

Civil Society Engagement with Global Governance for Health (GHG)

Background

The research reported here was conducted to assess “Civil Society Engagement with Global Governance for Health (GHG)”. While data collected and analysis presented seeks to look at the broader issues around Civil Society’s engagement with GHG, the specific lens of one of PHM’s global programs – ‘WHO Watch’ has been used to inform the research. To contextualize the findings of the research below is a brief description and background of PHM’s WHO Watch program.

WHO Watch: Holding the WHO to Account

The People’s Health Movement (PHM) (www.phmovement.org) is a global network of community organisations, civil society networks, and academics. The PHM is concerned that the World Health Organization (WHO), the only representative body of sovereign member states that works on global health, is currently subject to conflicting pressures. The freeze on mandatory contributions by member states since the late 1980s and the increasing dependence on donors has compromised the independent and sovereign nature of the Organisation and greatly weakened the intergovernmental framework for global health governance.

Since 2010 PHM’s ‘WHO Watch’ program has gained strength as an instrument for holding the WHO to account. Through this program PHM seeks to strengthen the voice of civil society in global health governance and in advocating for a robust institutional framework which would raise the priority of health equity and the right to health in global decision making.

In advance of the governing body meetings of the WHO (the Executive Board meeting in January and the World Health Assembly in May) PHM prepares a detailed commentary on the entire agenda of the meeting. This is a collaborative effort that harnesses the expertise of activists and subject experts from across the world. The commentary provides a detailed background for each agenda item to be discussed at the governing board meetings, an analysis of the documents circulated in advance and advocacy around evidence based positions on each agenda item. The detailed commentary is circulated to all the delegations prior to the meetings and is also available on PHM’s WHO Watch website (www.ghwatch.org).

‘Watchers’ at the EB and the WHA are comprised of young health activists from around the world, who are selected through a ‘call for applications from volunteers’ sent out before each governing body meeting. The ‘watchers’ are mentored by 2-3 senior PHM activists and they prepare for the meeting by familiarizing themselves with PHM’s commentary and with documents circulated for each agenda item by the WHO Secretariat. A 4-5 day orientation workshop, prior to the meeting, is organised in which the ‘watchers’ with the support of the mentors develop an understanding of the wider picture of Global Governance for Health, as well as of the specific agenda documents and proposals that are to be discussed at the EB or the WHA. The workshop, thus, is designed to build capacity of young activists on global health, and also prepares them to intervene during the governing board meetings.

During the EB or the WHA PHM’s ‘watchers’ document discussions taking place inside and relay this, in real time, through a skype channel to a range of interested people, including PHM activists in countries, interested CSOs, and academics following the debates in the WHO. ‘Watchers’ are encouraged to liaise directly with official delegates during breaks and advocate on PHM’s positions

on important agenda items. An advocacy document containing key issues and PHM's positions regarding these is as a tool for advocacy with delegates. PHM 'watchers' also make statements within the meetings on issues that PHM thinks are important to focus upon. PHM's commentary and advocacy documents are now being utilized by a number of CSOs to support their analysis and by a number of country delegates (especially from LMICs) who find the exhaustive documentation and analysis useful in formulating their own interventions. 'Watching' of the regional committee meetings of the WHO applies the same principles and protocols.

The WHO Watch website (www.ghwatch.org) is a repository of PHM's commentaries on the governing body meetings over the years, statements made by the PHM in each meeting and a background analysis of issues around Global Governance for Health. It is extensively used, not just by PHM activists and other CSOs, but also by a number of county delegates who find this a valuable resource that supports their engagement with issues at the governing body meetings.

Critical to the work of WHO Watch are the links created between the 'watching' processes and the various struggles around health in different parts of the world. These links enable local activists to keep in touch with the trajectory of global policies which shape the context for such local struggles. They also help to ensure that policy analysis and policy advocacy at the regional and global levels is informed by the reality of grass roots activism.

Methodology

The research was conducted by the following team of (entirely voluntary) researchers:

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Several methods of data collection was used. These included:

- 1) Participant observation of meetings
- 2) Focus group discussions
- 3) Interviews with respondents from civil society, PHM activists, country delegates to the WHO and WHO officials.
- 4) Online surveys

Structured questionnaires were developed for each class of respondents. Selection of respondents was purposive. Researchers involved in data collection were mainly PHM activists engaged in PHM's WHO Watch program.

The analysis presented is completely anonymised and quotes are attributed to respondents based on the following key: CD: Country Delegate; WHO: WHO official; CS: Civil Society Representative; PHM: PHM activist.

Structure of Data Analysis

The analysis is presented by dividing the responses based on the class of respondents.

Section I: Civil Society Representatives

Civil Society and WHO

A Civil Society (CS) respondent felt that the WHO Secretariat pays lip service to the member state driven processes in WHO but many processes are driven by powerful countries and increasingly by big donors like the Gates Foundation. The WHO is conflicted as on one hand it is a norm setter and on the other it is forced to ask for finances from often the same entities it is supposed to regulate. Another respondent felt that the WHO will not take positions on Intellectual Property Rights (IPRs) because of the Gates and the US government. Another respondent said:

“I think WHO needs us (CSOs). WHO is aware of the fact that it has been seriously weakened, terrible weakened not only by private sector but by governments. It has been weakened from within and without. It needs society to constantly tell it that it has the mandate for global health governance”. (CS 2)

Several CS representatives questioned the current cumbersome method of accreditation of CSOs who are designated as being in “official relation with the WHO”. Given that the process is not easy for many CSOs to engage with, only a select few CSOs with global presence are accredited. This forces most CSOs to accredit their delegates to attend GB meetings as part of delegations of a few CSOs who are accredited with WHO.

Importance of CS participation in GB meetings

Most CS representatives felt that participation in the GB meetings of the WHO was very important. As one CS respondent said:

“...it [CS participation in GB meetings of the WHO] enriched impressions about what is going on in different parts of the world. Presence in the WHA is strategic because it is possible to draw upon personal/ organizational connections to actually intervene in the debates and in the outcomes, including in the framing of resolutions”. (CS 1)

Another respondent, while pointing to the importance of CS in global health governance, felt that engagement could be improved:

“[CS involvement in global health governance] is enormously important, totally under-utilized, totally under-employed. It’s a disaster [that] we can’t create one voice ... each of us is pulling the blanket to our side. We need alliances with NGOs, trade unions cannot do this alone, we need alliances with NGOs on the ground definitely. There is no lack of ideas, we have the ideas we just don’t have the resources and you know the problem is that the neo-liberal agenda is just starved of civil society to feed the private buffet and it isn’t going to happen tomorrow, we have to fight constantly ... this capturing of resources by the private sector”. (CS 2)

It was also articulated that there are good examples of effective CS engagement leading to positive outcomes:

Civil society advocacy in influencing global health governance: an example where civil society advocacy has been effective: “with this new addition of the WHO central medicines

list, .. definitely an example of the work of civil society in WHO by the addition of 16 cancer drugs to the WHO list” (CS 4)

Several CS representatives felt that there were a number of committed people associated with CS following issues around global health but generally CSOs were handicapped by lack of financial and human resources. Consequently the opportunity cost to engage in processes such as the GB meetings of the WHO is substantial for several CSOs. Some CS representatives also felt that the power and ability of CSOs to intervene in processes related to global health, including discussions in the WHO, has diminished over time. Some CS representatives felt the need for a political analysis of the work done by CSOs while engaging with the WHO to make an assessment of what has been achieved, especially in the context of perceived fatigue of CSOs after several years of working on issues around reform of the WHO. The view was put forward that CS representatives need to view themselves as “political actors”.

Also advanced was the position that CSOs need to make alternate proposals and not just criticize positions put forward during debates in the WHO. Analysis by CSOs needs to strike a balance between technical discussions and overall political analysis so that such analysis is assimilable by a wide range of CSOs and other actors.

Many CS representatives felt that there was a need to organise more systematic discussions among CSOs, using the opportunity provided by the presence of many CS representatives during the EB and the WHA. Also, it was felt that co-ordination among CSOs working on global health should not be limited to GB meetings but should be a year round process. The need for better sharing of experiences and analysis among CSOs was emphasized. A view was expressed that while better sharing and co-ordination among CSOs is desirable, there should be insistence that all CSOs should speak in “one voice”. There should be recognition that CS is not homogeneous and different positions can exist among CSOs. It was proposed that a mapping of different CSOs working on global health could be useful in strengthening co-ordination and in dividing work within CSOs based on respective strengths and interests. Some CS representatives felt that there was a resistance in many CSOs to co-ordinate better and in developing an “umbrella approach”. This was also seen as a reason why CSOs are “fragmented” and do not synergize their activities. Several CS representatives spoke to the merit of building broad alliances that include social movements. Differing views on engagement with private sector were expressed. The dominant view was that they should be excluded, but there was also a view advanced that engagement is necessary as private sector already plays a role in the WHO through the aegis of powerful Member States.

Also underlined was the need to think beyond CS engagement with WHO and to actively seek engagement with other multilateral agencies which have an impact on global health, including other UN agencies. Some agencies/processes identified as useful to work with included the International Labour Organisation (ILO) and the International Conference on Nutrition (ICN). It was felt that CS needs to engage with the SDG process in the UN. Engagement of CS on global health is generally limited to the period around GB meetings and it was articulated that serious engagement needs round the year interaction and interventions in processes that are debated during the GB meetings. A CS representative posited that “WHO is not longer the place where decisions are made, and interventions are necessary at Davos, New York. etc.”

While PHM’s WHO Watch program was generally commended, some CS representatives felt that there was inadequate consultation regarding PHM’s commentary on the GB meetings with other CS organisations, especially Geneva based CSOs. This might give the impression that PHM ‘parachutes’ into Geneva during GB meetings without maintaining links with local organisations. Since the launch

of the WHO Watch program PHM has concentrated on its capacity building workshop for ‘watchers’ prior to the GB meetings. Other CS representatives are invited as resource persons. However an opinion was expressed that PHM could, additionally, also organise more inclusive consultations with CS before the GB meetings.

CSOs also felt that work around GB meetings in Geneva is meaningful if it is linked with country level work and advocacy around issues at the country level. While PHM actively shares work around GB meetings with country circles, it was felt that this facet of PHM’s work needs to be strengthened as country circles do not usually engage with the global work in Geneva.

Perceptions about WHO Watch

Overall the assessment of PHM’s WHO Watch program was extremely positive. Respondents knew about the program and most reported to having made use of the commentary and analysis provided through the program.

“I have been involved with PHM briefings at the WHO, then I know all the WHO Watch people... I have used their material when I can” (CS 2)

Most respondents said that the analysis was of high quality and particularly commended the fact that the program is the only one which provides an analysis and documentation of the entire agenda before the GB meetings. Respondents also felt that the notes of discussions in the GB meetings were very useful.

“The policy analysis is really important in my feeling and I think particularly for this stuff where the content is so dense, you really need people with expertise” “I would say that their [WHO Watch] strength is they have excellent reports. What they do is they are in the room when the conference is on and so I’d say for us, we don’t have the personnel or even the expertise to sit and follow all the discussions but the standard with the Watchers is really, really good, they are young people, excellent and it’s awesome. With a lot of groups you wouldn’t develop information that could be readily shared but with the watchers group it’s shared with other NGOs, it’s an eye opener for us. And so I would say it’s a super valuable resource, I am very impressed with the quality of their reporting”. (CS 1)

“.. even though maybe for the people who do it, it is tedious and a lot of hard work, but it helps citizens in grass roots movements I would think and I think it is an important function of the Watch... I think that’s an amazing resource because even large groups based in Geneva, .. I’ll share these notes with them and they love it even though they have staff and notes, they love those Watcher notes even if they are rough, unpolished notes because it gives them a sense of what happened”. (CS 4)

However there was also a view expressed that there were occasions when the analysis provided was shallow and this was explained by the relative inexperience of the ‘watchers’. One CS respondent felt that the notes on discussions prepared by the ‘watchers’ needed to be further analysed and refined by ‘experts’.

“WHO Watch is extremely useful when you are not in Geneva. The difficulty with WHO Watch is it is very hard for the people who do it, to really understand what they are doing, they don’t really understand it. And sometimes we get some real snaffles. I am not saying that is a problem because they are learning. But from my point of view,

I wouldn't rely on it. I would if I weren't in Geneva, that is the only way I can access that stuff and then I could always ask for inputs from other people." (CS 2)

The notes provided through the WHO Watch program was seen to be useful even though WHO now webcasts the discussions. As one respondent noted: "You can't listen to a 12 hour webcast, what you want to be able to do is, have somebody take notes and you can't even tell from the webcast really from what country it is streaming". Another respondent said:

"you could even follow some stuff on webcast but still it is really important I think to have boots on the ground..."(CS 4)

The WHO watch programme is also perceived as providing "excellent mentorship" to young activists working on global health.

" apart from the outputs they deliver, the service they provide to a lot of public health community especially activists, it's a great mentorship program I think, that's what I have been really impressed with"

"I was recommending to my colleagues in Washington that it would be nice if one of our New York colleagues could join the watchers as I have seen other groups do".

"what I do like about the PHM movement is this opportunity to engage with people ... I just don't know how, I hope it's being translated in really linking to grass roots movements and I think that's partly easier said than done"(CS 4)

It was also articulated that the ability of the WHO Watch programme to sustain itself while being almost entirely dependant on young volunteers is extremely commendable, though the necessary turnover of 'watchers' poses some challenges:

"I think for a group like PHM and Watchers, for me on the outside it is good to see consistency, internal growth, people coming in, going out, good instincts, financial stability ... because of this turnover, it is true that some of the institutional memory is lost, but I think on the other hand when you have good, sound people then I think that usually should take care of itself"

How to improve WHO Watch

CS respondents pointed to the importance of understanding the background of the discussions in the B meetings and the need to study the documents circulated by the WHO Secretariat. Also seen as important were efforts to develop links with country delegates during the GB meetings and of deepening the understanding about different agenda items. This, it was articulated, would enhance the quality and reach of the analysis provided through the WHO Watch programme. As a CS respondent said:

"[You have to understand] importance of having dinners together, social events together, hanging out together ... make sure you are not staying within your own group"(CS 1)

Respondents pointed out that to effectively shape outcomes of discussions at the governing body meetings, a thorough knowledge of the positions likely to be pursued by different countries is critical, as is the attempt to reach out and talk to different country delegations. An effective advocacy strategy is to have contact with country delegates from the same country (i.e. the country from which a CS advocate belongs).

“it’s a good idea to have in your mind, a mental score card how each regional group thinks of this [a proposed resolution] .. don’t take anything for granted. You may think this group is going to be in support because it is a developing country, not necessarily, you got to go talk to them, you could say the Europeans are a part of a different group but they may not, it’s just hard work, ask a lot of questions and then talk to delegates. If NGOs sit around lobbying NGOs all the time, that’s not getting the point”.(CS 1)

“You should always get to know your own delegation. It has a couple of effects, one you can get intelligence from them but secondly it says to your delegation they have to pay attention”(CS 1)

“Important thing is to be well informed because I think that’s solid evidence and over time I think that delegations build trust. Often I find that a lot of work here is based on trust. And it’s built over lot of time, not with everyone but we do spend a lot of time cultivating with some”. (CS 4)

Respondents also pointed to the usefulness of short advocacy documents. As one respondent articulated: “People love written information, if you have documents not very long, one page is good, ten pages is pretty bad”.

Some CS respondents also felt that activists involved in the ‘watching’ team should develop good contacts with other CSOs. Especially CS representatives with years of experience of being at GB meetings can be very helpful in familiarizing new ‘watchers’ with the venue, help make contacts with delegates and also then be involved in popularizing the advocacy material developed through the WHO Watch program. One respondent suggested that for new ‘watchers’ it would be useful to be at a EB meeting before attending a WHA. The EB meeting is smaller and less “daunting” for new ‘watchers’ and provides a good training to work more effectively at the WHA. EB meetings area also good training because the agenda of the next WHA is largely set and discussed at the previous EB meeting. It was also articulated that it is important that the young activist ‘watchers’ are actively mentored by more senior activists from PHM.

Respondents felt that external communications could be improved to make the activities during the Watch more effective. As one respondent said: “more real time tweeting done by perhaps people who are more experienced and know the subject“

Respondents also pointed to the challenge in sustaining the Watch, largely based on voluntary efforts, especially in an expensive place such as Geneva.

“...that [the WHO Watch program] takes a level of commitment and sustainability, Switzerland is expensive. Sustaining it is a challenge and I would say that’s quite a barrier; I guess you would need to stick with people who are not based in Geneva..” (CS 4)

Section II: Country Delegates

Importance of WHO GB discussions for countries

WHO’s role as the premier norm setting organisation at the global level is particularly valued. The Governing Body (GB) meetings of the WHO in Geneva – the Executive Board (EB) meeting in January and the World Health Assembly (WHA) in May are perceived as occasions when the norm setting functions of the organisation come into play. They thus provide an opportunity to countries to debate norms to be applied at the global level. The discussions at the GB meetings serve as key

inputs for national debate on what should be adopted in terms of legislation. Delegates to the EB and the WHA, representing country delegations, see the articulations in the GB meetings, through the debates and the resolutions adopted, as expressions of a global consensus on norms.

Countries involved in the norm setting exercise seek to align domestic rules and policies to global norms. However countries also struggle to match global aspirations with national and local realities. As a country delegate commented:

“The resolutions adopted in the WHO give us a focus on what we need to do. However there is a great gap between resolutions and what we do at country level”. (CD 2)

Role of civil society organisations (CSOs).

Many country delegates view Civil Society (CS) as a “key stakeholder”, and value their participation and advocacy during the GB meetings as they are perceived as providing “frontline data” and a “reality check”. Civil Society’s views are also seen as important because they articulate issues and concerns that are seen as “fresh” and as being “first hand information” because CSOs are understood to represent voices from the community. Advocacy around policy analysis by CSOs is valued because it represents an “independent” viewpoint that has legitimacy as it is seen to advance public interest. Some delegates, in fact, argue for a bigger role for CSOs in the WHO – as articulated by one country delegate:

“At UNAIDS you have CS sitting at the Board, they have seats, they participate in drafting groups, they propose language, they negotiate actually, we are face to face with them but just CS. so, that’s a very good format because they really propose things on our faces and it does influence a lot the negotiations for the good, for better..” (CD 1)

The role of CSOs is viewed as critical for the advancement of positions that support public interest. CSOs, it was articulated, should be part of a consultative process to shape decisions of the WHO’s governing bodies. However, there were also unanimity among country delegates that while the voices of CSOs need to be heard, the decision making processes of the WHO need to be primarily driven by member states as the WHO is an intergovernmental organization within the framework of the United Nations. Thus it is considered important that decisions are taken and elaborated through an intergovernmental process. The involvement of CS is also seen as strategic as implementation of action plans and decisions adopted at the WHO require participation and input of civil society at local and national levels. There is a fair level of resonance for a ‘multi-stakeholder’ approach, in which the involvement of CS is ensured.

Many delegates pointed to examples of how Civil Society engagement has benefitted the organisation to advance the cause of public health. Particularly referred to is the role of CSOs in advocating for the rights of HIV/AIDS patients and the consequent massive scaling up of investment in diagnosis and treatment of HIV/AIDS. Medecins sans Frontieres (MSF) and International Baby Food Action Network (IBFAN), Drugs for Neglected Diseases Initiative (DNDi), OXFAM and NCD Alliance were identified as CSOs that have played a useful role in engaging with discussions at the WHO. Delegates also mentioned South Centre in this context, though the latter is actually an inter-governmental organisation of LMICs.

The inputs of these groups are valued as they keep contact with the country delegates stationed in Geneva round the year and not just during the GB meetings. As a delegate pointed out (CD 4): “MSF and South Centre have offices in Geneva and we know who to contact for information”. The quality of analysis provided by MSF was also reported as “good and easily accessible”.

The legitimacy of organisations such as MSF in advocating for particular positions was seen as a reason for their acceptance. As was pointed out:

“MSF, Oxfam, DNDi work at country level and demonstrate what implementation means. They can then speak persuasively at global level as they have been to the ground too.” (CD 9)

There are, however, concerns around the fact that CS is not a homogeneous entity and can represent different interests, including the interests of the for-profit private (commercial) sector. A fairly recent preoccupation of the WHO has been the attempt to clearly structure the relation between the WHO and Civil Society Organisations (CSOs) to safeguard the integrity of the organisation and to guard against conflicts of interest (COI), especially while dealing with CSOs that advocate the interests of commercial organisations, such as the pharmaceutical industry and the food and beverages industry. As a country delegate said:

“Many actors have vested interests. How can we identify the good ones? We want strong safeguards concerning the WHO engagement with private sector”. (CD 1)

Another country delegate was even more forthcoming on this issue:

“Yet, the idea that some...some NGOs or CSOs are trying to push the decisions of the Executive Board or the WHA or any UN meeting, I see that this is somehow very defective because this is meant to be a Member-State driven organizations like UN, like WHO”. (CD 3)

This concern has formed the basis for a protracted negotiation within the WHO for adoption of a ‘Framework for Engagement with Non-State Actors’ (FENSA). The framework (adopted at WHA69 in May 2016) sets conditions and norms for engagement with Non-state actors (NSAs). There is, however, a persisting opinion that some of the High Income Countries favour a relatively less stringent framework (and this is also a critique of the Framework adopted by the WHA69) as they are happy to allow the Civil Society space to be populated by organisations that advocate the interests of corporations, principally located in HICs and thus seen as representing the interests of these countries. Low and Middle Income Country (LMIC) delegates point to the inherent conflict of interest in some countries with developed pharmaceutical manufacturing and research capacities advocating for high standards of Intellectual Property protection.

The necessity for developing a framework stems arose from what some see as a misuse of the facility afforded by the WHO (and other UN agencies) to CSOs to be present at UN meetings and to engage with decision making processes involving country delegations. CSOs are accredited by the WHO Secretariat to attend GB meetings of the WHO as delegates of organisations who are designated as “being in official relation with the WHO”. While such a facility was intended to allow CS voices to be heard while decisions were negotiated and adopted, over the years several so called CSOs, who are front organisations of business enterprises, are now in “official relation” with the WHO.

Concerns about particular motivations of at least a section of CS lead to a position among some delegates that involvement of CSOs is interference in the decision making process, which can affect the integrity of the organization. This was strongly expressed by one country delegate as:

“...when you open the door you cannot open it for someone and close it for others, so when you open the door everyone will come -- NGOs with good intentions and others with bad intentions. I am not saying no engagement with CS, but with very well regulated engagement from the side of the WHO”. (CD 3)

While appreciating the advocacy by CSOs during GB meetings, most delegates pointed to the necessity of being in touch around the year and not just prior to and during GB meetings. They also expressed the usefulness of having contact persons among CSOs who can be in touch with country delegations round the year. As a delegate pointed out:

“CSOs tend to crowd around us just before WHA. We are sucked in a whirlpool of activity at that time. Relation building between sessions is important”. (CD 1)

Another perceived weakness of advocacy by CSOs is their inability to adapt to changing situations.

Some delegates also articulated the need to balance representation of views by CSOs between international NGOs (iNGOs) and CS groups working at the community and local levels. A delegate said:

“Civil societies with global experience should have networks at local level. Local civil society does not have content and material and the global CSOs should support them. Local CSO do not have a voice either”. (CD 4)

CSOs, it was expressed by some delegates, should make an effort reduce undue influence of private sector on global health. They should raise public awareness about this problem. There are some areas of WHO’s work programme that are important for public but are not well funded because of donor apathy, and CSOs should create awareness about these areas to improve funding.

WHO Watch Project.

Most delegates interviewed, though not all, were aware of PHM’s WHO Watch programme. There was overall, appreciation of the outputs of the programme. Delegates had come to know about the programme through different pathways – through the commentary mailed to all country delegations (though a majority said that the commentary doesn’t reach them directly), through a Google search, from briefings they attended at the South Centre, and from interaction with watchers during the GB meetings. Delegates commented:

“I was really fascinated how you could have such a very good, precise and concise coverage and reporting of what goes on here and also so...so up to date, almost real time.. I use your website for governing body meetings and other resources as well. It is very effective I think. If it's effective for us Member States, I can imagine how much better it is for organisations that sometimes cannot come here but want to provide input and contrast what is going on in their areas with what is being debated here..” (CD 1)

Yes, I follow the comments before WHA, EB. I try to use the comments which are very useful. The commentaries are good for developing countries which have low resources. (CD 7)

PHM’s commentary on the agenda of GB meetings and the live notes of proceedings were valued for being “the commentary of the people on the agenda items”. Delegates acknowledged that the project was unique as no other CSO comments on all agenda items at GB meetings – generally NGO advocacy is around very specific areas that individual NGOs or groups of them work upon. There was realisation that a substantial amount of intensive work was embodied in the efforts related to the WHO Watch Program.

Statements and Commentaries by CSOs, including by PHM

Delegates had varying views about the usefulness of statements read out by CSO representatives in general, and PHM's statements in particular. There was unanimity that the use value of statements was limited by the fact that the statements are read after discussions on an agenda item are concluded, and therefore do not usually shape or impact on the conclusions. Some delegates said that it would be useful if statements were made available prior to the commencement of a particular agenda item. However some delegates said that the space provided for CSOs to make statements was important as it allowed CSOs to expose country delegates to their ideas and positions.

Many delegates pointed the need to make the statements focused on a few important ideas. Given that CSO statements are limited to 300 words, it was articulated that statements often attempt to cover too much and end up by not capturing important points very effectively. Also seen as a drawback by delegates was the tendency to speak too fast while delivering statements, in order to cover more ground, and thereby being largely incomprehensible.

Keeping in mind these limitations related to statements, delegates spoke to the need for CSOs to concentrate on advocacy targeting country delegates, as the latter are best positioned to shape and impact on decisions at GB meetings. Fact sheets and short position documents were seen as useful for such advocacy as was the availability of such documents well in advance of the GB meetings. However the ability of PHM and other CSOs to make available positions on agenda items is limited by the fact that many agenda documents are made available by the WHO Secretariat only a few days before the GB meetings.

PHM's commentary on all agenda items, now made available on PHM's website and by email to all delegates just prior to the GB meetings, was generally appreciated. Delegates said that the analyses provided were "good indicators of how the civil society thinks". However, here again, delegates said that their usefulness was limited by the fact that they were not available well in advance. As a delegates remarked:

"I think they can have an important influence on Member States, many of them are not aware of the implications. I think you should give us these commentaries much in advance just when the document is released on the website". (CD 2)

"These (commentary) are very relevant and come as a clear flow of information to us. These provide us clarity on the issues". (CD 7)

Delegates, while complimenting the comprehensive nature of the commentary provided by PHM, also felt that the length (often running to more than 150 pages, limited its use. Though the commentary is available as discrete links for individual items and readers do not need to read the entire commentary, but can focus on items of their interest, delegates felt that shorter and crisper analysis in "bullet points" would be useful.

Suggestions to make the WHO Watch program more effective

Delegates expressed that it would be useful to have quick responses during the course of the GB meetings in the form of daily updates and "lively" information after the debates on specific agenda items.

An interesting idea proposed was to map where PHM and its network organisations are present and use the commentary and other advocacy documents to disseminate more information about the WHO to Medical Schools and Public Health Schools and students, in areas where PHM has a presence in countries. This could allow young scholars to engage with CS and reinforce notions

around Public Health. This could be useful in reorienting young graduate medical professionals about the value of public health.

Making analysis available in advance was continuously emphasised in discussions of how the WHO Watch programme could be more effective. As a delegate said:

“...wonder if it would be possible to share the positions you elaborate in advance because you know what happens. .. if we got these papers a few days in advance, of course I am not telling you that we will agree on everything .. but we should take some of your analysis, of your arguments in our own statements or participation to the debate”. (CD 1)

Some expressed that the commentaries should indicate whose opinion they represent (“of an academic or a grassroots worker”) as this would help in locating the analysis in a context and perspective.

The WHO Watch website was complimented for making available comprehensive background and analysis of issues that come before the GB meeting. There was, however, an opinion that the website is currently difficult to negotiate through and needs to be better designed.

“The website should be redesigned so information can be accessed easily and quickly. The information is very good”. (CD 6)

Some delegates also articulated that it is important to build on PHM’s strengths based on its presence in a number of countries and its association with work at the community level. This should, it was felt, translate into building linkages with PHM’s intervention at the global level (like through the WHO Watch Program) with initiatives at country and local levels.

“PHM should engage more at the country level. PHM should be able to influence policy. In country x, PHM helped community health workers to change policy”. (CD 9)

Section III: WHO officials

WHO’s Legitimacy and Funding Crisis

Some WHO representatives expressed concern about the influence being exercised on the organisation by private entities and private foundations.

“... one issue that I am starting to get very worried about is the influence of the Gates Foundation .. even if I were to fully agree with everything they suggest which I don’t..it’s one thing for them to have some influence in it, I guess if you are a big funder then ultimately that’s both unavoidable and maybe fair enough but I think they have become maybe too big” (WHO 1)

Respondents from WHO linked the growing influence of non-state actors with its funding crisis. Over the last two decades WHO’s budget has increasingly been funded by voluntary contributions as opposed to assessed contributions, i.e. latter denoting contributions that countries are mandated to make. Currently less than a quarter of WHO budget comes from assessed contributions. Dependence on voluntary contributions constrains the freedom of the WHO to finance its programs based on what member states decide and channelizes a major portion of its funding to areas that donors are interested in. The major ‘voluntary’ donors of WHO are the rich countries and also the big Foundations (Gates Foundation being the most prominent). This shift in WHO’s funding, given its premier norm setting role, has raised concerns that WHO is at risk of being driven by donor interests to the detriment of programs that are starved of finances because rich donors are not interested. In 2015 even a modest 5% rise in assessed contribution, proposed by WHO’s Director General, was turned down as no consensus could be reached. As some WHO officials put it:

“.. to then say we cannot increase our assessed contributions by 5% which overall equals 50 million dollars and for a country like Belgium is just 236,000 US dollars, it is so difficult for us to understand that this could not be possible. And this is a political rather than a real money issue because we need to get out of this vicious circle where we are more and more depending on voluntary contributions which are always highly specified..... This is a vicious cycle that member states also cannot allow to happen and you only have one global institution with this normative mandate and that is WHO”.. (WHO 1)

“WHO is financed in a way that the budget equals the budget of the Geneva University Hospital. So it's one university hospital in an industrialized country that equals the entire budget of WHO. And out of this entire budget member states only pay one fourth or actually it's one fifth now. So we need also a dialogue on this, whether or not this is appropriate to have one fifth of one hospital's budget that takes care of all these issues that the world looks for when we have a problem. (WHO 2)

Assessment of CSO participation/ role in GHG

All the respondents from WHO felt that analysis and advocacy by CSOs was often of a high order. However a cautionary note was introduced expressing the view that CSOs should not spread themselves too thin and should not comment on issues they don't fully understand as this might adversely affect their credibility. There was a plea to tone down the (occasional) strident tone of CS advocacy as this was seen to be “unhelpful”

Respondents articulated the view that CS's action in engaging with the WHO's decision making processes was “a responsibility and a duty of civil society” and that a “strong CS voice is important for holding the membership of WHO to account”.

CS is seen to add an important dimension to decision making processes in the WHO as they are perceived as articulating “people's voice from a different angle”. In a member state driven organisation like the WHO governments are taken as representing the people, but CS is seen to be better situated to represent views of communities from the lowest tiers (“from the roots”). Another perceived strength of CSOS was that they “have a less diplomatic way as opposed to governments, and so brings some balance”.

CS was also perceived as “bringing the voice of the marginalized and the poor more directly than the governments [as] they are independent from other vested interests. One respondent from the WHO commented that while “Civil society they have their own ideology, those ideologies are closer to social transformation which is badly needed”. There however exists a tension between the felt need to listen to CS and their formal role in a member state driven organisation such as the WHO. As a WHO official explained: “in formal democratic terms it's difficult to see how you consider or weigh the positions of civil society organizations especially non-grass roots vis-à-vis governments that are elected”.

The potential role of CS in generating and presenting different kinds of evidence was also noted by respondents. One respondent explicated as follows:

“Evidence that we gather is from all sources including what civil society has been doing. If we move to the field of evidence on policies then certainly not only scientific articles but reports or what civil society is doing is relevant as an evidence for our work. .. [for WHO] by constitution it is clear that governments are in the first place, I would say our decision makers. However if you take the constitution of WHO in the UN charter, as the UN actually

reporting to the world, then the role of different stakeholders including civil society are critical". (WHO 4)

Civil society is also perceived to have evolved is seen to be "taking a lot of leadership in terms of making their voice heard".

Respondents also cautioned about the infiltration of the CS space by front organisations of industry. Respondents from WHO agreed with the plea of CS working in public interest to differentiate between 'for profit' and "not for profit' NGOs. One delegate expressed the view that capacity of grass roots organizations to reach the global level is limited, and in contrast the capacity of well funded "rich country NGOs" is much higher. The respondent further articulated further that:

"I prefer to have grass roots organizations than so called non-governmental organizations in the sense of the sort of NGOs that receive money from donors and claim to represent the people. I prefer grass roots because that is straight, trade unions, community organizations, associations of patients and so on". (WHO 4)

Respondents felt that there are several examples of CS engagement having constructively advanced discussions within the WHO, and CS has influenced debates in many areas. Examples offered include the areas of HIV/AIDS (reported as the most prominent example), right to health, and social determinants of health. The latter (Social determinants) was seen as an area where civil society has "really championed the more progressive positions in WHO too".

The People's Health Movement was singled out as contributing to the deepening of the agenda in the WHO around Social Determinants of Health. The Commission on Social Determinants on Health (CSDH) was held up as a prime example of CS working together with other actors such as country representatives and academia. It was felt that the WHO Secretariat welcomed and facilitated the participation of CS in this process. PHM's role was commended for bringing in "voices of the people" in a process that was member state driven. The WHO Secretariat took a conscious decision to involve the PHM as it felt that without involvement of CS the process wouldn't receive wider resonance.

The role of PHM in the crafting of the report of the Commission of Social Determinants of Health was held up, by another WHO respondent as a good example of useful and constructive engagement.

"We have examples of participation of civil society in processes like the report of a Commission on Social Determinants of Health. One stream of the work [of the commission] was civil society and there was participation PHM and others from the 1st meeting of the commission till the end of the commission. That does not mean that the report of the commission captured what civil society was saying but they participated. In the end they didn't approve the report as such, they approved the alternative report. So that is a concrete example of participation of civil society at the global level". (WHO 4)

WHO officials were of the view that while engagement with CS is clustered around GB meetings, in order to be more effective, such engagement should continue round the year. This, it was felt would allow CSOs to be more involved in the different steps of policy making, beyond the World Health Assembly and the EB meetings.

It was also articulated that CS appears, at times, to be better informed about the workings of the WHO than people directly associated with the organisations. As one official put it:

“....want to talk to certain people in civil society because we got much better information that way on what’s happening in our headquarters than what we got through the formal systems and we certainly got it much faster” (WHO 1)

There was a concern expressed that the number of people in civil society effectively engaging with the WHO is not growing, and that the more effective people in CS constitute a “pretty small group”. It was also felt that new people who are getting involved “don’t have the same commitment”.

Interviewed WHO officials expressed concern about the fact that CS is not homogenous and that there are sections supposedly representing CS who are “paid by pharmaceutical industry and by other stakeholders which have a clear interest in lobbying for their particular interests”. The PHM was seen as an important counter to such motivated lobbying and in being “vigilant in how we are working as civil society”.

CS engagement was of seen to be of better value and effective if there is actual engagement in processes rather than mere criticisms. There was a view expressed that CSOs need to move away from the “old style of functioning” where they only critiqued positions to a way of working where there is regular involvement in the processes of decision making.

“..where you are just criticizing the process without having engaged into it then I don’t think that you will be successful..[what is useful is] where you are looking at the agendas of the others trying to understand what the agendas are then bringing in your own legitimate agenda and saying, we tried to understand yours but this is our agenda this is the view that we can contribute” ... (WHO 2)

Respondents from WHO said that senior management in the WHO is required to mediate diverse interests ranging from those representing private industry to human rights advocates and CS engagement can strengthen the ability of WHO’s Secretariat to advance work that is seen as important but which doesn’t find enough resonance among other stakeholders. One WHO official said that civil society can actually do things that as a member of the Secretariat of WHO one cannot do. Given that the job of mediating between different interests is a continuous process, CS engagement is most effective when it is also a continuous process and not limited to occasions like the EB and the WHA.

CS engagement at various levels -- Regional Offices, Secretariat and Country

WHO officials indicated that it is more strategic for CS to engage with WHO at its headquarters in Geneva rather than at the regional offices. Since by definition an NGO’s entry into official relations has to be international, regional and national do not have a clear role. Many of the regional offices do invite NGOs to their meetings and in some instances they do participate, but this is by no means to the same extent as it occurs in the global governing bodies. Limitations to the value of engagement at the regional level are also related to the fact that regional discussions are not usually policy level discussions, they are more in the form of regional perspectives on a global policy or regional initiatives to deliver on a global policy. So discussions at regional level are more operational than policy. Exceptions to this trend occur when regions are asked to engage in a consultative process on issues to be decided subsequently at the global level.

There is a perception that CSOs prefer to influence outcomes of GB discussions by keeping contact and lobbying with member states. This is seen as an effective strategy as member states are finally responsible for decisions taken at the GB meetings. Few CSOs engage consistently with the Secretariat of the WHO and with other WHO officials. This is seen as a “lost opportunity”. One delegate mentioned that there have been occasions in the past when WHO officials have “had a series of very useful discussions with groups working with the People’s Health Movement”.

One WHO respondent felt that PHM is not so visible now as earlier when PHM's representatives would seek appointments and meet with the DG of WHO and also organize meetings in Geneva before the GB meetings.

An interesting point made by a WHO respondent was that country delegations are more likely to seek inputs from CS when they are in Geneva [for GB meetings] rather than in the country. It was felt that at the national level country representatives "need to align with whatever upstream governments and politicians would say whereas here [in Geneva] civil society is perhaps heard more than at the country level".

Irrespective of difficulties in engaging with country delegations within countries it was articulated that CSOs should act at all levels, starting with the level of the country government. One respondent said that "if [a] government was democratic it would include civil society in the official delegation. In situations where political conditions to get CSOs in delegations do not exist, CSOs need strong advocacy while remaining outside government delegations.

One WHO respondent said the CS has been largely deficient in missing the opportunity of working closely with "progressive governments" and "they haven't really joined national delegations even in places where I think a little bit of work could ensure this". In this context PHM's effort to reach out to LMIC governments through the South Centre was seen as a good initiative.

A more "effective" role for CS

A WHO official explained that UN processes result in outcomes that are achieved by consensus, therefore usually requiring a level of compromise from those engaging from different sides of a debate. Many civil society organizations don't come with the intent of reaching a compromise, but with the intent of pushing a particular perspective that they would insist on. In the delegate's opinion this doesn't necessarily help because it tends to make it more difficult to reach an agreeable consensus. Difficulty in reaching a consensus gets further complicated when some civil society organizations have influence on a particular country or countries and can block progress through their influence. A delegate illustrated this perceived value of 'flexibility, by contrasting the role of NGOs in the tobacco control and access to medicines debates in the WHO. In the former case (tobacco control) NGOs were perceived as "much better about trying to adapt to the different stakeholders and the different perspectives". In the access to medicines area it was perceived that there has been "less success and less willingness, lot more resistance in trying to accommodate different views". However, as regards advocacy on Access to Medicines related issues there was acknowledgment that CS advocacy has contributed to raising "global awareness" and the "political agenda has worked quite well on specific issues like HIV".

One WHO official elaborated that it would be more effective if CSOs approached engagement with policy issues "in the way that member states do". This could involve "coming with a clear position, but then be willing to find a compromise or a suitable solution that doesn't necessarily mean a backing down from where they came, but trying to find a mutually satisfying outcome that everybody will think is a reasonably successful outcome".

It was also articulated that our engagement with civil society and NGOs need to be "much more broad" and "not restricted to what's agreed on in terms of policies and procedures". Further respondents pointed to the importance of CSOs engaging with other UN bodies (such as UNAIDS) and not limit their engagement only to the WHO.

A perceived weakness of CSOs was that they too have individuals interested in furthering their own interest and wanting power (as a delegate expressed: “desire for power is also within CSO and not just government delegates”)

It was also felt that CSOs would be more effective and benefit from better coordination among themselves, especially in the context of what one delegate said was “a mushrooming of NGOs”. The necessity for due diligence that CSOs “do not become the mouthpiece of the private sector” was also emphasized.

WHO Watch Program

Respondents from the WHO largely commended PHM’s WHO Watch initiative as “valuable evidence based policy analysis. One respondent elaborated that “to have a sort of independent entity which looks at evidence and analyses certain things is extremely helpful [because] reports from independent agencies help us to also see that point of view”. WHO respondents commented on the usefulness of the analysis and commentaries produced by the WHO Watch program:

“This is not just the statements that you read out at the end, but you’re actually discussing this with various stakeholders. What is important is how we take into account civil society and others views in the process and not at the end as observers and to just read out your statement which then you know all member states have talked and then you know that this resolution has been passed and then at that point you can’t influence it anymore”. (WHO 2)

“I read them [Commentaries or reports produced by WHO Watch] I think most of the time because I need to know again where the interests are and what you bring to the table, I want to know also”. (WHO 1)

However there is scope for deepening engagement with the WHO and one respondent commented that “you need to have internal discussions how you are practically engaging with us during and when the negotiations take place”.

A different view regarding the value of the WHO Watch Program was put forward by a WHO respondent who had not heard of the WHO Watch Program:

“We see a lot of reports that come from other NGOs ... they often reflect a very narrow perspective on the discussions that have taken place” (WHO 3)

The respondent also felt that it was unusual for member states to change their positions based on NGO statements, and most of the influence comes from the work that takes place before the discussion rather than at the end of it.

However it was articulated by another WHO respondent that though GB decisions are not usually influenced by NGO statements (including those that PHM makes), the statements help to shape opinion. The respondent further felt that even if decisions may not be influenced, the positions in PHM statements “are well founded and reflect the interest of the more marginalized” and therefore are important because they send out the message that “at least you know there is another view”. It was further elaborated that “because WHO being so government prone, you know what you are going to see in terms of decisions are what the governments are really asking for... but to hear another perspective is always interesting and important”. Another respondent commented:

“Most of our staff would appreciate what’s being said in the statements. Whether they are in favour or against, they will appreciate something that is coming from a stakeholder that

needs to be listened to irrespective of whether they would agree or disagree. I would say that 30% of the people, of WHO staff would agree with what's being said". (WHO 4)

Several WHO respondents articulated the need for efforts to make the WHO Watch Program better known to WHO staff. As one respondent said:

"Too few people really know about the watchers. It's a pity because the work I think is excellent. So I think more effort should be done for others to know.. because for the effort and for the value I think it deserves to be better known". (WHO 4)

One way of popularizing the WHO Watch Program suggested was to access lists and newsletters that are subscribed to by WHO officials and to circulate PHM's analysis and commentary on these lists. Also suggested by respondents was to improve the "on line visibility" of the program.

PHM's commentaries on the GB meetings were perceived as "extremely relevant" and one WHO respondent said that "we are extremely thankful and happy and reconcile with all that PHM says on our field". One respondent said that the commentaries could be a "bit more critical in terms of what you are saying rightly". Another respondent from WHO felt that the evidence presented is better when it comes from the national level. The respondent also felt that at times the commentaries tend to "attack a person rather than an idea" and you "don't even want to follow at that point". Other respondents felt that outputs could improve by imparting greater rigour in the analysis.

Respondents felt that the WHO Watch program could be more effective if engagement with the Watch is maintained be on a more regular basis and not just around specific events. It was felt that work should be done with the communications office of the WHO for them to receive, for instance, PHM views regularly so that these could be included in the selective news that they (communications office) prepare for WHO staff.

Regarding PHM's attempted engagement with regional offices one WHO respondent said that this poses some problems. He explained that: "closer you are to the local level or to the national level it is a little bit more difficult. At the global level there is no global government and actors can have a little bit more of voice, PHM can be more heard.

Section IV: PHM Activists

Assessment of the WHO Watch Program: Preparatory Work before travelling to Geneva for the GB meetings

Some respondents felt that it would be useful to develop an advocacy strategy and network with different 'stakeholders' as part of the preparatory work. Some respondents said that they struggled to work with others in the team before arriving for the watching event, as it was not very easy to develop a collective working format through remote communications (skype chats and emails). Several respondents reported that the scheduled skype chat among watchers was useful in helping participants understand the dimensions of work involved. Many felt a bit overwhelmed by the documents they were asked to peruse in advance.

Giving links and introductive documents to read could make the beginner overwhelmed, since everything is full of abbreviations ... (PHM 3)

I felt overwhelmed the first time, I felt I first wanted to know more about WHO and meanwhile I had to read all the documents of the agenda (PHM 10)

Noted in the response was the fact that the methodology of preparation has advanced over the years, and in the initial years of the 'Watch' pre-Geneva preparations were not very well structured. For example, as a Watcher commented: "I did not know much about the structure of WHO and how it works; a deeper preparation on that would help (in fact it has been done in the following watching activities)"

Watchers said that they benefitted from allocating specific responsibilities around specific agenda items for the GB meetings to different groups of watchers.

"Setting responsibilities for the topics among the watchers before Geneva has always been useful. The idea of being in charge of some topics and the fact that I would have to present them to the whole team during the preparatory workshop has always helped me prepare.." (PHM 10)

One respondent commented that it would be useful to convene country groups prior to the Watching activity, in order to develop and articulate country positions. These then could form the basis of PHM's analysis, commentary and advocacy.

Several watchers felt that it would be useful if an orientation is provided in advance regarding the WHO – its functions, structures and politics within the debates conducted.

Preparatory workshop in Geneva

All respondents felt that the pre GB meeting workshop, designed to build capacity of Watchers to follow the debates and also to develop the commentary, statements and advocacy material, was key to the proper execution of the Watch.

Respondents felt that the workshop provided "a great insight into the topics and the PHM positions". Most Watchers also commented that the time available at the workshop was not enough to discuss and develop a well rounded understanding of all issues. Some found the workshop schedule "exhausting". Consequently many issues could be covered only in a superficial manner.

"It has been very useful! Sometimes very hard to prepare comments if there is not a good knowledge of the issues; sometimes it would be useful to go in depth with some important issues instead of covering all of them.." (PHM 6)

"Very useful, fundamental. Since I hadn't gone through much preparation before Geneva, this workshop was essential. But there was too much work, too many topics being discussed, for little hours. So it was heavy and we didn't feel we concluded". (PHM 7)

Also widely appreciated was the inputs provided by 'experts' and 'mentors' both from PHM and from friendly CSOs, during the workshop.

"Reading the documents and discussing about them during the workshop was really helpful. The people 'from outside' who came to give a help to the watchers in understanding them were also really helpful". (PHM 3)

Respondents appreciated the idea of asking watchers to be responsible for specific items (mostly based on their interests) and to be ready to follow them through the whole watching process.

Respondents also felt that the workshop was critical to reviewing and harmonizing commentary on WHO resolutions, as well in understanding the processes and workings of the WHO, understanding the advocacy and lobbying process in Geneva, etc.

“Discussing and working out the analysis and political line for each issue or agenda item when writing the PHM commentaries is useful because it brings together different perspectives and varying appreciation of the issues at hand”. (PHM 9)

Watching the GB meetings in Geneva

Many respondents reflected that the most critical element that contributed to the success of the Watching in Geneva was the strength of the team. Such strengths ranged from an appropriate number of Watchers so that the team was not overworked, and also the presence of Watchers with strong motivation and an understanding of issues around public health and global governance for health.

“In organisational terms, what really worked was to have a strong team and motivated people. Of course this did not happen all the times I went to Geneva”. (PHM 2)

Several respondents felt that they were faced with a difficult choice given the range of activities that needed to be gone through – taking notes of discussions, advocacy on issues, preparing and reading statements, preparing daily reports, attending interesting side events, etc. Note taking during discussions in the committees was perceived as particularly onerous during the WHA when discussions would take place simultaneously in two committees. As Watchers commented:

“Very interesting to get to know how the Assembly happens. But I think we were not strategic watching every session and having no time for advocacy. Maybe we should have had a better organization on that. Note taking was very heavy..” (PHM 7)

“Too much activities for a small group. More watchers are needed or maybe try a better articulation with other movements/organizations”.(PHM 11)

“..too much focus on note taking, which is very exhausting, especially the first time you are in Geneva”(PHM 10)

Many respondents pointed out the need to better prioritize between different activities, and some talked about the need to develop a better strategy around advocacy work during the meetings.

“I think it is a good idea to allocate time for different activities during the EB or WHA days otherwise there is the risk that a watcher is just taking notes for the whole time and doesn’t experience any other activities (advocacy, following side events, etc.)” (PHM 5)

“I think the activities on advocacy are the most important, and maybe they do not have the priority they should have. Very important also to present statements (but not on all the issues, it would be better to prioritize)”.(PHM 6)

While note-taking was often perceived as too time consuming and exhaustive (as well as exhausting) there was also acknowledgment about its value in being able to share the discussions with a wide audience through a skype channel. The multiple technical aids used to take notes and disseminate them (google docs, skype, ec.) was reported as a challenge by a few.

Most Watchers, in spite of the general sense that the work is very exhaustive, felt that they gained from the experience. As a Watcher commented:

“And to be pushed to speak with delegates was very useful for me, because I learnt a lot about the impact of WHO watch” (PHM 10)

The daily 'de-briefing' usually organised during the watching process was perceived as useful -- as one respondent commented, "I am sure the meetings after the days were not loved but I found them really useful".

Involvement in the Watch beyond Geneva

The WHO Watch program also provides opportunity to participate remotely (while not being present in Geneva) and such participants support the development of the commentary, advocacy material and development of the statements. While most of such participants found the process useful, they also felt it was challenging too keep up with the intensity of the work. As one PHM activist remarked:

"I participated at the development of the thematic groups, but it was very difficult to coordinate the work between people of different background and knowledge on the issues. As our main aim was to prepare the comments, there was not a proper engagement". (PHM 6)

Respondents also commented on continuing engagement with the WHO Watch process after the watching event in Geneva. Most respondents felt that a more structured follow up process of engagement is needed. As Watchers remarked:

"The impression I got was that it was really difficult to keep the momentum after the events in Geneva because people were tired and needed to go back to their routine/jobs. Scheduled follow-up meetings might help to keep the momentum".(PHM 2)

"I thought it was very difficult to work on the local level, linking with the global, in between the events. It seems the WHO is too far from local issues, practically". (PHM 7)

"I hadn't heard anything else about the stuff we worked after the meeting". (PHM 11)

The intensity of the work in Geneva was commented upon as a reason for not being able to follow up engagement with the process subsequently:

"..after the Geneva events I had enough for a while and didn't feel motivated to work on it more. An agenda that is less exhausting would be better". (PHM 12)

Some Watchers commented that they have kept in touch with the process and with fellow watchers:

"I stayed in touch with many of the fellow watchers (whom I had met for the first time). Some have subsequently been very helpful in organizing the regional watch. The listserve and the Dropbox seem to work well". (PHM 4)

The experience of engaging with the Watch was also reported to be useful in organising and being involved in regional watches, that is watching of the regional committees of the WHO.

"The experience in Geneva was useful for the conduct of the regional watch. Making the commentaries was much easier after going through the WHO Watch in Geneva. However, again, there was little by way of actual engagements". (PHM 9)

Strategic role of the WHO Watch program in PHM's activities

Some activists involved in the Watch commented that "going to Geneva should be only a first step of the discussion" on Global Health Governance. Activists felt that PHM's presence at WHO is a

“small but crucial action” that should be pursued in the future. One activist felt that PHM provides the best critical analysis on Global Health Governance (GHG), but didn’t think it should be a priority of the movement. Another respondent felt that PHM plays an important role and can influence decision making and also “strengthening social movements participation in WHO events is quite important”. However a contrary opinion was also expressed in this regard:

“Engagement with global health governance through the WHO at the global and regional level has very little impact. Many of the discussion do not happen at the global and regional meetings and PHM is left largely as an observer in these meetings”. (PHM 9)

Some respondents felt that the “role of PHM in advocacy and lobbying at Geneva level is quite relevant. It is particular useful for small delegations who draw upon PHM commentaries; it is also useful to introduce crucial perspectives in the discussions”. Respondents also commented that the process is getting stronger as the program builds relationships among delegates and other stakeholders.

Many also commented that for the Watch to be really useful for PHM “a stronger local/national involvement is vital, as otherwise the process risks remaining confined to a small circle. Activists commented:

“I know there is a debate around this within PHM. The focus just on WHO per se is important but only if coupled with activities at the local level. I think this ability to be present at both the local and the global level, creating a flow of information is really important”. (PHM 5)

“Yes, i think PHM should be engaged in GHG processes at all levels. However, i think some balance is needed between watching at Geneva, and at the country and regional levels”. (PHM 8)

Several respondents felt that while significant progress has been made in the program as regards knowledge dissemination, it has been less successful with mobilisation for action so far. One respondent remarked that “the development of the commentaries and reports is an important part of knowledge generation; the main question is how they can contribute to mobilisation”. Another Watcher remarked:

“I think WHO-watch has strongly engaged with the WHO's governing organs at the HQ and regional level. In my opinion, country level mobilization has remained largely weak”. (PHM 8)

Many respondents felt that the program was yet to become a tool for local mobilisation. One respondent felt that “it [the program] has only been pertinent in the areas of advocacy and knowledge creation and dissemination. Even then reach is seen as . Thus while the program is seen as intervening by advancing advocacy around areas related to GHG the link with local mobilisation for action is still not clearly seen.

However it was also articulated by some watchers that the WHO-watch program provides great analysis for country advocacy and country circles have a much higher capacity than currently used. The activities and outcomes of the WHO Watch program were also seen as useful for advocacy in terms of being a reference (e.g. source of information) and as a medium for information dissemination among the health sector. However the majority opinion of respondents was that “ the WHO is still far away from the people”

Suggestions to make the WHO Watch more effective

Some of the key suggestions from activists involved with the Watch are as follows:

- The Program should incorporate more ways to dialogue with grass-root movements
- There should be a plan to strengthen links with key local actors, with PHM global acting as facilitator. After each watch there should be a realistic project for mobilisation and action in between events.
- Should ensure regular information sharing on WHO watch (outside of WHA and EB), including regarding new policy direction, funding of WHO, etc.
- The WHO Watch can be made into a vehicle for the inclusion of peoples' agenda items on the WHO agenda
- Make better use of social media for dissemination of information and analysis
- Work to engage more people from inside and outside PHM there is a tendency for PHM 'watchers' to be taken for granted by other CSOs and be seen as 'secretarial' help for the broader political task. It was strongly felt that it is necessary that PHM, in its association with other CSOs, seek to remedy this perception.

Perception regarding contribution to activism

Most respondents felt that involvement in the program had contributed to their development as health activists. As respondents stated:

"I am extremely grateful to the PHM for the opportunity of participating in the WHO process because it really gave me a deeper and more critical perspective on the global health governance and processes. And this critical view is something I am now applying in other areas of health activism". (PHM 2)

"I have increased my network of committed activists around the world, I feel less intimidated by global governance processes, and I have a better understanding for how to read background documents for meetings such as for WHA". (PHM 4)

"For me it was a wonderful learning experience and I am so grateful to PHM for this opportunity. PHM gave me a different perspective to global health issues, to the global power relations and to the role of civil society participation". (PHM 5)

"Without any doubt, I learnt so much! And I learnt to work in such a complex network. But to be honest, the 'WHO Watch' made me develop a criticism on global governance. Or better, I am very happy that there is someone that I trust that works at that level". (PHM 6)

"For sure. I have learned a lot about decision making in the global level, the role of WHO, the role of civil society, the lobby of industries during the assemblies. I learned to understand a lot more about the backstage and met a lot of people". (PHM 7)

"..[been helped] by developing skills in the analysis of resolutions of the WHO, increased network of professionals that i can always reach out to for support on specific health issues." (PHM 8)

"Of course, because the WHO Watch is an entirely different level and arena of struggle. Activists can learn from different experiences. However, it is an entirely different question if this experience has had a tremendous impact on my activism." (PHM 9)

“..for me it gives a lot better understanding of WHO and UN in general. If I come now on the streets against the COP 21 for example, I understand better how the negotiations are and that it gives your voice another perspective.” (PHM 10)

“Thanks to the WHO watch and to the beautiful people that I met!! I learned a lot and it has been a great experience!!! But an important suggestion: more free time during the watching, it is vital, sometimes it is very hard”. (PHM 6)

Appendix. Reports on the watching of specific governing body meetings

WHO Watch for 138th Executive Board – January 2016

The team

The team was formed based on responses to call for interest that was sent early October 2015. The advisory committee helped identify watchers from each region. UAEM was also reached out to and six UAEM activists joined the team from Europe and North America. The team was larger than usual for an EB and also included a person dedicated to visual and written content for the website.

PreWatch

A comprehensive commentary was prepared and shared with all the missions a week before the EB started. The commentary was also made available on the ghwatch website, but was not printed and distributed. The commentary can be accessed here.

In addition to be a resource to share PHM's perspective with country delegates, the commentary provides a very useful background document and all the issues that are going to be discussed at the EB/WHA. The background of the commentary can be used as a training document for the watchers. (It is a good base for watchers to decide the 3 items they want to work on). Implies that the 'background' part of the commentary needs to be ready around 2 months before the watching.

This also allows to avoid reading all the secretariat documents (which is never done in any case). Instead of being encouraged to read all the secretariat documents, watchers can be encouraged to read the secretariat documents of certain sections (WHO reform / NCD / health through the lifecourse / preparedness surveillance and response / communicable disease / health systems) as it is important to get used to the way these documents are framed and written.

There were two skype calls held before the team met in Geneva, one introducing WHO Watch and what we do concretely in Geneva, and the other one on logistics and clarifications. In both cases the communication broke down. We need to look for an alternative platform for meetings.

A process within the PHM SC can be developed to define priorities on the agenda.

Workshop.

A three days workshop was held the week previous to the meeting at the TWN office in Geneva. The workshop includes organisational sessions, content sessions on the agenda items, as well as time for group work on policy briefs and statements. Experts from allied civil society organisations participate to the sessions and give their inputs on issues of their interest. This is a good system to strengthen relations between PHM and its civil society allies.

Watchers were asked to prepare a 'presentation' to start of the group discussion at the workshop on 3 agenda items. From this discussion flows the decision of which policy briefs and statements will be made and teams that will work together are formed. This methodology was appreciated and importance of a group process so that all own up to the decisions was

stressed. (Suggestion that the initial 'presentation' be called an 'overview' or 'brief' on the item so that it is less intimidating.) The team felt that formats for statements and policy brief would be of help. Kingsley and Julia volunteered to develop a format.

There was a proposition to have a session on 'How WHO works' (not on the history of WHO as readings are available for this). This could be an audio power point followed by a live discussion. It was suggested that this session could be added before the workshop.

It was also suggested to have a short document on 'WHO and the UN system', also including a simple introduction to international law jargon and processes. Alex volunteered to make a first draft and share.

The group felt that the workshop could be one day longer to allow for more time to prepare statements and policy briefs before the EB/WHA starts (have 8 hours interspersed to work on policy briefs and statements, and not the last two hours of the day).

The team suggested that the workshop be open for more health activists to participate, even if they do not participate in the watch. It is useful as a training. However, the TWN office is too small to have a larger team. Alex volunteered to check for a room in UNI mail and help with the logistics.

Other suggestions for the workshop include:

- Keep the introductory dinner before the workshop
- Keep the long and several breaks
- Do add a day, but not more sessions in the workshop
- In the advocacy session have a role play on how to approach delegates
- Use the recordings to listen to the discussion and try to take notes
- Feedback on policy briefs and statement writing would help the learning process

Watching

The watching went very well. The team accomplished sizable work, including 12 statements, 4 policy briefs, interaction with delegates, running the skype channel and high quality notes. The visibility on the website was good, facebook and twitter were also used, but not well coordinated enough. The size of the team was very comfortable (9 people) and it helped to have a person in charge of the website in the team.

Importance to have debriefing everyday was raised, especially when they are evening notes taking sessions as the pressure is more. This can be done over lunch the next day.

WHO Watch for 69th World Health Assembly, May 2016

The People's Health Movement actively participated to the 69th World Health Assembly of the World Health Organization that met in Geneva from 23 May to 28 May 2016 through the WHO Watch initiative.

The team

The watchers team at the WHA69 included Alexandre Gajardo (UAEM Switzerland), Boris Flores Gonzalez (PHM El Salvador), Brenda Chizana (PHM UK), Denis Bukenya (PHM Uganda), Julia Montaña Lopez (UAEM Spain), Kamil McClelland (UAEM UK), Kingsley Pereko (PHM Ghana), Mai Seida (PHM Egypt), Matthew Quinn (UAEM UK), and Peter Grabitz (UAEM Germany).

The team was supported by Amit Sengupta, David Sanders, Gopa Kumar, Joachim Kreysler, Mirza Alas, Shilpa Modi Pandav and Susana Barria, among many others.

Chiara Marocco (UAEM Switzerland) also participated to the workshop. Manuel Martin (UAEM UK) and Pacôme Tomètissi Senoude (PHM Benin) were not able to join the team.



The outcomes

Before the Assembly, a [Comprehensive Commentary](#) was prepared in consultation with experts around the world, which was shared with the country delegates electronically, as well as used as a base for the discussions at the preparatory workshop. Sections of the commentary that was prepared for the Executive Board meeting in January 2016 was also used as a background document for the watchers.

The watchers team has been working together since early April, preparing interventions and presentations for the workshop and sending inputs for the commentary or getting in touch with experts. A week before the WHA (17 to 20 May), the team met face to face for the first time at the preparatory workshop, held at the Medicine Faculty of the University of Geneva. Several colleagues from PHM and other allies joined the discussion with the team that resulted in identifying priority agenda items and development of for policy briefs and statements.

A few days before the start of the WHA69, PHM also organised a joint civil society strategy meeting, along with MMI and TWN at the South Center, where PHM gave an overview of the key issues to watch out for in the whole WHA. The watchers team also participated in this meeting and UAEMers made a presentation on the Consultative Expert Working Group on Research and Development (CEWG, agenda item 16.2).

The watchers team prepared [6 policy briefs](#) that were shared with country delegates before and during the WHA, made [14 statements](#) from the floor, and ran a skype channel with live updates on the discussions (see www.ghwatch.org and below). The notes of the discussion can be accessed from [here](#). During the WHA, the team actively engaged with delegates from several countries, discussing PHM and UAEM's positions.

After the WHA, the team had a debriefing to highlight strengths and weaknesses of the process. A more detailed account is available below.

What is new?

For the first time, the workshop was also conceptualised as a capacity building space for health activists interested in global governance for health and was opened for activists independently from their participation to the Watch or to the WHA. This was very appreciated and can be pursued by adapting the agenda of the workshop (making it one day longer and include sessions on key elements of global governance), developing necessary materials, as well as mobilising activists for the workshop.

Since January 2016, the participation of activists from the student organisation Universities Allied for Essential Medicines (UAEM) has been consolidated. As a result, half the team of watchers were from UAEM at the WHA69. The experience is very positive for both sides, as for PHM, UAEM brings solidly prepared activists with a deep understanding of medicines and, on the other side, UAEM activists have expressed that their participation to the Watch gives them a more comprehensive understanding of health and global governance for health, which allows them to better work on their campaigns.

The preparations for the Watch were done through a fully volunteer 'coordinating team' that together ensured the administrative and support work that was earlier done by the global secretariat. The team was formed end of March and included Alexandre Gajardo (UAEM), Barbara Fienieg (Wemos), Corinne Hinlopen (Wemos), Júlia Montaña (UAEM), Mariska Meurs (Wemos), Mauricio Torres (ALAMES), Mirza Alas (TWN), Susana Barria (PHM), Vijoleta Gordeljevic (PHM). While the overall functioning went well, a few gaps in communication need to be addressed. This was a first attempt which needs to be evaluated carefully in order to develop a sustainable and solid volunteer-based coordination system.

Contents

Key issues that PHM raised at the WHA69 across agenda items include the undue influence of corporates on WHO process, the funding crisis of the WHO, the erosion of the WHO's primary role as norm setter, the role of pharmaceutical and food industry in negative health outcomes, the importance of a social determinants of health approach, and the dysfunctioning of the patent-led R&D system.

The influence of corporations on WHO processes was for instance raised in the agenda item on [Road safety \(14.7\)](#) where PHM raised the inappropriate role of industry at all levels of discussion, from the participation of tyre manufacturers in the UN Road Safety Collaboration (UNRSC), to the head of the automobile lobby group FIA (Federation International of Automobile) Jean Todt being appointed the UN Secretary General's Special Envoy for Road Safety. However, the key discussion with regard to corporate influence on WHO was that on the Framework for Engagement with non-State Actors, known as [FENSA \(11.3\)](#). PHM has supported the development of a robust and effective framework to regulate WHO relations with the private sector and other non-state actors (NSAs) with an aim to ensuring the independence and

credibility of WHO. However, the FENSA text that was discussed at the Assembly, instead, dilutes existing policies regulating WHO's engagements with the private sector and weakens existing negotiated provisions on the matter. The text that was adopted at the Assembly falls way short of being an adequate regulatory framework and can at best be called a limited risk-management tool. In addition to joining a civil society letter on the issue (available [here](#)), PHM also intervened in a press conference denouncing that the text that was adopted will “legitimize the influence of the private sector in WHO's core norm setting activities.”



PHM denounced the role of the pharmaceutical and food industry in the discussion on non-communicable diseases, [NCDs \(12.4\)](#), and highlighted the absence of a plan to address the influence of big pharma, big food and big beverage on WHO and UN policy making around NCDs. Similarly, in the discussion on Maternal, Infant and Young Child [Nutrition \(12.1\)](#), PHM highlighted that WHO's role does not stop at monitoring the implementation of the International Code of Marketing of Breast-Milk Substitutes and includes to stop baby food industry from circumventing its implementation, as well as develop policies to address the influence of the food industry. Further, in the discussion on the Report of the Commission on Ending Childhood [Obesity \(12.2\)](#), PHM highlighted that the report failed to hold the food industry explicitly accountable for its central role in the childhood obesity crisis, or the growing protection they receive under increasingly prevalent Investor State Dispute Settlement mechanisms. The negative impacts of trade agreements were also highlighted in several statements.

With regard to the innovation, patents and medicines PHM raised that the current system for incentivising innovation through government enforced monopolies is unsustainable for all nations. In the discussion on the Follow-up to the report of the Consultative Expert Working Group on Research framework to ensure sustainable funding and coordination of R&D, i.e. a

R&D Treaty or Convention that would ensure a sustainable R&D-system guided by effectiveness, efficiency, equity, and grounded in the concepts of de-linkage (of research and development cost from medicine prices) and knowledge-sharing. Further, in the discussion on Global Action Plan on Antimicrobial Resistance, [AMR \(14.4\)](#), PHM called for public leadership to enact new needs-driven research and development models, with open research and transparent data which support rational use and equitable access to antibiotics and called on the WTO to apply the CEWG principles to any initiative based on publicly-funded R&D. Finally, in the discussion on Draft **Global Health Sector Strategies (15.1)**, PHM raised that the Hepatitis Strategy doesn't address the barriers related to the very high monopoly costs of diagnostics and drugs treating Hepatitis B and C. Further despite that there exists today a real opportunity to eradicate Hepatitis C this is effectively nullified by the extremely high market prices of new drugs PHM denounced that a single pill of Sofosbuvir is marketed at 1000 dollars a pill when three month course of the same drug should cost around a hundred dollars.

Statements

- Framework of engagement with non-State actors (11.3)
- Maternal, infant and young child nutrition (12.1)
- Report of the Commission on Ending Childhood Obesity (12.2)
- Prevention and control of noncommunicable diseases (12.4)
- Addressing the challenges of the United Nations Decade of Action for Road Safety (2011-2020) (12.7)
- Health in the 2030 Agenda for Sustainable Development (13.2)
- Multi-sectoral action for a life course approach to healthy aging: draft global strategy and plan of action on aging and health (13.4)
- Global action plan on antimicrobial resistance (14.4)
- Promoting the health of migrants (14.7)
- 2014 Ebola virus disease outbreak (14.8)
- Draft global health sector strategies (15.1)
- Health workforce and services (16.1)
- Follow-up to the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (16.2)
- Substandard/spurious/falsely-labelled/falsified/counterfeit medical products (16.3)

Policy Briefs

- Proposed Framework of Engagement with Non-State Actors (FENSA, 11.3)
- Human Resources for Health (16.1)
- Health in the 2030 Agenda for Sustainable Development (13.2)
- Reforms to Enhance WHO's Response Capacity in Emergencies (14.1 and 14.8)
- Antimicrobial Resistance (14.4)
- Policy Follow-up to the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (16.2)

Debriefing

Since a few years, a detailed debriefing takes place at the end of the Watching and sometimes also mid-way during the watching when the period is longer. This has been a crucial exercise to learn from each experience and adapt the WHO Watch initiative to expectations and abilities of the watchers team. This year, the team had a 4 hours long debriefing on the last

day of the last day of the WHA69 (28 May 2016). Below is a summary of the key points that were made.

Preparatory phase (pre Geneva)

The team was formed early April and only had a bit more than a month to prepare which the team felt was too short. This was partly due to setting up the coordination team.

At the early stage of the process, a skype call was organised to give watchers a comprehensive idea of the overall process and of the work that would concretely be done while in Geneva. This call was appreciated and it was felt that a second call closer to the workshop would also have been useful. Such a call was planned, but as it could not take place it was replaced by a day where Susana and Julia were available on skype for any questions.

Watchers who were there at the EB expressed that they felt much more oriented and clued in at the WHA. This was true in terms of the content, but also in terms of the dynamics at the WHA and within the team. Watchers who join the watch for the first time expressed that they would have benefited from an explanation of the WHO governing body process, especially how the EB and WHA documents related to each other.

It was felt that the daily allowance is low for people to be able to cover food expenses and that letting people know this in advance would allow them to come more prepared, either to spend on their own or to bring food with them. However, when cooking in the flat, the 30 CHF allowance is manageable.

Watchers were hosted in flats in different parts of the city (3 flats in total). Watchers liked the flat arrangements. Final team and dates need to be finalised early enough for the booking of accommodation to happen smoothly (preferably two months in advance).

Communication between PHM and Wemos regarding Denis was not optimal and created some difficulties for Denis. Within the coordination team the communication did not always flow well either. It was stressed that while the coordination can be decentralised, a single focal person still need to be identifiable.

Workshop

During the workshop, watchers were asked to make an initial presentation on three issues of their choice to start off the collective discussion, develop a position, prioritize issues and decide on documents to be prepared (statement, policy brief, press release, etc). Watchers expressed that it decrease the stress to be have a quite flexible process that allowed each one to follow their interests. Also liked the approach in workshop of critically looking at issues, and working collectively (many of the responsibilities were shared in the collective, from minutes of the discussions, to facilitating the sessions, to taking up specific tasks). It was proposed to ask people to come prepared with ppts.

The first day morning was dedicated to introducing PHM and the WHO watch program. Some expressed (especially UAEMers) that they would have liked to have that information before the workshop, or to make the session longer at the workshop, especially on global governance for health.

UAEMers appreciated the holistic approach of PHM and felt that it brought a lot to UAEM.

Except for the UAEMers in the Watch, there were not many spaces in which the two groups (UAEM and PHM) spent time together. Was felt that this could be consciously created.

It was also proposed that there should be a space for each to speak about the history and work of our own organisations, as part of the process of knowing each other better.

Watchers who had participated in January appreciated that the workshop was 4 days, and not 3 days. It was also proposed to increase it to 5 days and decrease the day to 9am to 5pm. One day break between the workshop and the WHA/EB is necessary.

The workshop took place in the Medicine Faculty of the University of Geneva and all liked the location a lot. The halls had a projector, which was very much appreciated.

Watching

During the WHA, the team had a schedule to take turns in the responsibility to take notes of the discussions and share them through the skype channel. On the first day, the team visited the premises and got familiar with the way the discussions take place at the assembly and how to coordinate within the team.

During the Assembly, one person each was in charge of uploading the statements and sending them to WHO. Coordination was done through whatsapp and skype. However, it was felt that it would be good to have someone in charge of coordinating the day. On the first few days, there were debriefing sessions that helped solving the initial issues. After that, there was an established meeting point ('the office') which served as place to coordinate face to face and find solutions to issues as they came up as well as a meeting place for the team internally, with other organisations and with delegates.

In addition to the responsibilities above, and in order to ensure visibility of the work of the watch, the team had someone in charge of the ghwatch website, someone took charge of recording the statements and we would have needed someone to be in charge of twitting / coordinating the twitting. However, the team felt that how to effectively manage social media was not clear enough.

Watchers felt that the policy brief was a very good tool for advocacy. Those who had already participated in January felt more confident about advocacy, while the newer felt that more guidance was still needed (there was a useful role-play session on advocacy at the workshop which needs to be further developed). It helped for some to have become a 'familiar face' even only from the EB to the WHA. Visiting cards would have been handy.

The team ended up being substantially smaller than initially planned, going down to as low as 7 members on one day when the two committees were on. The large amount of statements added to the stress. However, good coordination allowed the team to work it out very well.

A confusing point remains the nature and reason for 'notes taking'. During the workshop it was communicated that the expectation from the watchers is to record the important points made, in a sense as doing a live commentary on the discussions (and not taking notes comprehensively). However, some of the watchers expressed that despite having understood the expectation, when in the room and under stress, the instinct is still to write everything that is said. Some expressed that they still did not have the pointers to what is important to be able to take a call quickly enough on the spot. It was felt that the level of depth developed by preparing for the three topics they presented on allowed them to record those specific

discussions more effectively. However, it was not enough to have been part of the collective discussion that followed.

Several watchers expressed to have enjoyed the collective learning process, team spirit, and to have felt self-responsible for the collective responsibility of the team.

The WHO Watch Initiative

Watchers felt that the WHO Watch gave a good experience of an institution part of the global governance for health processes and was a good space for training and capacity building through experience. Watchers felt that it was good to have a majority of watchers at the WHA who had already experienced the EB. It was also felt that having around 2-3 watchers who have already been part of a cycle of watching joining the EB would be optimal (quota idea). Most watchers expressed that they would like to come back, though some said that they might not be able to because of other responsibilities and commitments. It was generally felt that two cycles of watching is ideal to have a real grip on the process.

It was felt that we should find systems to develop capacity at the country level to have a follow up after the EB and towards the WHA.

It was strongly felt that the WHO watch has to be conceptually more clear about what is the main point of the note taking and the advocacy. The team felt that a clearer understanding of what are the recordings going to be used for and how do they reach activists in country circles would help the coherence of the WHO Watch. It was suggested that one-pagers on key issues be prepared (as reports), aimed at being shared back with country circles. But a template for these 'reports' needs to be developed that explains clearly what the focus and content should be.

WHO Watch for 140th Executive Board – January 2017

Every year, PHM organises the WHO Watch project during the Executive Board and World Health Assembly by World Health Organisation (WHO). In the programme, PHM closely monitors and intervenes on matters of Global Health Governance. WHO Watch by PHM is part of a wider network of organizations committed to democratizing global health governance.

The 140th Executive Board meeting of WHO was held between January 23rd and February 2nd. In this regard it was decided to organize WHO Watch from 17th January to 2nd February.

The Watch programme was organised in two phases, where in the first phase (17th to 21st January) was a workshop for the watchers to engage, discuss, critically analyse and prepare statements on various agenda points. The second phase (23rd to 2nd February) was watching the 140th Executive Board meeting of WHO.

Selection of Watchers and Preparations for WHO Watch

The process of selecting participants commenced with a call for watchers for Executive Board 140. This information was circulated in the People's Health Movement circles globally. The modalities chosen for circulating the information/applications were PHM website, PHM exchange, emails, and Social media. Interested participants were required to apply with filled application Form, which was available here . The last day for submitting the form was 15th October, 2016.

A total of 28 applications were received for the call of watchers. Later, the applicants were scrutinised based on their experiences in activism and work in the field of health. A list of prospective participants was shortlisted and the individuals were contacted for confirmation. All the individuals confirmed their participation.

Skype calls for preparation:

The selected participants of the WHO watch, were coordinated through Skype calls. A total of 3 Skype calls were arranged for this purpose. Below is a brief information about each call.

Skype call 1 (18th November, 2016) – A round of introductions took place between the participants. After the introductions, the participants were introduced to the activities of PHM. Later, a detailed explanation was given to the participants about the WHO watch programme and the functioning of Executive Board/ World Health assemblies. The queries of participants were answered by Susana Barria.

Skype call 2 (14th December, 2016) – The objective of the second skype call was to, have the team, start their working on technical/academic aspects for the WHO watch programme. The agenda items from the EB-140 were divided among the participants. The participants were asked, to read the chosen topic and prepare a introduction and critical analysis to be given at the workshop. The details of the topics chosen are in the table 2. The participants were briefed about the logistics and necessary documents for attending the EB-140.

Skype call 3 (10th January, 2017) – The final skype call dealt with progress made in the preparations for the workshop and EB-140. The team members were provided details of the local logistics to hotel and accommodation.

In the period between the 2nd skype call and 3rd skype call, Antonio Hernandez had opted out of the Watch due to personal difficulties.

Logistics and accommodation

The flight tickets of Amit sengupta, Gargeya Telakapalli, Linda Shuro and Antonio Hernandez were long distance and higher in cost. Hence, their tickets were booked through travel agent in New Delhi. However, the ticket of Antonio was cancelled due to his exit from the team. The remaining participants, were asked to book their own flight tickets and they were reimbursed through online transfer.

Accommodation for the watchers was provided on twin sharing basis at Appartcity Hotel in Ferney Voltaire in France (Bordering Geneva). Breakfast was provided by the hotel. A daily allowance of 30 Francs per watcher was provided for lunch and Dinner. The daily commute to, venue of workshop and 140th EB meeting was done by Bus. The watchers were provided with Bus pass for the period.

PHM commentary was prepared by David Legge in consultation with experts around the world, which was used as a base for the discussions at the preparatory workshop. The commentary was also shared with country representatives.

Workshop and civil society meeting

WHO watch workshop: The workshop was conducted from 17th to 21st January. Third World Network had accommodated the Watch Team in their office for the period of workshop. Main objectives of the workshop was to engage the watchers for discussion on various subjects of agenda that would be discussed during the EB-140.

The watchers were joined by resource persons during the period of workshop. The resource perons present during the workshops were Thomas Schwarz (MMI), Mirza Alas (South Centre), Thiru Balasubramaniam (KEI), Gopa Kumar (TWN), Sangeetha Sashikanth (TWN) and Baba Aye (PSI). the resource persons, with insights into different technical areas helped the watchers to understand and analyse the topics.



Discussions were initiated by watchers on the topics that, they had chosen previously during the skype calls. During the discussion, the technical topics were critically analysed and position of civil society was deliberated. It was also explored if, there are technical topics needing intervention through policy briefs and official statements to be presented before the EB

It was also explored if, there are technical topics needing intervention

through policy briefs and official statements to be presented before the EB

Below is the schedule of the workshop which was held at Third World Network office, Geneva.

Day 1	<p>Introduction to WHO Watch: Organising ourselves for the watching (Policy briefs, statements, notes taking, website, twitter, blogs and articles, daily feedback meetings, evaluation, reports, prioritising, etc) Agenda item presentations- 7.4, 7.5, 8.2,8.3, 10.1 (why is this item on the agenda? What is the history? What is PHM’s position?)</p>
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Day 2	Debriefing of the previous day Agenda Items presentations- 7.1,7.2,7.3,14.1,14.2,14.3,8.4,8.5,8.6,8.7,9.1,9.2 (why is this item on the agenda? What is the history? What is PHM's position?)
Day 3	Debriefing of the previous day Agenda Items presentations- 8.1,10.2,10.3,11.1,11.2,11.3,10.4,10.5 (why is this item on the agenda? What is the history? What is PHM's position?) Group work on statements and advocacy briefs.
Day 4	Organising ourselves for the watching (Policy briefs, statements, notes taking, website, twitter, blogs and articles, daily feedback meetings, evaluation, reports, prioritising, etc) Agenda Items presentations- 12.1,12.2,13.1,13.2 Advocacy: what is our role? How do we approach delegates?
Day 5	Civil Society Meeting

Civil Society Meeting: A civil society strategy meeting was organised by Geneva Global Health Hub at South Centre, Geneva. Various likeminded Civil Society organizations took part in the 2 day meeting. The objective of the meeting was to discuss the approach of civil society organisations for EB140. The WHO Watch team took the opportunity to present the analysis of various technical agenda points.



Executive Board 140

The 140th Executive Board meeting of the WHO took place between 23rd January and 2nd February at the WHO Headquarters, Geneva. The technical areas that were included in agenda of the EB-140 are here . One of the matters of EB-140 was also, short listing of candidates for post of Director General-WHO.

WHO Watch team participated in the EB as a part of Medicus Mundi International team. The team watched the proceedings and intervened on the various technical topics. As part of WHO Watch, the watchers prepared statements that were presented to the EB-140 in the form of written statements. The submitted statements were also orally presented by the watchers during the discussions of the particular technical topic. A total of 14 statements were submitted to WHO. The statements presented on the topics mentioned in table 2. The complete statements are available here. The videos of statements being orally presented by the watchers is here.

PHM raised various issues at the EB140. Following are the issues raised, as per the broader technical subjects:

Agenda item 7 - Preparedness, surveillance and response

The role of WHO was commended in the response to recent Health Emergencies, However, it felt to be a deviation from the actual roles of setting of norms and standards. Also, WHO should work towards the role of strengthening Health Systems in the necessary countries, which would in turn reduce the occurrences of Health emergencies. On AMR, PHM mentioned the necessity to incorporate the principles of CEWG of affordability, equity and delinkages while addressing AMR. PHM discussed the need for financial and technical help from WHO and partners in the implementation of National Action Plans in developing countries.

PHM regretted the promotion of security approach in the implementation of IHR and raised the absence of equitable benefit sharing from area of Action 6 of draft implementation plan of IHR. On the topic of review of PIP framework, it was requested to consider sequence data the same as viral isolate, which triggered benefit sharing. PHM appealed to WHO that, it should await the study that was commissioned by CBD on what constitutes a specialized instrument before taking a decision on declaring PIP framework as a specialized instrument of Nagoya.

Agenda item 8 - Health Systems

On the topic of Human Resource for Health, PHM felt that there is a need to further integrate Community Health Workers into health Systems. There is a necessity for tax reforms to expand fiscal space. It is also of importance that Health Worker migration undermines the development of Health Systems in developing countries, while it benefits the destination country. PHM urges the EB and Members States to make use of article 9.5 (WHO code of International recruitments) to commence discussion on compensation and fiscal policies.

In regards to Global shortage of Medicines and Vaccines, PHM recommended WHO to clearly address the issues of IP barriers and barriers posed by high prices in monopoly situations. It was also advocated to, implement the recommendation of UNHLP report.

During the discussion on Evaluation and Review of GSPOA, concern was raised about limited awareness and weak engagement of GSPOA among Member States. PHM brought to notice of EB, the absence of pressures to prevent full use of TRIPS flexibilities in the Evaluation.

PHM made a statement on CEWG for Research and Development, that, Research and Development should be need driven and grounded in delinkage should be the norm for all the WHO Research and Development activities. WHO was reminded to organize the open meeting on R&D as discussed in 69th World health Assembly. WHO was congratulated for the arriving at consensus on terminologies that refer to quality compromised medical products.

On the issue, Health of migrants. PHM urged the Member States to uphold the universal human rights of migrants for access to healthcare. Measures should be put in place to support the needs of women, children and vulnerable. Also, policies should address the issue of trafficking and protect the rights of trafficked persons.

PHM on Agenda item 10, Non-Communicable Diseases

In the discussion on High Level meeting of UNGA on prevention and control of cancers. PHM expressed its concerns about the overlapping mandates and forums governing NCDs globally. The Global Coordination Mechanism (GCM) should monitor and advise the DG of potential conflicts of interests in implementation of Global Action Plan. It was also proposed to include collaboration with

Human Rights council regarding their proposal binding agreement on Transnational Corporations to curtail health-damaging corporate practice I the GCM workplan.

On the agenda item “ Cancer prevention and control in the context of an integrated approach”. PHM urged WHO to address the international pricing of vaccines, drugs, biological and equipment for prevention, treatment of Cancers. WHO was asked to support promotion of new models of innovation for cancer medicines as outlined by UNHLP on access to medicines. PHM also requested the EB to consider setting up a framework, similar to FCTC in order to regulate Food and Beverage Industry that Contribute increasing burden of NCDs.

PHM on Agenda item of 14.3 on Engagement with Non State Actors (FENSA)

PHM expressed that, from the beginning FENSA compromised on crucial issues of official relation for philanthropic foundations and international business associations. There is also a lack of information, with regards to details of engagement with Non State Actors since the Adoption of FENSA.

PHM urged the EB to reconsider the proposal to include Bill and Melinda Gates Foundation in official relation with WHO. The above was demanded due to the fact that Gates foundation receives 96% of revenue from investments in foods, beverages, agrochemicals and pharmaceuticals etc. there is a clearly an issue of conflict of interest.

Policy Briefs

Watchers prepared policy briefs on topics that were felt to be important for detailed discussion. The issues that were covered in the policy brief were UNHLP on Access to Medicines, Human Resources for Health & implementation of UNHLC on Health Employment & Economic growth, Preparation for third high level of UN General Assembly on NCDs in 2018 and Framework for Engagement with Non-State actors (FENSA). The policy briefs can be accessed here.

WHO watch team interacted with delegates and discussed matters that were felt to be globally important for the Right to Health. Team members introduced the finer intricacies in the technical Topics for the consideration by Member states and their delegates. On many occasions, delegates welcomed the watchers for briefing them on the topics.

A summary of the proceedings of EB-140 is available, as daily reports. The daily reports, which were compiled by the watchers is available here.

Debriefing

Debriefing was held on 28th January , a day before the participants returned. The debriefing was conducted by Mirza Alas. The process was divided into four parts, the first on preparations before coming to Geneva, Pre EB workshop, Executive Board it self and logistics.

Preparation before coming to Geneva.-

There was a little confusion on the list of participants. This could be avoided with better communication during the selection process. The participants were happy with the process being started three months prior to the EB. It provided the participants with enough time to prepare and apply for leaves. Participants requiring VISA expressed that it could be better if the VISA documents were given at the earliest in order to avoid delay caused by Christmas holidays. It was also felt that the guidelines for presentation were clear, however there were also opinions that the participants were worried whether there would be a formal presentation or not. And What is the amount of

critical analysis and how comprehensive in nature should the analysis be that the participants were to bring to the floor.

The participants were satisfied with the skype calls and the information passed. However there was a query if we were missing out David Legge from the Skype calls and should we have at least one call with him in the conversation. The watchers also asked if some of the resource Persons could be contacted in order to get an in-depth view of the issues.

Pre Executive Board workshop

Watchers who had participated in the previous Watch felt that having 4 days for workshop was good. It could give them time to complete the presentations and prepare for statements properly. Some of the watchers observed that, it could be better if presentations were arranged according to the broader agenda heading EX- NCDs at a stretch, Emergencies on the same stretch. It could also be better if the participants knew the schedule of workshop, beforehand.

Internet was slow due to many users accessing the internet. It was asked if a portable WiFi could be arranged during the period of workshop.

In regards to the civil society meeting, the watchers expressed that it was a good experience to meet other members of civil society and discuss on various topics. It was felt that better clarity is needed as to what the presenters are expected to cover in their Civil Society presentations. Overall, the Civil Society meeting was also felt to be a recognition of the work being carried out by Watch programme and the watchers.

There was a view that a meeting should be organised for Member States wherein civil society could give its recommendations for the member States on various agenda points. The local and country chapters of PHM could also approach the members prior and submit the recommendations/commentary of PHM.

Database of previous watchers needs to be created. The previous watchers could also help in preparations and contacting the delegates of member states through the contacts that they would have built during their Participation. A database of the delegates who have been contacted during the watch should be created in order to appraise them of the PHM civil society recommendations and PHM commentary.

Watching the EB140

Watchers were given the responsibility of taking down notes and also putting them up on a skype channel. It was felt that the team has been responsible and did the allotted work properly. Some participants expressed that it is better to have the note taking schedule ahead of time for the whole period instead of preparing it just a day ahead. It would also be better if the statements were spread out over the schedule for participants.

It was cleared that note taking did not have to include everything that was discussed, but an overview was enough. The person, who is in charge of Skype channel could also help with posting the updates on Twitter and Facebook handles of PHM.

Regarding advocacy, it was felt that it would be comfortable to go and speak to delegates as a group of two or three participants. The Watchers who were attending felt comfortable to speak with delegates when there was an experienced watcher along with them. The watchers felt that, role play during the workshop was useful as to how delegates must be approached. One matter that was missed out during the preparation for EB140 was that, Business cards were not made. Usually,

business cards are made on the names of participants in order to be given out during interaction with delegates. It was also felt that, our emails must have a signature of PHM, example of Susana email id signature was given, wherein there is a brief explanation of what PHM.

Regarding statements, PHM commentary and older statements were found to be useful. It was easier for Brenda to upload the statements as most of the statements were prepared in advance. Brenda felt that it was important to have Amit check the statements for correction/editing.

Logistics in Geneva

All the watchers were satisfied with travel advisory information that was prepared and sent by Alex. The ticket for bus and directions from airport to the bus stop were unclear, not because of travel advisory. It was felt that, accommodation was good and it was nice that breakfast was provided. Also, unlike previous years, all the participants stayed at the same place. Staying together and cooking at hotel helped in the bonding of the team. The watchers were fine with the daily commute from Ferney to TWN office (workshop) and WHO office (Executive Board meeting).

On the duration of, Watch Programme - Watchers were positive to the idea of having people exclusively for the workshop if they cannot be for the whole watch but help in preparing statements and policy briefs. It was felt that, some of the watchers can arrive late and cover the entire part of watching the sessions of EB/WHA. It would also be better if we had local people to help/support the watch, like Alex.