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Attitudes of states towards the WHO

Bachelor's Thesis

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Declaration

1. I hereby declare that I have compiled this thesis using the listed literature and resources only.
2. I hereby declare that my thesis has not been used to gain any other academic title.
3. I fully agree to my work being used for study and scientific purposes.

In Prague on 11. 5. 2018 Filip Lukáš

References

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Abstract

This bachelor thesis tries to provide an outlook on the attitudes of states towards the World Health Organizations (WHO). These attitudes were assessed by using the data acquired through content analysis of statements delivered at the meetings of the World Health Assembly and the Executive Board of the WHO. The data were afterwards statistically analyzed. This work's core hypothesis claimed that the attitude of a state is determined by its position in terms of being a donor or an acceptor of the WHO aid combined with its global status, meaning whether the country is an established or a rising power. Contrary to the expectations the results were statistically insignificant, meaning that the attitudes are based on more complex factors than just the economic and power status. Another intriguing discovery is that there might be a consensus over the reform draft proposals within the WHO. Furthermore, even the rising powers themselves are part of this consensus. These two findings are interesting mainly from the point of view of the literature based around the rising powers. The anticipation was that rising powers should be antagonistic towards the established powers. The results of this work, however, suggest that there are no power struggles between those two groups within the domain of the WHO. The results of this work could serve as an impulse for further research on the WHO topic.

Abstrakt

Tato bakalářská práce se snaží odhalit, jak přistupují státy ke Světové zdravotnické organizaci (WHO) a jaké faktory tento přístup ovlivňují. Přístupy států byly vyhodnocovány na základě dat získaných z obsahové analýzy přednesených projevů na Světovém zdravotnickém shromáždění a na Výkonné radě. Tyto data byla dále posouzena za použití statistických analýz. Hlavní hypotéza této práce předpokládala, že přístup států k WHO je ovlivněn pozicí státu jakožto dárce nebo příjemce pomoci od WHO společně s globálním statusem tohoto státu, zda je stát stálou nebo rostoucí mocností. Oproti očekávání byly výsledky statisticky nesignifikantní. Přístupy států k WHO tedy vyplývají z jiných faktorů než z ekonomického a mocenského statusu. Zajímavé je také další empirické zjištění možného konsenzu nad návrhy reforem uvnitř WHO. Tohoto konsenzu jsou součástí i rostoucí mocnosti. Tyto dvě zjištění jsou zajímavá především z hlediska literatury zabývající se rostoucími mocnostmi a jejich

antagonistickými tendencemi vůči stálým mocnostem. Z této práce totiž vyplývá, že ve WHO k mocenským soubojům těchto dvou skupin nedochází. Výsledek této práce by mohl sloužit jako impuls k dalšímu výzkumu spojeného s WHO.

Keywords

World Health Organizations, rising powers, international organizations, Brazil, China, India, inferential statistics

Klíčová slova

Světová zdravotnická organizace, rostoucí mocnosti, mezinárodní organizace, Brazílie, Čína, Indie, inferenční statistika

Název práce

Přístup států k WHO

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Abbreviations

WHO	World Health Organization
WHA	World Health Assembly
EB	Executive board
RP	Rising powers
EP	Established powers
GDP	Gross domestic product
BRICS group	Brazil, Russia, India, China, South Africa group
RO	Regional office
AMRO	American regional office
AFRO	African regional office
EURO	European regional office
EMRO	Eastern Mediterranean office
SEARO	South-East Asia regional office
WPRO	Western Pacific regional office
EVAL	Evaluation
Gov. Ref.	Governance reform
Fin	Financing
RO Adh.	Regional office adherence
Org.	Organizational structure
Acc	Accountability

Introduction

The World health organization is an ambitious institution from the United Nations family. It started its mission to reach the goal of: *"...the attainment by all peoples of the highest possible level of health"* shortly after the second world war on 7th April 1948 (WHO, 1946). Its focus among other things lies on combatting diseases, strengthening health systems in countries, preparing for health emergencies, etc.

The goal of this work is to assess the attitude of a group of important member states towards the WHO and explain the rationale behind their behavior. There are without a doubt countless element each affecting the attitude of countries towards the WHO; this work, however, presupposes the existence of a strong link between the respective country donor or recipient status of WHO aid, and its attitude expressed in public speeches delivered at plenaries of World Health Assembly and Executive Board. Hence, the core hypothesis of this work is: *"The attitude of specific states to the WHO is linked with their global status. Global status is a combination of two factors – whether the state is an acceptor or donor to the WHO and whether it is considered to be a rising or established power."* This core hypothesis has three specific aspects. The first one states that *"Countries receiving disproportionately large amount of resources from WHO than they donate to it will not criticize WHO extensively as they are on some level dependent on it."* The aid is scarce therefore dependent countries would not express negativity as they would not want to alienate their donors. Second one states that "*Countries donating disproportionately large amount of resources to WHO than they receive from it will not criticize WHO extensively as they control WHO to some extent."* This sub-hypothesis is based on the rational and historical institutionalism theories. Historical institutionalism and more specifically power-driven path dependency supposes that history to some extent determines the future. This means that early winners in institutions try to lock in their privileges. The concrete example would be the United Nations Security Council, five countries putting themselves into the lead of this institution and locking in their privileges despite criticism from other countries. However, in the case of WHO no country has an advantage originating from historical development, all states are equal before the institution. Therefore, rational institutionalism is used to explain the power dynamics in the institution. Financial contributions are the factor that determines the power distribution within the organization. In the biennium 2016/2017 around 80 % of the overall budget were collected from earmarked voluntary contributions, and only 20 % were assessed

contributions. This provides donors with substantial power as the institution is virtually dependent on them. Third sub-hypothesis states that *"Countries that challenge current international political order i.e. the so-called "Rising powers" are likely to criticize the WHO as they are antagonistic to the "established powers" and their governance."* Rising powers, specifically in the context of this work Brazil, China and India, are according to many scholars considered to be the counterparts of established powers. Countries considered by this work as established powers are France, United Kingdom of Great Britain and Northern Ireland, United States and the European Union. The relations between rising and established powers have been observed by scholars such as Narlikar, which covers rising powers in her work "Negotiating the rise of new powers" (2013), Kahler in his work "Rising powers and global governance: negotiating change in a resilient status quo" (2013) or Stephen in his work "Rising powers, global capitalism and liberal global governance: A historical materialist account of the BRICs challenge" (2014). This work would like to contribute to the popular and ever-expanding rising powers discussions

Two questions were formulated to better explain the attitudes: *"How certain states approach the World health organization in terms of criticism?"* and "*Which factors influence states attitudes towards the WHO?"*

In order to determine the attitudes of countries towards the WHO, content analysis was used. Gathered data had the form of statements delivered by diplomats at the World Health Assembly and Executive Board on the chapter "WHO Reform" and "General program of work." The observed period spanned from the year 2012 to 2016 with the extra year 2006. These data on the WHO website served as the backbone of this work. The attitudes were measured on four topics frequently mentioned in the statements. These topics were "WHO," "Draft stance," "Regional office" and "Pro Region." They were used when the countries expressed their opinion on the submitted draft proposal, the organization itself, the regional office structure or regionalization respectively. To assess and describe the attitudes of countries, the coded data under the groups "established" and "rising powers" were analyzed with T-test in order to determine whether their attitudes on these topics are significantly different. Four models with varying sample size were conceived for thorough testing.

To prove or disprove this work core hypothesis, whether there is a link between the attitude of the state and its global position, the linear and multiple regression analysis were

employed. To capture the possible non-linearity of the relationship, the multiple regression analysis with squared independent variable was used. The independent variable is the amount of money donated to WHO minus the amount of money received from WHO divided by two and divided by the country respective GDP.[1] It is a scaled number that preserves the indicative value without any extreme disparities. Dependent variable utilizes the states average on the "WHO" topic. To duly test the hypothesis four models were created, each subsequent one with more compact data by increasing the minimum amount of statements delivered in each subsequent model. Therefore the subsequent models calculate with more active countries. The results in all models were statistically insignificant, they did not come anywhere close the 0,05 margin. These results were quite surprising as the hypothesis was intuitively based on literature.

Second linear regression analysis was constructed inductively without prior planning with the intention to answer to the question whether there is a link between the activity of a country in all topics and its global position, which was described above. Activity means the overall amount of statements delivered at the meetings of World Health Assembly and Executive Board. Again, four models with more dense data in every subsequent one were created. The results of the models were, apart from the first one, strongly statistically significant.

The findings this work provides are intriguing as the intuitive hypothesis based on the rational institutionalism design and rising powers theories was disproved. It seems that the attitudes of states are based on more complex elements rather than just their economic position and power status. Furthermore, in contrast to this work expectations the actual amount of financial contributions provided by rising powers to the WHO was minimal; established powers combined provided roughly 38 % of the overall WHO budget, while rising powers together contributed with around 2,1 %.[2] This suggest that, despite existing knowledge and despite the observed interests of rising powers, the rising powers do not pose a credible challenge for the established powers in the domain of the WHO.

The coding of the topics points to a discovery that although the overall attitude towards the WHO is slightly negative, the positivity expressed towards draft proposals put forward in the World Health Assembly and Executive Board suggest consensus over the proposed

[1] The WHO operates on the basis of biennium but the GDP in the denominator is for the year 2014, therefore the numerator is divided by 2.
[2] The amount of contributions for the biennium 2014/2015.

draft reforms. When we combine this discovery with the fact that most issues countries had with WHO were focused on administrative and factual workings of the organization, it leads us to the finding that there might actually be a consensus over the direction in which is the WHO heading. Finally, the linear regression of activity indicates that countries that donate adequate proportion of their GDP to the organization would be more active in the organization, at least in the observed topics, to protect their investment.

This work is divided into three parts. The first part contains factual information on the WHO along with theories such as rational and historical institutionalism focusing on explaining the power dynamic within the institution. It also contains theories describing the rising powers; their interests, their interaction within the international organizations and their goals in terms of global health governance. Second part explains the content analysis and its aspects, it also presents the inferential statistics used to process the data acquired from content analysis. Third part analyzes and interprets the data and provides answers to the asked questions.

1 Theoretical concepts and literature

1.1 World Health Organization

This chapter briefly summarizes the information about the World Health Organization on the basis of its constitution.

Headquarters

Under article 9 of the constitution, the WHO is divided into three groups – The World health assembly, the Executive Board and the Secretariat (WHO, 1948, p4). World health organization headquarters is located in Geneva, Switzerland.

World Health Assembly

The prime decision-making body has scheduled meetings once every year in May, where it hosts delegates from all 194 member states and several delegates from health-related organizations. Among core functions specified under 9th article of the constitution is appointing Director-general, electing members to the Executive Board, determining policies of WHO, instructing the Executive Board, supervising financial policies and approving the budget. It also adopts conventions and agreements with two-thirds vote required for approval and make recommendations and regulations (WHO, 1946, p5). Under the "Rules of procedure of the World health assembly" two committees with different assignments were created – Committee A, that mainly focuses on program and budget matters; and Committee B, that mainly focuses on administrative, financial and legal matters (WHA, 2014, p148).

Executive Board

The Executive Board consists of 34 countries with *"equitable geographical distribution"* elected for a 3-year term by the WHA.[3] Meetings are held twice a year at no specific place. In the WHO system the Board serves as an executive branch. This fact determines its competences, such as *"giving effect to the decision and policies of WHA, preparing agenda of meetings of WHA, to advise the Health assembly on questions referred to it, to submit to the Health assembly for consideration and approval a general program of work*

[3] With a possibility of re-election; however, there is a condition to meet. Consult the Article 25 of the WHO constitution for more details.

and to take emergency measures to deal with events requiring immediate action." (WHO, 1946, p8).[4] Despite the Board being exclusive, under rule 3 of "Rules of procedure of the Executive Board of the World health organization" every state not represented has the right to participate in the meetings of the Board but without the right to vote. These countries even have the right to make and amend proposals if seconded by a regular Board member (EB, 2014, p173).

Secretariat

Third part of the WHO headquarters is the Secretariat, administrative and technical center lead by the Director-general. He or she is elected for a 5-year term by the WHA based on a nomination from the Board. Apart from administering the whole organization Director-general main duty is to prepare financial statements and budget estimates and send them to the Board (WHO, 1946, p9).

Regional offices

Apart from the institutions localized in Geneva in Switzerland, WHO operates on regional level. Regional organizations are divided into regional committees and regional offices (WHO, 1946, p11; WHO, 2018). There are 6 regional offices: African regional office, Region of the Americas, Eastern Mediterranean region, European region, South-East Asia region and Western Pacific region. Although the division of states into respective regional offices might seem obvious it is not so. The division is more political or cultural than geographical as for example Morocco is in the Eastern Mediterranean region, but Algeria is in African region despite being more to the east than Morocco. *"Dr BINAGWAHO (Rwanda) pointed out that the African Member States were divided between two WHO regions, which gave rise to serious governance issues and created inefficiencies"* (WHO, 2014, p41).

Among regional committee's duties are overseeing regional office, creating regional health policies and co-operating with other international organizations operating in respective region that have common interest with WHO. Regional director is elected directly by the regional office constituents, therefore is completely autonomous from the headquarters (Fee, Cueto and Brown, 2016, p1914).

Budget

[4] Shorter list provided, for the full document see Article 28 of the WHO constitution.

Tensions exists within WHO between two blocs – rich North America and Europe, the main funders, and emerging economies such as BIC and other countries. Tension also exists between rich net donor countries and poorer net recipient countries (Gostin, Sridhar and Hougendobler, 2015, p859). Another issue is the structure of WHO itself. Regional offices substantial independence makes it difficult for the headquarters to oversee and control financial flows and programming. This fragmentation leads to underperformance in the development of health systems and it limits the control of behavior of WHO by member states (Graham, 2014, p367).

The biennium 2014/2015 WHO budget was $4,882 bn. out of which only $929 mil. were assessed contributions. Specified voluntary contributions made up $3,702 bn (WHO, 2015a). The budget for 2016/2017 was $4,745 bn. out of which only $929 mil. were assessed contributions. Specified voluntary contributions made up $3,618 bn. (WHO, 2018a).

The budget problem in WHO is twofold. Firstly, WHO is overburdened with ever-expanding projects but insufficient funds. For comparison, United States Center for Disease Control and Prevention (CDC) had $14,363 bn. for the biennium 2016/2017 which is approximately 3 times more than the budget of WHO for the same period (CDC, 2018). Secondly, WHO financial spending lacks flexibility. In the biennium 1998/1999 48,8 % of WHO funding went from voluntary contributions but in the biennium 2016/2017 the portion rose to approximately 80 % (Gostin, Sridhar and Hougendobler, 2015, p859; WHO, 2018a). Overwhelming majority of the voluntary contributions are "specified voluntary contributions" i.e. countries choose specifically where does the money go. Gostin, Sridhar and Hougendobler summarizes this implication followingly: *"The rationale for the shift towards extra-budgetary funding is clear: by tying funding to specific programs, donors ensure that their resources influence the activities and direction of the organization"* (Gostin, Sridhar and Hougendobler, 2015, p859).

France, United Kingdom and United States are essential contributors to the WHO budget providing around 25,3 % ($1234,5mil.) of the 2014/2015 biennium budget and 28,1 % ($1331,54mil.) of the 2016/2017 biennium budget while themselves receiving virtually

nothing (WHO, 2015a; WHO, 2015b; WHO 2018a; WHO, 2018b).[5] This amount of funds provided makes them indispensable. With the addition of funding from EU member states and EU Commission, which makes $629,99 mil. in biennium 2014/2015, the funding power lies strongly within the hands of "established powers" as themselves as net donors provide ca. 38,19 % of overall WHO budget (WHO, 2015).[6][7]

In defiance of being 2nd, 7th and 9th largest economies, China's, India's and Brazil's contributions to WHO budget do not come close to being as generous as those of "established powers" (World bank, 2018). Rising powers contributions only amount to 2,1 % ($102,1 mil.) of the 2014/2015 biennium budget and 2,5 % ($118 mil.) of the 2016/2017 biennium budget (WHO, 2015a; WHO, 2018a). Contrary to "established powers" they receive more money from WHO than they give to it – $119,9 mil in 2014/2015 and $115 mil in 2016/2017 (WHO, 2015b; WHO, 2018b).

[5] Various types of organizations (universities, non-government organizations, funds, etc.) are also vital contributors to the WHO budget. For example, Bill & Melinda Gates Foundation contributed $425,5 million, which makes them overall second most generous patron (WHO, 2018a).

[6] For the biennium of 2014/2015.

[7] The EU member states contribution is counted without France and United Kingdom of Great Britain and Northern Ireland.

1.2 Theoretical concepts

This chapter presents the theoretical concepts used in this work; specifically, the concepts concerned with international organizations and rising powers.

1.2.1 Path dependency, rational institutionalism and principal-agent theories

World Health Organization is an international institution with history spanning over seven decades. Over time it underwent several reforms which, on the account of historical institutionalism and more specifically Power-driven path dependency, still affects the organization today. At the founding moments the envisioned structure supposed the headquarters and regional offices whose secretariats would be under direct oversight from the center. The Pan-American Sanitary Organization (PASB), already existing health-related organization, was expected to quickly integrate into the WHO and serve the function of a regional office for Americas. Majority of PASB members, however, disliked the centralization and negotiated an exception that granted PASB autonomy within the structure of WHO. Unexpectedly all other regions imitated the PASB and appropriated the same level of autonomy, such as electing regional director-general without the consultation with headquarters. Despite the criticism from the secretariat, regional offices locked-in their privileges. From then on multiple re-centralization reform have been attempted, yet unsuccessfully. Hanrieder labels regional offices position as "organizational veto players" (Hanrieder, 2015, p229). From the perspective of principal agent theory, the WHO was a fragmented collective agent because the regional director-generals cared more about satisfying their electorate rather than focusing on agenda coming from Geneva. After the decolonization, health crises arose to which "Primary health care" (PHC) agenda came as a response. WHO director-general Mahler motivated the regional offices to quickly adopt the agenda with granting them total budgetary freedom without any centralized oversight and authority in terms of regional staffing. Hanrieder comments the reform followingly: *"This path-dependent reform outcome turned out to be irreversible, as critics of regionalization tried in vain to curb regional powers in the aftermath of the PHC reform"* (Hanrieder, 2015, p229). At the turn of the millennium another grand reform attempting re-centralization was underway. The "One WHO" tried to take back control over the regional budgets and regional staffing through administration a program changes; nonetheless, it did not pass. Hanrieder summarizes the evolution followingly: *"WHO's regionalization*

pathway has proven robust in the face of historical challenges, but it is not completely determined or even irreversible" (Hanrieder, 2015, p231). The increased level of fragmentation affects the performance and limits the ability of member states to exercise control. In response to that, important donors such as the United States or Sweden scaled down their voluntary contributions to force change in the organization (Graham, 2014, p367, 385). Since no member state possess an advantage from the historical institutionalist perspective, regional organizations are the veto players in this case, the power stems from funding. As mentioned above, voluntary funding made in the biennium 2016/2017 around 80 % of the overall budget. Substantial power is therefore collectively held by donors (Koremenos, 2001, p1060-1068; Gostin, Sridhar and Hougendobler, 2015, p859).

1.2.2 Global Governance

This work's underlying question is what and how influences the attitudes of states towards World health organization. More selectively if the group labeled as "rising powers" challenges the countries labeled as "established powers" in WHO. According to the literature, rising powers challenge current international order and the assumption is that they challenge it coherently at all platforms available to them. Stephen describes global governance as a multiple-level transnational political management of international processes and actors. The concept embodies actors and procedures from civic organizations, international law, international forums to international institutions of the highest importance such as United Nations (Stephen, 2014, p914).

1.2.3 Established powers

Narlikar describes this group as "agenda-setters" meaning they exercise leadership over norms creation. They also serve as "gatekeepers" to *"the inner sanctums of international regimes"* (Narlikar, 2013, p563). For the purpose of this work established powers include France, United Kingdom of Great Britain and Northern Ireland, United states of America and European Union (Narlikar, 2013, p563).[8] The economic power of these countries is massive; United States, United Kingdom and France are world's first, fifth and sixth largest economies. European union without France and the UK would be second largest economy (World bank, 2018).

[8] The European Union actor, however, is considered as without France and United Kingdom.

1.2.4 Rising powers

For the purpose of this work, there are three rising power countries – Brazil, China and India. Amrita Narlikar defines their position in the international political system as *"…states that have established themselves as veto-players in the international system but have still not acquired agenda-setting power"* (Narlikar, 2013, p561-562). Kahler proposes different description based on three assumptions. First – *"They do not differ from other powers, past and present, in wishing to extract as many benefits as possible from their engagement with the international order while giving up as little decision-making autonomy as possible."* Second – *"They are less likely to be radical reformers than conservatives."* Third – *"Their domestic political and economic dilemmas induce an aversion to risk."* (Kahler, 2013, p712) These countries are now, according to the World bank 9th, 2nd and 7th on the list of nominal GDP, but it has not always been so hence the idea of "rising" (World bank, 2018). These BIC countries were associated with the "global South" and as such they tried to use this connection to their advantage and pressed for a better representation in the world affairs (Narlikar, 2013, p562). Narlikar also adds: *"For the rising powers, we would associate a revisionist tendency in motivation with a tendency to use distributive negotiating strategies with the established powers and integrative negotiating strategies with smaller allies and other rising powers"* (Narlikar, 2013, p567).

1.2.5 Motives and interest of rising powers

The shared concern among rising powers is their rejection of any limitation to their sovereignty that has not been previously agreed upon. They perceive sovereignty as a cornerstone to their regime therefore they stand for maintaining a maximum national independence in constantly evolving and more economically and socially interdependent world (Kahler, 2013, p718; Laïdi, 2012, p614). The chance rising powers overthrowing current international order for their vision of global governance is met with their successful and tight integration into the international economic and political order developed by the established powers, on which they became dependent. They became genuine stakeholders in the global economy (Kahler, 2013, p726; Stephen, 2014, p912). Ikenberry also argues that it would be very difficult for them to overthrow the global order. War was historically used to advance these major changes; nowadays in the age of nuclear weapons this strategy becomes obsolete (Ikenberry, 2011, p130). As a result, the aim of rising powers is not to topple the system of global governance but rather to challenge the liberal aspects of it

(Stephen, 2014, p912). The actual reforms on the form and content of global governance put forward by rising powers were pursuit from within the system and met with the fact that: *"sheer economic weight and increasing military prowess do not directly translate into capabilities that provide bargaining power in global negotiations or influence over the institutions of global governance"* (Kahler, 2013, p719). The rise of the rising powers will, according to Stephen, lead to a *"hybrid governance order that is both transnationally integrated and less liberal"* (Stephen, 2014, p912).

Rising powers shared interest in opposing the established powers is also met with their own national ambitions. They interpret the notion of "sovereignty" as a zero-sum game of international relations. BIC countries wary both the established powers and each other, therefore, cooperation on a more profound level is hard to find. The distrust among themselves stems from historical rivalries i.e. Sino-Indian or more recent developments – rising Chinese influence and its economic predatory expansionism, or Chinese opposition to giving Brazil and India a permanent seat in the United Nations Security Council (Laïdi, 2012, p615, 622; Kahler, 2013, p718). As an example of a far-from-ideal cooperation was the inability to reach a consensus on a proposal of directors to the International monetary fund and the World bank (Laïdi, 2012, p626).

1.2.6 Established and rising powers institutional interaction

Both rising and established powers have to cope with each other. Stephen (2012, p293-297) offers three types of behavior based on three different concepts of power politics under which we can assess their relationship. The first is based on the concept of the balance of power and it considers rising powers balancing established powers; balancing is mainly perceived through "hard power" i.e. military strength. However, when your adversary are the United States military balancing is a rather difficult goal; rising powers thus resort to "soft power" balancing. They try to use the institutions to make it more difficult for the hegemon to use its power. Counter-strategy of established powers can be bandwagoning of issues to solve to overwhelm the rising powers (Narlikar, 2013, p566). Second perspective is derived from the hegemonic stability and power transition theories. *"It states that the arrival of new powers of systemic importance leads, inevitably, to the decline of international institutions"* (Stephen, 2012, p295). This suggests that rising powers will decrease the effectiveness of international institutions. Third concept is co-optation of rising powers into the international organizations by established powers. The

co-optation of rising powers and their entwinement with international system will make them the bearers of the aspects of the world order itself. Meaning that relative changes in the might of established powers do not automatically translate into a creation of a new world order (Stephen, 2012, p297). This process is also beneficial for the institutions themselves as they bolster their legitimacy when allowing rising powers to assume greater role (Kahler, 2013, p725).

1.2.7 BRICS as free riders

One of definitions of international institutions states that: *"regimes and institutions are not the product of power, but devices to solve common problems and increase the delivery of governance goods. The mutual interests that rising powers share with established powers therefore expand the scope for cooperation and integration"* (Stephen, 2012, p297). They bring both benefits and commitments upon their members. Question remains whether the rising powers as their international status grew took up their share of the burden. If the rising powers did assume their responsibilities, puts forward Barma et al., then we would have seen increased number of solved problems on various issues, e.g. climate change, global trade, international development. They argue that the opposite is true, no significant progress has been made on important issues (Barma, Ratner and Weber, 2013, p56). Lieber illustrates the lax attitude of rising powers with their negative stance on the UN resolutions concerning Syria and loose stance towards nuclear proliferation (Lieber, 2014, p114). The free-riding can also take the form of not fulfilling their financial commitments; rising powers might try to frame their economies as less potent in order to avoid paying rising concessions (Kahler, 2013, p722).

1.2.8 Rising powers and global health

The first health-related meeting among rising powers, in this case in the cadre of BRICS group, happened in July 2011 as ministers of health from Brazil, Russia, India, China and South Africa met in Beijing. The Beijing declaration stated the will of BRICS countries to increase cooperation in the domain of health among the members and between BRICS and other international institutions; they underlined the central role of the WHO but also mentioned the need for its reform (Larionova et al., 2014).

There are several issues that rising powers focus on; one of the main concern is the universal right for health. Rising powers would like to ameliorate health standards in

developing countries by technology transfers improving national capacities (Larionova et al., 2014). They claim to provide political assistance through frameworks such as Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) of the WTO, with the goal of making generic drugs more affordable for developing countries (Kickbusch, 2014, p463). Working out the TRIPS regulations in this direction is also helpful for the rising powers as it would loosen the global intellectual property standards; it would also benefit Brazil and India as they are major generic drugs manufacturers (Watt, Gomez, McKee, 2013, p767-768; Harmer, Xiao, Missoni, Tediosi, 2013, p9; Harmer, Buse, 2014, p141). However, Watt, Gomez and McKee remarks that *"Yet interestingly, although Brazil, China and India are all active in the WTO, for example, in terms of involvement in disputes, pharmaceutical issues have not been high on their agenda in this forum"* (Watt, Gomez, McKee, 2013, p770).

Another rising powers interest was brought up during the 2013 BRICS meeting in eThekwini, South Africa. The decision was made to establish "The New Development Bank." Rising powers representatives declared their desire for change of the old Bretton woods institutions, as they do not reflect the growing importance of BRICS countries, the representatives claimed (Harmer, Buse, 2014, p140).

Last but not least, one of the points on the rising powers global health agenda is the concern with non-communicable diseases (Larionova et al., 2014, p78). Populations of rising powers also suffer from the non-communicable diseases, however, Harmer and Buse argue that the agenda is not a response to rising powers national interest but a forward-looking one as by the WHO official estimates the NCDs are going to be the lead causes of death in Africa by the year 2030. Harmer and Buse support this argument by pointing out that NCDs as a whole are neglected by the G8, as these countries mostly focus on specific NCDs described in the Millennium development goals (Harmer, Buse, 2014). Albeit their claimed intentions, the health security aspect, for both communicable and non-communicable diseases, is a relevant national priority (Watt, Gomez, McKee, 2013, p769).

The interest rising powers have in global health governance could have two aspects. Trade with drugs and medical equipment might be interesting for rising powers as there are still many underdeveloped national health systems across the world. This cooperation with less-developed nations would also be in line with rising powers South-South coalition building; creating a new development bank might suggest contesting the Bretton Woods institutions

with one of their own, while framing rising powers as leaders of the "South": *"As the global economy is being reshaped, we are committed to exploring new models and approaches towards more equitable development and inclusive global growth by emphasizing complementarities and building on our respective economic strengths"* and *"We call for the reform of International Financial Institutions to make them more representative and to reflect the growing weight of BRICS and other developing countries. We remain concerned with the slow pace of the reform of the IMF. We see an urgent need to implement, as agreed, the 2010 International Monetary Fund (IMF) Governance and Quota Reform"* (eThekwini Declaration, 2013). In spite of all these promises, the cooperation among rising powers is not ideal as they do not want to commit to one specific position and therefore have not proven themselves to be strong in practice (Harmer, Buse, 2014, p140-141; Larionova et al., 2014, p86).

1.2.9 Rise of the rising powers?

The economic growth and importance of rising powers is clear, but their political rise is disputed. Narlikar shares this outlook on established powers with comparison to rising powers: *"Despite their relative decline (especially with reference to the rising powers), they still have enough power to act as gatekeepers to the inner sanctums of international regimes"* (Narlikar, 2013, p563). Kahler, on the other hand, characterizes the rise of rising powers followingly: *"The implications of their (rising powers) growing influence on the mosaic of institutions and actors that define global governance are, however, disputed"* (Kahler, 2013, p711). In the year 2013 Pant remarked *"The narrative surrounding the rise of BRICS is as exaggerated as that of the decline of the United States"* (Pant, 2013, p103).

1.2.10 Hypothesis and research questions

Research questions and hypothesis revolve around these debates. The research questions are more general and descriptive.

Q1: How certain states approach the World health organization in terms of criticism?

Q2: Which factors influence states attitudes towards the WHO?

The hypothesis and its supportive sub-hypothesis are following:

H1: The attitude of specific states to the WHO is linked with their global status. Global status is a combination of two factors – whether the state is an acceptor or donor to the WHO and whether it is considered to be a rising or established power.".

H1.1: Countries receiving disproportionately large amount of resources from WHO than they donate to it will not criticize WHO extensively as they are on some level dependent on it.

H1.2: Countries donating disproportionately large amount of resources to WHO than they receive from it will not criticize WHO extensively as they control WHO to some extent.

H1.3: Countries that challenge current international political order i.e. the so-called "Rising powers" are likely to criticize the WHO as they are antagonistic to the "established powers" and their governance.

This hypothesis was slightly altered in the formulation from the version found in the project.

2 Data collection and methodology

This section presents the conceptualization and operationalization of variables and the methodology.

The empirical core of this work, as mentioned in the introduction, is the content analysis of statements delivered at World Health Assembly and Executive Board with the objective to assess the attitudes of countries towards the WHO. The attitudes were predominantly measured on the topic "WHO reform" which was discussed at the World Health Assembly and the Executive Board; statements were coded one-by-one and measured from -2 to 2 on four topics. Two groups of "established" and "rising powers" were split from the coded data and tested with T-test against each other and the population to determine whether they are sufficiently different. To test the hypothesis linear and multiple regression were utilized.

2.1 Data collection

Content analysis was used to get the data required for further analyses. The data for content analysis were gathered from the official WHO archive and data bank. The archive contains the WHA and EB meetings records and the data for each member state (financial flows, etc.). The archived data are available from the year 1998 onwards with the latest year being 2016. The length of these documents varied from 400 to almost 600 pages for WHA and 200 to 300 pages for records of EB. Even though the records are in the section "summary and verbatim records" they are not verbatim i.e. word by word recordings. The records are written in a third-person form: "The representative of … said that…". However, all the records are written in this way therefore the cohesion of the text is preserved.

To measure the attitude of states only certain chapters of the official records that best suited this purpose were chosen for the content analysis. After careful examination of the contents the chapter "WHO reform" in the WHA records was chosen. The attitudes of states towards WHO can be best measured in this chapter since it is focused only on WHO itself and not on specific health or financial matters. This chapter was only present in the records of years 2012 through 2016, thus these years were selected. The year 2006 with content-wise similar topic to "WHO Reform" was chosen and "Eleventh general

programme of work, 2006 – 2015" was added for the purpose of having wider time period; an attempt to at least partially adhere to the original intentions expressed in the project.

World health assembly records were chosen for the years 2006 and 2012 through 2016. Data from Executive Board records are used only in the years 2006 and 2016. These years were selected because they are on the edges of the observed period. After an attempt to code the records of EB year 2012 it was discovered that it provides only information with minimal value to this work.

The total amount of coded data is 580 statements delivered by 108 countries with median length of 532 characters.[9]

2.2 Methodology

2.2.1 Content analysis

Statements delivered by states at the WHA/EB in the chapter "WHO reform/Programme of work" contained four recurrent topics which were suitable for the content analysis measurement. These four topics were labeled as "Draft stance," "WHO," "Regional office" and "Pro Region."

The "Draft stance" topic was frequently found in the sub-chapters that were concerned with a specific policy draft. It measures the country's approach just to the draft itself, not to the WHO.

The topic labeled as "WHO" is concerned with an evaluation of the organization, more specifically with the headquarters in Geneva. Remarks towards regional offices are covered in the next topic. The "WHO" topic is the most important one as it focuses solely on the organization and the governance themselves.

The decentralized nature of the WHO lead to several dozens of comments on the influential regional administration; this topic was labeled as "Regional office."

The "Pro region" topic indicates the attitude towards regional independence from the headquarters. In comparison to the "Regional office" topic, "Pro region" topic does not measure whether the statement is positive or negative about the regional office, but whether the statement is for or against regionalization in general. A theoretical example confirms structural difference of these two topics as a statement can be negative in the case

[9] Average length is 687 characters. Standard deviation is 527 characters.

of “Regional office” but positive in the case of “Pro region” – the country is not satisfied with the regional office but is in favor of regionalization in general.

One coding unit was defined as a one whole statement delivered at the meeting (Krippendorff, 2004, p97-103). To each of these statements a value of -2, -1, 0, 1, 2 could have been attributed. The reason for having -2/-1/0/1/2 is that it allows us to distinguish more precisely whether the coded segment was more or less positive and negative. Since the coded segments are statements delivered by representatives of each respective country, the language is often subtle; thus, being able to determine precisely how much exactly is the statement positive or negative saves a lot of information that would have been lost otherwise if the coding scheme -1/0/1 was used. Not all speeches touched all four topics, in this case “x” was put in the evaluation.

Here are four examples of coded statements concerned with the “WHO” topic with all four attitudes:

Example with positive (+2) response to the topic.

“Mr ELIAS (Ethiopia) expressed support for the efforts of WHO and development partners to increase transparency and aid effectiveness, in line with the principles of the International Health Partnership (IHP+), the Paris Declaration on Aid Effectiveness and the Busan Partnership for Effective Development Co-operation. He welcomed WHO’s commitment to the principles of predictability, alignment, flexibility, transparency and accurate reporting of results, which were indispensable to a highly coordinated health response in a resource-constrained setting. Resource limitations in low- and middle-income countries might need further special financing modalities to achieve future targets. His Government strongly supported WHO’s work on improved financial management and would strengthen its efforts to increase domestic financing and align available resources with global and country-specific priorities” (WHO, 2014).

Example with slightly positive (+1) response to the topic.

“Ms ZHANG Yang (China) welcomed the enhanced cooperation between WHO and the United Nations system at all three levels of the Organization and the increasingly coordinated nature of WHO activities. China was keen to work with Member States and the Secretariat to help improve the efficiency of the Organization” (WHO, 2015).

Example with neutral (0) response to the topic.

"The representative of JAPAN noted with satisfaction that the majority of programmatic reforms had reached the implementation stage; he expressed concern, however, that progress in the area of governance reform had been slower, in particular with regard to coordination across the three levels of the Organization, the effective engagement of non-State actors in operational practices, and human resources reforms to achieve greater diversification of staff" (WHO, 2016).

Example with slightly negative (-1) response to the topic.

"The representative of the REPUBLIC OF KOREA, while acknowledging the considerable progress that had been made in programmatic reform, called for accelerated reforms of governance, human resources, accountability and information management, and underscored the importance of ensuring transparency and accountability in the reform process at all times. The monitoring and assessment of results was crucial" (WHO, 2016).

Example with negative (-2) response to the topic.

"Ms SAMIYA (Maldives) said that reform of the Organization's response to emergencies and disease outbreaks was urgently needed. While significant progress had been made in terms of management reform, governance reform continued to lag behind, and more efforts were needed. More should also be done to mainstream the reforms at the three levels of the Organization, with a particular focus on project management, change management and human resources. Lastly, it was essential to strengthen the performance of country offices and create topics to measure progress" (WHO, 2015).

The determination whether the statement was for each specific topic positive or neutral or negative was based on the words used in the statement. Phrases such as "expressed support," "welcomed," "appreciated," "positive results achieved," and "expressed satisfaction" indicated positivity while phrases like "urgently needed," "concerned," "lag," "slow progress" and "expressed concern" indicated negativity. The neutral statements were mostly an ambivalent mixture of positive and negative phrases.

The summarization of evaluation across all topics can be seen in the table no. 1.

Table no. 1
Frequency of statements across the observed topics (created by author)

	Frequency of	Frequency of	Frequency of	Frequency of	Frequency of
Draft stance	6	19	173	222	23
WHO	13	60	106	35	5
RO	0	4	26	8	0
Pro region	0	5	2	11	2

To get better understanding of countries behavior, second content analysis was created to code negative statements in the "WHO" topic with the goal of discovering frequent issues countries had with the organization. Seven recurring issues were noticed and labeled as "Evaluation," "Accountability," "Resources and Capacity building," "Organizational structure and Governance," "Governance reform," "Financing," "Regional office adherence." First six topics are self-explanatory, the "Regional office adherence to WHO" measured whether the substantial autonomy of the regional offices was considered negatively. The topics were either present (1) or not (0).

2.2.2 Inferential analyses

As to correspond with the research questions the group of 108 coded countries was divided by power status into 2 distinct group: Rising powers with Brazil, India and China; Established powers with United states of America, United Kingdom of Great Britain and Northern Ireland and France and the European Union, which consists of every statement delivered "on the behalf of the member states of the EU" by a country that at the time being was presiding the Council of the European union. For each one of these groups averages were calculated. The statistical comparison between the groups and the whole coded population was done by using the function "T-Test." To test the hypothesis linear and multiple regression analysis was used.

3 Data evaluation and interpretation

3.1 Topics

Following table captures the distribution of all statements delivered across regional offices.

Table no. 2
Frequency of observed topics across regional offices (created by author)

Regional office	Frequency	% of share	No. of observed countries	No. of countries (total)[10]	% of observed countries	Ratio[11]
1. AMRO (incl. BRA, USA)	159	27,4 %	22	35	20,4 %	1,35
2. AFRO	70	12,1 %	28	47	25,9 %	0,47
3. EURO (incl. FRA, GBR, EU)	151	26 %	25	53	23,1 %	1,12
4. EMRO	63	10,9 %	15	21	13,9 %	0,78
5. SEARO (incl. IND)	57	9,8 %	7	11	6,5 %	1,52
6. WPRO (incl. CHN)	80	13,8 %	11	27	10,2 %	1,35
Total	580	100 %	108	194	100 %	

It seems that the lowest statement ratios are at the Regional offices without multiple highly active countries. The ratio of statements delivered by countries in regional offices where no great "power" is located is significantly lower.

Distribution of statements across observed countries is shown in the table no. 3. It shows that established powers together delivered 80 statements and rising powers together delivered 53 statements. The European Union is in fact composed of 28 countries but only one country at a time represented it as this country was presiding the Council of the European Union at that time period.

[10] WORLD HEALTH ORGANIZATION. *Alphabetical List of WHO Member States* [online]. 2018 [cit. 2018-05-08]. Available from: http://www.who.int/choice/demography/by_country/en/

[11] Percentage of share of statements to percentage of observed countries. The ratio reveals how much active were countries across regional offices.

Surprisingly only five out of six "powers" are in the top ten most active countries. Most statements were delivered by United States (28), second observed country with a noticeable drop of activity was Brazil and the United Kingdom (21). The least active of the "powers" was France at the 12th place with only 10 statements delivered.

Table no. 3
Distribution of statements across observed countries (created by author)

Country	Frequency	% of share	Ratio
FRA	10	1,7 %	1,86
GBR	21	3,6 %	3,91
USA	28	4,8 %	5,21
EU	21	3,6 %	3,91
BRA	21	3,6 %	3,91
CHN	18	3,1 %	3,35
IND	14	2,4 %	2,61
SUM	133	22,9 %	3,52
Average	5,47	0,93 %	
Total	580		

Approximately fifty percent of all statements were delivered by only 17 countries representing 15,7 % of the active countries. It seems that the African and Eastern Mediterranean offices lacked the activity compared to the other regional offices.

3.1.1 WHO topic

This topic measuring the attitude towards the organization itself came under the scrutiny of two-tailed, two-sample unequal variance T-test to prove whether the data is statistically significant. Three models with different data width were created. The data stretched over the years 2012 to 2016 with the extra year of 2006 and since in addition to coding WHA, EB was coded for the years 2016 and 2006 the models were created followingly. In the first model all available data were used; second model comprised EB and WHA years 2012 through 2016, thus omitting the year 2006; and third model comprised only WHA years 2012 through 2016, omitting the year 2006 and EB. The results are shown in the table no. 4.

Table no. 4
WHO topics T-tests (created by author)

	EP average	RP average	Total average	p-value EP+RP	p-value EP + population	p-value RP + population
Model 1	-0,05	-0,26	-0,19	0,40	0,23	0,75
n	37	19	219			
Model 2	-0,03	-0,38	-0,20	0,22	0,16	0,45
n	33	16	195			
Model 3	0,08	-0,36	-0,20	0,17	0,04[12]	0,55
n	26	14	170			

Surprisingly the results, apart from Established powers and population in model 3, were statistically inconclusive. This means that despite promising results based on the averages from the data set, the results have a high possibility of being random, therefore, their usability is limited. One T-test in model no. 3 did reach statistical significance and distinguished Established powers from the population, however, the narrow size of the sample forces us to be careful with the interpretation. Nonetheless it implies that the established powers held positive opinion on the organization.

3.1.2 Draft stance topic

The data revealed by this topic proves to be very interesting. As can be seen above, the average opinion on WHO is slightly negative (-0,19) by all groups. Yet the average results of the "Draft stance" is fairly positive and consistent across the three models. Again, two-tailed, two-sample unequal variance T-test was used to determine whether the observed groups were statistically different from each other. The scenario was exactly the same as with the "WHO" topic as three models were created; each subsequent model excluding part of the coded data in order to make this data more compact (see above).

[12] The t-statistics is 2,11 and the "df" is 42.

Table no. 5
Draft stance topic averages (created by author)

	Model 1	Model 2	Model 3
EP average	0,59	0,70	0,72
n	63	57	43
RP average	0,34	0,30	0,2
n	41	37	30
Total average	0,53	0,54	0,54
n	443	403	320

The averages for the three constructed model are stated in the table number 5. Table no. 6 contains the p-values, degrees of freedom and t-statistics of the three models.

Table no. 6
Draft stance topic T-tests (created by author)

	Model 1	Model 2	Model 3
EP + RP	0,11	0,009	0,003
df	91	70	55
t-stat	-1,62	-2,7	-3,08
EP + population	0,57	0,055	0,053
df	79	79	61
t-stat	0,57	1,95	1,98
RP + population	0,08	0,039	0,014
df	48	43	34
t-stat	-1,79	-2,13	-2,59

The only real statistically different group in the second and third model is the "Rising powers". The difference being that while total average is 0,54 the RP average is "only" 0,3.[13] The fact that the average is quite positive and the fact that "Rising powers" are also positive suggest that despite total negative average stance towards the WHO topic, there might be an existing consensus over the draft proposals. Several important draft proposals put forward in years 2012-2016 in WHA got positive reactions, such as "Framework of engagement with non-State actors" and "Member states consultative process on governance reform" with averages 0,6 for the former and 0,49 for the latter.[14][15]

[13] The average is for the second model because it is the first one that is statistically significant.
[14] The data was purposefully narrowed for the purpose of coherency.
[15] Only these two topics had enough occurrences for to their average being representative.

3.1.3 Regional office topic

This topic scarce use, only present in 38 out of 580 statements, does not have significant value in terms of statistical analysis, but what it does show is which states are interested in this topic and which states are not. The part of the share of statements delivered by the sum of established powers and rising powers was for the topics "WHO" and "Draft stance" 25,6 % and 23,3 % respectively. "Regional office" topic is only present in 5 out of these 38 statements which is only 13,2 %. The average value of "RO" topic is 0,16. This shows that it might not be a priority for the rising and established powers. In addition to low usage, this topic was a by-product of this work and therefore further research would be needed to duly test and interpret the data.

Following table describes the distribution of "Regional office" topic across regional offices.

Table no. 7
Regional office topic evaluation (created by author)

	∑	% of total
1. AMRO (incl. BRA, USA)	10	26,3 %
2. AFRO	10	26,3 %
3. EURO (incl. FRA, GBR,	6	15,8 %
4. EMRO	3	7,9 %
5. SEARO (incl. IND)	5	13,2 %
6. WPRO (incl. CHN)	4	10,5 %
Total	38	100 %

3.1.4 Pro region topic

Likewise, to the "Regional office" topic, this one is also narrowly represented by-product of this work. Table no. 8 describes exactly how the statements were divided in accordance to regional office division.

Table no. 8
Pro region topic evaluation (created by author)

	∑	% of total	Average
1. AMRO (incl. BRA,	8	40 %	1,13
2. AFRO	3	15 %	1,0
3. EURO (incl. FRA,	5	25 %	-0,8
4. EMRO	3	15 %	0,34
5. SEARO (incl. IND)	0	0 %	x
6. WPRO (incl. CHN)	1	5 %	1,0
Total	20	100 %	0,5

The average value of "Pro region" topic is 0,5. As can be seen from the table above, the view onto this topic is positive. Modus number is "1" by far. Due to constrained sample, evaluating this data would be nothing short of guessing. Further research would be needed to fully understand the rationale behind this attitude as it could lead in many ways – potentially the behavior of the members of American regional organization can be explained by their experience with PASB. The representative of Bahamas Dr. Dahl-Regis said at the WHA in 2012: *"Nevertheless, PAHO structures predating WHO had served the Region of the Americas well and should be preserved"* (WHO, 2012).

3.2 Regression analyses

3.2.1 Analysis of the main hypothesis

In order to answer to the question what influences countries behavior under the hypothesis, linear and multiple regression analysis were used to determine whether there is a relation. According to the hypothesis and sub-hypotheses, this work assumed a non-linear relationship between variables; thus, the multiple regression analysis was used. In this scenario, the independent variable (IV) was squared. For the dependent variable the topic "WHO" was used as it measured the attitudes of countries solely to the WHO. In total 81 countries out of 105 expressed at least once their opinion in the "WHO" topic. The independent variable was constructed followingly:[16]

$$\frac{\frac{money\ donated\ (2014/2015) - money\ received\ (2014/2015)}{2}}{GDP\ 2014\ nominal} = \text{independent variable}$$

It is a scaled number that preserves the indicative value without extreme disparities. The expected shape of the relationship was "U" shape – curvilinear. The idea was that net acceptors of aid would have negative independent variable as they received more money from the WHO than they provided to it, and be high on the dependent variable, expressing gratitude through positive attitude towards the WHO. On the other side of the curve, the established powers, net donors of aid would have positive independent variable as they give more money to WHO than they receive from it, and be high on the dependent variable, being positive toward the organization they somewhat control through their financial contributions. In the low-point would be the rising powers, on the independent variable being around zero as the amount of money given to the WHO is similar to the

[16] The biennium 2014/2015 was selected as it lies in the middle of the coded years.

amount of money received and be negative on the attitude towards the WHO as they are antagonistic to institutions of the established powers.

Four models were created. The first model encompasses all available data; in every subsequent model the number of statements towards the WHO increased by one. This means that in every subsequent model the data are more condensed as only countries that expressed their opinion multiple times are chosen for the regression.

Table no. 9
Linear and multiple regression analysis of the main hypothesis (created by author)

	Model 1	Model 2	Model 3	Model 4
IV p-value	0,5	0,24	0,33	0,5
IV R^2	0,006	0,03	0,03	0,03
IV^2 p-value	0,18	0,97	0,92	0,4
IV^2 Adjusted R^2	0,003	-0,01	-0,04	-0,04
Lowest number	1	2 (median)	3	4
n[17]	81	44	29	20

The assumption was that by creating these models, by making the selection more compact, the results would be more representative and reliable. However, the explanative value of "R^2" and "Adjusted R^2" of both linear and curvilinear regression being practically zero shows that the concept of these models was wrong as they cannot explain any variation of the variables. Furthermore, the p-value of these models show that there is no relationship between the variables. The data show that the attitudes are based on something different than just the donor/acceptor status combined with the GDP. This finding corresponds with the statistical non-difference of "Established powers" and "Rising powers" in the "WHO" topic revealed by T-tests.

3.2.2 Analysis of additional hypothesis

The idea of developing additional hypothesis was devised while compiling the data for the regression analysis of this works main hypothesis. Observation was made that there might be a link between the independent variable used in the previous regression analysis (see above) and the frequency of all statement delivered across all the topics by a respective country. To determine whether there is a link, four models with variance in the data width were created. The form of the models was exactly the same as in the previous regression

[17] The degrees of freedom (Df) equals to n-1 for respective model.

analysis as each subsequent model was more condensed containing only states that expressed themselves multiple times. As can be seen from the table no. 10, regression models two through four confirm that there indeed is a strong link with their p-value varying from 0,0086 to 0,003. The low values of R^2 of at maximum 0,16 suggest that the relationship is not really linear, the form of this relationship, however, remains undiscovered.

Table no. 10

Linear regression analysis of complementary hypothesis (created by author)

	Model 1	Model 2	Model 3	Model 4
p-value	0,063	0,0086	0,003	0,0063
R^2 reliability	0,034	0,098	0,16	0,16
Lowest number	1	2	3	4
n[18]	104[19]	70	53	44

The appendix no. 1 represents the distribution of frequency of delivered statements. The number of statements with zero frequency were omitted. (see appendix)

3.3 Negative statements evaluation

As the "WHO" topic average is negative, and the hypothesis of this work was refuted decision was made to do a brief analysis and a compilation of the common issues countries expressed at the "WHO" topic. The influential factors remain undiscovered but at least the description of the negative behavior could help to provide an idea what specifically the countries disliked. Undeniably more research would be needed to describe these issues in detail. The frequent topics observed in the negative statements further reveal what countries perceive as a problem.

This content analysis was concerned only with negative (-2/-1) statements and distinguished the frequent issues into seven categories. Out of total 73 negative statements, the most significant and frequent critique, with the frequency of 29, was put forward with the "Organizational structure and governance."

[18] The degrees of freedom (Df) equals to n-1 for respective model.

[19] Only 104 countries out of the 108 had their GDP available in the World Bank database.

Table no. 11

Frequency of topics in negative statements of "WHO" topic (created by author)

	Eval.[20]	GovRef	Fin	RO adh.	Org.	Resources	Acc.
Frequency	10	23	21	6	29	18	23
Total				∑73			

It is possible to divide the seven topics into several groups – First group that is concerned with "Governance" and include "Organizational structure and governance," "Accountability," "Evaluation." Countries for example disliked the lack of alignment between the three layers of the organization; insufficient level of transparency; ineffectiveness. Second group is concerned with "Finances and resources" and include "Financing" and "Resources and capacity building." The identified issues raised by the states included lack of human resources, insufficient preparedness (not only) with the case of Ebola disease outbreak and budget composition. The criticism of budget composition supports the argument presented by Gostin, Sridhar, Hougendobler as can be seen above; the countries complained on multiple occasion on budget relying too heavily on voluntary earmarked contributions as opposed to assessed contributions, and on lack of budget flexibility.

3.4 Research questions evaluation

3.4.1 Approaches to the WHO

The question: *"How certain states approach the World health organization in terms of criticism?"* proved to be difficult to answer. Since the T-test disproved statistically significant difference between established and rising powers and any other group, population included, relevant description of their attitudes is not possible. However, there is still an interesting observation. The net recipient countries envisioned in the sub-hypothesis H1.1 with the assumption that they would not criticize WHO extensively as they are to some level dependent on it, might, contrary to the expectations, criticize WHO. The possibility of this happening is if they would be highly dissatisfied with the form,

[20] The topics are: Evaluation, Governance reform, Financing, Regional office adherence, Organizational structure, Resources and Accountability

delivery or implementation of the aid provided. In the second content analysis, variety of countries mentioned insufficient (human) capacities and resources; they also mentioned on 8 instances the Ebola disease outbreak which was interpreted as a "wake-up" call to finally move forward with the desired reforms. Nonetheless to assess whether it is a common issue for net receiving states would be up to another study.

3.4.2 Influential factors

The goal of finding factors influencing the states attitudes towards the WHO beyond the envisioned hypothesis proved to be difficult and possibly above the scope of this work. This work has been more successful in identifying a factor that influences states interaction with the organization.

The first factor being the size of diplomatic mission to WHO. Countries vary in all possible aspects – size, population, GDP, etc. The same applies to their diplomatic missions to international organizations. In the case of WHO it is possible for one delegate to speak on behalf of other countries. In the 580 coded remarks exactly 58 were delivered on behalf of other countries. It mainly happened in the case of the European Union where the country speaking on behalf of others presided the Council of the European Union at that time. This representation also happened frequently for the members of the African region, Region of the Eastern Mediterranean and for the Region of Americas. This might partially explain why only 108 out of 194 countries presented themselves at the observed topics and years at the Health Assembly and Executive Board. Being represented by a delegate of other country can point to three scenarios. The country is either not interested in the observed "WHO Reform" topic;[21] or it is in absolute compliance with the speaker that speaks on behalf of it; or it shows that the country is not able to gather the resources required for them to have a suitable diplomatic mission to WHO for it to prepare a statement. This might be true for smaller and poorer countries that have to choose carefully to which institutions they are going to send their diplomats (Hoffman, 2012, p424). In the year 2016 the United States had delegation to WHO that counted 45 persons while for example Algeria had only 14 and Eritrea having only 3 (WHO, 2016). As Hoffman argues, diplomats are, however, only one of two parts of successfully preparing a (health) policy, the second one being government expert committees analyzing health issues and preparing

[21] Or in the case of the year 2006 „General program of work."

policies, that wealthy states have at their disposal (Hoffman, 2012, p424). Therefore, the state's resources affect its ability to interact with the WHO itself.

Conclusion

This work objective was to describe the attitudes of countries towards the World Health Organization, discover which factors influence this attitude and assess the hypothesis claiming that there is a link between the attitude of a country and its global status. Global status is a combination of two factors – whether the state is an acceptor or donor to the WHO and whether it is considered to be an established or rising power.

Content analysis was used as the main source of data for this work. The coded data spanned the years 2012 through 2016 with an additional year of 2006 and contained the statements delivered under the chapters of "WHO reform" and "Eleventh general programme of work" at the World Health Assembly and Executive Board. The total amount of coded statements was 580 across 8 documents.

Statistical analysis was used to answer and explain these questions. To test the core hypothesis, four models of linear and multiple regression analysis were constructed; each subsequent model contained more compact data to duly test the hypothesis. Contrary to the hypothesis being intuitive none of the designed models came close to being statistically significant, which means that there is no link between the attitude of a state towards the WHO and its global status. These surprising results gave rise to the idea that the rising powers might not in fact contest the established powers in the domain of the WHO. This argument is furthered by three more findings. Firstly, the rising powers contributions to the WHO budget add up to only ca. 2,1 % of the overall budget while the contributions made by established powers provided ca. 38 %. Secondly, the topic "Draft stance" had quite positive total average. Even rising powers themselves had a significant positive average; this suggests an existing general consensus over the draft proposal reforms and therefore consensus on the direction in which is the organization heading. For example, two important subjects affecting the organization for years to come: "Framework of engagement with non-State actors" and "Member states consultative process on governance reform" received positive responses. Finally, the rising powers did not present their own health-related organization that would contest the WHO and into which the rising powers would funnel their energy and resources. During the meeting of rising powers in 2011 in Beijing, they stressed the central role of the WHO. All of these arguments imply that the rising power do not actually challenge the established power in the sphere of the WHO.

Second discovery is that the second regression analysis revealed a strong link between the activity of a country, meaning the frequency of delivered statements, and its global status. This hints that countries donating great amount of funds relative to their GDP might have interest in supervising their investment. This means shaping the policies of the institution by delivering statements at the World Health Assembly and the Executive Board. However, this implication would need more research.

World Health Organization is an intriguing institution from many perspectives. Further research on this topic could provide us with more interesting insights not only on the design and reform attempts of international institutions, but also on the power dynamics between established and rising powers within those institutions. This work would like to add at least partially to the mosaic of this research.

Závěr

Cílem této práce bylo popsat přístupy států k WHO a zjistit jakými faktory jsou tyto přístupy ovlivněny. Dalším cílem také bylo vyhodnotit hypotézu předpokládající, že existuje vztah mezi přístupem státu a jeho globálním statusem. Tento globální status je definován jako kombinace dvou faktorů – toho, zda stát přijímá nebo daruje pomoc skrze WHO a zda je tento stát stálá nebo rostoucí mocnost.

Data pro tuto práci byla získána skrze obsahovou analýzu projevů přednesených na Světovém zdravotnickém shromáždění a Výkonné radě. Tyto projevy byly kódovány pouze ve dvou tématech „WHO reform“ a „Eleventh general programme of work“ a to od roku 2012 do roku 2016 s navíc přidaným rokem 2006. Celkem bylo nakódováno 580 projevů napříč 8 dokumenty.

Statistické metody analýzy byly zvoleny pro zodpovězení výzkumných otázek. Čtyři modely lineární a vícenásobné regrese byly vytvořeny k důkladnému prověření hlavní hypotézy. Tyto modely byly nastaveny tak, aby došlo k postupnému zúžení dat a tím pádem nejdůkladnějšímu otestování. Oproti očekávaní, žádný z těchto modelů nebyl statisticky signifikantní, což znamená, že není žádný vztah mezi přístupem státu k WHO a jeho globálním statusem. Tyto překvapivé výsledky vedly k zjištění, že by rostoucí mocnosti ve skutečnosti nemusely soupeřit se stálými mocnostmi uvnitř WHO. Tento argument je podpořen třemi dalšími zjištěními. Za prvé, příspěvky rostoucích mocností do rozpočtu WHO tvoří pouze cca 2,1 % z celkové sumy. Naproti tomu příspěvky stálých mocností tvoří cca 38 % z celkové sumy. Za druhé, průměr z kódovaného tématu „Draft stance“ byl relativně pozitivní, dokonce samy rostoucí mocnosti měly signifikantní pozitivní hodnocení tohoto tématu. Tento fakt by mohl znamenat, že existuje konsenzus nad předkládanými návrhy reforem čili by mohl existovat konsenzus nad tím, jakým směrem se WHO ubírá. Dvě důležitá témata, která ovlivní vývoj WHO do budoucna – „Přístup ke spolupráci s nestátními aktéry“ a „Proces konzultací členských států ohledně reformy modelu řízení“ – získala pozitivní hodnocení. Posledním podpůrným zjištěním je fakt, že rostoucí mocnosti nepředstavily svoji vlastní organizaci zabývající se zdravím, která by konkurovala WHO a do které by vkládaly svoje zdroje a energii. Zástupci rostoucích mocností dokonce v roce 2011 v Pekingu zdůraznili centrální roli WHO. Všechny tyto zjištění podporují argument, že ve skutečnosti nedochází k mocenskému souboji mezi rostoucími a stálými mocnostmi ve WHO.

Druhým zjištěním této práce je pomocí lineární regresní analýzy objevený vztah mezi aktivitou země a jejím globálním statusem. Aktivitou je v tomto případě myšlena frekvence přednesených projevů. Toto zjištění naznačuje, že státy, které darují relativně vysoké finanční prostředky vůči jejich HDP si chtějí své investice hlídat. Proto se například snaží ovlivnit politiku WHO na zasedáních Světového zdravotnického shromáždění a Výkonné rady. Toto zjištění by nicméně potřebovalo další výzkum.

Světová zdravotnická organizace je z mnoha perspektiv velmi zajímavou institucí. Další výzkumy na ni zaměřené nás mohou obohatit o zajímavé poznatky nejen z hlediska návrhů mezinárodních organizací a jejich reforem, ale i z hlediska mocenské dynamiky mezi stálými a rostoucími mocnostmi probíhající v těchto institucích. Tato práce by velmi ráda přidala svůj malý díl do této mozaiky výzkumů.

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Bachelor's Thesis Summary

The reason for choosing this thesis / Zdůvodnění výběru práce

The World health organization is one of the main organizations of United Nations that despite its scale of operations and budget is not that thoroughly researched. One of the reasons that might explain this lack of interest is the fact that the WHO is basically only discussed in media during disease outbreaks or humanitarian crises. The lack of academic interest might be explained by the fact that UN encompasses other very interesting institutions such as the Security Council or the General assembly which thanks to its importance gets more attention. The objective of this work is to describe the attitudes of selected states towards the WHO, to assess whether the states criticize or praise the WHO. My hypothesis is that there will be a difference in the approach between states to which the WHO is a relevant organization and between those for which it is not. The term "relevant organization" signifies that the state either give considerable amount of money to the WHO while taking disproportionately low amount from it or takes considerable amount from the WHO while giving back disproportionately low amount. And presumably at the same time there would be a difference between the approach of states which we can label as "established powers" or "defenders" i.e. western states, and the states possibly labeled as "rising powers" or "challengers". Since the "established powers" founded the UN and since their donations account for a significant amount in the UN budget the assumption is that they would not criticize the WHO extensively. Since the states labeled as "rising powers" do not have such strong position in the UN the assumption is that they would criticize the WHO in order to shape the organization to their needs.

The anticipated objective / Předpokládaný cíl

As mentioned above, the goal of this work is to describe the relationship of selected states towards the WHO especially in terms of their (non)critical stance towards the organization. Optional goal is to describe the link between the attitude towards WHO and the status of the state in the WHO. The status is defined by being "established power" or "rising power".

Descriptive research question: How certain states approach the World health organization in terms of criticism?

Explanative research question: Which factors influence states attitudes towards the WHO?

H1: It is possible to link the approach of specific states to the WHO with their global status. (Status = combining acceptors/donors with established powers/rising powers) The end result could provide an interesting insight into the inner workings of the WHO and into the power shifts of international relations in the background of WHO.

Methodology / Metodologie práce

In this work the main tool for the analysis of the attitudes of states is going to be a content analysis of the speeches delivered in (probably) the Executive board of WHO. The most precise coding scheme would be created inductively; however, this is the first draft how the coding scheme could look like: positive, negative, ambivalent/constructive criticism, neutral. In order to discover changes and see progression in the attitudes of the states towards the WHO, the work is going to be focused on two separate points in history between which then would be compared. The specific periods are (probably) going to be the years of 2005, 2006, 2007 and 2015, 2016, 2017. Being able to compare the two separate periods should hint which topics were most important and resolved soon, which were not, etc. Optional data work can be selecting few states which would be surveilled throughout the whole timespan from the year 2005 until 2017. This would allow for more detailed analysis of development of these states.

Basic characteristics of the topic / Základní charakteristika tématu

The WHO is specific on multiple levels. The first one is the organizational structure described by Hanreider (2015), who explains path-dependent design of international organizations by adding the fact that there are early winners, who founded the UN. Another point of view towards the WHO is laid out by Worsnop (2016) who concentrated on the H1N1 disease outbreak in 2009 and surveyed how certain countries reacted - they imposed travel and/or trade restrictions even though the WHO said that they would not have any effect on spreading of the disease. Davies et al. (2015) takes a different approach, she describes how the international community is trying to prepare for, and ideally prevent, disease outbreaks. In contemporary globalized world pathogens spread quickly and it is only logical to be prepared for the next disease, for example by adopting International health regulations, which Davies also studied. Another for this work important theme are the works written about the “rising powers”. For example Narlikar (2013) in his article “Negotiationg the rise of new powers” describes five sets of key actors in the field of

international relations and their relationship. Another opinion was expressed by Kahler (2013) in his article "Rising powers and global governance: negotiating change in a resilient status quo". Kahler describes the issues the "rising power" states have with successfully changing the balance in the field of international politics into their favor.

Anticipated structure of the thesis / Předpokládaná struktura práce

Introduction would consist of presenting the main theme of the work from both general and academic perspective. The research questions and hypothesis would also be presented in this part. Theoretical part would consist of conceptualization and operationalization of main terms and also of explanation of the coding scheme for the content analysis. Empirical part would consist of application of the previously mentioned coding scheme to the statements made in WHO. The conclusion would consist of interpretation of the results with assessment whether the formulated hypothesis were correct.

Literature / Základní literatura

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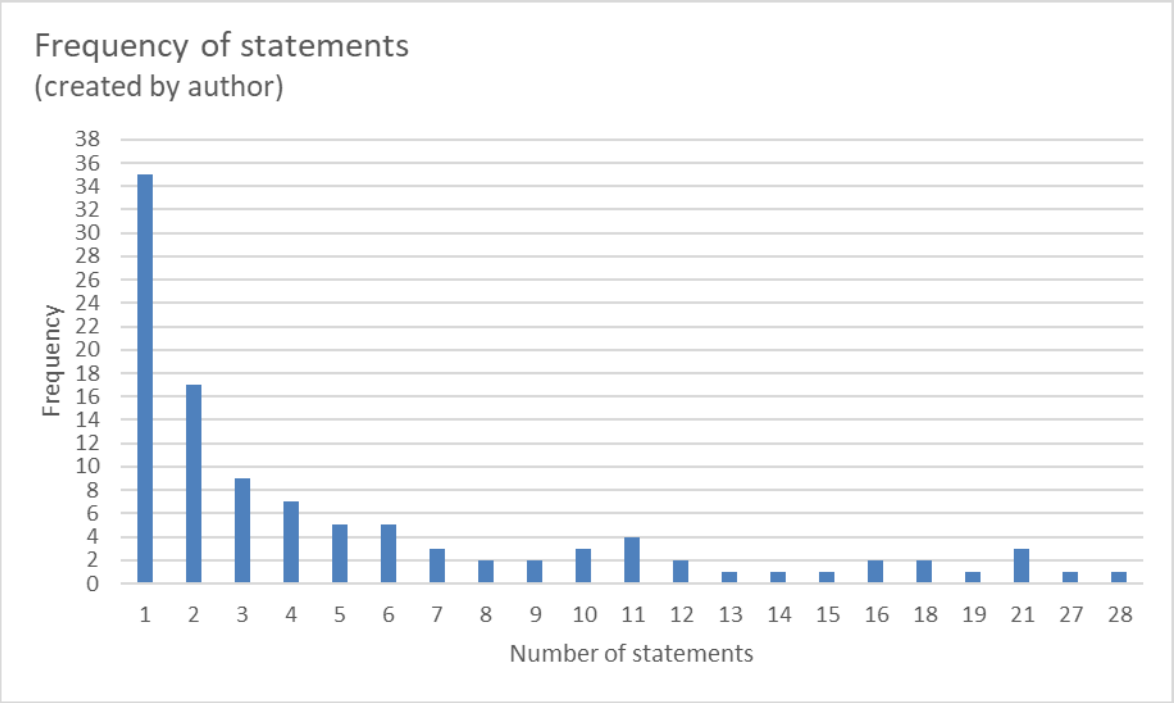
List of Appendices

Appendices

Appendix no. 1: Distribution of frequency of delivered statements



Appendix no. 2: Coding tables for the content analyses with an example

The following coding table with example data in it was used to code the statements delivered at the WHA and EB. The "iso3" cell was used to describe states without having to write the full length of their name.

Type	Year	Content	Iso3	RO Alignment	Draft stance	WHO	RO	Pro region
EB	2015		CHN	6	X	1	0	x
WHO	2006		USA	1	2	2	x	1

The following coding table was used to code the negative statements in the “WHO” topic

Content	Iso3	WHO	Evaluation	Gov. ref	RO adherence	Org.	Resources	Acc	Fin
	BRA	-2	0	1	0	0	0	1	1
	GBR	-1	1	1	1	1	0	0	1