Democratising Global Health Governance and WHO Watch

People's Health Movement and International People's Health University announce:

GHG IPOL: 13 April - 13 May, 2014

Welcome and introduction

Welcome to the first GHG IPOL, scheduled to run from 14 April to 12 May 2014. The IPOL program involves 4 units over 4 weeks. Each unit includes readings, exercises and discussion. The full reading program and associated exercises are set out below in this Study Guide.

See the annexures below for critical introductory material:

- About PHM
- About WHO Watch
- A note about Global Health Governance

These three annexures contain material which is critical to the WHO Watch project and should be treated as essential pre-reading. In future, hopefully more leisurely GHG IPOLs we will cover these topics within the course structure.

Objectives

The purposes of this IPOL are to:

- explore and develop the analysis and theory of change underpinning WHO Watch;
- orient potential watchers to the practical tasks involved in the different components of WHO Watch:
  - face to face watching, documenting, lobbying;
  - item analysis, commentary, and reporting;
  - topic research, reporting and updating;
  - networking, liaison, collaboration, advocacy;
  - policy engagement at national level;
- to develop our policy analysis, policy development and policy advocacy skills.

Study program

This edition of GHG IPOL comprises four topics:

1. WHO: structures, functions, governance

2. History of WHO
3. WHO Watch
4. Policy skills

Each topic includes:

- a set of learning objectives,
- a reading program,
- a webinar discussion,
- one on-line small group discussion, and
- one written exercise (with email feedback).

We will be working in small groups who will communicate with each other by email and via Skype (text and voice) or other platforms where preferred. Each small group will include two facilitator/participants. Each small group will have their own listserv identity. Write to this address and it will go to all the members of your group.

Each topic cycle will take one week including the webinar, reading, the small group on line discussion, submitting the written exercise and circulation of feedback. Participants can of course move faster than this if they choose. (This very short turnaround is not ideal but unavoidable for this first iteration of the course.)

Topic	Reminders to be posted	Webinar	Group Skype conference to be scheduled	Deadline for exercises to be shared
Topic-1: WHO: structures, functions, governance	Friday 11 April	Sun 13 April	15 April	17 April
Topic-2: History of WHO	Friday 18 April	Sun 20 April	22 April	24 April
Topic-3: WHO Watch	Friday 25 April	Mon 28 April	29 April	1 May
Topic-4: Policy analysis	Friday 2 May	Tues 6 May	7 May	9 May

The webinars will be broadcast on YouTube and discussion will be mediated via Skype (text only). The URL for the YouTube broadcast will be notified on the day via Skype.

Skype

Your facilitator will email you shortly to arrange the first Skype teleconference for your group. You should ensure that you have 'accepted', as contacts in your Skype client, all of your group members so you can communicate easily by Skype.

Study guide

Topic 1. WHO: functions, structures, governance

Introduction

Our focus in this topic is on WHO as an organisation; what functions it carries; how it is structured; the resources it deploys; how it works; and how it is governed.

Learning objectives

Participants will gain a broad familiarity with the functions, structures, resources and governance of WHO at all three levels and including the relationship between Secretariat and governing bodies.

Readings

The readings for this topic are all from the WHO official website.

- WHO Constitution
- About WHO. Explore:
  - WHO's core functions (here);
  - A six-point agenda to improve public health (here);
  - Budget, fund sources and expenditures (here);
    - Where does WHO's funding come from? How much and from whence?
    - Where does it go? How much and where to?
- WHO's structure and presence (here)
  - Headquarters (here)
    - visit each of the clusters listed;
    - in each cluster select and visit at least one department which deals in issues that you are familiar with; read and consider;
  - Regional offices (from here)
    - Browse the RO site (not the HQ RO site);
    - navigate to the websites belonging to country offices (if you can find them, NOT the regional office summary information about each country pages);
    - select five countries that you are familiar with;
    - find the Country Office website; find the Country Cooperation Strategy; read and consider;
- Governing structures
  - GBs versus Secretariat (here);
  - EB and WHA
    - Visit the GB Documentation page (here, bookmark it!)
    - Visit the GB Official Records page (here)
    - Visit WHA66

        - Explore the different 'departments' on the WHA66 documents page
        - Select one item on the WHA66 agenda; read the Secretariat reports, check if there were 'decisions' or 'resolutions'; find in the Official Records the report of that discussion
    - Visit EB134
        - Explore the different 'departments' on the EB133 documents page
        - Select one item on the EB134 agenda; read the Secretariat reports, check if there were 'decisions' or 'resolutions'; find in the Official Records the report of that discussion
- RCs
    - Visit two regional office pages and navigate to Governance
    - Find the pages dealing with the 2013 regional committee meetings; find the agenda, the Secretariat papers, the decisions and resolutions, and the report of discussion

Webinar

The webinar for this Topic will feature a discussion with a person familiar with WHO.

Skype Discussion

- Report on your browsings and readings?
- What is good about WHO? What are its limitations and drawbacks?
- What are you planning to write for the exercise below?

Exercise

Can you identify obstacles, in the governance, structures and practices of WHO, to its achieving its constitutional mandate? Discuss one such obstacle.

Topic 2. History of WHO: from the first sanitary conference to contemporary WHO reform

Introduction

The changing political forces which have shaped WHO can be traced in the history of WHO from 1851 to the present.

Learning objectives

Participants will be familiar with

- Progenitors of WHO
- Establishment of WHO
- Directors general from Chisholm to Chan; broad features of their period in office

Participants will be broadly familiar with the technical and political histories of:

- Malaria

- Smallpox
- Primary Health Care
- Breastmilk substitutes
- Essential medicines
- IMCI
- FCTC
- IHRs (and H5N1)
- IMPACT

Participants will be broadly familiar with the origins of, effects of and responses to the WHO Financial crisis including the progress of WHO reform.

Readings

- The WHO histories
  - The first ten years
  - The second ten years
  - The third ten years
  - The fourth ten years
- From GHW
  - World Health Organization (2005)
  - The World Health Organization and the Commission on the Social Determinants of Health (2008)
  - WHO: Captive to conflicting interests (2011).
- WHO Reform
  - See official pages from here
  - GHW4 draft chapter on WHO Reform (in preparation) will be circulated

Webinar

The history of WHO and its DGs. Interview with experienced and knowledgeable WHO observer.

Skype discussion

Readings and browsings

About the webinar

Planned writings; allocation of episodes

Exercise

Participants will allocate within each group the episodes listed above (Malaria etc) and one member will prepare a note on each history for circulation.

Topic 3. WHO Watch

Introduction

WHO Watch is:

- a resource for advocacy and mobilization:
  - providing a current account of global policy dynamics in relation to a wide and growing range of health issues; and
  - ensuring that activists at grass roots are more familiar with the global dimensions of the problems they are facing and are able to shape their advocacy accordingly;
- it is also an intervention in global health governance:
  - generating support for a reformed WHO so that the organization is restored to its proper place as leader of global health governance;
  - democratizing the decision making within WHO, in particular by supporting delegations from smaller countries who are seeking to know more about particular issues or are looking for resources regarding issues that they are concerned about;
  - supporting wider knowledge of, and participation in, the various engagements across the broader field of GHG with a view to changing the balance of power framing global decisions which impact on health.

WHO Watch involves an annual cycle:

- January EB
  - preparation
  - orientation and planning
  - 'watching' (documenting, advocating, reporting)
  - supporting (at a distance)
  - follow up
- policy dialogue (pre WHA)
  - networking with health and other activist networks
  - liaison with MOH
  - liaison with L&MICs
- WHA (and May EB)
  - preparation
  - orientation and planning
  - 'watching' (documenting, advocating, reporting)
  - supporting (at a distance)
  - follow up
- policy dialogue (pre RC)
  - networking with health and other activist networks
  - liaison with MOH

- RC watching
  - preparation and planning
  - 'watching' (documenting, advocating, reporting)
  - supporting (at a distance)
  - follow up

The 'audiences' of WHO Watch include:

- member state representatives preparing for and participating in GB discussions
- management and staff of WHO Secretariat
- ministries of health
- ourselves (learning)
- health activists working at the community, local and national levels
- health activists working in various more specialised civil society networks (from local to global)

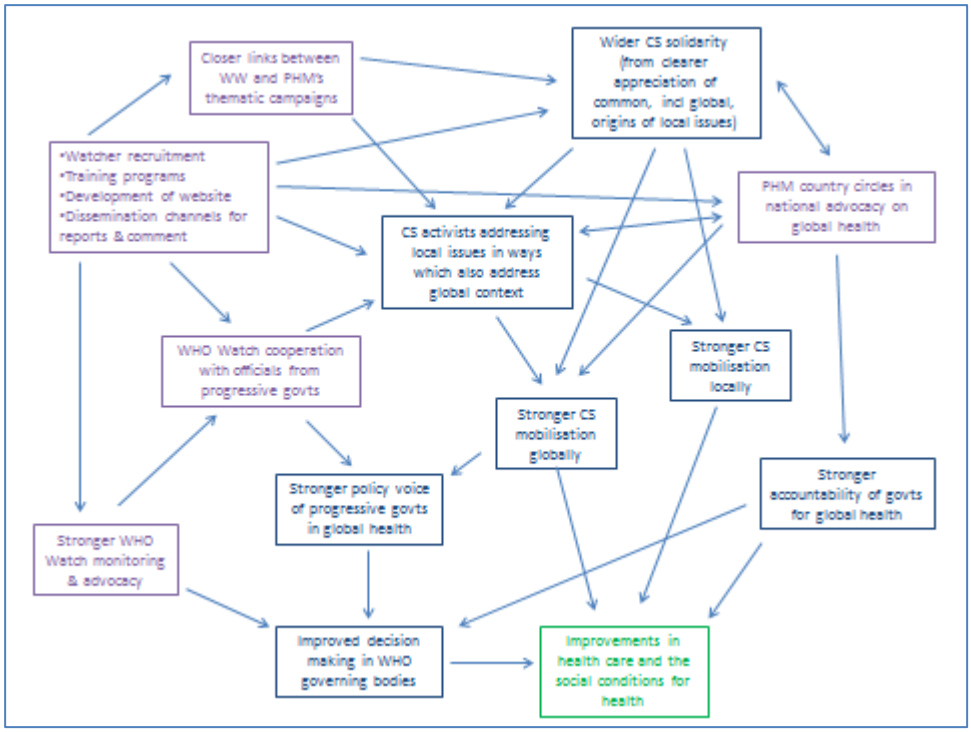

Figure 1. Program logic of WHO Watch

Learning objectives

- introduce participants to the WHO Watch program;
- orient participants to the practical tasks involved in the different components of WHO Watch:
  - face to face watching, documenting, lobbying;
  - item analysis, commentary, and reporting;
  - topic research, reporting and updating;

- networking, liaison, collaboration, advocacy; and
- policy engagement at national level.

Readings

Browse the WHO Watch website:

- Explore recent and forthcoming Events;
  - In particular, explore WHA67;
- Explore the pages linked under your WHO region (see);
- Explore the topics department.

Webinar

This webinar will take the form of a discussion among experienced watchers about the watching process.

Skype

Discuss:

- the browsings and the Webinar;
- what you are each planning to do for the Exercise.

Exercise

Select one priority item on the agenda of WHA67 and read carefully the existing PHM commentary (focus, background, debate at EB, and comment). Follow the links in the background to get a clear sense of the trajectory of this issue.

Review the existing topic summary in the topics department of the WHO Watch website for the issue you have studied. If there is a topic background, review it and suggest how it needs to be updated. If there is no topic page suggest the framework for a topic page.

Topic 4. Policy analysis

Introduction

Policy analysis involves moving between three different domains of analysis. The first phase involves analysing the policy in purely rational terms; the evidence used, the values expressed and the logic applied. The second phase involves analysing the politics of the policy; seeking to understand this policy as an event within a political context. Thirdly we need to reflect upon our own commitments in this area and the ways in which they might shape the position we take. Objectivity in policy analysis requires that we identify our own prejudices and ensure that they are not obscuring our judgement.

Each of these three phases involves a different set of questions and they produce three different sets of answers. We then need to check these answers against each other. Is the rational analysis consistent with the political analysis? Is it possible that our judgement of the rational argument or the politics of the policy is affected by our own preconceptions which we

were previously unaware of? This is an iterative process; checking these different domains of analysis against each other until some kind of consistent story emerges.

This kind of step by step approach to policy analysis is intended as a guide to the novice. Experienced policy analysts work through the logic and the politics of the policy concurrently and guard intuitively against being thrown off track by their own prejudices. Developing expertise in policy analysis involves working through these stages so many times and in so many different cases that they become automatic.

The core of this idea is the 'three balls in the air'. We need to analyse the policy in technical terms and in political terms and check each of these perspectives against each other. We need to reflect on how our own hopes and hostilities might be getting in the way of a more useful analysis of either the rational side or the political side of the policy.

The linked reading below provides a further exploration of this idea.

Learning objectives

- Developing our skills in policy analysis
- Establishing some shared language for discussing the processes of policy analysis
- Acquiring practical skills in policy analysis

Readings

See Legge, D., T. Zhang, D. Gleeson and H. Yang (2010). Policy analysis, policy development and policy capacity. Health Policy in and for China. V. Lin, Y. Guo, D. Legge and Q. Wu. Beijing, Peking University Medical Press**:** 423-437 (English); 485-494 (Chinese).

Webinar

The webinar for this topic will present a discussion of the debate over WHO's relationship with 'non-state actors' (see WHA67 Item 11.4) and WHO Reform more generally as a case study of this approach to policy analysis: the rational/technical; the political; and the personal. (DL)

Skype

- Discuss the introduction and the purpose of this topic; why is it needed?
- Discuss the readings and the webinar
- What are you planning to focus on in your exercise?

Exercise

Browse the following pages:

- 13.2 World psoriasis day (PHM comment); see also topic page on psoriasis;
- 13.5 Maternal, infant and young child nutrition (PHM comment);
- 14.2 Addressing the global challenge of violence, in particular against women and girls (PHM comment); and
- Topic pages on IPRs and medicines.

Choose one of the above. Can you separate out the rational narrative from the political narrative and can you identify how your own world view could obscure your analysis?

Evaluation

We will schedule one final Skype meeting after the final exercise to review the structure, resources and conduct of this short IPOL. We are hoping for a brief report from each of these discussions.

We will schedule a further Skype discussion involving the facilitator participants to pull together the threads from these discussions.

Finally there will also be an online evaluation questionnaire for all participants.

Annex 1. About PHM

Introduction

PHM's charter emphasises the global nature of the dynamics which shape the global health crisis but also emphasises working with local communities. It is very much about acting locally while thinking globally (and locally). WHO Watch plays an important role in this. It is much more than the 'watching' in Geneva.

WHO Watch provides a bridge between the global 'corridors' of power and the kitchen tables of community action. It also provides the basis for networking and collaboration between various networks within and beyond the health sector and at both local and global levels.

However, the tasks which PHM confronts are huge and the oppositions are powerful.

PHM itself is quite heterogeneous with debate across difference as well as bonds of solidarity. There are no simple formulae. The very entity "PHM" is contested: at once an organisation, a network and a movement: an organisation which seeks through networking to build a movement.

PHM is a social movement and in this respect may be contrasted with a 'political movement'. These are two different forms of struggle and both have their own logics and advantages and drawbacks. The strategies of the social movement include inspiration, delegitimation and refusal.

The global health crisis is fundamentally local in its manifestations, and in some degree it is shaped locally, and in this degree it needs to be addressed locally. But in increasing degree the local circumstances are shaped by global dynamics. However those global dynamics can also be re-shaped by local struggle if (i) such struggles are strategic, in the sense of being knowingly directed against the dynamics which reproduce the crisis; (ii) such struggles have strong popular support locally; (iii) such struggles are internationalist; working side by side with similar social movements around the world. Three conclusions flow from this for activism: (i) understanding the big picture; (ii) local mobilisation; (iii) international (and intersectoral) solidarity and collaboration.

If WHO Watch is to contribute to the work of PHM, building a social movement globally, it is necessary that watchers are familiar with the vision of PHM; including the Charter and the logic of PHM's development.

Further reading

The People's Charter for Health (http://www.phmovement.org/en/resources/charters/peopleshealth) is the foundational document of PHM. It reflects the broad commitment which holds PHM together.

PHM (www.phmovement.org) is made up of country circles and regional networks and a number of global networks. Between People's Health Assemblies it is held together by the global Steering Council. Browse through the PHM website (www.phmovement.org), in particular, browse through:

- the People's Health Assemblies (Savar in 2000; Cuenca in 2005; Cape Town in 2012)
- the country circles and their websites; and
- the news and analysis department.

Read the draft chapters 14. Building PHM, and 13. People's health activism.

Annex 2. About WHO Watch

WHO Watch is a program of engagement with the World Health Organisation and global health governance (GHG) more generally. WHO Watch is seen by PHM as the first stage in a more ambitious Democratising Global Health Governance Initiative. The broad goal of the Initiative is to improve the global environment for health development by changing the information flows and power relations which frame global health decision-making and implementation. This will require developing countries finding a stronger voice in global decision making, supported by a broadly based popular mobilisation which rejects the prevailing neoliberal paradigm. For PHM, and the wider people's health movement, to facilitate and drive these dynamics will call for significant capacity building across several dimensions.

WHO is a central agent in global health governance and worth engaging with for this reason alone, but building our 'watching' capacity in relation to WHO will provide a firm basis for extending the project to the wider field of GHG. For these reasons WHO Watch is seen as a necessary first stage in the implementation of the DGHG Initiative. The main activities which comprise WHO Watch include:

- recruiting and training 'watchers';
- maintaining a high quality website dealing in an integrated way with WHO governing body meetings, agenda items, and policy issues and providing a portal to other relevant resources;
- monitoring, participating in and lobbying around meetings of WHO's governing bodies (World Health Assembly, Executive Board, regional committees);
- collaborating with developing country governments and delegations in policy analysis around global health issues under consideration by WHO;
- strengthening the links between the local and thematic campaigns being undertaken by PHM country circles and PHM thematic networks and activism around the structures and dynamics of global health governance;
- engaging in national level consultation with government officials regarding global health issues through delegations, deputations, national workshops and stoking a national policy dialogue around GHG issues.

The logic of WHO Watch

There is a global health crisis: a crisis in health care and a crisis in relation to the social and environmental determination of health and illness. Many reports have been written over many years which document the magnitude of these crises.

The crisis is driven by local, national and global factors. These are complexly linked. The inequalities and dysfunctions which are the immediate causes of the health crisis are complexly linked with the prevailing global economic regime (including serious instabilities, imbalances

and inequalities); and the prevailing political regime (the forces and institutions of global governance). It is for these reasons that the slogan 'think globally, act locally' remain extremely relevant.

A necessary condition for meaningful health reform, economic reform and political reform is the stronger engagement at the local, national and global scale of those who have most to gain from a fairer distribution of resources, from universal access to health care and from action on the social determination of health. Such civil society engagement may be directed at delegitimising the regimes of economic relations and political governance which reproduce inequality and injustice and driving through practicable, incremental changes locally, nationally and globally. New alliances and new information flows are critical strategies for changing the balance of forces and enabling such reforms.

However, it is the local and the specific harms and injustices which motivate people's political engagement and mobilisation. If people do not understand the ways in which global economic and governance structures reproduce the barriers to health care and conditions of living, or if they do not see themselves as having access to the levers of change, then they will not direct their advocacy and action to address those global factors.

If local struggles around such wrongs are to also contribute to reform at the national and global levels, those local struggles need be informed by a clear, logical, evidence-based narrative which links those local harms and injustices to global economic relations and the structures of global governance. As critical, if local struggles are to also contribute to reform at the national and global levels, people need to find access to the levers of change.

The WHO is not the centre of global economic, political or even global health governance but engagement with WHO does provide an accessible lens through which local and specific health issues can be related to the global economy and global governance.

Thus WHO-Watch is:

- a resource for advocacy and mobilization:
    - providing a current account of global policy dynamics in relation to a wide and growing range of health issues; and
    - ensuring that activists at grass roots are more familiar with the global dimensions of the problems they are facing and are able to shape their advocacy accordingly;
- it is also an intervention in global health governance:
    - generating support for a reformed WHO so that the organization is restored to its proper place as leader of global health governance;
    - democratizing the decision making within WHO, in particular by supporting delegations from smaller countries who are seeking to know more about particular issues or are looking for resources regarding issues that they are concerned about;

- supporting wider knowledge of, and participation in, the various engagements across the broader field of GHG with a view to changing the balance of power framing global decisions which impact on health.

Annex 3. A note on the idea of Global Health Governance

How shall we think about the social/political control of stability and change?

- Empires and armies;
- Constitutions and governments;
- Institutions and governance;
- Structural (dialectical) analysis (eg class, gender, race)
- All of the above

How shall we think about the social/political control of stability and change in the era of neoliberal globalisation?

- No global government but multiple (relatively autonomous and relatively weak) inter-governmental organisations;
- Institutional structures of global governance (intergovernmental organisations (IGOs), trade and investment agreements; transnational corporations, transnational banks and banking regulators, news media, academia, peak bodies, etc)
- Structural (dialectical) analysis of governance under globalisation
    - big vs small states (empires and armies)
    - the nation state vs the transnational corporation as units of governance
    - the transnational capitalist class (TCC) vs dispersed marginalised and excluded (a development of class analysis) with the diverse middle classes wavering between the two.

Global health governance

- An autonomous domain of governance constituted by identifiable institutions?
    - WHO, IGOs, PPPs, philanthropies, bilateral donors, health NGOs
- Or a subdomain of global economic, cultural and political governance?
    - empires and armies
    - IFIs, TNCs, trade agreements, etc
    - Nation state vs TNC
    - TCC vs dispersed and excluded classes (and the wavering middle classes)

Implications of this analysis for activist strategy

- From government we ask for policy and institutional reform (relevant domestically, not so easy globally)
- In the context of our governance analysis we seek to drive changes in the institutional forms of governance (domestic and global)
- In the context of our structural analysis we seek to change the relations of power and solidarity in terms of our three domains of structure (big vs small states; NS vs TNC; TCC vs rest)

Readings

GHW readings

- The global health landscape (2008)
- UNICEF (2005)
- World Bank and International Monetary Fund (2005)
- Big business (2005)
- Aid (2005)
- Debt relief (2005)
- The Gates Foundation (2008)
- The Global Fund to Fight AIDS, Tuberculosis and Malaria (2008)
- The World Bank (2008)
- UNICEF and the medicalisation of malnutrition in children (2011)
- Conflict of interest within philanthrocapitalism (2011)
- The pharmaceutical industry and pharmaceutical endeavour (2011)
- Health and global security: reasons for concern (2011)
- International health partnerships: glass half full or half empty (2011)

Other

- Legge (in preparation) Ch 4. Global Economy
- Legge (in preparation) Ch 7 Trade,Finance,Health