Health for All Now!
People's Health Movement

ESA Regional IPHU on Global Health Governance, 2024

Study Program

Strategic context

PHM operates within a phalanx of political and social movements confronting capitalism and imperialism. Contributing to a convergence of social and political movements based on solidarity and a recognition of common cause is a critical part of our program.

PHM's messaging and our political strength depend upon our having rich connections with the communities whose needs we seek to advance and whose voices we depend upon. We must continue to build PHM from the bottom up, with priority to our work at the country and regional levels.

The project of movement convergence starts at the country and regional levels. This involves building partnerships with political and social movements who are broadly aligned with PHM directions, developing communication and exchange with those allies (and potential allies).

PHM insists that confronting capitalism and imperialism is a core strategy in the struggle for health. This is big picture material, but it should not be seen in any sense as an alternative to confronting the myriad of local and immediate issues that communities are facing, including access to healthcare and the social determination of population health. The activist challenge is to address the local and immediate issues in ways which also address the macro and longer term structural issues. How this idea is realized will depend on local circumstances, but it will involve putting together the narratives which speak about these macro micro relationships.

PHM has engaged closely with WHO and its governing bodies since May 2001 with our first delegation to Geneva. Our engagement with WHO was systematized from 2011 with the establishment of WHO Watch which was strengthened from 2017 with the WHO Tracker.

Global health governance extends well beyond the technical debates about particular health issues and services in the World Health Assembly. It also includes the political economy of globalized capitalism and of imperialism encompassing the international financial institutions and the network of trade agreements, the geopolitics of imperialism, and the varied demands of capital (variously expressed as 'market sentiment', or 'investment extortion'). With the restructuring of global politics away from unipolar imperialism to a more contested multipolar world, engaging with national governments regarding economic and foreign policy (as well as health policy) is a critical form of engagement.

Fifty years after the first call for a New International Economic Order, the need to work for a new NIEO is as strong as ever. This requires deepening our strategic alliances with progressive

governments across the Global South as well as critical engagements in domestic policy making to ensure that the vision of equitable, sustainable, democratic civilisation is expressed in domestic governance as well as international relations.

WHO is not the only or the determining authority in this complex field, but it has some influence and watching WHO provides a window through which to follow the wider structures and dynamics of global health governance.

The articulation between PHM's engagement with WHO in Geneva and the community-based work of our country and regional circles has been slow to develop. It is not clear that our grassroots analysis and strategy are significantly informed by the insights emerging from our global engagement. PHM's Strategic Plan (2020-2025) commits our global programs and thematic circles to directing their organisation and activities to engage more closely with PHM activists (and potential activists) working in country and regional circles.

Objectives

A series of regional IPHUs around Global Health Governance is proposed as a strategy to strengthen the articulation between our global and our local activism and to deepen and broaden our understanding of GHG, encompassing the political economy of capitalism and imperialism and the geopolitics of intergovernmental relations.

It is proposed that such regional IPHUs are scheduled between the May World Health Assembly (WHA77) and the series of WHO regional committee meetings which run through September to November.

The decisions taken in WHO regional committees are not overly influential in terms of either global or local health governance, but they provide an opportunity for PHM to engage with local and regional networks regarding local priorities in the context of the wider dynamics of global governance. Reports from the recent WHA Watch would give a sense of currency to such discussions.

In formal terms, the objectives guiding this proposal include:

- explore and develop frameworks for thinking about global health governance and global health activism;
- explore frameworks for thinking about the interplay between community activism around local and immediate health issues and the broader forces, dynamics and strategies of global engagement;
- introduce PHM activists to PHM's WHO Watch program, including its underpinning theory of change as well as the practical tasks involved in the different components of WHO Watch (including the Tracker);
- review and interrogate key issues addressed in the recent World Health Assembly; explore the local and regional implications of those issues and identify local and

regional priorities for progressing our local and global activism;

- explore the potential outcomes and challenges involved in policy engagement with government officials regarding their policy positions on current issues of international debate;
- develop our policy analysis, policy development and policy advocacy skills; and • identify local and regional priorities and plan for priority actions.

Management

It is proposed that this series of IPHUs are run by regional activists with assistance through the Secretariat as needed. These notes are designed as a possible framework for consideration by such organising groups.

It is suggested that regional coordinators would seek to involve people from their region who have been Watchers in planning and presenting the IPHU.

Audience

It is suggested that a limit be placed on the number of participants; perhaps no more than 20. If too many participants, the burden on the facilitator/s is too heavy and the interactive learning opportunities are fewer.

It is suggested that the following criteria be considered in determining participation:

- record of activist engagement at the country and regional levels,
- relative youth.

It is suggested that the mix of participants include people who have been

Watchers. **Study program**

The IPOL GHG program will involve 6 units over 6 weeks. Each unit includes readings, exercises and discussion. The full reading program and associated exercises are set out below in this Study Guide.

The IPOL will comprise six topics:

1. WHO Watch,
2. About WHO: history, structures, functions, governance,
3. Global health governance,
4. PHM's 'theory of change',
5. Policy and advocacy skills,
6. Watching the Regional Committees.

Each topic includes:

- introduction to the topic,
- a set of learning objectives,

- a reading program and suggested exercise/s,
- a webinar discussion.

A social media chat group would facilitate communications within the group.

Each topic cycle will take one week including the recommended reading, the written exercise and a webinar workshop.

Topic	Reminders to be distributed (readings, exercises)	Webinar (date and UTC time to be advised)
Topic-1: About WHO Watch and the recent WHA77		
Topic-2: About WHO: history, structures, functions, governance		
Topic-3: Global health governance		
Topic-4: PHM's 'theory of change'		
Topic-5: Policy and advocacy skills		
Topic-6: Watching the Regional Committees		

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Study guide

Topic 1. Reflections from watching WHA77

Introduction

Watching WHO governing body meetings provides an opportunity to follow and to engage with the arguments and politics shaping global health governance.

Policy debates and political leverage, which might seem abstract and far away for grassroots activists, take on more relatable forms when expressed in the rituals of governing body meetings.

It is anticipated that hearing from recent watchers will convey a sense of the theatre of governing body meetings and through that give new insights into the arguments and politics in play. Hearing from recent watchers about the specific issues discussed in the recent GB meetings will also contribute to familiarisation regarding global discussions and provide opportunities to explore the relevance of such discussions to local struggles.

Learning objectives

Those participants who have not been watchers will get a sense of the theatre of GB meetings and deeper understanding of the policy arguments and political forces at play.

Those participants who have been watchers will be encouraged to think through the significance of our WHO Watch involvement in relation to the wider program of PHM.

Participants will deepen their familiarity with the Tracker as a platform for following WHO GB meetings.

Readings

- Browse the Tracker page for WHA77;
- Explore the sequence of documents for each item:
  - Official documents developed in the Secretariat,
  - Conf. Docs carrying draft decisions or resolutions,
  - Record of debate (currently restricted to video but written summary record of debate will eventually be published, and
  - Finalised decisions and resolutions,
- Use the Items Search function in the Tracker to delineate the emergence of this item over previous meetings;
- Review PHM commentaries on agenda items that you are familiar with.

Suggested exercise/s

Participants who have been watchers are invited to each prepare a brief report on selected priority topics from WHA77; how they were presented, a bit of background, and how they were dealt with. Presenters are urged to give explicit and separate consideration to the technical

policy arguments and the political interests and forces at play.

Participants who have not been watchers are invited to prepare a brief critique/appreciation of the PHM Item Commentary on a selected priority agenda item. Presenters are invited to comment separately on PHM's analysis of the technical, policy arguments and of the political interests and forces at play.

Webinar program

Possible sequence of discussion:

- Introductions, backgrounds, anticipations
- Ground rules
- Presentations of exercises
- General discussion
- Preview of next week.

Topic 2. WHO: history, functions, structures, governance

Introduction

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

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

Learning objectives

Broad familiarity with the history, functions, structures, resources and governance of WHO at all three levels and including the relationship between Secretariat and governing bodies.

Participants will be familiar with

- Progenitors of WHO
- Establishment of WHO
- Directors general from Chisholm to Tedros; broad features of their period in office, linking the performance of each DG to the status and trends of political economy globally during their tenure.

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

- Malaria
- Smallpox
- Primary Health Care
- The marketing of breastmilk substitutes
- Essential medicines
- IMCI

- Trade and Health
- FCTC
- IMPACT
- Covid and the Waiver
- IHRs (and H5N1)
- The INB for proposed pandemic treaty

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 (mainly browsing the WHO website)

- WHO Constitution
- About WHO. Explore each of the tabs on this page
- 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; select one of the HQ 'clusters' listed on the organigram which deals with issues you are familiar with; visit that cluster through 'teams', 'topics',
    - Regional offices (from here)
        - Browse the regional office website;
            - Navigate to the websites belonging to country offices;
            - Find your Country Office website; find the Country Cooperation Strategy; read and consider.
- Governing structures (here)
    - EB and WHA
        - Visit the GB Documentation page (here, bookmark it!)
        - Visit WHA77 documentation page
    - RCs
        - Visit your regional office pages and navigate to Governance
        - Find the pages dealing with the 2023 regional committee meetings; find the agenda, the Secretariat papers, the decisions and resolutions, and the report of discussion
- Global Health Observatory; browse
- The WHO histories
    - The first ten years
    - The second ten years
    - The third ten years
    - The fourth ten years

- Go to GHW Index Page; scan the articles about WHO; select one to read and consider
- Do an item search on the Tracker for "FinancingWHO" or "WHOReform" or "Trade"; review PHM commentaries.

Suggested exercise/s

- Select one of the WHO DGs: Chisholm, Candau, Mahler, Nakajima, Brundtland, Chan, Tedros (will need to allocate responsibility for different DGs in advance); • Prepare notes on salient issues faced by WHO during that period and the prevailing global political economy of the time and how it may have affected WHO policy making.

Webinar

Possible discussion sequence:

- Catching up;
- Discussion of what we discovered regarding the work of:
  - Head quarters office,
  - Regional and country offices,
  - Governing bodies,
  - Funding of WHO,
- DGs past and present; hearing about each and their times; • Foreshadowing next topic.

Topic 3. GHG

Introduction

How might we think about the political control of stability and change globally?

- Empires and armies,
- Constitutions and governments,
- Institutions and governance,
- History and culture,
- Historical materialism (history driven by the struggles over production across class, gender, and race),
- All of the above.

How might we think about the 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 analysis under globalisation
  - big vs small states (imperialism)
  - nation states confronting transnational corporations
  - the transnational capitalist class (TCC) versus diverse middle classes and dispersed marginalised and excluded classes (a development of class analysis) ○ patriarchy

Global health governance:

- An autonomous domain of global governance?
  - 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 diverse middle and dispersed excluded classes
  - Patriarchy

Learning objectives

Participants will be familiar with the structures and functions of the diverse institutions commonly included within 'the global health architecture'.

Participants will be familiar with the different world views in which 'global health governance' is understood and used.

Participants will be familiar with different conceptual frameworks for understanding the control of stability and change at the global level, as above.

Participants will be skilled in analysing the ways in which the management of particular global health issues is shaped by the prevailing structures of 'global health governance'.

Readings

Go to GHW Index Page; scan the articles in each edition of GHW, focusing on Section A, 'The global and political architecture'; select one (or several) to read and consider and perhaps report upon.

PHA5 Background Paper: The Struggle for Health: Confronting the role of Capitalism and Imperialism.

Exercise

Return to the historical period that you wrote about for Topic 2, the periods in office of each of the DGs. Rework your presentation to highlight the ways in which 'global health governance' operated in that period. What were the main forces and dynamics?

Webinar

Possible sequence of discussion:

- Catch up
- Which GHW chapter/s did you read? Brief reports
- Returning to the DG periods; brief reflections on GHG during that period • General discussion
- Next topic foreshadowed.

Topic 4. PHM's 'theory of change'

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.

WHO Watch is:

- a resource for advocacy and mobilization;
- it is an intervention in global health governance: democratising global health governance through new alliances and new information flows.

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 complex: an organisation, a network and a movement: an organisation which seeks through networking to build a movement.

Learning objectives

Participants will

- explore the implications for activist practice of the commitments adopted at each of our five PHAs; for PHM generally, for PHM in your country and region, for WHO Watch.

Readings

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, Savar in2018, Mar del Plata 2024); review the Statements, Declarations, and Calls to Action adopted at each of our five PHAs:

- The People's Charter for Health (2000) is the foundational document of PHM. It reflects the broad commitment which holds PHM together;

- 2005: the Cuenca Declaration
- 2012: the Cape Town Call to Action
- 2018: the PHA4 Declaration
- The 2024 Mar del Plata Call to Action is the most recent.

Exercise. Theories of change

What are the explicit or implied theories of change which inform these PHM statements; what are the implications for activist practice within PHM in your country/region; what are the implications for our GHG work?

Webinar

Possible discussion sequence

- Catch up
- Reports and discussion
- How can we build PHM?
- How can we make most use of WHO Watch in PHM activism? •

Next topic foreshadowed.

Topic 5. Policy and advocacy skills

Introduction

Our focus in this unit is on policy analysis, policy development and policy advocacy.

Policy analysis

Policy analysis involves three different domains of analysis. The first domain involves an analysis of the policy in rational technical terms; the evidence used, the values expressed and the logic applied. The second domain involves an analysis of 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 domains involves a different set of questions which produce 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.

Policy development

Policy development is a form of story-telling; building a narrative which speaks of possible and preferred futures, including:

- problem and objectives,

- contexts and causes,
- directions and options, and
- actions and agents.

Policy is also about economic, social and institutional development; the coordination of relatively autonomous players in different institutional settings and across time. Policy is a narrative with authority. It may derive its authority from the regulatory or financial power of government. It may also gain its authority from its sensibleness; from the fact that stakeholders in different institutional settings see it as 'making sense' and are predisposed to support its implementation for this reason. Policy implementation gains further support when a critical mass of stakeholders see it as promising benefits for them or at least not harmful to their interests.

Three principles for policy making:

- build the narrative (defining problems, articulating causes, inventing options and projecting scenarios);
- build constituency and support for implementation (engaging likely allies, building coalitions and understanding the needs and values of the different constituencies which comprise the political field we are working in); and
- build capacity to manage uncertainty (and for better decisions next time).

Policy development involves three tasks: research, draft, consult. The role of research is threefold: build the argument (problems, causes and strategies, options); map the politics (different perspectives and preferred directions) and build consensus (by sharing the tasks of problem definition and research planning).

At the heart of policy development is the practice of writing and re-writing the policy narrative. Each draft points towards new insights or suggestions which are duly recorded in the next draft. The drafting and redrafting of the policy narrative provides a disciplinary framework for working on problems, causes, options, actions and agents.

The third task is consultation. Consultation is critical in policy development in many ways: testing the argument; identifying the interventions that will make a difference; testing different scenarios; identifying risks and uncertainties; building in flexibility; capacity building, and building constituency.

Policy advocacy

Policy advocacy is directed up and down; up to government and down to build support among various interest groups and constituencies.

Advocacy strategy is based on policy objectives (what needs to be done), stakeholder analysis (how do the interests, and forces lie), clear messaging, risk analysis, capacity-building and evaluation.

It is useful to identify three different sets of stakeholders: the decision makers; the interest groups (who are actively involved) and the constituencies (whose role may be more passive but whose judgement may in the end determine the issue). In dealing with the decision makers, it is useful (for the advocate) to maintain direct communication with them, to understand their problems, and to ensure that the options being advanced are practicable, technically feasible. In dealing with other interest groups, the principles are to build coalitions with potential allies and to manage relations with the opposition. Building coalitions involves a lot of listening and trust building. Managing relations with the opposition may also involve listening; perhaps more listening than speaking.

The policy advocate needs to think beyond the decision makers and interest groups to the constituencies to which they in turn are accountable. What are the stories about this issue which presently circulate in these different constituencies? What are people thinking about second hand tobacco smoke, about occupational health, about the referral links between primary and tertiary care. It is often useful to think about public health advocacy as engaging with the flowing discourses (stories, ways of speaking) around these issues. How are people speaking about second hand smoke or about occupational health? The task of the advocate is to steer the 'community conversation' from incoherence and debate to consensus.

Communication is central to policy advocacy: communicating with public officials; communicating through the mass media; communicating with community groups. Different conversations call for different communication styles: technical and analytical with the experts; pragmatic with the officials; expressed in terms of everyday experience with community groups; and short sharp sound bites for the mass media. It is often necessary to express complex arguments into short memorable slogans (multiple levels, multiple media, few simple messages).

Risk analysis is an important part of strategy development. The most obvious risks are those of alienating rather than convincing. Another risk is simply 'getting it wrong'. It can be hard to maintain a clear-sighted view of the situation while advocating (passionately and sometimes in a simplified way) a particular perspective. A related risk is of 'not hearing the other'; where the passion of the advocate gets in the way of hearing how others see the issues and perhaps precludes moving towards win win outcomes. We need to find a balance between advocacy (urging a particular view) and listening to other ways of seeing things.

Capacity-building is also a key part of advocacy strategy: developing resources (expertise, relationships, and material resources) and developing skills in the key strategies.

Policy advocates have a wide range of tools and methods on which to draw including:

- research, innovation and publication,
- alliance building (professional associations, health agencies and practitioners, other civil society organisations, etc),

• media advocacy (approaching journalists and editors; clear messaging), • social media (publishing and peppering),
• lobbying officials (mail, phone, face to face; clear messaging),
• direct action.

Learning objectives

• Establishing some shared language for discussing the processes of policy analysis, policy development, and advocacy;
• Developing our skills in policy analysis, policy development, and policy advocacy.

Readings

Spend some time working through the Introductory Notes, above.

Exercise

Policy analysis

Using the Item Search function in the Tracker, bring up the sequence of agenda items where (one of) the following issues have been considered in the global governing bodies: • IMPACT,

• Maternal, infant and young child nutrition,
• GSPOA, IPRs and medicines,
• Universal health coverage and primary health care,
• FENSA,
• COVID response.

Choose one of the above. Review the sequence of official documents, debates, decisions and resolutions and the sequence of PHM commentaries.

Can you explain the ways in which the technical, rational argument has interacted with the political real politic in the evolution of this policy area?

Policy advocacy

Review the expected agenda items scheduled for EB156 in Jan 2025. Select **one of** the following priority issues:

• Item 6. Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases including
  ○ Comprehensive mental health action plan 2013–2020
  ○ Comprehensive implementation plan on maternal, infant and young child nutrition,
• Item 7. Antimicrobial resistance,
• Item 8 Substandard and falsified medical products,
• Item 11 Polio eradication

Using the Item Search feature of the Tracker and relevant pages from the WHO website to trace the origins of your selected item; where did it come from, how did it get here?

Try to identify the next stages in the consideration of this issue.

What position would you want your government officials to take when this issue comes up at EB156?

Develop a sketch plan for a campaign of policy advocacy between now and the EB meeting in January directed to influencing how your government might speak when this issue comes up.

Webinar

Possible discussion sequence:

- Catching up;
- Reports on policy analysis exercise: tracing the interplay of the technical argument and the political realities;
- Reports on the policy advocacy exercise: planning policy advocacy in the lead up to EB156.

Topic 6. Watching the Regional Committees

Introduction

WHO Watch has extended its watching to the regional committees on several occasions in recent years but not consistently. This is partly because of the cost of face to face watching which can be huge. In some cases, the national PHM where the regional committee is meeting has organised a PHM presence at that meeting.

The regional committees provide an important forum for discussing regional issues and for caucusing among the member states for that region in advance of the global governing body meetings. National governments need to develop their positions on the issues coming before the committees.

The regional committees provide opportunities for domestic liaison (national PHM to national government) and associated opportunities for advocacy and mobilisation around the issues in focus at the regional committees.

PHM Ghana has documented their experience of engaging at this level. This involved a two day civil society consultation held in Accra in 2017 before the WHA in May. The outcomes of the consultation included:

- Increased familiarity within PHM Ghana regarding the issues coming before the WHA;
- Communication of PHM Ghana's position on WHA items to MOH, Ghana mission in Geneva, and to the local media;
- Stronger links between PHM Ghana and a range of other civil society

organisations;
- Closer liaison between PHM Ghana and the Ministry of Health.

Learning objectives

Participants will:

- Be more familiar with the work of their regional office and regional committee; • Be more familiar with the work of WHO's country offices in their region; • Be more familiar with the relationships and interactions between the regional office / committee and national officials;
- Explore the possibilities of deepening PHM engagement in WHO policy making at the country, regional and global levels.

Readings

- Browse the website of the regional office.
- Navigate to the governance section of the regional office website.
- Note the outcomes of the most recent completed regional committee meeting (note that the regional committees report to the EB in January on their recent deliberations).
- Note the agenda and official documents for the next meeting of the regional committee.

Suggested exercise/s

- Identify one or more agenda items listed for the forthcoming regional committee meeting which should be priorities for PHM advocacy; review relevant documents and formulate key advocacy directions and strategies for each priority item.

Webinar program

Possible discussion sequence:

- Catch up;
- Sharing of impressions regarding the work of the regional office and committee; • Review outcomes of last regional committee meeting;
- Preview agenda for next regional committee meeting;
- Discussion of possibilities for deepening PHM engagement in WHO policy making at all three levels (country, regional and global)
- Planning and commitments.