Successful Governance Reform and Its Consequences: How the Historical Drive for Shorter Meetings and More Time Efficiency Reverberates in Contemporary World Health Assemblies

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The paper argues the working methods of the World Health Assembly (WHA) have been a recurrent object of reform discussions and that the vision that WHAs should become shorter has been a constant driver for them. It shows also how the vision of shorter WHAs was turned into reality and to what extent the consequences of these past reforms still reverberate today. With a view to the current debates, the paper suggests contemporary WHAs cannot be understood without considering past practices, and that some present problems are the (un)intended consequence of previous reforms. The paper concludes that reform is an inherent element of WHO governance: this kind of "self-reflection" will continue to be a time-consuming assignment for decision-makers also after the seventieth anniversary of the organization.

INTRODUCTION

While the World Health Organization (WHO), its reform, and its place in global health governance enjoy intensive attention in scholarly debates,[1] the present article takes the experiences of practitioners including their continuous reform discussions as a point of departure and analyses the history of WHO-governance reform in this light. Such an inductive approach that starts with the lived realities of practitioners is common among ethnographers regardless of their specific disciplinary background.[2]

The article complements research that emphasises the value of disentangling apparently monolithic international organizations in order to explain specific outcomes. At the same time, its starting point differs from most other research since the disentangling is largely a consequence of methodology and was not primarily motivated by specific WHO-related expectations. In particular, the article starts neither from concerns over WHO fragmentation (as a consequence of regionalization and donor influence), nor from the principal-agent relationship between member states and WHO, nor from the structural conflicts among member states.[3] Rather, it starts from ethnographic and ethnomethodological concerns with "lived order" and "political work" that foreground the fact that also prestigious work is earthly quotidian work where people have to overcome practical challenges and tend to achieve this in a systematic manner.[4] In line with this reasoning, the article focuses on a specific aspect of WHO work, namely the multilateral governing of the WHO whose key site (or workplace) is presumably the World Health Assembly (WHA, or Assembly). The underlying analysis began with a visit to this central site but it led subsequently to an interest in the historical dimension of present practices and in the relationship of the WHA to other sites of WHO governance.

The role of the WHA as well as suggestions for its reform have been considered in the literature before, but the WHA's changing temporal organization and the consequences of these reforms have so far not been systematically analysed.[5] The project from which the article emerged has a background in political science and its beginnings date back to 2010. Starting from the discussions on competing fora and overlapping competencies, the project was set up as a political ethnography in the course of which sites of global health governance are visited in order to study the way in which the practitioners themselves try to come to terms with the fragmented nature of the global health governance architecture.[6] While this

underlying question plays an important sensitizing role, the project follows an open research design – as suggested by ethnographers and by proponents of grounded theory – that allows the researcher to investigate further those issues that emerge "on the way" rather than sticking to predefined questions that were derived from the existing scholarly literature.[7] By the same token, the sites to be studied are selected incrementally – following a logic of holistic reconstruction and a logic of empirical comparison.[8] For the purpose of the article, the project period from 2014 onwards is particularly relevant since the analysis of WHO-related sites started then.

As a consequence of the flexibility that open research designs allow for, it is common for the research process and focus to change in ethnographic studies. Following this and other traditions in ethnographic writing, the article will begin with a description of my first visit to a WHA and how this drew my attention to the issue of WHO reform, or, more specifically, WHA reform. The interest in reform, in turn, raised the question of how reform efforts previously emerged and correspondingly, the article then considers the history of WHA reform. The particular focus of the historical analysis will be on how temporal factors influenced – and importantly still influence – practitioner behaviour. The article then concludes with revisiting the contemporary concerns around WHO reform in light of the historical analysis, and considers some of the implications that arise.

From a methodological point of view, the article begins with material generated via participant observation before undertaking an analysis of historical documents, and then returns to insights gained from participant observation. In this way, the article illustrates the seamless complementarity of these two methods: participant observation generated questions that were then addressed through document analysis, and subsequently (re)embedded the findings from participant observation. The complementarity of these two methods is not particularly surprising from the perspective of disciplines that have long relied on ethnography, but scholars of political science and international relations might find this illustration useful since it emphasises that ethnography should not be reduced to participant observation.[9] While each step in the research process leads to several follow-up questions, the article as a whole addresses the following closely interrelated questions: What characterises the temporal organisation of the WHA, how did it develop historically, and what consequences follow from it under contemporary conditions?[10] The analysis will show that in spite of an increasing number of WHO member states and WHA agenda items, the WHAs have become progressively shorter. It will also reconstruct through which reforms this was made possible and what other consequences these reforms had. For example, it will conclude that the growing complexity and multi-sited nature of the WHA poses a challenge to in-depth discussions and blurs the roles and responsibilities of the delegates. The partial outsourcing of decisions to other formal bodies such as the Executive Board (EB) or to informal meetings has greatly transformed the role of the WHA within the WHO. Through an ethnographic focus on organizational practices, scholars can capture such subtle transformations and the contradictory and unintended outcomes of organizational reform.

FIRST IMPRESSIONS

The WHA is the WHO's supreme decision-making body and it was therefore an instinctive location to start an analysis of WHO-related sites of global health governance.[11] In preparing for my first visit to a WHA in 2014, I consulted the preliminary issue the *World Health Assembly Journal* in order to develop a sense of how the WHA was going to be organized on a day-to-day basis.[12] The information contained in the document was concise and straight forward but in the section 'Date, location and working hours' I was surprised to read that the working hours of the WHA were from 09:00 to 12:00 and from 14:30 to 17:30. Somewhat puzzled, I wondered whether six hours per day were really a sufficient amount of daily working hours and what happened outside of them. After all, how would people spend

their time during a lunch break that lasted for two and a half hours?

While the opening sections of the *Journal* had created the impression that the WHA was a leisurely environment, it did not take long to appreciate that the Assembly was much more complicated. Going through the subsequent section 'Tentative programme of work of the Health Assembly' it became clear that even during the official working hours there were parallel and overlapping meetings. For example, Committee A seemed to begin its work while the plenary meeting was still underway. Moreover, not all meetings would run the entire allocated time, and some meetings seemed to be prioritized since no other meetings were scheduled in parallel. My initial impression of the WHA was further undermined when I considered the sections 'Technical briefings' and 'Other meetings' where two things became clear. First, there had actually been preparatory meetings in the days leading up to the WHA and, second, there was going to be a multitude of meetings before 9:00, during the lunch break, and after 17:30. But this was just the beginning.

As I realized when actually attending the WHA, the *Journal* covered only those meetings that had been planned beforehand, that took place in the *Palais des nations* (or at WHO headquarters), and that were somewhat formalized. It did not cover the multitude of additional parallel meetings as well as side-events outside of the *Palais*. Moreover, the official working hours could be formally expanded by setting up evening sessions and also drafting meetings or other gatherings could run late into the night. Finally, on top of all this there would be countless informal meetings and conversations in the hallways, cafés, and restaurants. In short, even the complex account in the rear sections of the *Journal* provided only a partial overview of proceedings.

While I had for a moment feared that the WHA might consist of long breaks and uneventful sequences, it turned out to be a busy and bustling site where it was entirely possible to miss a key event by being at the wrong place at the wrong time. Instead of having to find activities to occupy my time over lunch, I found it increasingly difficult to eat at all. These time pressures only worsened the longer I attended the WHA, as I learned about more and more of the parallel processes. Towards the end of the WHA and even more so at the next WHA in 2015, I struggled to access formal meetings as there were either overlaps with side-events or I found myself remaining in hallways and social areas to talk with individual participants. These experiences revealed the WHA to be not just one, but multiple sites of governance.

In stark contrast to the usual bustle, the WHA concurrently gave the impression of a void ritual. While such moments were not limited to plenary meetings, it was in the Assembly Hall in particular where this emerged. First, while on the first day of the WHA and during some specific agenda items on subsequent days the Assembly Hall might be filled with delegates and spectators, for the majority of the time the room was less than half full. Moreover, a significant proportion of the work in the Assembly Hall appeared to have been pre-approved, as though decisions had been taken elsewhere previously. But even when an exchange of views was foreseen, there was still no real interaction or discussion. Rather, it was an endless array of speeches that had been written beforehand and read out by delegates who came to the rostrum one after the other. In such moments, the comment of an interlocutor who had claimed that the Assembly Hall was referred to as "the cage" by some delegates gained some plausibility. In other words, there were phases during which the setting was stilted and time seemed to stand still.

The fragmented nature of the WHA, the time pressure that the parallel processes put on delegations and on individual delegates as well as (their contrast to) the WHA's ritualized aspects are among the reasons for which there is also a constant debate among the practitioners on the need to reform the WHA in particular and the WHO in general. Actually, I found it striking to see how many of the participants engaged in discussions on the structure rather than on the content of the policy-making process. While the criticism of the participants varied strongly, for example, in its radicalness or in the degree to which

they considered the WHO as capable of reform, it became difficult to imagine that one could attend a WHA without facing some version of internal criticism. From this perspective, the most recent WHO reform process that emerged a few years ago had to be seen as a catalyst rather than the sole reason for such discussions.[13]

Through conversations with delegates as well as based on my own experiences at the WHA, I started to develop an interest in the question of how the relationship between the seemingly constant debates about reform and the present state of affairs had developed historically. There were two considerations in particular that arose my interest. First, it would have been strange if previous generations of participants had not reflected on their work in a similar manner since some of the enabling factors for such reflections had not changed. For example, the professional diplomats among the participants had also previously been assigned to Geneva for a time-limited period, which implied that, like now, there would have been a constant influx of novices who would not necessarily take everything for granted and would have to go through the same learning process I had experienced. Second, it occurred to me that some of my interlocutors expressed opinions that the governance processes could be improved along one specific dimension, namely, time efficiency. This one-dimensional take on the issue interpreted reform as a case of optimization where (political) trade-offs and unintended consequences are not necessarily considered. If past reforms had followed a similar line of thought, it appeared quite likely that some of the present problems with the WHA could be the (un)intended consequences of previous reforms.

LOOKING INTO THE PAST

These considerations made it apparent the synchronic account that was based on participant observation should be complemented with a diachronic element that needed a research design of its own while the field research could be continued (i.e. additional sites such as meetings of the Executive Board [EB], but also later WHAs were, visited). With a view to the newly added historical dimension, the following question had to be addressed in a first step: How should the past reforms be identified, and more specifically, how should the documents be identified that contain information on the substantive content of these past reforms as well as on the accompanying discussions? The sampling strategy that was eventually chosen could be called diachronic snowballing since it took changes to the rules of procedure of the WHA as a starting point for the identification of reform debates.

The idea behind this strategy was that, even though reform discussions will usually be broader than the eventual changes, some traces of previous discussions should still be found in amendments to the WHA rules of procedure. Once these had been identified via specific WHA resolutions, it should be possible to identify the WHA's at which reform discussions had occurred. Moreover, the additional resolutions, background documents (including EB documents), and discussions offered the prospect to cross-reference failed reform attempts. This sampling strategy seemed to be particularly apt for an ethnographic study of past reforms since it would be possible to identify changes in formal rules (i.e. amendments to the rules of procedure), and allow to understand past practices as described in resolutions, background documents, and accompanying discussions. This method of diachronic snowballing proved productive and I successfully located multiple documents.[14]

Facing this rich corpus of text, I narrowed the focus of my analysis to the temporal considerations that prompted this study: time and timing, which also included discussions surrounding time efficiency. From here, resolutions were given first priority while background documents such as verbatim and summary records were selectively consulted when other documents did not provide enough detail to understand the changes which had been made or the rationales behind them. Finally, falsificatory reading, which encourages the analyst to continuously search for evidence that refutes rather than confirms the

interpretation of a text, was applied when analysing the documents, thereby avoiding premature interpretations.

The rules of procedure as they can be found in the 48th edition of the *Handbook of Basic Documents* (2014) served as the starting point for the diachronic snowballing described above. While this sampling strategy worked as envisioned, a small adjustment was required due to the fact that WHA8 (1955) made such extensive amendments to the rules of procedure that eventually a completely new text was adopted and only the amendments to the WHA8 text are documented in contemporary editions of the *Handbook of Basic Documents*. As a result, the sampling strategy was adjusted to accommodate the fact that the pre-WHA8 text of the rules of procedure and any associated amendments had to be reconstructed from historical editions of the *Handbook of Basic Documents*.[15]

Following this new strategy, 42 resolutions were identified on the basis they amended either the rules of procedure that had been adopted at WHA1 (1948) or the revised rules of procedure adopted by WHA8. These 42 resolutions were passed at 32 different WHAs and there are only two phases during which no changes to the rules of procedure were made for more than three years in a row: 1989 to 1994 and 1998 to 2003. This shows that even if one relies on the very narrow indicator of "resolutions passed that changed the rules of procedure", governance reform has been a constant feature of WHA history.[16] At times this was also noted by the participants themselves and, for example, in 1979 the EB considered "that the method of work of the Health Assembly need not be reviewed every year, and that it would be desirable to have such a review undertaken only in the light of experienced [sic] gained over a period of several years".[17]

TIME AND TIMING: FINDINGS FROM THE HISTORICAL DOCUMENTS

Drawing on the identified documents, time and timing emerged as a recurrent theme in the historical reform discussions. The duration and frequency of WHAs proved to be of particular concern. Somewhat confusingly, however, a number of the statements on the issue proved contradictory. On the one hand, some documents argued that measures should be taken to prevent the WHAs from becoming longer. These contrasted with other documents that argued the WHAs should be shortened. Reading these contradictory concerns, it became clear that a meaningful analysis of time and timing could not be conducted without understanding how the duration of the WHAs developed historically. Such knowledge would be particularly relevant in order to judge whether the goals of the reforms were achieved, namely whether member states had succeeded in reducing, maintaining, or extending the duration of WHAs.

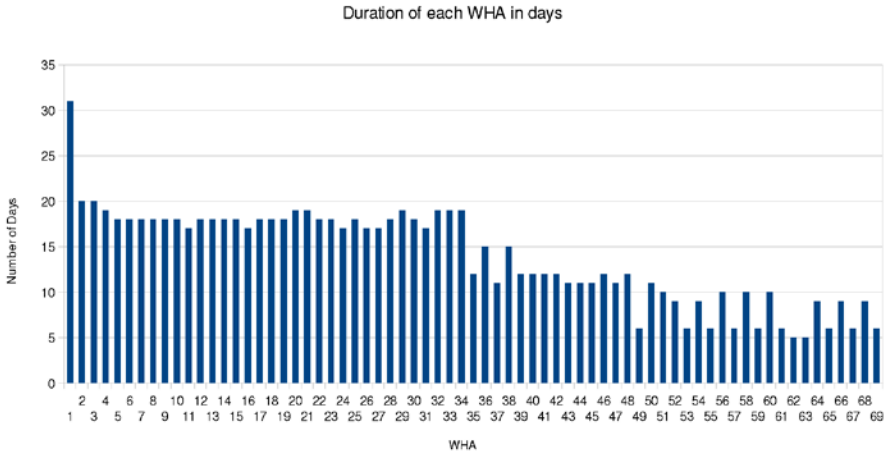
How much time does it take to govern?

From here, I consulted the official records of all past WHAs paying particular attention to the duration of each WHA (in days from the opening to the closure). These results are summarised in Figure 1.

As this data clearly shows, the WHAs' duration has been progressively reduced even though there were also long periods during which their length was kept relatively constant or varied only marginally. In other words, the past vision that future WHAs should be shorter has clearly influenced behaviour. When it comes to time and timing as an object of reform, the questions that arise include: when did this vision emerge, did it undergo changes, and through which more specific reforms did it become a reality? In the following, I present the most relevant time-and-timing-related reforms as they have been extracted from the sample. While chronology will be the main ordering principle, the reconstruction of the main themes will sometimes make it necessary to depart from a strict chronology. There are six main themes that emerged from the material and will be discussed in the

following: the general vision (or grand strategy), the speaking time and the duration of interventions, the introduction of a biennial rhythm, the political will to fix and limit the duration of WHAs, the general scheduling of meetings that included discussions on the desirability of parallel meetings in particular, and, finally, the role of the technical discussions that became eventually technical briefings.

Figure 1. Duration of each WHA in days



Source: (WHO's WHA documents; graph: author)

How can governance be made more time-efficient?

The amount of time spent at WHAs was identified as a concern early in the history of the WHO and there are two visions, or grand strategies, that emerged for dealing with the time problem. While it was not the first occasion at which they were discussed, the two alternatives were explicitly outlined at EB11 (1953). The goal of the first strategy was to reduce the *duration* of *individual* WHAs,[18] whereas the second proposal was to lessen their *frequency* by changing to *biennial* WHAs.[19] No amendments were approved at WHA6 (1953) which followed EB11, but member states did request "the Director-General to continue to prepare and organize the sessions of the Health Assembly with a view to limiting their duration to a reasonable minimum compatible with the agenda of the session"[20] and postponed the discussions on the frequency of WHAs.[21] WHA11 (1958) and WHA12 (1959) revisited the proposals again and concluded that biennial WHAs were not feasible. A reduction of the duration, however, was considered more feasible even though it was also acknowledged that the increasing number of WHO members – largely as a consequence of decolonization – would make this challenging.[22]

The reduction of the length of WHAs as the preferred alternative remained on the agenda of WHA13 (1960) and WHA14 (1961) but did not lead to major changes.[23] This was despite the fact that fear over increased membership leading to protracted WHAs was repeatedly discussed. In the following year, WHA15 (1962) effected an amendment to the rules of procedure and introduced the possibility the President of the WHA would limit the speaking time or close the list of speakers.[24] This specific proposal was further clarified at WHA20 (1967) that recommended to limit speaking time for general discussions in the plenary to ten minutes; in the same resolution, member states decided that "delegates wishing to do so may submit prepared statements, preferably of not more than twenty

typewritten pages, double-spaced, for inclusion *in extenso* in the verbatim records of the plenary meetings".[25] WHA23 (1970) appealed to limit speakers' length of time to make interventions in the main committees,[26] a point that was reiterated again a couple of years later at the WHA25 (1972).[27] The arrangements for the plenary meetings, however, remained in place until WHA50 (1997) when the speaking time was reduced to five minutes and the length of written statements to 600 words.[28] This is still common practice today and resolution WHA50.18 continues to be quoted when the President of the WHA explains how the general discussion in the plenary (usually Item 3 on the agenda) will be conducted. In the main committees, the current practice is to limit speaking time to three minutes.[29]

Around the same time at which the first arrangements on speaking time emerged, another novel proposal began to be discussed, namely, a biennial programme and budget. While this idea had been first tabled at WHA22 (1969) it was not enacted (on a trial basis) until WHA25 (1972) with the intended purpose of improving the efficiency of the WHA.[30] In particular, by distinguishing between WHAs that would undertake "a full review of the proposed programme budget for the following biennium" and alternative meetings that would only conduct "a brief review of the changes in the programme budget for the second year of the biennium",[31] the general distinction between budget and non-budget WHAs emerged – a practice that is still retained. Following a trial period, the biennial rhythm was introduced in earnest for the 1980-1981 biennium (i.e. for WHA33 and WHA34).[32] Once introduced, WHA33 (1980) revived the former proposal of biennial WHAs and recommended the necessary changes to the WHO's Constitution.[33] While this recommendation was not implemented,[34] it reinforced the idea that less time was needed in non-budget years, which led eventually to a difference in duration between budget and non-budget WHAs.

The difference in duration was, however, not merely the consequence of a division of labour between budget and non-budget WHAs. It was just as much the consequence of the political will to fix and limit the duration of WHAs. As discussed above, debates regarding the preferred length of WHAs had arisen early in the history of the WHO. It was, however, only at WHA30 (1977) that an important change in practice emerged. Until then, it had been common practice that the EB determined the starting date of each WHA, while the closing date was set in the course of the WHA. Following a recommendation by the General Committee, WHA30 requested the EB "to fix also the duration of each session".[35] This innovation allowed EB63 (1979) to specify that WHAs should normally not last longer than three weeks.[36] The aforementioned WHA33 (1980) that recommended the introduction of biennial WHAs also expressed the belief that while waiting for the necessary constitutional changes, non-budget WHAs should be limited to no more than two weeks.[37] While rejecting the idea of biennial WHAs, WHA34 (1981) specified the two-week limit for non-budget years should be introduced from 1982 onwards (also on a trial basis).[38] Finally, WHA36 (1983) confirmed the decision and set a maximum duration for budget years by stating that, in odd-numbered years, WHAs should be limited "to as near to two weeks as is consistent with the efficient and effective conduct of business".[39]

As can be seen from Figure 1, in the two biennia following the introduction of the biennial planning rhythm (i.e. WHA35 [1982] to WHA38 [1985]), the new rhythm had an initial, albeit temporary impact on WHA duration. This impact then dissipated for almost a full decade before returning in the 1992-1993 biennium (WHA45 and WHA46). Since that time, the trend whereby WHA duration fluctuates between two and three-weeks length, depending on whether it is a budget planning year, has been evident.

The biennial rhythm strategy, the limitation of speaking time, and the political will to limit the duration of WHAs were accompanied by several additional changes that are important for understanding the continuous reduction of time allocation for WHAs. Two additional changes are especially notable. The first was the introduction of parallel meetings – a practice which is now common. The utilization of parallel meetings and the manner in

which they were conducted initially proved so controversial that there was a period whereby the decision to allow them was temporarily reversed. The initial step was taken by WHA28 (1975) that de-prioritised the plenary meetings thereby permitting the main committees to work in parallel.[40] WHA32 (1979) by contrast decided that "neither main committee of the Health Assembly shall meet during plenary meetings of the Health Assembly" and discontinued the practice.[41]

The decision was based on a recommendation of EB63 (1979) that considered a report by the director-general on this matter. In the report, the director-general outlined supportive and critical perspectives on parallel meetings, but the report seemingly concluded to be in favour of them. In particular, the observation "that this procedure had the effect of leaving the Assembly Hall almost empty, since most delegations did not have sufficient members to attend two meetings held simultaneously" was put in perspective by stating that "it is possible that as in earlier years, when no committees met during the general discussion in plenary, this impression may sometimes be conveyed by the large size of the hall".[42]

While WHA32 (1979) had agreed with the critics of parallel meetings described in the director-general's report, the decision to discontinue parallel meetings was short-lived. WHA35 (1982) reintroduced parallel meetings and went beyond even previous provisions by allowing the plenary and one of the main committees to work in parallel to the technical meetings.[43] While WHA35 had introduced these changes on a trial basis and had applied them immediately to its own proceedings, WHA36 (1983) made the changes permanent.[44] WHA36 (1984) linked these changes explicitly to the political will to limit the duration of the WHA and the graph in Figure 1 highlights that, starting with WHA35 when the changes were introduced on a trial basis, these efforts were also met with success.

The second notable change was the move away from technical discussions over multiple days to technical briefings during lunch breaks as they are common now. This change in practice was initiated at WHA44 (1991) when it was decided to conduct technical discussions only in even-numbered years. [45] WHA48 (1995) went one step further deciding that, "from [WHA49] in May 1996, and on a trial basis, Technical Discussions will be replaced by a limited number of well-organized technical briefings and by informal forums for dialogue".[46] While the decision led to a phase during which different kinds of formats were tested, the abandonment of the technical discussions was still a major change. The magnitude of this shift can be illustrated by recapitulating the technical discussions during WHA8 (1955) that were particularly elaborate (and even a continuation of the technical discussions from the preceding WHA7 [1954]).[47] WHA8 took place in Mexico City and the topic of the technical discussions was "public-health problems in rural areas". The technical discussions started with two days (Saturday and Sunday) of *field trips* to rural areas in Mexico, continued with half a day of discussion during the week that followed and were concluded during a final session of one and a half hours on the subsequent Saturday. Overall, the time spent on the technical discussion at WHA8 was reported as the equivalent of two working days and there were no parallel meetings during these discussions. While the field trips as such seem to have been rather unusual, it was common for decades that the technical discussions would last for the equivalent of around two working days and there were repeatedly comments suggesting that even more time would have been needed.[48] In any event, the shift by WHA48 from technical discussions to technical meetings over lunch has certainly contributed to shortening WHA duration.

As noted above, these changes in WHA practice reveal the working methods of the WHA have been under continuous reform. For the purpose of this article, the analysis of these reforms focused on time and timing, which proved to be a recurrent theme. In light of the contradictory predictions about the future duration of WHAs, it was initially unclear how the duration of the WHAs had evolved over time, but as Figure 1 shows, there was actually a long-term trend towards ever shorter WHAs. Figure 1 further reveals that, over

the years, the biennial rhythm that was introduced in earnest for the 1980-1981 biennium (WHA33 and WHA34) increasingly determined WHA duration. The progressive reduction of WHA duration was not an accidental outcome, but reflected a conscious (collective) decision of member states. While it is rather obvious that the self-set goals were reached, we can now turn to the question of what further consequences the changes had and how they reverberate in contemporary WHAs.

This involves another round of combining methods; so far, document analysis has added historical depth to the initial participant observation described at the beginning of the article; in the following, the discussion of the (un)intended consequences of past reforms will build on these insights while being enriched with relevant insights from participant observation that, as mentioned earlier, continued in parallel to the historical research and is still on-going. Most importantly for the present purpose, I have not only revisited the WHA in subsequent years but have also observed the proceedings of the other key decision-making bodies (or sites) in the WHO's annual policy cycle, i.e. meetings of the EB, meetings of the EB's Programme, Budget, and Administration Committee (PBAC), and meetings of Regional Committees (RCs).[49]

RETURNING TO THE PRESENT

When WHA participants read through the preliminary issue of the *World Health Assembly Journal*, they interpret an artefact that indirectly documents decades of reform. For example, the fact that (the latest possible) end date of the WHA has been set before the WHA has even started was once a novelty; similarly, the way in which plenary meetings and meetings of the main committees are scheduled, alongside the rule that no more than two of these meetings should take place simultaneously, are the consequence of efforts to use time efficiently while trying to limit the amount of parallel processes; furthermore, the technical briefings over lunch reflect more recent reforms to the WHA.

There are, however, also various other artefacts and practices that one inevitably comes across when attending a WHA and that appear in a new light when placed in broader historical context. For example, both plenary meetings and the meetings of the main committees are governed by a 'traffic light' system. At the beginning of a speaker's intervention the light is green before eventually turning yellow and then red when the speaking time is over. While it is not common to interrupt speakers, once an overlong intervention has been concluded, the Chair will often comment on the fact that the traffic light had already turned red. As strange as this system might appear to outside observers, and as restricting as the time limit might be for individual participants, from a historical perspective it is a wonderful illustration of the time pressure under which the WHA operates.[50]

If one considers how successfully the WHA has been shortened in spite of the fact that ever more states have joined the organisation and even though the number of agenda items has substantially increased, it is striking that the desire for an abbreviated WHA still remains. It is not uncommon, for instance, to find delegates and observers who argue that the WHA is too long and that it has to become more efficient. There are two considerations in particular that help to make sense of this striking observation.

First, (time-)efficiency is an open-ended project since it sets a relative goal and does not contain a self-evident cut-off point at which the envisioned goal has been reached.[51] By the same token, after each round of reform, increased efficiency can be pursued anew. Second, this self-perpetuating logic of 'increasing efficiency' is also propelled by paradoxical effects of the continuous reform efforts. Such effects are particularly obvious in the case of plenary meetings that run in parallel to other meetings, are attended by few participants, and are effectively devoid of any genuine debate. The outcome is a combination of measures to guarantee time efficiency has created practices that are not just highly scripted but also

lacking the attention of a broader audience. A lack in audience, in turn, will inevitably be seen as a lack of relevance, thereby reinforcing the impression of ritualized proceedings. The end result is paradoxical situation whereby reform, in the pursuit of efficiency, has turned some activities into 'mere rituals' which, in turn, has led to further discussions about the need for greater efficiency or abandoning these activities altogether.[52]

In addition, past reforms have led to further (presumably) unintended consequences for WHA proceedings. As predicted and outlined in the historical records, delegations struggle with the parallel processes and with the crowded WHA programme that, at times, stretches beyond the official working hours. This understandably adversely affects small delegations in particular, and undermines the principle of member state equality. Yet, when viewed collectively the effect on all delegations has been to negate traditional boundaries between delegates, alternates, and advisers as envisioned in the WHO Constitution and in the rules of procedure. For individual delegations it is often more important to be constantly represented in meetings rather than having a particular person in a specific formal role present.[53] This tendency to treat all members of a delegation as interchangeable in order to participate in parallel processes does, however, not always overlap with the participants' own perspective and there are regularly moments at which they consider themselves to be at the wrong place at the wrong time or at which they wonder why another country sent an unexperienced intern to a discussion they view as crucial.

Another issue that affects all delegations – and by default the WHA – is the tension between an enabling environment for serious discussions and the constant pressure to move forward on the agenda. While lengthy discussions are generally feared by WHA participants, discussion and debate is understandably important for achieving consensus and improving the quality of an outcome. If, however, the evaluation of WHA proceedings focuses primarily on time efficiency there is the danger of marginalizing the value of discussion; the shift from technical discussions to technical briefings could be interpreted as one illustration of this phenomenon. While it can be appreciated that longer discussions do not automatically guarantee better debate or consensus, a focus on efficiency invites more attention being allocated to temporal considerations than quality. As illustrated by Figure 1, the fact that WHA duration has been reduced might be interpreted by some as having enhanced the efficiency of the annual meetings. It does not, however, automatically follow that the quality of discussions – or their outcome – has been enhanced by these reforms, as this is ultimately subject to divergent frames of reference and competing political perspectives.

Indeed, the amount of time available for discussion can be an important prerequisite for reaching consensus, which has become the WHA's preferred mode of decision-making. From this perspective, lengthy discussions are not necessarily the consequence of poor organization but can be a sign of genuine disagreement over competing ideas, values and/or methods. If there is no time to reach a genuine consensus, a decision may still be taken but might lead to a less than ideal outcome. Alternatively, the required time might be gained by setting up a drafting group which will add to the aforementioned challenge of parallel processes, or the issue might be postponed to a later WHA – and in extreme cases – to a completely different decision-making body resulting in an 'outsourcing' of discussions.

It is within this context that the EB has become to some extent a 'mini-WHA' in that even member states that are not among the EB's 34 elected members attend its meetings and participate in the discussions. Similarly, while the Programme, Budget and Administration Committee is officially a committee of the EB, it has not only become a key preparatory meeting for the EB in January but also for the WHA in May. Moreover, like the EB, the PBAC is not only attended by its 14 elected members but also by other member states. In both cases, the rising number of member states who attend are evidence of the increasing significance attributed to these bodies as sites of governance. Moreover, while a discussion of specific agenda items by the EB and/or by PBAC does not formally preclude discussions at the subsequent WHA, there is nevertheless a preference to not 're-open' the

debate in order to save time.

From this perspective, it is reasonable to conclude that while both increased WHO membership and agenda items did not prevent reducing the WHA's duration, time pressure has necessitated shifting some of the discussions that would otherwise be had in the WHA to other WHO sites of governance. Further, in spite of the expanding numbers of member states who attend the EB and PBAC, it is still often the case that fewer member states are represented at these meetings when compared to the WHA where all 194 member states hold a seat. In other words, while legitimate concerns were previously raised about increasing WHO membership and WHA duration, the 'solution' to the problem seems to have been to move discussions to bodies with a smaller, less representative membership base.

The rising relevance of the EB and the PBAC, as well as the number of associated WHO intergovernmental meetings, highlights the temporal constraints that have been increasingly placed on the WHA. Yet, the trend described above of moving to alternative sites of governance is, in fact, even more complex and ambiguous. For example, the importance of the WHA as a forum for discussion and debate appears to largely depend on the specific agenda item. While some issues seem to have been effectively settled before the WHA, others are allocated time for discussion.[54] Moreover, there has been a discernible trend whereby the number of registered participants is increasing over time. If this phenomenon is taken as an indicator of relevance, then the WHA is growing in importance as a site of governance. At the same time, these numbers have to be treated with care since the WHA, as described above, comprises several parallel processes and some participants may be highly selective in which meetings they decide to attend.

Having said this, the ambiguity of the WHA can also be interpreted as the consequence of an on-going struggle over time as a source of power. Specifically, representative bodies need to be able to control their proceedings and manage their time effectively, as it ensures a measure of independency and can assist in meeting internal standards of inclusiveness and quality.[55] Conversely, representational bodies are also dependent on their operating environment to provide them with the necessary resources to conduct their work, but this environment can be prone to change. For example, a view may develop amongst the members of a representational body that much less response time is needed or that competing institutions will fulfil the tasks even better. Against this background, it could be argued that the WHA has been able to retain its unique position in the WHO's annual policy cycle even though some discussions have moved to other WHO meetings.

At the same time, shifting the level of analysis offers yet another interpretation on the utility of the reforms described above. If the WHO is viewed in its entirety as the decision-making body, it could be argued the internal reforms such as permitting some discussions to be held outside the WHA have allowed the organization to take on more contemporary challenges – issues that the WHA would not otherwise have the capacity to deal with. In other words, in spite of the much-quoted fragmented nature of global health governance and the WHO in particular, the WHA – in teamwork with other WHO bodies – has been able to defend its role, ensure its continued relevance, and structure the global annual health-policy cycle. Indeed, this is arguably evidenced by the fact that other global health meetings are still organized around the WHA and by the aforementioned continuous increase in participants.[56] This success comes however at the price of a relative loss of significance within WHO, the 'cost' of including parallel processes as well as other measures to increase efficiency, and at the risk of continuous criticism concerning its efficiency.

Lastly, there are also significant implications for inclusiveness and transparency when important discussions occur outside of the WHA. As noted above, the PBAC and EB are traditionally attended by less member states than the WHA. Importantly, however, there is also a distinction in the types of member states attending these meetings: elected members that participate with certain privileges including the right to vote, and all other member

states. For non-governmental organizations (NGOs) in official relations with the WHO it also makes a difference where discussions take place: while they are permitted to participate in the WHA and EB meetings in reading statements, they are not permitted to attend PBAC meetings and some other WHO intergovernmental meetings. This situation is similar for members of the general public in that while the WHA and EB are accessible and now webcast, PBAC meetings are closed and webcasting practices have varied. The lack of transparency is even more severe in the case of intergovernmental meetings, which are neither open to the public nor webcast.

Moreover, there is a negative correlation between the importance of discussions and their preservation in the WHO's official records. The most comprehensively documented aspect of WHO's annual policy cycle are the ritualized plenary meetings in the Assembly Hall whereby verbatim records preserve member states' interventions. Since WHA64 (2011) the WHO secretariat has also sought to make these interventions available as audio files. By contrast, the proceedings of the main committees and the EB are documented as summary records while the PBAC produces only a condensed report of its meeting. Intergovernmental meetings usually generate an outcome document while the discussions that were held to arrive at that consensus are not captured. In other words, there is a great variation in the degree to which the official records are rich in detail or a mere summary of key points. Finally, in the case of all of the other parallel processes at the WHA, the situation is even worse for a retrospective analyst since even the ones mentioned in the *Journal* will usually not be documented systematically, if at all.

As may be appreciated, therefore, the implications arising from the overwhelming focus on time efficiency undermine the concept and practice of legitimate governance. This can even lead to situations in which one reform effort undermines another. Webcasting of governance meetings, for instance, was introduced only recently, but since this practice applies to some meetings while excluding others, the ever increasing relevance of non-webcast meetings undermines the organization's overall reputation as a site of transparent governance.[57] While the present article – with its focus on practical challenges that WHA participants face collectively – leans towards interpreting such contradictory outcomes as the unintended consequences of one-sided reform efforts, it could be argued they reflect the structural conflicts and power relations among member states. From a structural perspective, there is a reasonable chance that the undermining of inclusiveness and transparency is not a coincidence but the consequence of the ever-present tendency towards informal governance that privileges structurally powerful states.[58] Regardless of whether these changes were brought about intentionally or not, the negative consequences on inclusiveness and transparency as well as the aforementioned challenges they pose for less resourceful delegations in particular are significant in any event.

CONCLUSION: LOOKING AHEAD

One consequence of the various reform efforts described above is that the lived experience of participants attending a WHA will vary considerably. Depending on which of the multiple parallel meetings participants attend, and depending on what particular aspect of the WHO's work a participant is interested in, a WHA can appear as either a highly satisfactory and dynamic event, or as an arduous ritual with a lot of scope for further shortening. In the latter case, many participants would probably consider the plenary meetings as the most obvious feature of the WHA for further reform. Yet conversely, the pervasive ambiguity of the WHA can conceivably be best illustrated by the role of the technical briefings – if the topic is of particular interest, the technical briefing can be an exciting experience. Where participants attend out of duty though it is entirely possible the presentations appear as dull and overlong. This multiplicity of perspectives and experiences has two implications that point into two different directions regarding future reform discussions.

Firstly, it raises the question of whose WHA matters and what kind of participants should find it appealing. In slightly simplistic terms, the WHA could either be seen as a forum that attracts people with a keen substantive interest in specific issues of global health by offering them an environment in which they can contribute to discussions and engage in mutual learning (not only in the course of technical briefings but also during meetings of the main committees), or it could be seen as a forum in which generalists efficiently take decisions and pass resolutions. Delegations try to bridge these two worlds by including people from different ministries and with different backgrounds but they can still not evade this tension and I have often been struck by the divergent perspectives on WHA priorities – even within delegations. Taking these divergent perspectives into account and considering that the supporters of efficiency in particular have been listened to for decades, it seems important that assessments of the WHA also consider the requirements of (public health) experts and the functions of the WHA beyond taking decisions and passing resolutions in the narrow sense of these terms.

While such a reluctance to try to optimize the WHA along one dimension stands in contrast to calls for a further increase in time efficiency, the second aspect that has to be discussed in this context points into the opposite direction. Indeed, it seems quite likely that the multiplicity of perspectives will reinforce the aforementioned self-perpetuation of the 'efficiency project' thereby keeping time and timing as well as WHA governance high on the agenda well into the future, even though this part of WHO reform has arguably been much more successful in reaching its objectives than others.[59] The lived reality of governing the WHO is something that all WHA participants can relate to; the multiple dimensions of the WHA, the fact that the search for consensus can quickly become time consuming, and the consideration that 'delays' in consensus-seeking will usually be interpreted as being caused by others, make it very likely that *all* participants will at one moment or another have had a somewhat frustrating experience with the WHA. From this perspective, it looks likely that the notion of accelerating the process will, also in the future, appeal to most participants; although the underlying sense of redundancy will probably have emerged at different occasions and for divergent reasons.

This suggests that, in the case of WHA governance reform, the participants do not need any scholarly encouragement for reform at all; quite to the contrary, it might sometimes be helpful to remind them of the consequences of past reforms and of the typical drivers for reform. A key problem might actually be that the participants think too much about the question of how to improve the WHA further and thereby lose sight of the multitude of other, more substantive challenges that the WHO faces in its daily work but which are often beyond the personal (and procedural) experiences of WHA participants. The crux of the matter is that WHA reform has certainly led to time efficiency but constant reform and continuous reform discussion cost also time and energy. Moreover, their (un)intended consequences create new challenges.

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[1] See Kelley Lee, *The World Health Organization (WHO)* (London: Routledge, 2009); Kelley Lee, Sue Collinson, Gill Walt and Lucy Gilson, "Who should be doing what in international health: A confusion of mandates in the United Nations?", *British Medical Journal (BMJ)* 312, no. 7026 (1996): 302-307; Devi Sridhar and Lawrence O. Gostin, "World Health Organization: Past, present and future", *Public Health* 128, no.2 (2014): 117-118; D.J. Hunter, T. Schrecker and R. Alderslade, "Governance for health in a changing world: Special issue", *Public Health* 129, no. 7 (2015): 831-832.

[2] See Giampietro Gobo, *Doing Ethnography* (London: Sage, 2008) and Robert M. Emerson, Rachel I. Fretz and Linda L. Shaw, *Writing Ethnographic Fieldnotes, Second Edition* (Chicago: University of Chicago Press, 2011).

[3] See Nitsan Chorev, *The World Health Organization between North and South* (Ithaca: Cornell University Press, 2012), Erin R. Graham, "International organizations as collective agents: Fragmentation and the limits of principal control at the World Health Organization", *European Journal of International Relations* 20, no. 2 (2014): 366-390, Tine Hanrieder, *International Organization in Time: Fragmentation and Reform* (Oxford: Oxford University Press, 2015).

[4] Jörg Bergmann, "Studies of work", in *Handbuch Berufsbildungsforschung*, edited by Felix Rauner (Bielefeld: W. Bertelsmann, 2006), 639-646, Melvin Pollner and Robert M. Emerson, "Ethnomethodology and ethnography", in *Handbook of Ethnography*, edited by Paul Atkinson, Amanda Coffey, Sara Delamont, John Lofland and Lyn Lofland (London: Sage, 2001), 118-13, and Kendra Coulter and William R. Schumann eds., *Governing Cultures: Anthropological Perspectives on Political Labor, Power, and Government* (Basingstoke: Palgrave, 2012).

[5] Ilona Kickbusch and Mathias Bonk, "Making the World Health Assembly fit for the 21st century", *BMJ* 348, no. 7964 (2014): g4265, Ilona Kickbusch, Wolfgang Hein and Gaudenz Silberschmidt, "Addressing global health governance challenges through a new mechanism: The proposal for a Committee C of the World Health Assembly", *Journal of Law, Medicine, and Ethics* 38, no. 3 (2010): 550-563.

[6] On the notion of political ethnography as a specific case of ethnography, see Edward Schatz ed., *Political Ethnography: What Immersion Contributes to the Study of Power* (Chicago: University of Chicago Press, 2009) and Dvora Yanow, "What's political about political ethnography? Abducting our way toward reason and meaning", *Qualitative & Multi-Method Research* 7, no. 2 (2009): 33-37.

[7] See Gobo, 2008, Emerson, Fretz and Shaw, 2011, as well as Kathy Charmaz and Richard G. Mitchell, "Grounded theory in ethnography", in *Handbook of Ethnography*, edited by Paul Atkinson, Amanda Coffey, Sara Delamont, John Lofland and Lyn Lofland (London: Sage, 2001), 160-174. For a defence of open research designs see Herbert Blumer, "What is wrong with social theory?", *American Sociological Review* 19, no. 1 (1954): 3-10.

[8] "Holism" is a classic ethnographic concern and "comparison" is a classic analytic strategy across the social sciences. While the first logic encourages the researcher to study as many sites as possible in order to give an encompassing account of global health governance, the second logic encourages the researcher to think about these sites in comparative terms and to select them along the lines of maximal and minimal contrast in order to identify the dimensions of the phenomena studied as well as variation therein.

[9] Even though the discussion on the potential contribution of ethnography to the study of international relations is not new, it has become particularly visible in the last decade or so. For some elder texts and studies, see for example, Michael N. Barnett, "The UN Security Council, indifference, and genocide in Rwanda", *Cultural Anthropology* 12, no. 4 (1997): 551-578, Carol Cohn, "Sex and death in the rational world of defense intellectuals", *Signs: Journal of Women in Culture and Society* 12, no. 4 (1987): 687-718, and Hugh Gusterson, "The virtual nuclear weapons laboratory in the New World Order", *American Ethnologist* 28, no. 2 (2001): 417-437; for more recent contributions, see, for example, Morgan Brigg and Roland Bleiker, "Expanding ethnographic insights into global politics", *International Political Sociology* 2, no. 1 (2008): 89-90, Julian Eckl, "Responsible scholarship after leaving the veranda: normative issues faced by field researchers – and armchair scientists", *International Political Sociology* 2, no. 3 (2008): 185-203, Patrick Thaddeus Jackson, "Can ethnographic techniques tell us distinctive things about world politics?", *International Political Sociology* 2, no. 1 (2008): 91-93, Jon Harald Sande Lie, "Challenging anthropology: anthropological reflections on the ethnographic turn in International Relations", *Millennium: Journal of International Studies* 41, no. 2 (2013): 201-220, Iver B. Neumann, *At Home with the Diplomats: Inside a European Foreign Ministry*, (Ithaca: Cornell University Press, 2012), Schatz, 2009, Niels Nagelhus Schia, "Being part of the parade – 'going native' in the United Nations Security Council",

PoLAR: Political and Legal Anthropology Review 36, no. 1 (2013): 138-156, Finn Stepputat and Jessica Larsen, "Global political ethnography: a methodological approach to studying global policy regimes", *DIIS Working Paper* (Kopenhagen: DIIS, 2015), http://pure.diis.dk/ws/files/71410/wp2015_01.pdf, and Yanow, 2009. In spite of the increasing interest, ethnographic research has not reached the scholarly mainstream in international relations while other disciplines have relied on it for decades.

[10] I would like to thank the anonymous reviewers and the guest editors for their helpful comments. I am also grateful for comments that I received on two presentations that prepared the ground for the present article: first at "MAGic2015: Anthropology and Global Health: Interrogating Theory, Policy and Practice" in Brighton, United Kingdom, on 10 September 2015, and then at the annual convention of the International Studies Association (ISA) in Atlanta, Georgia, USA, on 17 March 2016.

[11] While I had first tried to register as an academic observer and then attempted to register as a journalist, I was finally told that you could simply try to get one of a limited number of public badges. In other words, attending the WHA turned out to be less bureaucratic than I had assumed but only for those people who know how to get in while I had spent weeks trying various other ways, sending emails that were never answered, and calling people who never picked up the phone.

[12] On the eve of WHA67, the preliminary issue was available at the following URL: http://apps.who.int/gb/e/e_wha67.html. Presently, only the issues 1 through 6 can be downloaded while the preliminary one has disappeared. For the complementing *Guide for delegates to the World Health Assembly*, see A67/DIV./2, which is still available at the URL.

[13] See WHA64.2 in particular, which is *inter alia* available at http://www.who.int/about/who_reform/documents/en/ that contains a compilation of documents related to the most recent reform process.

[14] In addition to the documents identified in this manner, I have also found documents by coincidence. Flipping through the pages of past WHA's it proved impossible to find only the documents that one had been looking for. Quite to the contrary, there were always headings and passages that for one reason or another caught my spontaneous attention and proved eventually to contain some information that spoke to my research interest. For example, the duration of speaking time was a recurrent issue in the debates even when the substantive content of the debates was on a different issue. While these additional finds were obviously accidental, they reinforced the impression that WHA rules and practices have been a recurrent point of debate indeed.

[15] The resolutions and other governance documents quoted in the following can be found in the *Official Records* series for the time period 1948 to 1978. After the discontinuation of the *Official Records* series, governance documents were published in separate volumes that are labelled according to the following pattern [Number of WHA]/[Year of WHA]/REC/[Number of record for the specific WHA] in the case of WHAs and analogical in the case of EBs. The resolutions are usually contained in the first number of these records. For example, the resolutions for WHA42 that took place in 1989 are contained in WHA42/1989/REC/1. Both the *Official Records* series and the subsequent official records are continuously digitalized and will eventually all become available at http://apps.who.int/iris/. For official records from the last decade, see also http://apps.who.int/gb/or/.

[16] In the historical documents, the terminology would usually be something like "improving the methods of work" rather than "governance reform".

[17] EB63.R33.

[18] See, in particular, EB11.R68; for earlier ideas in this regard, see also WHA5.49.

[19] See, in particular, EB11.R69; for an earlier formulation, see also WHA3.96.

[20] WHA6.58.

[21] See WHA6.57.

[22] While WHA11 focused on the frequency of WHAs (WHA11.25), WHA12 mentions both alternatives in one resolution and opts for shorter meetings (WHA12.38).

[23] See WHA13.40 and WHA14.51.

[24] See WHA15.50.

[25] WHA20.2.

[26] See WHA23.1 that repeated an appeal of the preceding EB (EB43.R45).

[27] See WHA25.33.

[28] See WHA50.18.

[29] The last two claims are based on my observations at WHA67 (2014) and WHA68 (2015). WHA69 (2016), which I watched via webcast, followed the practice as well but, at least in Committee A, the

speaking time was even reduced to two minutes for the final two days of the meeting. (The proposal was made by the Chair at the end of an evening session at around 8:55 pm and when no one opposed to it, the decision was met with applause.)
[30] See WHA22.53 and WHA25.24.
[31] WHA28.69.
[32] See, in particular, WHA30.20 and WHA 30.22.
[33] See WHA33.19.
[34] See WHA34.28.
[35] WHA30([decision] xvi).
[36] See EB63.R33.
[37] See WHA33.19.
[38] See WHA34.29.
[39] WHA36.16.
[40] See WHA28.69.
[41] WHA32.36
[42] EB63/17
[43] See WHA35.1.
[44] See WHA36.16.
[45] See WHA44.30.
[46] See WHA48.17.
[47] See *Official Records of the World Health Organization* 63.
[48] In 1952, for example, the Director-General reported the following information on the technical discussions at WHA5 to the EB: "The technical discussions covered two and a half days, in addition to an evening meeting, and it would appear to be the general opinion of the members taking part in the group discussions that insufficient time was allotted to them. The addition of at least another half day would have been desirable" (EB10/20).
[49] In the case of WHAs, EBs, and RCs, I have so far attended at least two meetings each in person and watched additional ones via webcast; however, meetings of PBAC could only be observed online since access is particularly restricted. For an article that emerged from the same phase of the project but focuses on malaria policy and goes beyond WHO-related sites that are discussed here, see Julian Eckl, "The social lives of global policies against malaria: Conceptual considerations, past experiences, and current issues", *Medical Anthropology* 36, online first (2017): http://dx.doi.org/10.1080/01459740.2017.1315667.
[50] Drawing on what I could see via webcast, WHA69 (2016) seems to have introduced a small change in the case of plenary meetings where the old traffic lights have been substituted with a countdown clock. Interestingly enough however, the clock still relies on the on the old colour scheme but adds blue to it: there is a blue ring around the clock when it has been reset (or stopped) and the ring turns green once the clock has been started; later the ring turns yellow and at the very end red.
[51] While formulations such as "efficiency" or "more efficient" are common in the documents, I have also come across terms like "streamlining", "rationalizing", and, simply, "improving".
[52] Obviously human behaviour is inherently ritualized but there is a tendency to recognize rituals as rituals when they do not "work properly".
[53] This point has been further elaborated in: Julian Eckl, "*Doing* being a delegate in multi- and polylateral fora in the field of global health", paper presented at the annual convention of the International Studies Association (ISA) in Atlanta, Georgia, USA, 16 March 2016.
[54] Moreover, there was also an important change into the opposite direction: The WHA has gained importance through the new election process for the Director-General since the WHA will be able to elect one of three candidates short-listed by the EB rather than following the previous practice of formally appointing the single candidate nominated by the EB.
[55] See Werner J. Patzelt and Stephan Dreischer eds., *Parlamente und ihre Zeit: Zeitstrukturen als Machtpotentiale [Parliaments and Their Time: Time Structures as Power Potentials]* (Baden-Baden: Nomos, 2009).
[56] Actually, already in the late 1970s complaints about the competition between meetings were expressed. For example, WHA32.26 contains the following two preambular paragraphs: "Considering the increase in meetings on health matters organized at both the regional and international levels at which countries are required to be represented; Bearing in mind the consequent heavy demands on human and financial resources required for attending such meetings which may create problems, particularly for developing countries;"

[57] For the decision to introduce webcasting in the case of the WHA, see WHA67.2.
[58] See, in particular, Randall W. Stone, *Controlling Institutions: International Organizations and the Global Economy* (Cambridge: Cambridge University Press, 2011).
[59] For the particularly divergent case of efforts to centralize WHO that could not even prevent the further decentralization of the organization, see Hanrieder 2015.