character of expertise, even when it is contested.

These mechanisms produced and maintained the circularity and exclusivity of expertise in global mental health. A small group of high-profile individuals, as well as a narrow body of data, circulated across organizations and spheres, while *The Lancet* expert commissions, a select number of prestigious research clusters at the intersection of policy and academia, as well as the symbiotic relationship between the WHO and the medical journal *The Lancet*, operated as mechanisms that produced and perpetuated a certain form of expertise. Global mental health is a particularly interesting and emblematic case of "evidence-based" policymaking, the politics of which have not been examined in IR. However, the dynamics of knowledge-production revealed here have a broader reach. Expertise in other sectors is also exclusive, elitist, or orthodox (Stone 2017; Leander and Weaver 2018) and articulated at the intersection of the private, public, and academic spheres (Vauchez 2008; Tsingou 2015). Thus, and although each issue domain has its own peculiarities and complexities, the model of expertise production developed here provides us with new conceptual devices to understand *how* exclusive forms of expertise come to emerge elsewhere and what forms of enmeshment characterize relationships between seemingly separated spheres.

The findings result from in-depth case study work. Through immersion with the details of the case, I have mapped the actors and organizations that participate in the production of expertise in the domain of mental health, their different forms of enmeshment, and the sites where circularity and exclusivity operate with, but also beyond, the role of specific actors. First, I have conducted a prosopographic study of the "social profiles" (Cohen 2010) of professionals in the field of mental health, focusing on their career trajectories and relationships rather than their particular actions. I have assembled data on professionals in the field as well as their interactions through an in-depth examination of the biographies of the main figures of global mental health as well as their multiple and changing affiliations across time and locations. This was done through an examination of their curriculm vitae, online job profiles when available, and online searches. In addition, I have scrutinized the composition of *The Lancet* commissions and the makeup of participants to events such as the mhGAP Forum, the Suicide Prevention Day, and the World Mental Health Day. Second, I have mapped the sites where such relationships become entrenched and which cement circularity and exclusivity, such as boundary expert groups, research clusters, and "frontier" journals. This was done through an analysis of *expertise*, as embodied in documents, expert reports, and studies, as well as an examination of the websites of research clusters most closely tied to global mental health: the School of Public Health at Harvard and the London School of Hygiene and Tropical Medicine (LSHTM). I have examined *The Lancet* expert reports;

publications in *The Lancet* Series on Mental Health, key WHO, and World Bank documents on Global Mental Health; and documents from the Movement for Global Mental Health (MGMH). When examining these documents or studies, I have paid particular attention to their authoring, phenomena of cross-citing, and, when relevant, funding bodies and partners. Third, I have assembled data on mechanisms of circularity and exclusivity through interviews with WHO officials, representatives of the MGMH, experts for the so-called *Lancet* commissions as well as representatives of users and survivors of psychiatry, the main alternative voice in the field.

Producing Expertise in Global Governance

Existing Literature

Existing literature has acknowledged the ubiquity of expert knowledge in global governance. While initial insights were predominantly concerned with the way experts influence or shape policy, assuming that the scientific and policy spheres are neatly separated and driven by different logics (Haas 1992; Haas and Stevens 2011), more recent insights into IR, sociology, and anthropology have argued that "the concept of an epistemic community does not stand if the community and those that it is meant to advise are the same" (Tsingou 2015, 230). Recent scholarship reveals that what comes to be considered as expert knowledge in global governance is articulated by a diversity of actors—coming from IOs, academia, think tanks, the private sector, including industry or philanthropic foundations, and civil society—which gather in transnational communities (Djelic and Quack 2010; Stone 2017), communities of practice (Bueger 2015), professional networks (Cohen 2010; Seabrooke and Henriksen 2017; Hanrieder 2019; Seabrooke and Tsingou 2021), and even clubs (Tsingou 2015). Shifting away from a focus on specific actors and their role or influence, such accounts have shown that, whatever their specific form or configuration, such arenas act as the locus where global governance knowledge is articulated and stabilized. They also reveal the "elite" or "cliquish" nature of such communities (Tsingou 2015; Niederberger 2018) and the exclusive nature of the knowledge they produce (Leander and Weaver 2018). Ideas, forms of knowledge, or competences that do not echo with the dominant paradigms and criteria of validity tend to be excluded or dismissed.

The literature on communities of practice has provided us with important insights into such dynamics and the way they operate in processes of knowledge-making. IR practice theory has revealed that communities of like-minded people engage in routine ways of doing things, in an attempt to manage problems of global governance. Communities of practice "create a shared practice" that embodies "the knowledge the community develops, shares, and maintains" (Wenger, McDermott and Snyder 2002, 28–29). Such communities are exclusive, in the sense that performances of a practice contain claims to authority or competence that automatically exclude those that cannot make claims to these. Competence is negotiated socially, and power emerges from this socially negotiated recognition of mastering a given practice. Although practice theory had not initially looked at practices of knowledge-making, recent scholarship, largely inspired by insights from science and technology studies (STS), has examined "the practical infrastructures by which knowledge is produced, validated, and maintained" (Bueger 2015, 4). Building upon the philosophical concept of assemblage (Deleuze and Gattari 1983), as well as actor-network theory (Latour 2005; Law 2008), these works focus on the relationships that connect together actors, actions, and material objects (Bueger 2015, 2018), pointing to the complexity of assembling, ordering, and reordering knowledge. Shifting away from structures of reproduction, seen as characteristic of earlier work on practices, they reveal "the enactment of fragile structures of meaning," conceiving expertise as a heterogenous and inherently unstable ensemble, defined

largely by fluid relations and practices (Bueger 2015, 5). Research on epistemic practices has shed light on the way expert knowledge is assembled or translated into specific artifacts in global governance, adding to IR a flourishing research agenda on world politics *in action*, "as part of a 'doing' in and on the world" (Adler and Pouliot 2011, 2). Yet, like earlier constructivist approaches on epistemic communities, practice theory sees knowledge as endogenously produced by like-minded communities of people. This perspective does not acknowledge the mechanisms of enmeshment between actors or organizations from different spheres, which work to align differences among people who are not necessarily like-minded or mutually engaged. It also does not take into account that norms of knowledge validity are not only defned within a practice community. Discourses or paradigms that operate at a more structural level define what can be considered as valid or scientific knowledge. In addition, with its focus on the contingent and ever-changing nature of epistemic practices, the role of actors and processes of group involvement (and the way these intermesh with the role of resources) have been left aside.

The literature on professional networks has, for its part, approached phenomena of circularity and exclusivity in global governance by focusing on the trajectories of professionals (Vauchez 2008; Seabrooke and Henriksen 2017). Seabrooke and Henriksen (2017) have coined the term "issue professionals" to refer to those networks of people located across diverse organizations or associations, who come together to seek issue control—that is, "recognized stability in what professionals and organizations dominate the treatment of an issue in a particular way" (Seabrooke and Henriksen 2017, 5). Such accounts have also moved beyond a narrow conception of knowledge as produced by "experts" or scientists autonomously, acknowledging instead that all global governance actors can act as experts, as people hold multiple roles and identities and circulate between spheres and organizations (Seabrooke 2014). Such research has revealed relationships between seemingly separated spheres or organizations and "inter-locking networks" that deconstruct dichotomies often found in the literature, between the public and the private or policy and academia (Vauchez 2008). From that perspective, circulation takes place *within* those professional networks that control an issue domain (Seabrooke and Henriksen 2017). Exclusion or inclusion, for its part, is an outcome of competition between professional groups. By default, those that do not succeed in gaining control over an issue domain are excluded from discussions.

The perspective adopted here builds upon these insights and conceives the trajectories of professionals as central to our understanding of phenomena of circularity and exclusivity in global governance—and in the *production of expertise* more specifically. However, while the professional networks literature has been concerned with issues of task control and competition between professional groups, in which expertise is conceived as a tool that can be mobilized by professionals in order to gain authority and eventually control the treatment of an issue (Cohen 2010; Seabrooke and Henriksen 2017), the focus here shifts toward processes of knowledge production themselves—the way expertise in the form of reports, studies, and statistics is created and comes to be seen as relevant. This reveals, first, that in processes of knowledge production, the logics of circularity and exclusivity are operated and sustained not only by the circulation of professionals but also through other mechanisms, which can take the manifestation of sites where people's circulation operates at its best but which also mechanically produce and perpetuate circularity and exclusivity, in a fashion that transcends the role of specific actors. In revealing these mechanisms, one can capture what sites act as centers of knowledge production and perpetuation as well as relationships among these. Second, shifting toward knowledge-making processes opens up the "black-box" of expertise, thus providing an avenue for disclosing the political in the delineation of what counts as valid knowledge in specific domains. In particular, it points to the way dissensus (and competition) can also exist *within* given professions, when doctors, economists,

or development workers disagree among themselves about what is relevant knowledge, *or* between professionals and so-called lay forms of knowledge. In such circumstances, hierarchies and resources can play a critical role and it becomes sufficient for dominant voices to stabilize their position and marginalize alternative voices within the profession or against external knowledge through experience claims.

Mechanisms of Circularity and Exclusivity in the Making of Expertise

The logics of circularity and exclusivity work in tandem in the making and stabilization of expertise in global governance. Both logics are operated, sustained, and perpetuated through specific and tangible knowledge-making mechanisms. Although these mechanisms operate at a granular level, when certain studies, reports, and numbers are being produced and stabilized as "expert," they also intersect with more structural factors. Not only financial but also epistemic hierarchies structure the space within which actors operate (Bourdieu and Wacquant 1992, 16). The forms of enmeshment that emerge between professionals and organizations are shaped by "structural constraints and opportunities" and may replicate certain stratifications (Dezalay and Madsen 2017, 26). Widely accepted norms of validity also structurally delineate what forms of knowledge are seen as valuable in global governance. Certain norms act as markers of what is scientific and what is not, with the effect that knowledge not matching these criteria tends to be dismissed as anecdotal, inconclusive, biased, and "non-expert" (Timmermans and Berg 2003; Donovan 2010; Jatteau 2013). Thus, although sustained by mechanisms that function at a microlevel, the mechanisms of circularity and exclusivity outlined below also inscribe and replicate a certain form of expertise and the power of its protagonists in global governance.

Circulation of People

Scholars have already shed light on the circulation of the same individuals across spheres and organizations, either simultaneously or successively in global governance (Sending 2015, 5). Individuals might be detached from their formal affiliations and move across spheres, but more often they enjoy familiarity in different organizations and settings *simultaneously* and transfer their experience and knowledge across these different spaces in an instance of "identity switching" (Demortain 2008; Seabrooke 2014; Seabrooke and Tsingou 2021). The density of circulation contributes to the circularity of expertise both in its making and in its content. Circularity works together with exclusivity. The people who tend to occupy, simultaneously and successively, multiple positions are typically endowed with multi-fold resources, be they epistemic, social, or reputational. These resources are critical for actors to be able to navigate spheres and organizations and place themselves in powerful positions (Bourdieu and Wacquant 1992; Dezalay and Madsen 2017). A small, circular, exclusive, and intersected nucleus of people and organizations produces and stabilizes expertise, as embodied in material reports, studies, and data of some sort, in given issue domains.

Cross-citing

In addition to being produced by a narrow group of individuals, the knowledge considered as relevant for policy in specific issue domains also consists of a narrow set of research findings and data. These knowledge artifacts are both produced and circulated in a circular fashion among these same actors and fora. The same databases, statistics, scientific studies, or policy reports are heavily cross-cited among and across the actors and organizations involved in the production of expertise in given domains. Expert groups, private actors, IOs, or boundary research clusters

make repeated affirmations of particular claims, studies, or numbers, resulting in the "recursive recognition" of this knowledge over time (Broome and Seabrooke 2021). By contrast, studies or experiential insights, which do not echo dominant ideas on the problem at stake, well-established norms of scientific validity, or simply are produced by people or organizations not endowed with social or epistemic prestige, tend to be disregarded (Sackett and Rosenberg 1995). In order to be heard, one needs to speak the exclusive language and theoretical frameworks of the dominant (Biersteker 2014; Eagleton-Pierce 2018). As a result, a narrow body of knowledge circulates across spheres so that the same data or research become *heavily cross-cited by everyone*. The circulation of data goes *de pair* with the circulation of individuals described above, given that those who do policy and those who act as experts and scientists are often the same persons. However, it can also act in a mechanical fashion, beyond the role of specific individuals, as cross-citing and recursive recognition become inscribed in particular sites and materialized into expert reports, studies, or databases.

Boundary Research Clusters

Circularity can also operate through more or less institutionalized forms of collaboration or *partnerships* between IOs and academic institutions. In a number of governance domains, a limited number of *influential research clusters*, located in prestigious academic institutions, entertain close ties with the policy sphere. These high-profile research clusters tend to produce research in an intersected space in between academia and policy, and this same knowledge is then mobilized for governance. Ties can take the form of a particularly high level of circulation of professionals between these research clusters and policy, routine requests from international bureaucrats that these clusters conduct research for them, or more entrenched collaborations that can involve financial ties, the cosponsoring of events, "policy-scientific reports," or even academic courses together. The ties which these research clusters, already endowed with financial resources and reputational prestige, entertain with the policy sphere, work to reinforce their authority in a circular fashion.

Boundary Expert Groups

Expert groups can also act as mechanisms of circularity and exclusivity. Typically, such groups, often convened by IOs, gather professionals at the intersection of the policy, academic, and private spheres. These expert groups, typically presented as composed of high-profile specialists, act as foci where consensus is created or stabilized. Experts' discussions typically invest a format that focuses on the technicity of issues, leaving aside, or at least making more opaque, the political implications at stake. Experts tend to internalize their role as technical advisors, rather than political advocates, thus facilitating more consensual and less conflicting discussions (Abélès and Bellier 1996). The technical and consensual reports produced by expert groups then act as material manifestations of exclusivity and circularity. Endowed with authority and intellectual prestige, they stabilize the consensus reached by its authors and perpetuate its reproduction. Such reports typically become heavily cited and circulate across spheres, becoming the uncontested reference points for all governance actors in given domains.

Frontier Journals

Some "scientific" journals are not just scientific but rather "policy-scientific" or frontier platforms, in the sense that they are located at the intersection of policy and academic spheres. Such journals pay a central role in the production, stabilization, and perpetuation of expertise in global governance. While their location at the intersection of policy and academia is not necessarily a problem *per se*, it

nevertheless questions their pretense to function as purely scientific outlets operating autonomously from policy. The location of these journals at the intersection of the policy and academic spheres can become evident through various manifestations. High-profile professionals from IOs can use such outlets to publish papers and edit calls for special series. Policymakers and "policy-scientific" journals can gain prestige and authority from such ties. Once published in such journals, studies benefit from their scientific prestige, are heavily cited, and come to be considered as incontestable.

Crossing points

Crossing points consist of the many work meetings, fairs, conferences, consultative forums, reflection forums, or roundtables, which pepper global governance in most policy domains (Littoz-Monnet 2020). In these (often physical) spaces, policymakers, experts, private actors, activists, or consultants routinely and repeatedly meet and discuss. These routine interactions act as "field-configuring events" (Hardy and Maguire 2010), which provide a locus where the same data and documents, and their associated assumptions and ideas, are circulated and rehearsed to the extent that they come to be taken for granted and appear incontestable. Despite their appearance of multi-actorness and diversity (such events can indeed be attended by a multiplicity of actors and organizations), these meetings are exclusive and structured by hierarchies and power dynamics. Not only do they function by invitation only, but not all actors, even among those who attend, have the same opportunities to speak. Some act as hosts or panelists and sit at the core of these crossing points, while others remain at their periphery. Such events reflect and even facilitate broader structures of dominance in social hierarchies (Hardy and Maguire 2010).

The Making of Global Mental Health Expertise in Exclusive Loops

Global Mental Health

Before moving on to the production of expertise as such, let us take a brief look at the tenets of the global mental health agenda. Global mental health today is an established domain of global governance, with its expert groups, action plans, special *Lancet* Series and global movements. Yet, despite the WHO having created a division on mental health at the end of the 1970s, it took another thirty years for "global mental health" to emerge as a visible domain in global health governance. It was in 2001, with the publication of its report *Mental Health: New Understanding, New Hope* (WHO 2001), that the WHO gave visibility to the issue. By then, the global burden of disease (GBD) statistics had revealed the "burden" of mental disorders worldwide (Murray and Lopez 1996, 21). Mobilizing these statistics, the WHO made the case that action was needed to address what it called the "treatment gap" (WHO 2001)—in short, the difference between the number of people estimated to need treatment for mental illness and the number of people actually receiving treatment. This agenda was widely disseminated through the launch of the 2007 *Lancet* Series on Global Mental Health (and follow-up series in 2011), which acted as a turning point in framing the treatment gap in developing countries as the central problem and in "crafting an identity for global mental health actors" (Lovell, Read and Lang 2019, 526). It was in the wake of the 2007 The Lancet Series that the MGMH, portrayed as a "social movement for global mental health" (Horton 2007), was officially launched.

In its 2008 mhGAP, the WHO argued that 14 percent of the GBD, measured in disability-adjusted life years (DALYs), which shifted emphasis from mortality to disability, can be attributed to mental, neurological, and substance-use disorders (WHO 2008, 4). The WHO emphasized, both in its own documents and through

articles authored in *The Lancet*, the need to "scale up" interventions in developing countries and to deploy "evidence-based interventions" to address conditions such as depression, schizophrenia, suicide, epilepsy, and dementia (Collins and Patel 2011). Evoking increasingly alarming numbers, the WHO's Mental Health Action Plan 2013–2020 states that between 76 and 85 percent of people with severe mental disorders in low- and middle-income countries receive no treatment (WHO 2013).

In all these documents, the WHO places the emphasis on biological and brain-based explanations. Mental disorders are presented as stable entities, which can be diagnosed according to neat categories, with the logical implication that standard treatments can also be applied in all contexts (Edquist 2008). Such a portrayal of mental disorders naturally resulted in a focus on the use of, and access to, medicines in their treatment. In the WHO 2001 World Health Report: *Mental Health: New Understanding, New Hope*, psychotropic drugs are defined as "first-line treatment," as "these drugs can ameliorate symptoms, reduce disability, shorten the course of many disorders, and prevent relapse" (WHO 2001, 9). The mhGAP Intervention Guide proposes standardized descriptions of different types of disorders and of diagnostical methods and prescribes, along with psychological treatment, psychotropic medication for depression and all other mental health disorders (WHO 2016). It bases its recommendations on the International Classification of Diseases (ICD) diagnostic classifications, contributing to stabilizing psychiatric categories and their presumed universality (Edquist 2008; Moncrieff 2010).

From the 2010s onward, the WHO has increasingly framed mental health as a development problem, portraying people with mental health disorders as a vulnerable group (World Health Organization and World Bank 2016). However, despite a greater focus on the social determinants of mental health, the kinds of interventions proposed still rely on the assumption that mental health disorders have stable features, courses, and outcomes and prescribe a strong role for interventions that are "evidence-based." The WHO argues that access to psychotropic medicines for people with mental illnesses "offers the chance of transformative improvement in health and the opportunity for re-engagement in society" (WHO and Calouste Gulbenkian Foundation 2017, 13). When other forms of interventions are recommended, the emphasis is on *"evidence-based" practices*, thus limiting interventions to those the effect of which can be measured and calculated. The validity of evidence is tied to specific research designs, such as randomized controlled trials (RCTs) (Bemme and Dsouza 2014). As a result, certain forms of therapies cannot count as "treatment" within the confines of "evidence-based" definitions.

Despite the evidence behind biomedical explanations of mental disorders being contested, as well as criticisms of the role of private industry in the proliferation of psychotropic medication use (Mills and Fernando 2014), such explanations remain a central component of WHO's policy. Ignoring dissent within the discipline of psychiatry itself, Vikram Patel, founder of the MGMH and expert for the WHO, describes the current classificatory system as "inevitably arbitrary" but "the only reliable method currently available" (Patel 2013, 36). Standardized diagnostical techniques for mental health disorders and access to medicines remains at the heart of the WHO's approach.

The Global Mental Health Nucleus: Intersected and Mutually Reliant Spheres

The knowledge that comes to be seen as expert in the field of global mental health is produced and sustained by an exclusive nucleus of actors who meet, discuss, and work together on a routine basis. While the WHO, and in particular its department of Mental Health and Substance Abuse, occupies a central place in the fabric of the global mental health agenda, it works in close collaboration with the MGMH, which fashions itself as a civil society movement; *The Lancet* expert groups, which gather WHO officials as well as external experts, a small number of high-profile

academic clusters, and *The Lancet* itself, a high-profile medical journal that in fact produces and inscribes certain forms of expertise in close collaboration with the WHO. In addition, it collaborates with a number of carefully chosen professionals and patient organizations.

The MGMH, launched in 2008 in the wake of the publication of the 2007 *Lancet* Series on Global Mental Health, sits, together with the WHO, at the core of the global mental health community. The MGMH is a network of organizations and individuals founded by Vikram Patel, who also works as an expert for the WHO. Although, in the words of an MGMH member, the movement "is just a civil society movement, which plays no role in governance,"[2] in practice it has been involved in producing a specific agenda for mental health, together with the WHO and other actors in the field. Officials from the WHO acknowledge that the "global movement is a separate entity but is a very close friend of the WHO."[3] The MGMH's agenda broadly echoes that of the WHO: producing research and evidence about cost-efficient mental health programs and trying to diffuse such models in low- and middle-income countries.

The creation of the MGMH, in fact, directly followed the publication of the 2007 *Lancet* Series on Global Mental Health. Richard Horton, editor of the series, titled his commentary "Launching a new movement for mental health" (Horton 2007). The MGMH was launched to further the "Lancet agenda," itself produced by WHO officials and an exclusive circle of experts who work with the WHO. Describing the studies published in *The Lancet* Series, a WHO official explains that "there were a lot of offers coming from the WHO department" and that eventually there was "mutual support from the global mental health movement that was animated by Vikram Patel and all the initiative run by WHO."[4] The relationship between *The Lancet* and the WHO has, in fact, materialized through the creation of *The Lancet* expert group in 2007 (a group of experts who lead the The Lancet Series), the 2018 *Lancet* Commission on Mental Health and Sustainable Development (Patel et al. 2018), and the 2019 WPA–*Lancet* Commission on Reducing the Global Burden of Depression (Bhugra et al. 2019). The WHO, *The Lancet* expert commissions, the medical journal *The Lancet*, the MGMH, and a few influential research clusters, which have close ties with the WHO, act as the nucleus that produces expertise for mental health. It is, in practice, hardly possible to draw distinct lines between their respective roles and agendas.

With the reframing of mental health as a development problem, health economists and humanitarian non-governmental organizations (NGOs) have also become involved in its governance, providing backing to the agenda of mental health and, in particular, the "necessity" of addressing the treatment gap in low- and middle-income countries (World Health Organization and World Bank 2016; WHO and Calouste Gulbenkian Foundation 2017; WHO 2019). Beyond this closed circle, the WHO does not expand its partnerships beyond a number of carefully selected professional organizations and patient organizations, nearly all funded by the pharmaceutical industry.[5] It has established collaborations with the World Psychiatry Association (WPA), the World Federation for Mental Health (WFMH), which has close links with the WPA and advertises itself as a multi-professional NGO including citizen volunteers and former patients, and the International Association for Suicide Prevention (IASP),[6] which advertises itself as an "NGO concerned with suicide prevention" (despite the prominence of professional organizations among its

[2] Interview with a global mental health professional, December 10, 2019. (The term "professional" is used in order to better reflect the multi-positionality of my interviewees. At the same time, the term also ensures full anonymity.)

[3] Interview with a global mental health professional, December 19, 2020.

[4] Interview with a global mental health professional, December 19, 2020.

[5] Interviews with global mental health professionals, October–December 2019.

[6] Interview with a global mental health professional, December 5, 2019.

members).[7] The WFMH, for instance, has close ties with the pharmaceutical industry.[8] Through its funding and partnerships with professional or patient associations, including those that have an established partnership with the WHO, the industry participates in the governance of mental health. This, of course, has worked to promote a biomedical view of mental health.

The global mental health nucleus gathers the WHO (and increasingly so the World Bank), *The Lancet*, the MGMH, and a small number of professionals or patient organizations. While these spheres—the bureaucratic, the scientific, the activist, and the professional—seem distinct, in practice they are enmeshed and mutually reliant. They form a circular and exclusive nucleus, which produces the knowledge considered as expert for global mental health. As a result, organizations of users and survivors of psychiatry, critical psychiatrists, and knowledge from the South have remained at the margin. A number of organizations have contested the global mental health paradigm. The World Network of Users and Survivors of Psychiatry (WNUSP), a grassroot organization of users and survivors of psychiatry, is critical of the WHO/Lancet approach.[9] Salam Gomez, cochair of WNUSP, argues that mental health problems "are a part of the equation that generates psychosocial disability, they are not disability by itself and it is here where there is confusion by translating mental health diagnosis as equal to disability."[10] Another representative of a user of the psychiatry movement, also a psychiatrist himself, also points to the way more critical forms of knowledge are being dismissed by the WHO. To him, studies showing, for instance, that "there is a higher recovery rate in developing countries" *without* medication are being marginalized or discredited.[11]

Mechanisms of Circularity and Exclusivity

Circulation of an "In-Group"

A small group of professionals, which circulates in between spheres and organizations, plays a dominant role in the making of mental health expertise and contributes to its stabilization. A category of highly recognized "expert officials" circulates across the public, academic, activist, and private spheres. It is possible to identify a pattern through which the same individuals work simultaneously or successively in different organizations and invest the roles of policymakers, scientists, experts, and sometimes activists.

This core group of highly influential individuals is small and exclusive. It includes people who have worked at the WHO Department of Mental Health and Substance Abuse, edited or written for the 2007 and 2011 *Lancet* Series on Global Mental Health (Lancet 2007, 2011), and commissioned or advised the 2018 *Lancet* Commission of Mental Health and Sustainable Development (Lancet 2018). Some of these professionals also act on the advisory board of the MGMH as activists. Graham Thornicroft, a high-profile professor in psychiatry at King's College London, who was a member of the 2007 *Lancet* expert group, also chaired the WHO group that produced the WHO mhGAP Intervention Guide (WHO 2016). Vikram Patel, a psychiatrist by training, initiated and edited the 2007 and 2011 *Lancet* Series on Global Mental Health and acted as one of the leading figures of the Global Mental Health Movement, which the 2007 *Lancet* Series on Global Mental Health set to a

[7] See the website of the IASP. Accessed August 18, 2021, https://www.iasp.info/about.php.

[8] Amongst its donors, one finds India Lundbeck, the Edward Care Foundation, and anonymous ones, all acknowledged for having supported its campaign and mission. Annual Report 2016 of the World Federation of Mental Health. Accessed August 18, 2021, https://wfmh.global/wp-content/uploads/2016-wfmh-annual-report.pdf.

[9] See the website of the WNUSP, comments on Draft WHO Manual on Mental Health Legislation. Accessed August 18, 2021, http://wnusp.net/index.php/comments-on-the-draft-who-manual-on-mental-health-legislation.html.

[10] See commentaries on the Report of *The Lancet* Commission on Global Mental Health and sustainable development. Accessed August 18, 2021, https://globalmentalhealthcommission.org/commentaries/1904/.

[11] Interview with a psychiatrist and representative of users and survivors of the psychiatry movement, May 14, 2020.

start (Lancet 2007). He also acted as lead coeditor of the 2018 *Lancet* Commission on Global Mental Health and Sustainable Development (Lancet 2018), a member of the working group that produced the World Bank–WHO report on mental health (World Health Organization and World Bank 2016), and several WHO committees on mental health. Since 2016, he has been professor at the Department of Global Health and Social Medicine at Harvard Medical School, which has a close relationship with the WHO, as will be discussed below. In a similar way, Shekhar Saxena, also a psychiatrist by training, at WHO's Department of Mental Health and Substance Abuse between 2010 and 2018, was also one of the authors of the 2016 WHO–World Bank Report (World Health Organization and World Bank 2016), one of the editors of the *Lancet* Series on Global Mental Health in 2007 (and in the follow-up Series in 2011), and joint editor for the 2018 *Lancet* Commission, together with Vikram Patel. Shekhar Saxena is now working as a Visiting Professor at Harvard T.H. Chan School of Public Health, again testifying to the enmeshment between research clusters at Harvard and the WHO. The circular motion of these professionals in between spheres operates to make global mental health expertise exclusive, circular, and stable.

Boundary Expert Groups: The Lancet Commissions

The Lancet Commissions act as boundary expert groups, where the circulation of people is manifest but which also cement circularity and exclusivity into the expertise it produces, thus perpetuating it beyond the role of specific actors. Although the 2018 *Lancet* Commission on Mental Health and Sustainable Development (Lancet 2018) is characterized as a temporary expert group set up with the aim of "producing scientific reports, syntheses of knowledge … but having no power at all on any kind of governance," there is a blurring of roles between the WHO and *The Lancet* Commission, with Shekar Saxena acting as coeditor for the 2018 *Lancet* Commission, while Dan Chisholm, Crick Lund, and Graham Thornicroft, all WHO officials, acted as Lancet experts. Arthur Kleinman, a Harvard psychiatrist who also acted as *Lancet* expert, chaired the Working Group for the development of the WB/WHO Report (World Health Organization and World Bank 2016). Describing the 2018 *Lancet* Commission, an official from the WHO explains that it is a "fundamental document providing all the evidence" and "a sort of seminal document of the global mental health movement."[12] Another WHO official explains that the 2018 *Lancet* Commission was "a very strong landmark."[13] The expert reports produced by *The Lancet* Commissions have become a point of reference in global mental health, cited and rehearsed by all actors. Similar dynamics characterize the 2019 WPA–*Lancet* Commission on Reducing the Global Burden of Depression (Lancet-WPA Commission 2019), with the noticeable difference that this commission was cochaired both by *The Lancet* Group and by the WPA, which represents psychiatrists worldwide and entertains close links with the pharmaceutical industry. It becomes clear that these expert commissions act as enmeshment mechanisms, which not only cement the circulation of people but also favor the production of consensus. The knowledge they produce inscribes this consensus and benefits from the authority of being "high level" and "expert."

Cross-citing

A narrow set of data gets cross-cited in loops among the actors and organizations, which produce the knowledge considered as "expert" for mental health. Certain artifacts (expert reports, databases, and studies) are heavily cited by all the actors of global mental health, often in a circular and irreflexive fashion. The Global Burden of Disease (GDB) statistics and its associated DALYs health metrics, developed

[12] Interview with a global mental health professional, December 19, 2019.

[13] Interview with a global mental health professional, December 5, 2019.

by the Harvard School of Public Health, and then imported into the WHO, have been foundational to the governance of global mental health (Murray and Lopez 1996). From the early 2000s onward, the GDB statistics were then deployed in all WHO policy documents to justify the WHO's agenda (see, for instance, WHO 2001, 2013; World Health Organization and World Bank 2016). In addition, they have also been heavily mobilized and cited in the Lancet 2007 and 2011 Series on Global Mental Health (Lancet 2007, 2011). Despite such metrics being contested, they are mobilized and circulated by all the core actors of mental health governance (Adams 2016). In the same way, key WHO documents as well as *The Lancet* expert reports are heavily cross-cited across all spheres. The repeated references to such data and studies contribute to giving them further recognition.

Research Clusters at the Intersection between Science and Policy

A number of high-profile research clusters, themselves at the intersection of academia and policy, produce a large part of the knowledge considered relevant and "expert" for the governance of global mental health. Publications on mental health in *The Lancet* reveal the dominance of research clusters such as Harvard University, King's College, or the LSHTM, which intersect closely with the WHO. These clusters, endowed with resources, either financial or in terms of reputational prestige, act as central arenas where expertise for global mental health is produced. Relationships between these research clusters and the WHO are manifold. The GDB project, which provides all the statistical health data to the WHO, was initially a Harvard project that "moved" to the WHO (Littoz-Monnet 2020). More recently, researchers at Harvard (together with student groups and a national global health advocacy coalition) have founded the Harvard Global Mental Health Coalition, which in effect works together with the WHO. In the wake of the WB–WHO report *Out of the Shadows. Making Mental Health a Global Development Priority*, several videos on mental health and depression were produced by the WHO in collaboration with the Harvard Coalition (World Health Organization and World Bank 2016). The LSHTM as well as King's College also act in close partnership with the WHO. The Centre on Global Mental Health, a joint initiative of the LSHTM and King's College, states on its website that its vision "reflects the call to action of the landmark 2007 *Lancet* Series on Global Mental Health and the perspectives of *The Lancet* Commission on Global Mental Health, both of which members of the Centre for Global Mental Health led and participated in."[14] It further explains that its core mission consists in closing "the treatment gap," thus directly echoing the WHO's discourse. Created by Vikram Patel, the Centre on Global Mental Health is a direct manifestation of the circular movement of people and knowledge across spheres. At the same time, it also crystallizes circularity and perpetuates certain forms of expertise in a mechanical fashion that trenscends the role of specific individuals.[15]

The Lancet and the WHO: A Symbiotic Relationship

Circular iterations also characterize the relationship between the WHO and the high-profile medical journal, *The Lancet*. Of course, other academic journals, such as *Nature* for instance, have also provided a platform for key officials in mental health to publish their research and express their views, but *The Lancet* and the WHO operate in a special relationship of symbiosis. WHO officials heavily cite the scientific findings published in *The Lancet* in order to legitimize their own agendas. However, the expertise published in *The Lancet*, in particular its two series on global mental health (Lancet 2007, 2011), is itself to a large extent produced by WHO

[14] See the website of the LSHTM. Accessed August 18, 2021, https://www.lshtm.ac.uk/research/centres/centre-global-mental-health/about-us.

[15] See news piece on the LSHTM website. Accessed August 18, 2021, https://www.lshtm.ac.uk/newsevents/news/2019/professor-vikram-patel-awarded-canada-gairdner-global-health-award.

officials or high-profile members of the global mental health community. Although WHO officials portray *The Lancet* as "just an academic journal,"[16] it is more difficult in practice to distinguish a neat boundary between the WHO and *The Lancet*. WHO officials circulate between their policymaking roles at the WHO and those of producers of expertise (acting as either editors or authors) for the journal series. For instance, the questions addressed in the 2007 *Lancet* Series on Global Mental Health were developed by a group of experts, which included Benedetto Saraceno and Shekhar Saxena, who served as directors of the WHO Department of Mental Health and Substance Abuse successively, as well as Dan Chisholm from the WHO's Department of Health System Financing, and Crick Lund who also worked for the WHO between 2000 and 2005 (Lancet 2007, 1250). In the same way, WHO officials heavily contributed to the 2011 series (Lancet 2011). In turn, the expert knowledge published in *The Lancet,* heavily cited by all actors in the field, stabilizes and perpetuates a certain approach to mental health.

Crossing Points

Circularity and exclusivity are paced and amplified by the many crossing points that pepper the governance of mental health. Crossing points, these summits, forums, conferences, or yearly flagship events, act as central places where the knowledge that is seen as "expert" is fabricated and stabilized. These meetings, typically organized by the WHO or the MGMH, often in partnership with professional or patient organizations, give regularity and predictability to the gatherings of mental health actors.

Since 2009, the mhGAP Forum, which aims to "discuss progress on WHO's Mental Health Action Plan in countries," acts as a central crossing point. The WHO presents the forum "as an informal group for collaboration and coordinated action." Although participation includes a multitude of actors, it is by invitation only. Panelists mainly come from the WHO, member state health ministries, or organizations that work in collaboration with its departments. Among the few civil society representatives invited as speakers, most work for mainstream NGOs and have themselves a background working within or with the WHO as experts. The mhGAP forum temporally coincides with the World Mental Health Day on October 10 each year, with the effect that participants in both events are the same. The World Mental Health Day was established in 1992 by the WFMH, and the WHO has become a cosponsor of the event, giving it institutional support and advertising its content on its own website. The Suicide Prevention Day, another yearly crossing point, is cosponsored by the WHO and the IASP, which jointly produce guides on suicide prevention for the occasion. The MGMH also organizes its own biannual summits, which bring together policymakers, academics, health professionals, civil society organizations, and service providers. These countless events pepper and pace the governance of Global Mental Health. A number of professionals, who have positions either/or at the WHO and key academic institutions, typically act as panelists in most of these. By contrast, organizations that represent users and survivors of psychiatry, or simply critical psychiatrists, are not invited.[17] These routine meetings in crossing points work to the effect of producing and stabilizing knowledge that goes largely unchallenged because it is heard again and again and comes to be considered as expert.

Conclusion

Global mental health expertise, as embodied in expert reports, studies, or other material manifestations, is characterized by its exclusivity and circularity, both in

[16] Interview with a global mental health professional, December 10, 2019.

[17] Interview with Chair of Users and Survivors of Psychiatry Movement, May 14, 2020.

its making and in its content. It is produced by a small nucleus of actors that cuts across and circulates through the policy, academic, activist, and private spheres. The WHO, the medical journal *The Lancet*, the MGMH, some professional associations (privately funded), and a narrow set of prestigious research clusters make and perpetuate mental health expertise. The findings reveal what mechanisms produced and perpetuated such exclusivity and circularity. These include the *circulation of a small group of individuals*, who occupy multiple positions and act as policymakers, experts, professors, or even activists, successively or simultaneously. Such circulation worked in tandem with the *cross-citing of the same data* across all spheres, and the role played by several sites such as *boundary expert groups*, *highly influential research clusters*, and a *"policy-scientific" frontier journal*, *The Lancet*, all operated as powerful centers of knowledge production at the intersection of different spheres and organizations. Such sites acted not only as *loci* where people's circulation operated at its best but also as mechanisms that produced, cemented, and perpetuated the circularity and exclusivity of mental health expertise in a quasi-automatic fashion, beyond the role of specific individuals.

This worked to the effect that some voices and views have been excluded from the making of global mental health knowledge. Organizations of users and survivors of psychiatry, dissident or critical psychiatrists, and knowledge from the South have remained at the margin of the community that shapes global mental health knowledge (Ecks and Basu 2009; Fernando 2017). The entire WHO agenda—based on the idea of scaling up treatment in the South in order to address the "burden" of mental illness—is based on Western psychiatric categories as well as evidence that is highly contested within Western psychiatry itself (McGoey 2010; Lehman 2019). In addition, and even when the WHO claims to be taking into account the impact of social and environmental factors in the treatment of mental health, certain types of interventions that do not lend themselves easily to the experimental method and RCTs, those interventions that do not lend themselves easily to the experimental method and RCTS, its golden tool, are unlikely to become part of the therapeutic 'toolkit' of the WHO. Despite ongoing criticism of the global mental health paradigm, the logics of circularity and exclusivity have worked very efficiently to make its associated expertise very stable. The production of knowledge that comes to be considered as expert is carried in closed loops, resulting in the circular and exclusive character of expertise itself. Even when diverse voices make competing knowledge claims, giving a seeming sense of fluidity and openness to expertise, the logics of exclusivity and circularity make expertise hard to disrupt.

The exclusive and circular mechanisms of knowledge-production revealed here have a broader reach, as suggested by other works that have pointed to the exclusive or circular nature of expertise or to the supremacy of certain forms of knowledge in other fields (Sending 2015; Tsingou 2015; Leander and Waewer 2018). In other health domains, clinical modes of reasoning and its experimental models are also dominant and work to the effect of excluding alternative forms of knowledge. Moreover, clinical modes of reasoning also expand beyond health. The rise, in particular, of the experimental method—mainly in the form of RCTs but also of so-called systematic reviews or meta-analyses that claim to condense all the existing research in a given domain—has become new dogma that prevails in an increasing number of governance domains (Donovan 2010; Jatteau 2013; Sending 2017). In the realm of international development, those "interventions" that have been tested following the clinical model are portrayed as superior. Banerjee and Duflo, winners of the 2020 Nobel Prize in Economics, argue that "the cleanest way to answer such questions (about poverty) is to mimic the randomized trials that are used in medicine to evaluate the effectiveness of new drugs" (Banerjee and Duflo 2011, 26). Alternatively, expertise in other fields has its own orthodoxies, be it in its across-the-board reliance on strictly economic lines of thinking or on certain forms

of knowledge, such as numbers, cost–benefit analysis, or evaluations (Porter 1995; MacKenzie 2009).

The mechanisms of knowledge-production disclosed here help us understand *how* expertise comes to be exclusive and circular in global governance. While the circulation of an elite group across spheres is central, circularity and exclusivity are also produced and *cemented* in a number of sites where people's circulation operates at its best, but which also perpetuate circularity and exclusivity beyond the role of specific actors. Such mechanisms of enmeshment between spheres, individuals, and data have exclusionary effects, which cannot be dissociated from those stemming from structural factors and resources. The production and selection of what counts as relevant knowledge not only reflect the resources of the parties involved but also established norms of what counts as good science or valid knowledge. Expertise, thus, is not always as plural, unstable, or provisional, as recent practice scholarship claims (Eyal 2013; Best 2014; Bueger 2018). Despite an appearance of multi-actorness and diversity, only certain forms of "assembling" or "ordering" of expertise are possible. Despite the seeming fluidity and diversity of expertise in global governance, it is in fact surprisingly stable.

These findings are revealing with regard to broader debates on the making of global governance. First, they alert us to the need to shift away from studying formal arenas, mechanisms, and actors of global governance and instead zoom in on ways of doing politics "by other means" (Latour 1983; Callon, Lascoumes, and Barthe 2009, 68). The processes of knowledge production disclosed here point to the political nature of knowledge and the need to understand its making behind the traditional spheres of decision-making. The mechanisms of exclusivity and circularity disclosed here also help us understand how the abstract notion of the coproduction of science and politics operates *in practice* through tangible mechanisms that operate at the level of governance processes. They need further exploration in other issue domains and could trigger rich and novel research agendas.

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