

Peter Wall Institute for Advanced Studies

Wall Summer Institute for Research - Follow Up Retreat

London School of Hygiene & Tropical Medicine
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What Difference does the Advent of Civil Society Mean to
Global Health Governance?

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Executive Summary

This two-day closed, invitational research retreat was a follow-up event to the four-day Wall Summer Institute for Advanced Research on “Civil Society and Global Health Governance” that took place in Vancouver in June 2007. It brought together a mix of 18 junior and experienced scholars of global health governance from a variety of disciplinary perspectives. The purpose of this year’s retreat was to offer a unique opportunity for new participants – graduate students and postdoctoral fellows– to gather with some of those who participated in the June meeting in Vancouver, and a few other, more senior researchers to exchange ideas as well as to build an international, interdisciplinary network of emerging and experienced scholars that will advance research in this important field.

Four primary research questions identified at the Vancouver WSIR meeting formed the basis for the discussion sessions at the London meeting. A final session addressed the desired outcomes of the 2007 WSIR and identified future research opportunities. The four thematic questions, around which the workshop discussions revolved, were:

- What role do civil society organizations play in global health governance independently and in relation to other actors?
- What does the role of CSOs in GHG tell us about the emerging and changing nature of politics?
- Which theoretical perspectives from political science (specifically IR) can we use to better understand these changes at a descriptive level?
- What lessons can we draw from the selected case studies and theoretical perspectives for strengthening or transforming GHG at a normative level?

To provide a practical basis for dialogue, seven PhD students and postdoctoral fellows provided short, case-study based papers on various issues within health governance. The papers were submitted in advance of the meeting in order to allow each participant to formulate discussion points and reactions to the papers. A number of experienced scholars chaired the sessions and provided formal commentary on the papers and topics to help frame the discussions.

There were several recurrent themes during the debates and discussions at the workshop, the most prominent of which were:

- The commonly held but incorrect idealized view of CSOs, and the need to recognize their complex and politicized motivations and behaviours;
- A need for deeper analysis of what roles CSOs play within health governance and why;
- The types of power possessed by CSOs, particularly the vast material power possessed by the elite trans-national NGOs;
- Questions of where CSOs derive their legitimacy, and how they can be held accountable (and to whom) for their actions;
- The disconnect between academic theory and on-the-ground practice, and the need to bridge that gap so theory can usefully inform practice;
- The use of IR paradigms, particularly constructivism, as a tool to help scholars and researchers better understand role of CSOs in global health governance

Opening Remarks

Opening Remarks: Dianne **Newell** began the proceedings with a formal welcome to the participants. She explained that a primary goal of the Peter Wall Institute is to foster interdisciplinary, collaborative work and that the Summer Institute, which began in 2005, provides participants with a forum for individuals working in similar fields from different perspectives to meet. She went on to explain that one of the best ideas for the follow-up retreat to emerge from the Vancouver WSIR was that of forging links between experienced scholars and young scholars in the field. A strong network of young and experienced academics, practitioners and researchers will hopefully create a long and meaningful legacy for the 2007 WSIR.

Kelley **Lee** and Mark **Zacher**, co-directors of the workshop, also provided some words of welcome. In particular, **Lee** mentioned the boom in interest in health governance issues over the past five years, and how scholars in the early years of their careers are becoming interested in this topic. Thus, she hoped the event could work to establish a peer group that would foster creative and fruitful research projects in the future.

Session Commentaries and Discussions

1. In the session addressing the question **what role do civil society organizations play in global health governance independently and in relation to other actors?**, the high quality of the papers, which demonstrated a strong engagement with the theory as well as a good mix of empirical research data was noted. The papers discussed a wide variety of actors—from public private partnerships, to faith based NGOs, to epistemic communities—and the chair argued that some time ought to be spent on determining which actors ought to be included in the term ‘civil society organizations’ for the purposes of the workshop. Discussions on CSOs can be hard to manage because so many disparate types of groups and organizations are often ‘lumped together’ in the same category.

On the specific issue of how, and at which phase of the governance process, CSOs play an active role, the acronym of ‘ANIME’ – Agenda Setting; Negotiation; Implementing Policy; Monitoring; and Enforcement – was introduced. It has become an accepted principle in IR literature that CSOs are active in the agenda setting phase of governance, but the papers demonstrated that CSOs are also active in the negotiation, monitoring and enforcement phases as well. The very acceptance of the contention that CSOs have power to alter events and behaviour in international affairs indicated that the authors of the discussion papers were approaching the topic from a theoretical view point of blended liberal institutionalism and constructivism. It was argued that the implicit acceptance of this theory of international relations ought to be deconstructed and examined throughout the workshop.

Also highlighted was the lack of a consistent definition of the term ‘CSO’ in the workshop papers. Various papers used the term CSO to describe private organizations, public private partnerships and philanthropic foundations, which do not easily fit into the category of civil society organization. It was argued that, while philanthropic foundations are not unanimously deemed to be CSOs, they need to be

included in the debate because of the emergence of ‘giant philanthropists’ such as the Bill and Melinda Gates Foundation, the expenditure of which will total one quarter of the entire UN budget in 2008. Furthermore, it was noted that while CSOs are consistently recognized as ‘shapers’ of the dialogue on global health governance, it is important to recognize that CSOs are being shaped by other actors as well.

Some participants felt that a clear definition of CSO was necessary in order to set clear parameters for the discussion; others, however, argued that the blurred boundaries of the term are simply an innate characteristic of the ‘messy’ and ‘anarchic’ nature of governance issues, and that different types of actors can be included in the term depending on the goals of the research project in question. A point was made here that recurred throughout the retreat: CSOs are traditionally examined through the lens of constructivism, which focuses on ‘soft power’ and (usually moral) coercion, but some contemporary CSOs have large financial and material resources that can be measured in traditional ‘hard power’ terms. Flowing from this, it was also argued that CSOs ought not to be idealized; that there is too much of a tendency in international relations to assume noble intentions and altruistic motivations for civil society groups when, in fact, they are complex organizations with politicized motivations and self interested goals, similar to states, businesses, and international institutions and other actors in IR.

Returning to the focus question for the discussion session regarding the role CSOs play, it was asked: which roles do CSOs *actually* play within the health governance structure and which roles *should* CSOs play in the field of global health governance? It was suggested that a role that CSOs ought not to play is that of providing on-the-ground health services. The participant contented that health provision ought to be provided by governments, and that there are dangers to permanently privatizing this activity. This point was contested: in numerous failing states civil society groups are the only ones providing medical services, and if the role was denied to CSOs, the people on the ground would suffer. Yet, while CSOs in failed states are filling a gap in governance as an emergency measure, which is of course crucially important, the consequences of entrenching the stop-gap measure of CSO intervention need to be considered. A possible consequence of consistently relying on CSOs to provide health services might be the continuation of impoverished state infrastructures in poor nations.

2. In a session devoted to the question, **what does the role of CSOs in global health governance tell us about the emerging and changing nature of politics?** it was argued that Alexander Wendt’s constructivist theory, which attempts to explain conditions of change, is the most commonly used IR theory for understanding the role of CSOs within global health governance. It is an obvious and accepted fact that there are an increasing number of non-state, non-traditional actors operating in contemporary health governance. Accordingly, the next step in analysing contemporary GHG is to explore whether the new actors are performing ‘genuine’ or ‘superficial’ participation. Also, while the world has moved away from a purely state-centric system, there are still indications that traditional notions of sovereignty have a strong influence in health governance.

Next, the point was made that scholars and activists need to better understand what kind of power is being exercised by CSOs. Coercion, agenda setting, influencing and altering goals, and shaping discourse are ways in which CSOs influence other actors and health governance in general. While the workshop papers were insightful, it was determined that further exploration of the ‘chemistry of power’ would be a valuable exercise for group discussion and even future in depth research projects.

There were concerns regarding the impact that CSOs are having on GHG in terms of the dominance of biomedical discourse, the concentration of power in the hands of a small number of actors, and the creation of a ‘trans-national elite’ sector of NGOs with vast wealth and resources. Many participants agreed that there is a growing disconnect between rich northern-based NGOs and the disenfranchised populace of impoverished countries that NGOs purport to represent.

It was also argued that from an academic viewpoint, much more study is needed on what NGOs are actually doing; that less time ought to be spent on determining the functions and roles of non-state actors and more on what specific actions they are taking. In other words, researchers need to recognize that NGOs have mixed motives and, as such they need to moralize less and pay more attention to words and actions.

Next, it was noted that there has been a recent shift towards certain humanitarian groups developing self regulating systems. Some participants felt that this trend may mean that formal systems of regulations are unnecessary, that civil society actors have the wherewithal to regulate themselves. During this discussion, four questions regarding the regulation issue were raised:

- How do we de-concentrate power from the north?
- How do we change the bio-medical bias?
- How do keep NGOs honest?
- How do we deal with the mixed motivations of NGOs?

Regarding accountability, NGOs exist in a system where they must compete for the public’s trust, and if an NGO is perceived as honest, they will be more likely to succeed in public realm. Extending this point, civil society in general has a role to play in regulating CSOs and that a truly active and engaged global civil society would act as a check and control on CSO activity. It was noted that civil society groups do not have one clear set of principles or members to which they must be accountable to – the difficulty with regard to this issue is that there is no clearly delineated chain of responsibility.

Here again the group was reminded of the tendency of IR scholars to idolize CSOs, but the literature is gradually coming to recognized that CSOs are not perfect, and the point was made that the big and powerful NGOs have more in common with each other than they do with the people they are trying to help.

Next the impact of the current War on Terror was noted, especially how it has diminished the power of social movements in that it has shifted the global discourse back toward the era of power politics. While, there is intense activity within the civil society arena, the ability of such groups to actually bring about change seems to have decreased. It was noted that 20 years ago, all activity in the field was local but now

the focus is almost entirely global. Does that shift reflect a true change in the nature of global politics? The argument in favour of this can be substantiated by the vast increase in real numbers of NGOs and CSOs; the very proliferation of such groups indicates a true change in the global system. Similarly, it was noted that the concept of health as a 'global public good' has gotten significant traction in IR discourse and that the gradually percolating message regarding the global nature of health is a mark of a globalized world.

Returning to the main topic of discussion, categorizing and defining CSOs, there was some debate as to whether actors such as the Bill and Melinda Gates Foundation, private pharmaceutical companies, and even research organizations like the Peter Wall Institute are CSOs. The question was asked: what makes a CSO a CSO, and terms like 'power', 'resources', 'ideology' and 'intent' arose as an answer to this questions. This led to a discussion on the ability of CSOs to 'name and shame' other actors, which is a form of monitoring and enforcement.

It was argued that the ability to alter interests is a newly recognized form of power. There are three traditions sources of power discussed in IR literature, but the power to change the way actors view themselves, and thus to change their behaviour, is a very important change on the international stage. Twenty years ago there was no discourse around social corporate responsibility, but now virtually all trans-national businesses have some manifestation of this policy in place. Even if the discourse on social corporate responsibility is merely lip service at first; under the right circumstances the lip service can evolve into an entrenched norm and system of behaviour.

3. Discussion of the question **what theoretical perspectives can we use to better understand these changes from IR/political science?** focussed on IR scholarship (especially constructivism) and the importance of discourse and language in the role CSOs play in constructing and transforming ideas in this field.

It was argued that there is much potential for IR scholarship to inform issues of governance within the global health field. Particularly, constructivism's strength is that it can deepen understanding of power relationships and can deconstruct the diverse layers and dimensions of power that CSOs possess and employ. However, it was also noted that many CSOs have large material and financial resources and thus there is a need to incorporate IR theories that focus on power and influence into explanations of activity in this area. It was noted that most of the case-study papers were implicitly or explicitly written from a constructivist point of view and that perhaps incorporating elements of other IR theories would deepen the analysis.

A discussion of Alexander Wendt's notion of 'soft power' raised the argument that deeper understanding is needed regarding the relationship between ideational and material power. Concerning the issue of legitimacy, the key problem is that there is, as yet, no model within the realm of global health governance for conferring legitimacy. As such, there is no clear source of authority, and questions regarding who legitimately represents the global public need to be analyzed.

‘Reputation,’ it was noted, has become an important topic for many scholars trying to understand behaviour of states and non-state actors. Although there is no accepted, effective tool to measure this phenomenon, it is becoming increasingly accepted that actors do not want a negative reputation—such as a polluter or a human rights abuser. If reputation matters to the target, activists have leverage over the target’s actions and behaviour. Nevertheless, behavioural changes in order to protect reputation may be short-term and are only continued if consistent monitoring is applied.

Regarding the issue of methodology and access to data, the question arose: how it is possible to understand changes in behaviour on the part of non-state actors such as NGOs and businesses when scholars have no consistent methodology for collecting and analysing information regarding how reputation affects the actual decision-making in board rooms. Access to internal documents that would shed light on decision making processes is grossly inconsistent and most participants felt that there is a need for some kind of regulated process.

The discussion session ended with the participants agreeing that that persuasion is an important aspect of the CSO role within the sphere of global health governance, but that better understanding and more research is needed on how persuasion occurs and how power and legitimacy factor into this kind of process. The general consensus was that the IR paradigm of constructivism provides valuable tools to explore this, but more research and a variety of theoretical perspectives are necessary.

4. On the fourth focus question **what lessons can we draw from the selected case studies and theoretical perspectives for strengthening or transforming GHG?** it was noted that practitioners and academics do not speak the same language, even when they are talking about the same issues. The divide between practice and theory in global health governance is currently extremely wide, and although a difficult task the participants generally felt that there is a strong need to bridge that gap. In fact this point was mentioned as a useful future research project to emerge from the WSIR.

There have been clear instances of CSOs affecting the global governance structure, such as at Alma Ata when, for the first time WHO articulated a social justice approach to dealing with health issues, and more recently in influencing the debate on TRIPS and pushing for tobacco control measures. Thus, the impact of CSOs on GHG can be clearly seen in many areas, but more work needs to be done on examining the relationship between IOs and NGOs. One participant contended that a valuable future research project could entail a study on how global governance movements become elevated from the ‘national’ level to the ‘global’ level.

CSOs are capable of effective lobbying of national governments and of acting in watchdog or monitoring role where they can hold actors accountable for their actions. If a stronger system of GHG means less mortality and morbidity, output legitimacy is the best measure of effectiveness as certain CSOs (especially as actors within public-private partnerships) have been highly effective in improving health and decreasing mortality rates. Civil society organizations, for better or worse, are now part of the global health governance network. The next step for practitioners and researchers is to better understand how they can transform the current system of health governance into one that is more effective, and has fewer gaps.

Regarding the issue of legitimacy, the idea of ‘input’ and ‘output’ were suggested, as well as a third category of ‘throughput’ legitimacy. If input legitimacy is authority conferred by the internal components of an organization, and output legitimacy is the authority conferred by a results-based analysis, then ‘throughput’ legitimacy is authority conferred by effective dissemination of information and transparent accountability mechanisms. However, a key problem within GHG is that the output goal is not obvious. Even if there was a general consensus (which there is not) that the output is fewer deaths due to diseases, it merely begs numerous questions on how to channel funding appropriately in order to achieve that goal.

A participant asked the group to consider what a strengthened health governance system would look like, and what the goals of such a system would be. Would the ideal governance system look like ‘anarchy’ or ‘coordination’? Another participant suggested that this division creates a false dichotomy because the multiplicity of actors creates a need for coordination.

Next the group considered the question of what would be necessary in order to have a transformation in GHG. The participants considered how fundamental changes to the international system would be necessary in order for health governance to be transformed. Participants discussed four areas where CSOs could usefully shape discourse to this end:

- Identifying tipping points
- Eroding particular interest coalitions
- Countering conventional discourse
- Questioning cultural health norms

It was noted that a transformed system of global health governance would have to recognize the value of the bio-medical discourse, but also would also have to recognize the complex social problems that prevent medical knowledge, in and of itself, from being sufficient to improve health governance. One need only to look at the history of the measles vaccine; it has been in existence for decades, but gaps in the governance system mean that approximately half a million babies and children still die from this disease each year.

Ways Forward: **Building a Network on Global Health Governance Research**

The chair of the final discussion session began by noting that, as the field of study on global health governance is a new one, there is not as yet an established network or forum where practitioners can share ideas for papers, books and research projects. She then highlighted the recurrent theme of the workshop that there is a large divide between academics and practitioners in this field and that efforts to overcome the divide would be a valuable bi-product of the WSIR.

Everyone agreed that the most basic outcome from the workshop ought to be a website, where WSIR 2007 participants and other people active in health governance research can upload short biographies and contact information. Such a website would

act as an information and network hub for both new and experienced scholars in the field. It could also provide information on upcoming events and current research projects, as there is currently no coordinated source of information on GHG projects. All participants agreed to this idea, and most others agreed to the development of an email list serve as well.

Publication of the original WSIR papers and/or the case-study papers from the London WSIR was also suggested. A participant argued that between the two workshops there is a large body of work that would be valuable to edit and publish either as an edited volume or a special edition of a journal.

Others suggested more work on bridging the divide between academics and NGOs. A collaborative paper written by WSIR participants would be a very useful future project. It was also noted that participants should consider re-working the case-study papers such that they could be contributed to a future edition of the annual Global Health Watch publication.

Overall, there was much support for all these varied outcomes of the WSIR. Future collaborative papers between the participants, especially on the academic-practitioner divide are likely, as well as some or all of the papers being re-worked to become part of a future Global Health Watch. There was also much support for a special edition of a journal, and concrete funding sources for such a collaborative research project included getting EU support. Lastly, the website and list serve will undoubtedly serve as a valuable tool to connect researchers, scholars and practitioners with people examining the same kinds of issues.

Appendix A

List of Participants and Roles

Kenneth Abbott*: Professor, College of Law and School of Global Studies, Arizona State University. Chair and Discussant

Andrew Harmer: Researcher Fellow, London School of Hygiene & Tropical Medicine. Case-study Paper

Margaret Hilson*: Professor and Coordinator, International Practicum, and Global Health Advisor, Faculty of Health Sciences, Simon Fraser University. Chair and Discussant

Anna Holzscheiter: Postdoctoral Fellow, London School of Hygiene & Tropical Medicine and Assistant Professor, Centre for Transnational Relations, Foreign and Security Policy, Freie Universität Berlin. Case-study Paper; Discussant

Alexandra Kaasch: PhD Candidate, University of Sheffield. Case-study Paper

Mathias Koenig-Archibugi: London School of Economics and Political Science. Discussant

Kelley Lee*: Reader in Global Health and Director of the WHO Collaborating Centre on Global Change and Health, London School of Hygiene & Tropical Medicine, University of London. Co-Director, Chair and Discussant

David McCoy: Member, People's Health Movement; Managing Editor, Global Health Watch; and Department of Epidemiology and Public Health, University College London. Discussant

Emily Mok: PhD Candidate, Post-Graduate Student, University of Oxford. Case-study Paper

Mike Rowson: Managing Editor, Global Health Watch, and Lecturer, International Health and Medical Education Centre, University College London. Discussant

Simon Rushton: Lecturer, Department of International Politics, University of Wales, Aberystwyth. Case-study Paper; Discussant

Devi Sridhar*: Postdoctoral Fellow, Global Economic Governance Programme, Department of Politics and International Relations and Postdoctoral Associate, Institute of Social and Cultural Anthropology, University of Oxford. Discussant

Y. Andrea Wang*: PhD Candidate Programme, International Relations, University of Oxford. Case-study Paper

Sungwon Yoon: PhD Candidate, London School of Hygiene & Tropical Medicine. Case-study Paper

Mark Zacher*: Professor Emeritus, Political Science and Senior Research Fellow, Liu Institute for Global Studies, University of British Columbia. Co-director, Chair

Other Involved Parties

Sonja Bartsch*: Senior Research Fellow at the German Institute of Global and Area Studies, Hamburg¹

Tania Keefe*: Research Fellow at the Centre of International Relations, University of British Columbia (WSIR 2007 Scribe)

Dianne Newell*: Professor of History, and Director, Peter Wall Institute of Advanced Research, University of British Columbia, Vancouver

Observers

Sonya Wall: Board of Trustees, Peter Wall Institute of Advanced Research, University of British Columbia, Vancouver

Charlotte Wall: Donor Family, Peter Wall Institute of Advanced Research, University of British Columbia, Vancouver

¹ Sonja Bartsch contributed commentary on the papers and the overall theme of the WSIR Follow Up research retreat that was integrated into the discussion, but she had to withdraw from the meeting due to unforeseen conflicts.

* indicates participants that this meeting who also participated in the UBC Summer Institute meeting in June.