PARTICIPATION EXPERIENCE IN THE WORLD HEALTH ORGANIZATION WATCH

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In the following pages, the experiences of the first author as an observer at the 53rd PAHO Directing Council and at the 136th WHO Executive Board will be reported. It will also be made a commentary report on the participation as a supporter of the observers' group at the 67th World Health Assembly.

The *WHO Watch* activities are publicized through the People's Health Movement channels, like pages in social networks and email lists, and it was by one of these emails that the main author heard about the possibility of acting as an observer. In general, the on-site *watchers* of the regional events are natives from the countries in those regions, while those who are part of the project in the WHO events usually are from different countries. The closeness to Geneva makes the participation easier for European activists. In the 53rd PAHO Directing Council there were activists from Brazil, Canada, India, Mexico and USA. The 136th WHO Executive Board had the participation of activists from Australia, Belgium, Brazil, France, Germany, India, Italy and USA.

i) 67th World Health Assembly (WHA67)

The first experience in the *WHO Watch* was virtual, supporting observers who were acting in the 67th World Health Assembly, held in Geneva in May 2014. One of the tasks of a *watcher* is to write down the main points of the debate of each topic of the agenda, so that anybody who reads this material later is able to understand what was recommended on that matter – the final product of these notes is called "meeting commentaries". In the WHO meetings, in one period of the day only, several items of the agenda can be debated; besides, the notes usually contain abbreviation and other tools to help the *watcher* to take notes fast in order not to lose any point of debate. Thus, a *watcher* can help, even from a distance, proofreading and organizing these notes, by means of virtual tools like Skype. The *WHO Watch* work group keeps

a channel in Skype in which all the declarations developed in each session are made available in real time; through this tool, anybody from anywhere can interact with the *watchers* and follow the debates of the meetings.

ii) 53rd PAHO Directing Council

The first on-site experience of the main author in the *WHO Watch* was in a regional event, the 53rd PAHO Directing Council (CD53), held in September 2014 in Washington D.C., USA. A *Watch* begins long before the week of PAHO/WHO meetings. A few months before, the project coordination sends, through PHM and partner organizations email lists, a call to participate in the *Watch*. For CD53, interested people organized, at their national circles, a list of priority items based on the meeting's previous agenda[1]. Each PHM regional or national circle did the same and, in the end, a list was prepared containing topics considered priority, for which PHM would prepare commentaries with critical analyses to be distributed to the delegates present in the CD53 and to be made available in the *WHO Watch* internet page. Priority items are subjects considered highly important to the circle, but are also topics about which the PHM collaborators have skills and possibly can provide a critical opinion.

Time is relevant, as the work of the *WHO Watch* activists is based on the working documents made available by international agencies (PAHO/WHO). In the CD53 case, the greater collaboration of PHM Brazil was on the Universal Health Coverage theme, which working document, CD53/5[2] (Strategy for Universal Access to Health and Universal Health Coverage) was publicized only three weeks before the beginning of the Council. This way, besides the specific knowledge on the theme, the activist, sometimes, needs to have available time to prepare a detailed analysis in a short period of time. For the OPAS meetings, the commentaries on the themes are made available by the *WHO Watch* collaborators, usually in Spanish and English. In case a working document is publicized within a short period of time by PAHO, time for preparation of the

[1] CD53 agenda and technical documents were made available previously through PAHO in its site: www.paho.org/hq/index.php?option=com_content&view=article&id=9774%3A2014-53rd-directing-council&catid=7003%3A53rd-directing-council-29-sep-3-oct&Itemid=41062&lang=en

[2] Strategy for Universal Access to Health and Universal Health Coverage - www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=27312&Itemid=270&lang=en

commentary and review, translate and print it is quite short. In the specific case of the CD53/5 working document, it would still be modified and a new version with major changes was publicized less than a week before the beginning of the meeting. In this situation, the observers, who would act on-site in Washington, were those who should edit and format the final version of the commentary.

At the same time, virtual meetings were held to present to the new *watchers* the functioning of PAHO directing boards and the insertion of *WHO Watch* in this context. This preparation was finalized in Washington with a 2-day guiding workshop to debate themes like governance in PAHO/WHO and advocacy strategy. These two days were also used to finalize pending commentaries and to prepare declarations to be read during the CD53, a way of civil society participation in the meetings of WHO directing bodies: one intervention per topic, after the debate by the State-Members. The declaration should not have more than 300 words and should be delivered in advance to the Agency management, expressing the statement of the organization or entity that wrote it, however not allowing a higher integration and debate, being limited to a critical opinion. As it is done after the statements from State-Members, it does not interfere with the debate.

In the CD53, the main activities happened in room A of PAHO building, where delegates of the countries, PAHO and WHO technical staff and non-governmental organizations representatives had free access, being the latter in the back of the room. PHM is not a non-governmental organization, it is a movement, but had access to CD53 through a partnership with *Medicus Mundi International*, a non-governmental organization which maintains a official relations with WHO – the same partnership happens in other activities of WHO and its agencies. Twelve non-governmental organizations with official relations with WHO, ten non-governmental organizations with official relations with PAHO and seven international bodies were present at the CD53 (1). Among the non-governmental organizations, there were representations of students and professionals, users collectives, organizations fighting specific diseases (like cancer and Alzheimer), the Latin American Federation of Pharmaceutical Industries, and the International Federation of Pharmaceutical Manufacturers.

The physical closeness with the countries' delegates made the approach easier, which happened mainly during the breaks between the sessions, when

the commentaries prepared on the agenda topics were delivered. Several delegates expressed a lot of interest on the commentaries, and some considered it important having access to contributions prepared by social movements; some representatives of countries with small delegations – sometimes only one or two delegates – said that they used the material to help deepen the knowledge on certain themes. By the way, this was a detail that called my attention: while the USA delegation had 25 people, including some experts in specific themes, there were country delegations with one member only. I believe it is hard for a delegate to be able to master all the subjects in an extensive agenda, and I believe that this shows a power discrepancy among the nations. The *WHO Watch* group which acted in the CD53 and the other activists from PHM prepared commentaries for five themes: Strategy for Universal Access to Health and Universal Health Coverage, Action Plan on Disability and Rehabilitation, Mental Health Action Plan, Health in All Policies Action Plan, and Strategy on Health-related Law. Declarations on three themes were drafted: Strategy for Universal Access to Health and Universal Health Coverage, Mental Health Action Plan and Strategy on Health-related Law.

iii) 136th WHO Executive Board Meeting

The 136th WHO Executive Board (EB136) was held between January 26 and February 3, 2015 in the WHO headquarters in Geneva, Switzerland. Some elements of the *Watch* in Geneva were similar to those of Washington, already reported in the previous section, as they follow the same logic of the *WHO Watch* project. Different from the PAHO Directing Board, which is regional – Region of the Americas only – the Executive Board (EB) is global. This is the reason why its *Watch* involves activists from all over the world. Several networks are part of *WHO Watch* and their contributions are made both through the Internet (for instance, commentary preparation, helping with note taking from every meeting) and on-site: the guiding workshop for the EB136 was held in the headquarters of an independent organization in Geneva. A meeting was held with several representatives of the civil society aimed at defining strategies of advocacy and lobbying for the EB136. This was an opportunity to know activists with distinct backgrounds and also to know how different members of this heterogeneous universe that we call "civil society" act and interact. In the

workshop, held between 21 and 25 of January, the commentaries on the items of the Executive Board agenda were finalized. Declarations concerning priority matters were also prepared to be read in the EB136 sessions, as well as action strategies of the watchers group were defined. We were able to speak with several activists (university teachers, organizations' activists, international organisms professionals) who spoke about the WHO establishment, its history, its functioning, its acting in Global Governance, and the role of *WHO Watch* in this context.

Different from PAHO Directing Board, in EB civil society's representations are accommodated most of the time in the upper galleries, separate from the countries' delegations. This makes it a little harder to approach the delegates. Even though most of the meetings happen during the breaks between the sessions, and that the resting spaces are common to all (cafeterias for lunch, coffee break in the main hall), the simple fact of not having any contact (not even visual) during the sessions makes the necessary approach and conversations hard. Besides, being a global event, the number of delegations is much higher, being more difficult to identify who is who. During one period of CD53, for instance, it was already possible to identify a considerable part of delegates not only from each country, but also delegates from civil society organizations. And, in the end of some periods, we were also identified by some of them. All these aspects demand a specific and well-structured strategy.

The issue of power balance among the nations was also possible to observe in EB136, not only in relation to the number of delegates per country, but also concerning the composition of the delegations. While some States, usually the richer ones, have delegates with a long time of experience in the field of global health governance, others do not have personnel with this profile, making harder the influence by developing nations on decision making processes.

The *WHO Watch* group which acted in the EB136 and the other activists of the PHM networks drafted commentaries related to 36 topics and prepared 12 declarations.

Concerning the composition of the delegations representing civil society in EB136, there were 51 non-governmental organizations with official relations with WHO (2) – users' organizations, pressure groups for investment in

research of specific diseases, associations of students and professionals of several fields, the International Federation of Pharmaceutical Manufacturers, and *Global Health Council, Inc.*. According to its webpage, *Global Health Inc.* is “comprised of organizational members and hundreds of individuals – all committed to the mission of improving health globally through increased investment, robust policies and the power of the collective voice.” Non-profit international development organizations (NGOs); for-profit international development organizations (contractors); corporations/private business; faith-based organizations; universities; foundations; and individuals are part of the *Global Health Council Inc.* (3). Three representatives of Nestlé and three of Rabin Martin, a "strategy consulting firm that helps clients be leaders in improving health and access to global health technologies. Our clients include global corporations, the world’s foremost foundations and leading governments and multi-lateral organizations. Our current clients include the Bill & Melinda Gates Foundation, Johnson & Johnson and Merck & Co., Inc.” (4) participated in EB136.

DISCUSSION

The experience as a *WHO Watch* observer evidenced that global health governance has transformed in an increasingly complex network formed by different actors, like National States, bi and multilateral bodies, civil society, corporations, philanthropic entities and universities, among others, so that the most diverse interests are involved, reinforcing the need for a solid leadership.

WHO continues to be a reference for the formulation of health policies; thus, its recommendations and technical opinions are prestigious in the international scene, which makes it a space in dispute. Power relations developed in it are flagrantly unequal. Some nations have financial and human resources and are able to articulate to strongly influence the decision to be made. Other countries can send small delegations to the meetings, which makes them unable to know deeply all the topics that are debated within the scope of WHO or even have an influence on the debates – be it through lobby or volunteer donations to chosen projects, as, sometimes, their financial resources are also limited.

Similarly, even though the participation of civil society is provided in WHO

regulations, the cost to send representatives where meetings are held makes the work possible to a few organizations only, those which are able to articulate to search for enough financial resources. The insufficient agility with which specific debates are held should be highlighted, showing that some themes are difficult to approach, like gender issues, for instance – due to religious and cultural factors – or matters that challenge interests from rich countries. The current process of WHO reform must bring back to the Organization and its State-Members the management control of the actions developed within the scope of global health governance, as well as correcting inequities in the participation of countries. In this context, civil society is a major element of support, bringing the voice of the people to the interior of WHO and spreading its debates beyond its members and its technical staff.

In spite the fact that WHO events include civil society participation by means of the presence in Board Councils, Executive Councils and World Health Assemblies, as well as the possibility of reading short declarations on the debated themes, the *WHO Watch* experience also showed that the influence that these actors have on the debates is small, as the right to speak is warranted to these agents only after the debates among the State-Members. The strategy of producing critical commentaries – which are delivered to the delegates during the meetings, but are made available in advance through internet – seem to be interesting, as several delegates, both in PAHO and WHO meetings, looked for the *watchers* either to debate their content (evidencing that they had already read the material) or to ask for printed copies. It is not possible to measure how and how much consulting the material may influence the statement of a country; however, some delegates claimed that the material was a major source of consulting for them to be informed on some of the topics in the extensive agenda of the meetings. As a considerable number of delegations are formed by few delegates, it is fair to guess the difficulty that several countries face to take full knowledge of the agenda's debates.

This report refers to the experiences in the *WHO Watch* within the scope of WHO; however, the decision processes in health are developed not only in this international sphere, demanding from the civil society an attentive posture in local level. The acting of *WHO Watch* cannot occur only in the periods of WHO meetings, as it was a strategy planned to function along the year, by

means of articulations between local and global spheres. The *Democratising Global Health Governance* initiative, of which the *WHO Watch* project is part, can be a useful tool to foster the debate and higher social participation on those themes related to Global Health Governance. However, the Brazilian PHM circle, which has a small number of activists to act in a country as big as a continent, like Brazil, faces difficulty engaging and mobilising other actors. The study of Global Health in the country still is in its early phases, a situation that can be seen as unfavourable to initiatives in this field, but also as a potentiality, as it is a fertile field for the development of several actions.

FINAL REMARKS

Civil society is able to influence the decision processes of WHO and its agencies in short, medium and long term by means of different mechanisms and strategies. Social movements contribute a critical view on the debates developed by these intergovernmental bodies, promoting, as well, the dissemination of these debates and their unfolding beyond governmental spaces. The participation of students in social movements working with global health governance has an influence on their training so that, in the future, they may take over leadership positions in the governments of the member countries, as well as being part of the technical staff of international bodies.

The work of professionals who understand health as a right, in governmental bodies and intergovernmental agencies, is a social change promoting tool. The participation in these activities allows to the new generations a practical knowledge on how global health governance processes work, as well as a higher closeness and familiarity with major themes currently under debate. They are opportunities to join theory and practice, using the knowledge constructed along the training in a real experience, learning and sharing with experienced activists and professionals in an environment of decision making that will influence health policies and programs in the whole world.

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