THE GROWTH IN CIVIL SOCIETY INVOLVEMENT WITH THE UN SYSTEM: A
STUDY OF DISEASE ERADICATION PROGRAMMES

by

ANNE-LISE LUCRETIA LOOMER
B.A., The University of Victoria, 1996

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES

(Political Science)

THE UNIVERSITY OF BRITISH COLUMBIA

October 2005

© Anne-Lise Lucretia Loomer, 2005
ABSTRACT

The critical and well-publicized role civil society organizations such as Rotary International are currently playing in the success of the Global Polio Eradication Initiative is a marked contrast to that of the implicit but minor role they played during the campaign to eradicate smallpox. By examining these two case studies of disease eradication initiatives, this thesis seeks to explain the rise of civil society involvement with the UN system in general and the World Health Organization specifically and analyze the factors that account for this evolving relationship. It argues that civil society’s greater involvement is one of both necessity and values and utilizes both liberal and constructivist arguments in order to explain this phenomenon.

Chapter one provides a working definition of civil society and a discussion of the physical growth of civil society over the past 40 years. It reviews the historical relationship civil society has had with the UN and WHO and provides a discussion on how this relationship is evolving due to globalization and the changing geo-political context. Chapter two examines two cases studies, the eradication campaigns of smallpox and polio, in depth and highlights the contrasting minimal role that civil society played during the height of the Cold War era, when the smallpox campaign was taking place, to that of the lead role it is playing now in the polio campaign. Chapter three applies the theoretical paradigms to the case studies and highlights the thesis’ findings that the rise of civil society interaction in global campaigns is a manifestation of a normative shift in the way civil society is viewed by the global community as well as an outcome of the need for greater cooperation to tackle an expanding UN mandate.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>II</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>III</td>
</tr>
<tr>
<td>LIST OF ABBREVIATIONS</td>
<td>IV</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>V</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>CHAPTER ONE: THE GROWTH OF CIVIL SOCIETY</td>
<td>8</td>
</tr>
<tr>
<td>WHAT IS 'CIVIL SOCIETY'?</td>
<td>9</td>
</tr>
<tr>
<td>GLOBALIZATION AND THE CHANGING GEO-POLITICAL CONTEXT</td>
<td>11</td>
</tr>
<tr>
<td>CIVIL SOCIETY'S EVOLVING RELATIONSHIP WITH THE UN</td>
<td>12</td>
</tr>
<tr>
<td>CIVIL SOCIETY AND THE WORLD HEALTH ORGANIZATION</td>
<td>20</td>
</tr>
<tr>
<td>CHAPTER TWO: CASE STUDIES</td>
<td>26</td>
</tr>
<tr>
<td>SMALLPOX</td>
<td>27</td>
</tr>
<tr>
<td>DECISION TO ERADICATE: BIOLOGICAL FEASIBILITY</td>
<td>29</td>
</tr>
<tr>
<td>OBSTACLES AND TACTICS FOR SUCCESS</td>
<td>33</td>
</tr>
<tr>
<td>POLITICAL CLIMATE: COLD WAR</td>
<td>36</td>
</tr>
<tr>
<td>PARTNERS: NATIONAL GOVERNMENTS AND WORLD HEALTH ORGANIZATION</td>
<td>37</td>
</tr>
<tr>
<td>POLIOMYELITIS</td>
<td>40</td>
</tr>
<tr>
<td>DECISION TO ERADICATE: SUCCESS OF SMALLPOX AND ELIMINATION IN THE AMERICAS</td>
<td>42</td>
</tr>
<tr>
<td>OBSTACLES AND TACTICS FOR SUCCESS</td>
<td>47</td>
</tr>
<tr>
<td>POLITICAL CLIMATE: INCREASED MULTILATERALISM, CIVIL CONFLICT AND THE AGE OF GLOBALIZATION</td>
<td>51</td>
</tr>
<tr>
<td>PARTNERS: NATIONAL GOVERNMENTS, WHO, UNICEF, CDC, ROTARY INTERNATIONAL, CHURCH GROUPS, PRIVATE DONORS, VOLUNTEERS, COMMUNITY ORGANIZATIONS</td>
<td>54</td>
</tr>
<tr>
<td>CHAPTER THREE: THEORETICAL EXPLANATIONS FOR THE RISE OF CIVIL SOCIETY INVOLVEMENT IN GLOBAL HEALTH INITIATIVES</td>
<td>60</td>
</tr>
<tr>
<td>REALISM: ERADICATION AS A RATIONAL, SELF-INTERESTED SECURITY ISSUE</td>
<td>62</td>
</tr>
<tr>
<td>NEOLIBERAL INSTITUTIONALISM: GREATER COOPERATION TO TACKLE GLOBAL ISSUES</td>
<td>65</td>
</tr>
<tr>
<td>CONSTRUCTIVISM: NORMATIVE CHANGE REGARDING THE ROLE AND VALUE OF CIVIL SOCIETY</td>
<td>71</td>
</tr>
<tr>
<td>CONCLUSION: LOOKING FORWARD</td>
<td>81</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>84</td>
</tr>
</tbody>
</table>
LIST OF ABBREVIATIONS

AFP - acute flaccid paralysis

CDC - US Centers for Disease Control and Prevention

CSO – civil society organization

ECOSOC – Economic and Social Council

EB – Executive Board

GPEI – Global Polio Eradication Initiative

IO – International Organizations

NGO – nongovernmental organization

OPV – oral polio vaccine

UN – United Nations

UNICEF – The United Nations Children’s Fund

WHA - World Health Assembly

WHO – World Health Organization
ACKNOWLEDGEMENTS

The inspiration for this thesis comes from my work with the polio partnership, including the millions of volunteers who work tirelessly in often extremely difficult and dangerous conditions. Their dogged determination to protect children and eradicate a disease is awe inspiring.

I have numerous persons to thank who have all had a tremendous impact on my academic and personal life.

First, I would like to thank Dr. Lisa Sundstrom, my thesis advisor and now friend, whose patience and good humor were invaluable as I made my way through the thesis writing process, which was sometimes extremely lonely and frustrating. You have helped me achieve a personal goal that at times seemed out of my grasp. Thank you for helping me to succeed and feel proud of my work. You truly brought out the best I had to offer.

I would also like to thank Dr. Barbara Arneil of the Political Science department for being my mentor throughout my graduate career as well as a dear friend. Thank you for believing I had what it took to succeed in the first place.

My graduate school experience exceeded my expectations because I met and became friends with a tremendous group of women: Kathryn, Julianne, Catherine, Miriam and Valerie. Thank you for your encouragement and camaraderie.

Finally, I would like to thank my husband, my sister and her family and my close friends for their support. In particular, I want to thank my parents who are a constant inspiration to me. Your encouragement and love has been unwavering and has carried me through difficult times.
INTRODUCTION

The last case of smallpox was found in Somalia in 1977, allowing the world to witness the declaration of the eradication of smallpox, the first disease ever to be eradicated, on May 8, 1980. This monumental feat created a powerful conviction in the global health community regarding the potential of science and the field of public health to tackle age-old problems and find viable solutions that would benefit all the world's citizens equally. In a matter of years, a problem that had inflicted humankind for centuries was gone. Along with averting an estimated 50 million cases of smallpox annually, governments benefited from huge financial savings, making the eradication of smallpox a tremendous success from a fiscal as well as humanitarian perspective.

In 1988, the World Health Assembly (WHA), learning from the experiences of the smallpox campaign, as well as the failed attempts to eradicate malaria and yaws, passed resolution WHA41.28 and launched the Global Polio Eradication Initiative (GPEI), a unique partnership between national governments, UN agencies and civil society. It vowed to eradicate the scourge of poliomyelitis by the year 2000 and although this deadline has now passed, the initiative is tantalizingly close to achieving its goal, having reduced the global number of cases to less than 1% of the estimated 350,000 cases that occurred annually when the initiative began and limiting its geographical spread to only nine countries from 125. Today, not only are five million children able to walk who would have suffered paralysis, but the polio initiative has also allowed other health interventions, such as the provision of

---

2 to obtain the latest country and case count, see Global Polio Eradication Initiative Website, (World Health Organization, accessed October 13 2005); available from www.polioeradication.org.
vitamin A, to partner with its campaigns, preventing an additional estimated 1.25 million deaths.³

Although both programmes are successful and share similar scientific methodologies, such as the integral use of disease surveillance and ongoing programmatic research⁴, they vary substantially in the type of partnership created to produce that success. The smallpox campaign was a partnership between the World Health Organization (WHO) and national ministries of health, with some financial support supplied by a few donor governments. The polio initiative is different; it too is a partnership with national governments, but instead of WHO taking the lead as the sole international organization involved, there are now four ‘spearheading’ partners, including a large international voluntary organization. WHO, The UN Children’s Fund (UNICEF), the U.S. Centers for Disease Control and Prevention (CDC), and Rotary International comprise the polio partnership, along with many other nongovernmental organizations (NGOs) and community groups at the country and regional level.

The critical and well-publicized role civil society organizations (CSOs) such as Rotary International are currently playing in the success of the GPEI is a marked contrast to that of the implicit but minor role they played during the campaign to eradicate smallpox. By examining these case studies, three general observations can be made. One is that there is a significant increase in the amount of CSO involvement in global public health campaigns. Second, we can see a broadening of the types of civil society organizations that are involved and an increase in the types of functions they perform; lastly, there is an increased usage of a

---

'civil society' vernacular in UN and WHO documents and guidelines as well as a
documented call for greater and more formal interaction with the UN system.

These observations prompt several questions. What factors account for the differing
degree to which civil society organizations are being utilized and involved in today's public
health campaigns? Why was smallpox able to be eradicated without the aid of NGOs and yet
their involvement is so critical to the success of the polio initiative? What broader
conclusions can be drawn about the evolving relationship between civil society and the UN
and its specialized agencies, such as the World Health Organization?

From a liberal perspective, greater cooperation across the spectrum of international
actors is occurring because all parties are able to gain from the production of global public
goods such as the eradication of diseases. Creating new partnerships with civil society and
enhancing those relationships is necessary and a natural progression of international
cooperation, especially in the age of globalization, where state sovereignty is waning and the
growth in communications and technology because of globalization has allowed civil society
to grow and organize.

Constructivists would argue that although liberal theory sheds some light on the
inclusion of civil society for instrumental reasons, it does not explain the changing and
growing rhetoric surrounding civil society and its inherent value. Constructivism would
argue that a normative shift is occurring regarding the perception of civil society and how it
is valued.

I argue that the answer to the question of civil society’s greater involvement is one of
necessity and values. I will utilize both liberal and constructivist arguments in order to best
explain this phenomenon.
First, this thesis will begin by employing liberal theory to argue that the rise in civil society interaction with UN initiatives can be explained by the need for a greater degree of cooperation to tackle global issues. The international community has for years sought greater cooperation and a reduction of health costs. As the section on the history and development of the World Health Organization shows, health has been a part of international diplomacy efforts for centuries, ever since the development of global trade. The coming together of various health entities under the banner of WHO in 1948 formalized states’ need for cooperation on health issues; the phenomenon of globalization, while providing many positive benefits to international health, such as the ability to share information on outbreaks quickly and efficiently, also has the negative ability to spread disease at an alarming rate. Liberal theory argues that increased cooperation with all types of actors is a natural extension of WHO’s mandate to provide good health for all. The increase in civil society involvement at WHO helps fill the need for greater financing, assistance with program implementation and reaching populations that are often unreachable by either states or international organizations because of civil strife or natural disaster.

Although liberal theory explains why greater interaction is necessary by highlighting the tangible benefits brought by civil society to international campaigns such as polio eradication, it does not explain the change in the rhetoric surrounding civil society and the intangible benefits NGOs are thought to bring to the campaigns such as legitimacy and trust. There is a need to explain why civil society is now seen as inherently ‘good’ and why it has become so entrenched in the literature. Civil society involvement is now seen as a key component of any global health programme, a given in the overall make-up of the new partnerships that are sprouting up within public health.
This thesis will therefore draw upon constructivist theory and argue that a normative shift is taking place regarding the perception of civil society's role in international relations and specifically at the UN and its specialized agencies, the inherent value it brings to development initiatives and its ability to contribute to the production of global public goods. No longer is civil society seen as a periphery actor, it is seen as playing an integral part in the success of global initiatives, bringing legitimacy, accountability and transparency to the process.

As Peter Willetts points out, "almost all intergovernmental organizations now accept, as a norm of world politics, that they must have working relationships with NGOs." This thesis builds on this norm and will specifically argue is that a new norm is emerging which stresses the need for civil society involvement in any global campaign. This norm has not been fully internalized by the global community yet, although the normative shift is prevalent in the discourse surrounding civil society and its role in the UN and specifically WHO. This thesis argues that the norm is close to being internalized by the global community and it will utilize the models of norm emergence and socialization proposed by Finnemore and Sikkink and Risse, Ropp and Sikkink respectively, to determine the stage of norm emergence it has reached. By using normative theory, we are able to better understand why the involvement of civil society is seen to be desirable in international relations.

In order to answer the question of why there has been an increase in civil society involvement and argue that a new norm has emerged, this thesis will be divided into three chapters. Chapter one will provide critical background information on civil society. What exactly is civil society and how will it be defined for the purposes of this paper? It will also

---

highlight the physical growth of civil society in terms of the numbers of organizations that have been created generally and those that are accredited with the UN and suggest reasons for its growth over the past 40 years. Finally, it will review the historical relationship civil society has had with the UN and WHO and discuss how this relationship is evolving.

Chapter two will look at the contrasting minimal role that civil society played during the height of the Cold War era, when the smallpox campaign was taking place, to that of the lead role it is playing now in the polio campaign, and examine these two case studies in depth. As the Secretary-General's Panel of Eminent Persons on UN Relations with Civil Society was advised, it is critical to review “important innovations and path-breaking work within the international system and [advise] on how today’s best practice could become tomorrow’s norm through the UN.” The polio campaign is just such an example of best practice within the UN system and therefore, it is important to analyze the role civil society is playing in it to illustrate how this role reflects the normative changes taking place.

Chapter three will apply the theoretical paradigms to the case studies and show the rise of civil society interaction in global campaigns as a manifestation of a normative shift in the way civil society is viewed by the global community as well as an outcome of the need for greater cooperation to tackle an expanding UN mandate.

Lastly, this thesis will conclude with a discussion of the implications of this research on future health campaigns both in terms of the benefits and potential drawbacks and reiterate the importance of this area of study in international relations. Many see civil society, the entity and the concept, as becoming a critical player in international relations and one that is able to solve many of the major issues being faced globally, whether it be UN

---

reform, recognition for human rights or the ability to provide global public goods, such as the eradication of disease. Because of this perception, it is critical to understand the value that civil society brings to solving global issues and how this emerging norm can assist us in solving other issues.
CHAPTER ONE: THE GROWTH OF CIVIL SOCIETY

The idea of a 'civil society' dates back to Roman times, and has evolved and changed theoretically throughout the centuries. Alexis de Tocqueville in *Democracy in America* ruminated about civil society and his opinions were respected "across northern Europe that social, economic and political life outside of the official apparatus of the state was both possible and necessary." The history of international NGOs dates back to the mid-to-late 19th Century, an era which observed the growth of a middle class "with time, education and resources to take part in associations," and a growth in the concept of internationalism. Today, civil society organizations provide communities with a "channel through which people seek to exercise citizenship and contribute to social and economic change." A detailed look at this history is not possible here; instead, this chapter will focus specifically on three areas. First, it will discuss how civil society and non-governmental organizations are defined by the UN and WHO. Second, it will examine how they have grown and what factors account for their growth. Third, it will review the evolving relationship between civil society and the UN and WHO by tracing the increased usage of a 'civil society' vernacular in UN and WHO documents and guidelines and the documented call for greater interaction with the UN system.

---

8 Ibid., 9.
WHAT IS ‘CIVIL SOCIETY’?

Before any discussion can take place regarding explanations for the increased involvement of civil society in the UN system and specifically global health campaigns, it is important to first provide a working definition for the purpose of this thesis. Often, the term ‘civil society’ is used interchangeably with the terms ‘non-state actors’ or NGOs, even within the same document; and it is sometimes unclear in the literature whether scholars are referring to civil society as a concept or as an entity, an issue raised by Alison van Rooy.\(^{11}\)

The term civil society has been widely and unhelpfully defined as the realm between the individual and the state.\(^{12}\) The definition that was developed by the Panel of Eminent Persons on United Nations–Civil Society Relations, which was convened by Kofi Annan in February, 2003, summarizes the main aspects of the ECOSOC resolution, which guides the accreditation process at the UN.\(^{13}\) In the landmark report, entitled, “We the Peoples: Civil Society, the United Nations and Global Governance,” it lists in the glossary the following definition of civil society:

*Civil society.* Refers to the associations of citizens (outside their families, friends and businesses) entered into voluntarily to advance their interests, ideas and ideologies. The term does not include profit-making activity (the private sector) or governing (the public sector). Of particular relevance to the United Nations are mass organizations (such as organizations of peasants, women or retired people), trade unions, professional associations, social movements, indigenous people’s organizations, religious and spiritual organizations, academe and public benefit non-governmental organizations.\(^{14}\)

\(^{11}\) See Van-Rooy.
WHO uses a generic definition of ‘civil society’ which simply states that civil society includes “non-state, not-for-profit, voluntary organizations formed by people within the social sphere of civil society.” Both these definitions highlight the ongoing debate regarding the definition of civil society as there are major discrepancies within them. For example, there are organizations which are not profit making that are created to support industry interests and are funded by that industry. There are also many NGOs which receive substantial funds from government to pursue what many would consider the foreign policy goals of that government. These organizations often look less like the traditional public perception of an NGO, and more like a lobby group, which still falls within the generic definition of ‘civil society’ as defined by WHO.

What these definitions do provide is an understanding of the link between civil society and the term NGO, which are often used interchangeably. Civil society is seen to be the idea of citizen’s forming groups outside of government or business to pursue common interests, most likely for the common good. It is sometimes also seen as the place where these groups form. Van-Rooy highlights the United Nations Development Programme’s definition which states that “civil society is the sphere in which social movements become organized.” Thus NGOs have come to be seen as the manifestation of this concept, the product of that sphere or idea. Despite these larger debates, for the purposes of this thesis, the WHO definition will be used and the terms civil society, CSO and NGO will be used interchangeably, as they are within most UN and WHO documents.

16 Van-Rooy, 19.
GLOBALIZATION AND THE CHANGING GEO-POLITICAL CONTEXT

In the past 60 years since the creation of the UN and most noticeably in the last 20 years, there has been a tremendous growth of in the number of civil society organizations in general and in the number that are involved with the work of the UN. Mingst reports that from 1951-1960, there were 1,321 NGOs operating at the international level. This number grew to 4,676 during the period 1978-1985. By 1999, there were 5,825 organizations. Of particular note is the growth in the number of organizations since the mid-1970s and after the end of the Cold War, particularly in the North and West. Globalization, combined with a greater openness of the geo-political context, has helped fuel this growth.

Globalization, defined as “the process of increasing integration of the world in terms of economics, politics, communications, social relations, and culture,” has strengthened the capacity of NGO networks to act while creating at the same time a greater need for them. First, it has strengthened and empowered these networks, providing the technological capabilities for these actors to mobilize, reach out to a vast potential membership and allow for the dissemination of information easily and quickly. Second, it has had an impact on the nature of the state, how it is perceived by its citizens and the power it holds. Globalization

17 United Nations, UN System and Civil Society- an Inventory and Analysis of Practices: Background Paper for the Secretary General’s Panel of Eminent Persons on United Nations Relations with Civil Society, 1. The Union of International Associations, the world’s leading source of information on international organizations, states that the total number of international organization it counts within its multitude of different categories is 58,859. This figure includes all organizations from national and internationally focused national organizations to inactive organizations. Union of International Associations, International Organizations by Year and Type (Table 2), Yearbook of International Organizations 1909/1999(Union of International Organizations, 2005, accessed October 12 2005); available from http://www.uia.org/statistics/organizations/ytb299.php.
19 Union of International Associations, (accessed).
20 The authors associate this growth with “the uneven spread of economic and technological development and of pluralist political systems.” Ibid., 56.
has led to a reduction in state sovereignty and has also forced some governments to "abandon programs under the pressure of world markets."\textsuperscript{22} This seeming lack of control and perceived reduction in the ability of states to make independent choices based on the wishes of its own citizens, has led many citizens to believe that civil society is more representative of their needs. Civil society actors in many places have filled that need, providing a voice for and services to disenfranchised populations.

The changing geo-political context, which sees at the end of the Cold War an increase in multilateralism due to renewed cooperation between the East and West, and an increased demand for the UN to tackle not just issues of peace and security but also development issues\textsuperscript{23}, also brings about a change in conflict, from inter-state to intra-state. When the Cold War ended, there was a "resurgence of nationalism and ethnic conflict, especially in the regions formally under authoritarian and communist dominated governments."\textsuperscript{24} Citizens living in ‘failed states’ or under these authoritarian regimes often are distrustful of their governments. The increased amount of civil war creates a new need for NGOs who are able to reach populations that their own governments are either unable or unwilling to reach, or are in rebel controlled areas and which local populations trust.

CIVIL SOCIETY’S EVOLVING RELATIONSHIP WITH THE UN

Today, 2,719 NGOs are fully accredited with consultative status through ECOSOC and thousands more interact with UN agencies and the UN Secretariat unofficially.\textsuperscript{25} This

\textsuperscript{22} Mingst and Karns, \textit{The United Nations in the Post-Cold War Era}, 1.
\textsuperscript{23} Ibid., 9.
\textsuperscript{24} Ibid., 9.
\textsuperscript{25} Consultative status enables “qualifying organizations to make a contribution to the work of the programmes and goals of the United Nations by serving as technical experts, advisors and consultants to governments and Secretariat…in concrete terms, this entails their participation in ECOSOC and its various subsidiary bodies
number has grown since the inception of the UN, when only four NGOs were granted consultative status under the new mechanisms finalized by ECOSOC in 1950. The number of NGOs in consultative status more than tripled during the period from 1992 to 2003, when the number of NGOs in consultative status went from 744 to 2,350. This rise corresponds to the “explosion of NGO involvement” in the UN, particularly the era of large global conferences that took place after the end of the Cold War where NGO participation transformed “qualitatively as well as quantitatively.”

Civil society is now firmly entrenched in all aspects of the UN’s mandate although this relationship is not without question by a number of member states, some of whom feel threatened by the increasingly powerful role of civil society, especially those that have been accused of international norm violations by these groups and others who feel skeptical of the value brought by civil society to what is still an intergovernmental organization. Those desires to push civil society back into a less active role are countered by other member states through attendance at these meetings, and also through oral interventions and written statements on agenda items of those bodies.” United Nations, *NGO Related Frequently Asked Questions* (2005, accessed August 29, 2005); available from http://www.un.org/esa/coordination/ngo/faq.htm.


29 This document details the major UN conference that took place between 1968 and 2002, highlighting the number of NGOs with official accreditation and estimates of the number of NGO participants attending the parallel forums. Ibid.

30 Peter Willetts states that, “they have gained acceptance not just on economic and social questions but also in debates on human rights, on the environment, and, at times, on arms control.” Peter Willetts, "From "Consultative Arrangements" To "Partnership": The Changing Status of NGOs in Diplomacy at the UN," *Global Governance* 6, no. 2 (2000): 191.
that see the intrinsic value civil society brings to the work of the UN and who often view NGOs as “their lifeline to the real world outside the committee room.”

NGOs have been vying for inclusion in the UN since its inception; in 1945, NGOs lobbied successfully for a mandated role for civil society in the UN Charter, which states the following:

The Economic and Social Council may make suitable arrangements for consulting with non-governmental organizations which are concerned with matters within its competence. Such arrangements may be made with international organizations and, where appropriate, with national organizations after consultation with the member of the United Nations concerned.

This relationship has grown and evolved to a much broader phenomenon than was originally envisaged. Tony Hill, Coordinator of the UN’s non-Governmental Liaison Service argues that there have been two ‘generations’ of UN-civil society relations and that the third is currently evolving. The first generation existed up to the end of the Cold War era, where a narrow field of international NGOs were “granted formal consultative relations with the UN (ECOSOC) in recognition of their international standing.” During this time, NGOs had little to do with the formal work of the UN, with NGO forums at UN Conferences operating at arm’s length; however, “they established the right of non-governmental actors to participate in UN deliberations, and gave real, practical expression to the possibilities opened up by Article 71.”

During this time, the UN infrastructure surrounding UN-civil society relations was put into place. In 1946, a standing committee called the Committee on Non-Governmental

---

34 Ibid.(accessed).
Organizations was established in ECOSOC to review applications and policy for consultative status.\textsuperscript{35} In 1968, ECOSOC passed resolution 1296(XLIV), a culmination of a major review of the consultative system, which led to changes in how NGOs could be financed, an effort to bring more NGOs from the developing world into the system, the need for NGOs to submit regular reports on their activities to ECOSOC and the ability of ECOSOC to revoke status.\textsuperscript{36} 1975, the UN non-governmental Liaison Service created.\textsuperscript{37}

The second generation can be coupled with the advent of the 1990s, the decade which saw the hosting of numerous large-scale UN conferences and which included vast numbers of NGOs.\textsuperscript{38} Hill points to three major developments: a broadening of the types of civil society organizations involved and an increase in the types of issues they are interested in;\textsuperscript{39} a growth in operational cooperation between the UN and civil society which sees the funding of many NGO projects by the UN for refugee or humanitarian emergencies and the observation that “the second generation of UN-NGO relations are essentially political and reflect the motivation of NGOs to engage with the UN as part of the institutional architecture of global governance.”\textsuperscript{40}

The growth of NGO participation in these large-scale conferences initially started with the 1972 UN Conference on the Human Environment. Willetts highlights the actions of the Conference’s Director General, Maurice Strong, who “proposed that not only the ECOSOC NGOs, but also ‘other NGOs of genuinely international character’ should be

\begin{flushleft}
\textsuperscript{36} Willetts, "Consultative Status for NGOs at the United Nations," 42.
\textsuperscript{37} More information on the UN’s Non-governmental Liaison Service can be found at: United Nations, (accessed).
\textsuperscript{39} Willetts, "From "Consultative Arrangements" To "Partnership": The Changing Status of NGOs in Diplomacy at the UN," 191.
\textsuperscript{40} United Nations Non-Governmental Liaison Service, (accessed).
\end{flushleft}
invited, provided that they were "directly concerned with the subject matter of the Conference."\textsuperscript{41} It was during the 1970s and 1980s that NGOs began to gain respect for their ability to get their issues onto the global agenda, such as apartheid, as well as their ability to respond effectively to humanitarian crises, such as the famine in Ethiopia.\textsuperscript{42} During this time, donors became increasingly excited about the work NGOs were able to accomplish, believing that NGOs were "more efficient, less costly and more innovative than official donors or even home governments and more able to reach the poorest citizens."\textsuperscript{43}

This extension of UN policy to include NGOs without formal consultative status hit extraordinary heights with Rio's Earth Summit, the UN Conference on Environment and Development (UNCED), where "of the 1,400 NGOs accredited beforehand, about 650 turned up and about 9,000 attended the unofficial Global Forum."\textsuperscript{44} Willetts credits this development in NGO participation because of "a 'sea change' in attitudes having occurred"\textsuperscript{45} among member states between when the General Assembly first met and the first Preparatory Committee took place, some of whom at first viewed with suspicion environmental NGOs and wanted to restrict their participation.\textsuperscript{46} The conference culminated in the formation of another significant change regarding the role and perception of NGOs. Agenda 21, one of five main documents to be produced at the Conference, "call[ed] for all the 'major groups' to be involved in a 'real social partnership' with governments for the formation and implementation of sustainable development policies both at the international level and within

\textsuperscript{41} Willetts, "Consultative Status for NGOs at the United Nations," 54.
\textsuperscript{44} Willetts, "Consultative Status for NGOs at the United Nations," 55.
\textsuperscript{45} Ibid.
\textsuperscript{46} Ibid.
each country." Although the language was seen to be unclear, the message was not. Civil society was seen to now be an integral part of the solution to global problems: "the agreed product of the conference (Agenda 21) enshrined the importance of civil society as essential stakeholders if development is to be sustainable." As Boutros Boutros-Ghali stated in a speech to NGOs attending a conference at the UN in 1994, "I want you to consider this your home. Until recently, these words might have caused astonishment. The UN was considered to be a forum of sovereign states alone. Within the space of a few short years, this attitude has changed. Non-governmental organizations are now considered full participants in international life."

The third generation seen by Hill is thought to be currently emerging and "involves like-minded coalitions of governments and civil society...and various forms of multi-stakeholder, public-private, public policy networks and partnerships," of which the GPEI is an example. The increasing emphasis on encouraging and creating new, innovative opportunities for greater interaction between civil society and the UN has been highlighted as a major aspect of UN reform and a mechanism for the UN to implement its widening mandate. In 2003, UN Secretary-General Kofi Annan established the Panel of Eminent Persons on United Nations-Civil Society Relations as follow-up to his September 2002 report entitled, *Strengthening the United Nations: an Agenda for Further Change* in which he stated that civil society had "enriched the debates and influenced the outcomes of many

47 Ibid., 56.
48 see also Willetts, "From "Consultative Arrangements" To "Partnership": The Changing Status of NGOs in Diplomacy at the UN."
intergovernmental deliberations" and that the Organization was creating new "fruitful" partnerships with non-state groups, thus illustrating that it "is evolving with the times." The panel was asked to review the existing system with an eye for making it more effective and efficient, look at best practices throughout the UN system and other international organizations (IOs) on how to best work with civil society and propose suggestions for encouraging and facilitating greater participation from developing country NGOs.

The chronology above demonstrates that a normative shift is taking place regarding the role and perception of civil society within the UN as illustrated by its growth, the development of institutional mechanisms to facilitate its involvement, and its inclusion in major UN documents and resolutions. Civil society now appears as one of the major subject areas on the UN's website and the cornerstone of the UN's development policy, the Millennium Development Goals, lists the creation of 'partnerships' as one of its eight goals. UN Secretary General Kofi Annan has remarked that he sees "a United Nations keenly aware that if the global agenda is to be properly addressed, a partnership with civil society is not an option; it is a necessity," and last year, Louise Frechette, UN Deputy Secretary-General stated that, "where once global conferences were largely the realm of governments, today,

---

53 Ibid., 1.
54 Panel of Eminent Persons on United Nations-Civil Society Relations.
55 See www.UN.org.
56 The Millennium Declaration, signed September 8, 2000 calls for the development of, "strong partnerships with the private sector and with civil society organizations in pursuit of development and poverty eradication," and "to give greater opportunities to the private sector, non-governmental organizations and civil society, in general, to contribute to the realization of the Organization’s goals and programmes." United Nations, *The Millennium Declaration* (accessed August 30 2005); available from http://www.un.org/millennium/declaration/ares552e.htm.
staging such events would be unthinkable without the unique advocacy and mobilization of civil society."\(^{58}\)

Two of the most compelling signals of a normative shift occurring are the convening of the Panel of Eminent Persons on Civil Society-UN Relations and most recently, the inclusion of numerous references to civil society in the report of the High-Level Panel on Threats, Challenges and Change\(^{59}\) entitled, "A More Secure World: Our Shared Responsibility," in which the inclusion of civil society was seen to be critical to addressing issues of collective security, a realm traditionally not open to non-state actors at the UN. The rhetoric revolving around civil society and the UN has indeed changed. As Willetts points out, "the new language of the 1990s, with the concept of social partners, is revolutionary because it implies an equality of status between governments and NGOs."\(^{60}\) This language also establishes a shift in the Organization’s perception of civil society from that of a necessary actor to include in its work because of pressure by the NGOs themselves and the changing geo-political context, to an acknowledgment of civil society’s inherent value and newly recognized place in international relations, making their inclusion in the work of the UN automatic.


\(^{59}\) The Secretary-General convened this Panel to “assess current threats to international peace and security; to evaluate how our existing policies and institutions have done in addressing those threats; and to make recommendations for strengthening the United Nations so that it can provide collective security for all in the twenty-first century.” Challenges and Change High-Level Panel on Threats, A More Secure World: Our Shared Responsibility (New York: United Nations, 2004), 1, A/59/565.

\(^{60}\) Willetts, "From "Consultative Arrangements" To "Partnership": The Changing Status of NGOs in Diplomacy at the UN," 206.
CIVIL SOCIETY AND THE WORLD HEALTH ORGANIZATION

WHO’s mandate is the “attainment by all peoples of the highest possible level of health”\(^{61}\) and in order to achieve that goal, it has always recognized the need to include partners that fall outside the traditional membership of WHO.\(^{62}\) Civil society and NGOs have been involved with WHO since its inception in 1948\(^{63}\) and several articles in WHO’s Constitution explicitly outline a relationship with NGOs similar to that in the UN Charter. Articles 2.h, 18.h, 33 and 71, detailed below, include references to NGOs and how the Organization will engage with them:

The Organization may, on matters within its competence, make suitable arrangements for consultation and co-operation with non-governmental international organizations and, with the consent of the Government concerned, with national organizations, governmental or non-governmental.\(^{64}\)

During the first World Health Assembly (WHA), the governmental body which oversees the work of WHO, a set of principles was established to help guide the Organization’s interactions with civil society. Entitled Working Principles Governing the Admission of Nongovernmental Organizations into Official Relations with WHO, these principles have been amended routinely over the years, with the last amendments made in 1987, which included the renaming the document to Principles Governing Relations between the World Health Organization and Nongovernmental Organizations and updating the ‘Official Relations’ system, the policy overseen by WHO’s Executive Board (EB) detailing


\(^{62}\) WHO is comprised of 192 member states which review and approve the program of work and budget and the policy direction of the Organization at the World Health Assembly, held each year in May.

\(^{63}\) For more information, see Civil Society Initiative Website, (World Health Organization, 2005, accessed April 16 2005); available from http://www.who.int/civilsociety/en/.

how NGOs will work with WHO. Relations with civil society are also a standing agenda item at the WHA and EB.

Since WHO’s inception, there has been a steady increase in the number of CSOs involved in the work of the Organization. When WHO’s Civil Society Initiative (CSI) performed its review in 2001, it found 189 NGOs held Official Relations with WHO and 240 had informal relations, with many more thought to be involved at the regional and country level. This increase has been attributed to the “evolving concepts about health and the articulation of its links to poverty, equity and development [widening] the range of WHO partners.” The breadth of NGOs involved in the international health regime has grown from solely those involved directly in health, such as medical professionals, to voluntary organizations such as Rotary International, that view the “attainment of health for all” as complementary to their organization’s goals for social equity. The changing nature of the international health regime has led to the need to review WHO’s policy and mechanisms for interacting with civil society to reflect these changes.

In May 2001, Dr. Gro Harlem Brundtland, WHO’s Director General, put forward a motion at the World Health Assembly to review WHO’s policy and interactions with civil society. She stated, “governments and international institutions have to take notice of an awakened and energised civil society mobilising for greater inclusion in both local and global development processes,” and that, “reaching public health goals today requires the

---

65 For a list of all WHA resolutions which contain amendments to the Principles document, see Civil Society Initiative, Review Report: WHO’s Interactions with Civil Society and Nongovernmental Organizations, 8.
66 Ibid.
67 Civil Society Initiative Website, (accessed).
68 Lanord, 5.
69 Civil Society Initiative Website, (accessed).
cooperation of a wide array of actors."

The purpose of the review was similar to that of the UN’s Panel of Eminent Persons on Civil Society-United Nations Relations. It was to analyse WHO’s current policies pertaining to civil society and the process by which organizations gained official relations status, which had been criticised for being officious and cumbersome. To be in “Official Relations” with WHO is to be affiliated with a particular technical unit for a minimum of two years, and to have a combined three-year work plan with that unit. Official Relations incurs certain privileges, the most important being the ability to participate in the Executive Board and the World Health Assembly through attendance and the right to make a statement.

The review was to recommend a new, more efficient and effective policy that would allow for a more accurate representation of the organizations working with WHO, include a greater amount of organizations from the south and one that could be used across the organization more effectively. This new policy was presented to the 57th WHA in April 2004. In the preamble it acknowledged “the importance of civil society and its contribution to public health, and the growth in the numbers and influence of nongovernmental organizations active in health at global, regional and national levels.”

Civil society organizations have long been involved in public health, but the need for services and expertise has grown. In the 1990s, health reforms de-emphasized the scope of

---

70 Civil Society Initiative, Review Report: WHO’s Interactions with Civil Society and Nongovernmental Organizations, 2.
71 Lanord, 8.
72 Ibid., 4-5.
73 World Health Assembly, Policy for Relations with Non-Governmental Organizations: Note by the Director-General (Geneva: World Health Organization, 2004), A57/32.
74 Civil Society Initiative, Strategic Alliances: The Role of Civil Society in Health, 5. This document highlights briefly the history of civil society interaction with the health regime, starting with the efforts to clean up America’s cities in the nineteenth century, to the 1978 Alma Ata declarations “which is considered a landmark for recognizing people’s participation in health systems as central to Primary Health Care and for recognizing the role that organized social action plays in securing health gains.”
the state’s involvement in healthcare, sometimes due to structural adjustment policies and as a result, health systems, especially in developing countries, suffered, creating a greater need for civil society involvement.\textsuperscript{75}

Within the health regime, civil society has proven that it can provide a variety of critical services as well as technical expertise, which make it an invaluable partner in the fight against communicable disease and the building of good public health systems. WHO’s CSI provides a detailed account of CSOs benefits to health systems and breaks these benefits into five major categories: health services; health promotion and information exchange; policy setting; resource mobilization and allocation; monitoring quality of care and responsiveness. Specifically, NGOs are, among many other tasks, providing services and disseminating health resources and information, helping shift social attitudes, financing health services, assisting in policy formation by “promoting equity and pro-poor policies” and “monitoring responsiveness and quality of health services.”\textsuperscript{76} Because of the changing geo-political environment where civil war and conflict have become commonplace, NGOs have become particularly valuable because of their perceived neutrality. They are able to reach those who are often unreachable by their own governments or IOs: “NGOs can be particularly effective in reaching marginalized populations and remote areas, ensuring community participation, and providing services and advocacy.”\textsuperscript{77} It is NGOs’ closeness to the constituencies they are trying to serve that puts them at a comparative advantage in

\begin{flushleft}
\textsuperscript{75} Ibid.
\textsuperscript{76} For an extensive list of civil society roles in health, see Ibid., 6.
\end{flushleft}
programme implementation and it is this connection with the local, rather than solely global, that the UN and WHO are striving to embrace.\textsuperscript{78}

As highlighted previously, globalization and the changing geo-political context have contributed to the rise of civil society in general, and are reflected in the changes made within the UN regarding the evolving role and perception of civil society. As the Chair of the Panel of Eminent Persons on UN-Civil Society Relations eloquently summarized, “globalization, the increasing porosity of national borders, new communication technologies, the increasing power of civil society and public opinion, mounting dissatisfaction with traditional institutions of democracy, the imperative of decentralization and other factors have enormous implications for global governance.”\textsuperscript{79}

Globalization has also had an impact on international health specifically: on the one hand, it is positive, providing for greater information sharing at a much faster rate than anytime in history; yet on the other hand, the speed at which viruses can proliferate via the new tools of globalization, such as increased passenger air travel and international trade, are equally fast. The need for collaboration in this area is of paramount importance because the problems associated with public health are not something states can tackle alone within their own borders.\textsuperscript{80} The recent example of SARS highlights the need for global efforts to combat transmission of viruses and diseases across borders. As Chen points out, “although

\textsuperscript{78} United Nations, \textit{UN System and Civil Society- an Inventory and Analysis of Practices: Background Paper for the Secretary General’s Panel of Eminent Persons on United Nations Relations with Civil Society}, 16.

\textsuperscript{79} Panel of Eminent Persons on United Nations-Civil Society Relations, 7.

responsibility for health remains primarily national, the determinants of health and means to fulfill that responsibility are increasingly global."\(^81\)

Thus, similar to the growth of civil society relations with the UN at large, the relationship between civil society and WHO has also continued to grow, reflecting the global evolution of civil society in general, which has been “triggered by sweeping political, economic and social changes that have had a profound influence on the role of the nation state, bringing national and international health agendas closer together.”\(^82\) The motivation behind the 2001 review of WHO’s relationship with civil society is yet another indicator of a normative change occurring in the way civil society is perceived and valued. In the past, civil society lobbied to be a part of these organizations; now they are actively being courted by them. The UN and WHO recognize that their mandates simply cannot be fulfilled unless they include civil society. It is this indispensability that is causing a normative shift around the perception of civil society; just as it is now unthinkable to not include civil society in the global conferences of the UN, it is now becoming unthinkable not to include civil society as a partner in global health initiatives if they are to be successful. Their inclusion is becoming an automatic reaction by international organization’s seeking to provide solutions to global health problems. The following two case studies illustrate this emerging normative shift.


Chapter TWO: CASE STUDIES

This chapter will examine two case studies that illustrate the evolving role of civil society within international relations and the international health regime. I have specifically chosen to explore two global disease eradication initiatives in order to test my hypotheses. The eradication of disease is a very limited field and hence, it allows for a level playing field when comparing cases; very few diseases can be eradicated and even fewer have been attempted to be eradicated.\(^83\) Eradication is defined as the "permanent reduction to zero of the worldwide incidence of infection caused by a specific agent as a result of deliberate efforts [to the point where] intervention measures are no longer needed."\(^84\) Eradication needs the complete involvement and cooperation of all countries in order to break the chains of disease transmission. In total, only six diseases - malaria, yaws, yellow fever, smallpox, poliomyelitis and guinea worm - have had eradication initiatives. Of those, only smallpox has been certified eradicated. The two remaining initiatives which are still underway, polio and guinea worm, have not yet achieved certification, but are extremely close with both programmes reducing the number of cases worldwide by 99.9%.

I have chosen to compare the smallpox initiative to the polio initiative for numerous reasons. First, they can both be defined as successful, with a reduction in global cases of 99.9%; second, unlike guinea worm, the key tool utilized in both smallpox and polio

\(^{83}\) The field of public health has come to recognize disease eradication as an important tool of public health and some say, the ultimate tool. Health experts have studied 80 diseases to test their 'eradicability' and have concluded that only six are truly able to be eradicated. See the Dahlem Workshop Report for more information on this discussion W.R Dowdle and D.R. Hopkins, eds., The Eradication of Infectious Diseases: Report of the Dahlem Workshop on the Eradication of Infectious Diseases, Berlin, March 16-22, 1997 (Chichester: John Wiley &Sons Ltd, 1998).

eradication is a readily available and inexpensive vaccine; third, both eradication initiatives have been proven to be biologically feasible and cost-effective. Lastly, they cover the time period starting in the late 1950s until present day and therefore allow for the exploration and analysis of the changing historical context and new global phenomena on the growth and inclusion of civil society organizations. In short, smallpox and polio are the two most similar case studies of global health campaigns within international public health and they provide the opportunity to explore external factors over time that account for the growth of civil society involvement.

Both cases studies will explore four areas: the background of the disease and the decision to eradicate; the partners involved in the initiatives and their respective roles; obstacles and tactics for success, including the initiative’s strategy, budget and problems to overcome and finally, the political climate during which the initiative was/is operating. By exploring these aspects, comparison between the cases will reveal a growth in cooperation between numerous actors within international relations, a growth in the type of organizations involved and amount of involvement in eradication campaigns, and finally a normative shift regarding the role of actors, other than international organizations such as WHO and national governments, have to play and the inherent value they bring to the process.

SMALLPOX

From ancient Egyptian times to the Spanish invasion of the New World, smallpox has traveled over trade and conquest routes throughout the world, exterminating almost entire populations of armies, ancient civilizations and first nations people.\(^5\) As Jonathan Tucker, in

\(^5\) Jonathan Tucker traces the spread of smallpox throughout human history from the Spartan defeat of Athens in 430B.C to Alexander the Great’s campaign in India. More can be read on the ancient roots of smallpox in the
his book *Scourge: the Once and Future Threat of Smallpox* points out, “over the course of human history, smallpox claimed hundreds of millions of lives, far more than plague - the dreaded Black Death of the Middle Ages - and all the wars of the twentieth century combined.” Smallpox had a high fatality rate and where records were kept, accounted for approximately 10% of total deaths. It was such a large part of everyday existence in many parts of the world that cultures developed particular gods and goddesses of smallpox to pray to for relief from the virus. Smallpox is even said to have contributed to the growth of Christianity: “fear of the disease is said to have been a significant force in encouraging the early growth of Christianity, just as scarring from smallpox sent many medieval girls and women into nunneries.” It wasn’t until 1796, when a British doctor named Edward Jenner proved that one could become immune to smallpox if inoculated with the smallpox virus, and created the first vaccine, that progress began to be made against the disease.

At the beginning of the 20th century, smallpox affected every country in the world. By the mid-century, it had been eliminated everywhere except Africa, Asia and South America. Although many countries had successfully eliminated smallpox within their own borders, all countries were still susceptible to importations from travelers and needed to be vigilant; therefore, smallpox-free countries still had large costs associated with the disease.

---

90 Jenner was also the first person to predict that smallpox would indeed be eradicated. Fenner and others, 258.
that included healthcare costs such as vaccination, and costs associated with staffing transportation areas to ensure all who arrived within their borders had been vaccinated.

Much has been written about the smallpox campaign, starting with the seminal and gargantuan work, *Smallpox and Its Eradication*, a 1,460-page volume written by the leaders of the smallpox initiative at WHO and members of the certification committee, its size and breadth being consistent with the enormous and complex task of eradication it strives to describe and analyze. This case study will focus specifically on that information which helps us understand better the limited amount of civil society interaction that occurred and was reported on during the campaign, so that we may analyze in the next chapter why smallpox was able to be successful without a large degree of civil society involvement. It will provide background information on the four areas discussed above in order to provide the most critical information needed to shed light on these questions.

**DECISION TO ERADICATE: BIOLOGICAL FEASABILITY**

The humanitarian case for eradication was clear. By mid-century, there were estimated to be between 10-15 million cases annually and two million deaths. Smallpox also met numerous biological and cost-effective criteria that have since been established to decide whether a disease could or should be eradicated as opposed to simply controlled. Control is defined as the "reduction of disease incidence, prevalence, morbidity or mortality to a locally acceptable level as the result of deliberate efforts [with] continued intervention measures... required to maintain the reduction." Frank Fenner, Chairman of the Certification Committee, in his article, "A Successful Eradication Campaign," highlights

---

92 Ibid.
93 Ottesen and others, 48.
eight biological features of smallpox that allowed it to be not only controlled, but eradicated. First and foremost, he stresses that the severity of the disease itself was enough to warrant an eradication campaign but that smallpox also possessed certain qualities that allowed scientists to believe that transmission of the virus could be interrupted. For example, there were no ‘subclinical cases’ meaning that a person could not be infected without symptoms, and that the period of infection concurred with the very visible signs of infection and didn’t diminish until recovery. Smallpox was also understood not to have ‘recurrent infectivity’ so that once a patient recovered, they were immune to the disease and did not pose a threat to others. These traits allowed healthcare workers and others to isolate victims immediately with the onset of the disease, often before the virus had had a chance to spread. Also important was the fact that a stable, effective vaccine was available. As Fenner describes, “in the early 1950s, Collier developed a freeze-dried vaccine that remained stable under the most adverse conditions.” 94 Finally, smallpox had no animal reservoirs so the virus could not survive outside the human population once the chain of transmission had been broken. These biological factors made eradication feasible.

Smallpox eradication was also extremely cost effective. In his paper, “Eradication versus Control: the Economics of Global Infectious Disease Policies,” Scott Barrett emphasizes that the economic benefits reaped by the endemic countries were good, but that the benefits gained by industrialized donor governments where the disease was already wiped out but control measures were still in place, were even greater:

The total expenditure for the eradication programme – an incremental cost above the cost of control – was about US $100 million (the total of all international funding made available to the programme) incurred over a period of about 10 years. Very roughly, a one-time cost of about

US $100 million saved the world about US $1.35 billion a year. Using a discount rate of 3%, this implies a benefit-cost ratio for global eradication of about 450:1. Smallpox eradication was an extraordinary good deal for the world.\footnote{Scott Barrett, "Eradication Versus Control: The Economics of Global Infectious Disease Policies," Bulletin of the World Health Organization: the scientific journal of WHO 82, no. 9 (2004): 684.}

It is estimated that the United States “recoups the costs it incurred once every 26 days.”\footnote{Arhin-Tenkorang and Conceicao, 487.} In 1968, the United States alone was spending an estimated US $153 million. This figure includes the cost of vaccination and vaccination-related complications as well as domestic surveillance at its marine and airports.\footnote{See Hopkins for a detailed breakdown of the costs associated with smallpox for the US civilian population as well as Fenner et al for a breakdown of voluntary contributions to smallpox through cash and in-kind contributions from donor governments, Hopkins, 28.} As Dr. Fred Soper, former Director of the Pan American Health Organization said in 1966, “our generation has no excuse to offer future generations if we continue to permit half of the human race to suffer from smallpox while we attempt to defend ourselves with costly and inefficient quarantine and vaccination certificates.”\footnote{World Health Organization, Handbook for Smallpox Eradication Programmes in Endemic Areas (Geneva: World Health Organization, 1967), I-7.} Quite simply, the successful eradication of smallpox is now seen as one of the most cost-effective health programmes ever launched.

Smallpox had been identified as an important issue since WHO’s inception in 1948 as a disease that needed to be controlled and the WHA had called for its study.\footnote{World Health Organization, The Global Eradication of Smallpox: Final Report of the Global Commission for the Certification of Smallpox Eradication, 9.} It was not until 1958, however, when the first resolution to eradicate smallpox was proposed by the Soviet delegate Dr. Viktor Zhdarnov and passed by the World Health Assembly the following year.\footnote{It is thought that perhaps countries shied away form the idea of ‘eradication’ because the failure of the malaria programme left many skeptical about the possibilities of being successful.} This resolution recommended “… to the health administrators of those countries where the disease is still present that they organize and conduct, as soon as
possible, eradication programmes, making provision for the availability of a potent stable vaccine."\(^{101}\) The onus of the programme therefore lay with the countries themselves with some technical support provided by WHO and in some cases, vaccine supplied by donation from industrialized countries.\(^{102}\) WHO's role was also to oversee the 'development of vaccine production.'\(^{103}\)

The strategy was straightforward: endemic countries were to create national smallpox programmes and vaccinate at least 80% of their population. They would pay for most of the programme and coordinate its administration.\(^{104}\) Seven years later, 28 countries had become free of smallpox but in 1966 there were still 33 endemic nations, threatening a total population of more than 1.2 billion people.\(^{105}\) Some of the largest and most difficult countries of the world – India, Bangladesh and Ethiopia – remained endemic and as the WHO Scientific Group on Smallpox Eradication noted, some major failures of the programme in these countries, namely the lack of proper case reporting and the use of non-thermal stable vaccine as well as poor supervision of personnel, were problems associated with less developed countries.\(^{106}\) Also during this time, there was a lack of contributions of vaccine from donor countries as well as lack of encouragement in general, perhaps a sign of apprehension about the imminent failure of the malaria campaign.\(^{107}\) In short, and not

\(^{101}\) Fenner and others, *Smallpox and Its Eradication*, 370.
\(^{103}\) Fenner and others, *Smallpox and Its Eradication*, 395.
\(^{104}\) Ibid., 394.
\(^{106}\) Ibid., 25.
\(^{107}\) Fenner and others, *Smallpox and Its Eradication*, 398 and 418. Also, as Needham and Canning point out, Malaria also dominated the international health agenda at that time and garnered greater political and financial support from both national governments and WHO. In 1959, malaria was in its 5th year of operation and receiving over US $13 million from WHO as compared to smallpox's meager US $64,000. Cynthia A Needham
surprisingly, success had been found in those countries where health systems were the strongest and where health staff needed the least assistance.

Recognizing the need for greater progress and greater support, there were calls for an intensified effort at the 19th World Health Assembly in 1966. Even though the programme was born in “an atmosphere of sanguine rhetoric overshadowed by real doubts about its ultimate success,”\(^{108}\) the Intensified Smallpox Eradication Programme was provided with substantial regular WHO budget financing, which, up to that point, had not been provided before; as well, a separate smallpox unit with permanent staff was created.\(^{109}\) The strategy changed as well. In addition to mass vaccination campaigns using freeze-dried vaccine (which was more stable in the extreme temperatures of Africa and Asia), the use of surveillance became critical. Without the knowledge of an accurate case count, the programme strategy could not target the most needed areas. With increased funding and technical support, a 10-year completion date was set. Ultimately, this target was only missed by 10 months.\(^{110}\)

**OBSTACLES AND TACTICS FOR SUCCESS**

Smallpox faced many geographic, political and cultural challenges that needed to be addressed through an evolving programmatic strategy if eradication was to succeed. But as the following section will show, the leaders of the programme in Geneva did not seek the assistance of NGOs as a way to counter some of the issues they faced.

---


\(^{108}\) Fenner and others, *Smallpox and Its Eradication*, 419.


\(^{110}\) Fenner and others, *Smallpox and Its Eradication*, 1346.
The first major hurdle to overcome when the programme entered its intensified stage was the need to reinvigorate the programme's strategy based on ongoing research and observations from the field. Surveillance became the keystone of the strategy in order to truly understand where the smallpox cases were and to target vaccination. The adoption of a surveillance/containment strategy as well as the use of the new thermal stable vaccine and bifurcated needle, which used only a quarter of the vaccine needed previously and had a higher success rate, as well as the use of recognition cards and rumor registries, rounded out the improved strategy.  

With the call for increased surveillance, the problem of incorrect case reporting needed to be rectified. In 1967, there were only 50,000 reported cases out of the susceptible population of approximately one billion. In actual fact, this number was highly inaccurate and was discovered to be in excess of 10 million cases. There were many reasons for this discrepancy. In many cases, national health workers and governments believed that high case counts spelled failure, and did not yet comprehend the concept of surveillance. "Even at national level, there were governments that failed to report large outbreaks or adjusted figures to keep them within a respectable range." A change of perception about the reporting of cases was needed. Patients also didn't always seek treatment and therefore passive surveillance wasn't effective. Therefore, the need to actively go out into the community and find cases was emphasized. The programme hired teams of people to take smallpox recognition cards out to schools, markets and gathering places in order to locate

---

111 Needham and Canning, 58. Recognition cards were tools used by smallpox workers with pictures of people who had contracted smallpox. They used these cards to show villagers what a case of smallpox looked like, in order to find infected individuals. Rumor registries were set up to track all cases of smallpox that were reported by neighbors or villagers but where the patient hadn't been physically examined yet.

112 Ibid., 57.

unreported cases. Towards the end of the programme, cash rewards were offered to individuals reporting any new case of smallpox. Isolation of cases took place in special smallpox huts or the patient’s home. The new strategy called for the vaccination of the entire family and neighbours in the surrounding homes and watchmen to make sure the patient didn’t leave until they had fully recovered and were no longer contagious.\textsuperscript{114}

The programme also faced numerous political issues with national governments. Civil wars, as was the case in Nigeria, had to be worked around so that both sides were able to receive vaccine and report outbreaks.\textsuperscript{115} Political indifference to the programme on the part of some countries such as Ethiopia had to be overcome. Here, where the campaign was the closest to failure, the government didn’t even want to talk about starting a smallpox eradication programme because of too little money and what was felt to be other far more pressing health issues. It was at times like these that D.A. Henderson, head of the WHO smallpox programme had to use any political connection he could find. In the case of Ethiopia, he was able to pass a copy of his proposal for a smallpox programme in Ethiopia through a friend to Emperor Selassie who accepted the proposal.\textsuperscript{116}

Geographically, the program had to deal with extremes. Difficult terrain, deserts, nomadic populations, and remote areas reachable only by helicopter countered massive population density and homelessness within urban areas.\textsuperscript{117} Canning describes the challenges in reaching Ethiopia’s population:

\begin{itemize}
\item\textsuperscript{114} Ibid.
\item\textsuperscript{115} Needham and Canning, 152.
\item\textsuperscript{116} Ibid., 61 and 63. Interestingly enough, the opposite problem was evident in India where “PM Indira Gandhi had said that ‘smallpox is a disease of economic backwardness.’ Fears of trade embargoes, international quarantine and loss of tourist revenue, while never explicitly mentioned, provided a constant incentive.” See Lawrence B. Brilliant, \textit{The Management of Smallpox Eradication in India} (Ann Arbor: The University of Michigan Press, 1985), 87.
\end{itemize}
...widely scattered over rugged terrain; a proliferation of languages; a
dearth of roads and most of those poor; few health workers, fewer
clinics; relentless rain from June to September; abiding suspicion of
outsiders; and variolation, which not only offered a traditional
alternative to the outsiders innovation but also helped to spread
disease...indifference from the health ministry; active resistance from
the malaria eradication bureaucracy; armed rebels along the frontiers.118

Finally, the programme needed to respond to the issue of resistance. Reporting of
cases and vaccination was not always viewed positively by the local population and often
was seen to have negative outcomes. For example, “regulations such as those requiring that
the houses of victims be burned down, discouraged reporting.”119 Refusal on the basis of
religious beliefs was also an issue in some places and was dealt with through education and
in some cases, force.

**POLITICAL CLIMATE: COLD WAR**

The smallpox programme took place during the height of the Cold War, and the political
climate affected not only the funding of the programme, but its entire existence.
It was the USSR which put forward the WHA resolution to launch a global eradication
programme, and the U.S., not wanting to be far behind, threw its support behind the
programme. “The [US] State Department was looking for a way to improve U.S.-Soviet
relations and the smallpox program seemed like a perfect way to make some advances.”120
As Fenner discusses, the reasons behind the political support for the smallpox initiative lay in
the historical context of the Cold War period:

The commitment to smallpox eradication emerged as a consequence of
two unrelated factors: the need for a United States initiative as a
demonstration of support for International Cooperation Year, a

---

118 Needham and Canning, 61.
for the Certification of Smallpox Eradication*, 33.
120 Needham and Canning, 55.
celebration of the 20th anniversary of the United Nations; and developing a regional programme, supported by the USA, for measles vaccination in western and central Africa.\textsuperscript{121}

This Cold War context made many countries suspicious of the true intentions of either the USSR or U.S. when support for development programmes was offered, which from a programmatic point of view, needed to be overcome. In the case of providing support for smallpox eradication, Hopkins highlights the cases of Guinea where, “…the government was somewhat wary of the ‘imperialist’ United States. Guinea soon appreciated that the effort was strictly health, with no ulterior motives, and the government gave complete support to the operation.”\textsuperscript{122}

**PARTNERS: NATIONAL GOVERNMENTS AND WORLD HEALTH ORGANIZATION**

The smallpox programme was seen purely as a partnership between national governments and WHO and did not include a civil society component, unlike polio. During the initial stages of the programme, WHO’s role was one of technical advisor, providing support and advice to governments, who in turn were to run their country’s smallpox programme. Hopkins highlights this division of labour, quoting from an early WHO policy document:

> Though WHO gives assistance and advice, eradication campaigns are national programs and should be under the direction of an experienced senior medical officer designated by the government. A centralized and efficient administrative organization which should be responsible for all aspects of the campaign should be established.\textsuperscript{123}

WHO’s overseeing role changed during the intensified campaign when it was

\textsuperscript{121} Fenner and others, *Smallpox and Its Eradication*, 407.  
\textsuperscript{122} Hopkins, 57.  
\textsuperscript{123} Ibid., 46.
realized that particular endemic countries would need greater assistance and that national mechanisms were simply not sufficient. Along with conducting ongoing research, resource mobilization, information and vaccine distribution, WHO began running the field operations within these countries.\footnote{Ibid., 53.} It was felt by some that national ministries of health simply were not up to the task of running such a campaign and that “there [could] be little doubt that in many instances the smallpox eradication campaign was delayed severely because of poor indigenous public health systems or because of slow-acting health authorities.”\footnote{Ibid., 46.} By the end of the programme, with one country still endemic, WHO took charge. “The smallpox eradication campaign came in from the outside and did the job. The program was basically independent of the health ministry of Somalia.”\footnote{Ibid., 60.}

Civil society, in the form of NGOs or voluntary groups, is not represented in great detail in the literature on the organization and management of the smallpox programme. When civil society organizations are mentioned, it is usually brief and refers only to their assistance with programme implementation, provision of volunteers or financial contributions; however, the extent of their role or impact on the programme is not documented or analyzed. Fenner does recognize the importance of civil society organizations, and the value they brought to the programme, but admits to not including their contribution at all in the 1460 page volume:

All but impossible to estimate, and not included here, is the value of services provided by many local non-governmental groups, such as the League of the Red Cross and Red Crescent Societies, Kiwanis, Lions and Rotary Clubs; youth groups, such as the boy scouts and Girl Guides and missionary groups. In a number of countries such groups were most helpful in organizing vaccination campaigns, mobilizing public support and sometimes, performing vaccinations. A few
contributed funds in support of local programs, although in comparison with national and international contributions was not large.\textsuperscript{127}

Larry Brilliant, one of the lead WHO staff who worked in India, stated in his book, that it wasn’t until the epidemic in 1974 and the start of the intensified campaign that NGOs started to play a role in smallpox eradication:

The discovery of the smallpox epidemic catalyzed vigorous community participation in the program. Rotary Club, Lions Club, Ramakrishna missions, Youth Congress, the local blood bank (they provided free cooked meals for 600 volunteer surveillance workers for one week) all provided assistance; the local industrialists in both the public sector (Hindustan Steel, Bihar Mines and others) and the private sector .....got volunteers from their factories, paid their salaries and expenses, and set up a central command headquarters in Jamshedpur town hall. Improved community awareness of the size of the problem led to an unusual degree of cooperation between sectors and among many varied groups.

Hopkins mentions that voluntary organizations produced informational material,\textsuperscript{128} and \textit{The Final Report of the Global Commission for the Certification of Smallpox Eradication} mentions the use of US Peace Corps, the Austrian Volunteer Service, Japanese Overseas Cooperation, and Oxfam volunteers but the details of their contribution are not discussed.\textsuperscript{129} In the \textit{Handbook for Smallpox Eradication Programmes in Endemic Areas}, created by WHO in 1967 as a tool for countries and consultants, an entire chapter is written on ‘education for cooperation’ which is the basis for what is today called social mobilization, and describes the idea that in order for communities to fully support the programme they are being asked to participate in, they need to be engaged and educated, often through the participation of key local leaders and respected individuals.\textsuperscript{130} This is one of the only substantial references to the importance of community engagement within the programme’s major documents.

\textsuperscript{127} Fenner and others, \textit{Smallpox and Its Eradication}, 465.
\textsuperscript{128} Hopkins, 49.
Similarly, civil society organizations did not play a large role in the funding of the programme either. National governments incurred the greatest costs, approximately two-thirds of the total smallpox eradication cost of US $313 million with WHO and bilateral donors providing the difference.\textsuperscript{131} The largest external contributions were in-kind donations of vaccine from the USSR for the programme in Asia (US $10.5 million) and the United States contribution of vaccine for 20 countries in west and central Africa (US $18.5 million).\textsuperscript{132} Smallpox was the first initiative to receive funds from NGOs and other groups other than bilateral donors.\textsuperscript{133} A small contribution was recorded from Oxfam but this was minor in comparison to the contributions from civil society organizations to the polio campaign which will be discussed later.\textsuperscript{134}

Civil society involvement was seen by the smallpox programme to be useful, but the role it played was minor and it was not actively sought out as an important participant nor viewed as a partner in achieving the goal of eradication. It could be speculated that if civil society had played a greater role, the programme would have met its target date for eradication or even beat it.

POLIOMYELITIS

Polio is a virus that attacks the nervous system and can cause total paralysis within a matter of hours.\textsuperscript{135} Unlike smallpox, however, it is not a disease that has inflicted the masses throughout history. It wasn’t until the 20\textsuperscript{th} Century that polio “became a major public health

\textsuperscript{132} Needham and Canning, 64.
\textsuperscript{133} Ibid., 124.
\textsuperscript{134} Oxfam contributed US $100,000, jeeps, volunteers and supplies to the campaign in India once it had been intensified. Brilliant, 82.
\textsuperscript{135} For more information, see \textit{Global Polio Eradication Initiative Website}, (accessed).
problem...[and] reached epidemic proportions in the U.S. and several countries in Europe. Before that time, there are not many recorded accounts of the disease. It is known that polio was around during the time of the Egyptians as documented in a 3,500 year-old stele, depicting a man with a shrunken leg. Hippocrates also wrote about ‘acquired clubfoot’ in his books, Of the Epidemics. However, overall, polio was seen as a “rare and seemingly random disease.”

This all changed with the coming of the 20th Century as polio developed into a major public health concern in the industrialized world. In 1894, the first major outbreak of infantile paralysis, as polio was originally known, occurred in the U.S. At this stage, the causes of the disease were still unknown; it was not until 1908 that physicians put forward the idea that it was caused by a virus. Polio created fear across communities in North America primarily and Europe to a lesser extent, until well into the 1950s; public pools and recreation areas were closed, a fear fuelled by a lack of understanding on how the disease was transmitted. Images of hospital wards filled with iron lungs haunted the population. The fear was finally quelled when the first vaccine against the disease was invented by Dr. Jonas Salk in 1955 which was inactive and injectable; this discovery was followed by Dr. Albert Sabin who developed an oral, ‘live’ vaccine in 1961, which is used predominately today in national immunization days across the developing world. By the mid-1960s polio was successfully under control in the developed world, but information about its presence in developing countries was just emerging.

---

136 Needham and Canning, 83.
137 Ibid., 84.
138 Ibid.
139 See background section Global Polio Eradication Initiative Website, (accessed).
140 Ibid. (accessed).
The polio case study is an interesting contrast to smallpox because it illustrates a very different global health campaign on many different levels. Initiated 30 years after the start of the smallpox campaign, the polio programme was advocated by very different constituents and is now taking place in a much different world than its predecessor, operating with a vastly different partnership structure. This case study will specifically focus on providing information that will help us understand the circumstances that have brought about the need for and encouraged a broader partner base, the tremendous role civil society organizations such as Rotary International are playing in the initiative, and how their participation is seen as crucial to its success. The polio initiative illustrates the changing landscape of international relations, where civil society, as a concept and an entity, is greeted in some quarters with enthusiasm and a sense of promise.

**DECISION TO ERADICATE: SUCCESS OF SMALLPOX AND ELIMINATION IN THE AMERICAS**

The decision to eradicate polio was based on, in some ways, similar criteria to that of the eradication of smallpox. Biological and fiscal criteria were used to assess the possibility of a global eradication campaign and the experience of previous eradication initiatives were examined for lessons learned. The success of the smallpox initiative, which proved that a disease could be eradicated globally, and not simply eliminated in a particular region, provided support as well. But it was the development of a proven polio eradication strategy in the Americas, which highlighted the possibility of combining the features of a vertical programme while supporting the development of primary healthcare coupled with the unique role played by Rotary International, which ultimately convinced WHO to take the issue forward to the WHA.
Like smallpox, polio held biological criteria that made its eradication feasible. There are no non-human hosts for the polio virus, and a good, effective vaccine is available. Unlike smallpox however, which was an extremely visible disease and one where the infectious period corresponded with this visibility, the majority of those infected with the polio virus can go undetected, making polio a more difficult disease to eradicate. Only one in 200 cases will develop irreversible paralysis and less than 10% of those cases will die when the muscles that facilitate their breathing are compromised.\textsuperscript{141} The implications of this invisibility created new challenges for a programme and the need for heightened surveillance and action when cases are detected. Even the discovery of one case of acute flaccid paralysis (AFP) caused by the polio virus is treated as an epidemic by WHO.\textsuperscript{142}

The eradication of polio was also seen to be feasible from a fiscal point of view. As was the case for smallpox, the financial benefits of eradication outweighed the disease control costs incurred by developed countries:

\begin{quote}
Control at a very high level will not be globally optimal (in the sense of maximizing the present value sum of net benefits) when eradication is feasible. Diseases already controlled at a very high level in rich countries are thus prime candidates (from the perspective of economics) for global eradication. The eradication of these diseases would benefit the rich countries substantially and so make it attractive for them to finance a global effort.\textsuperscript{143}
\end{quote}

In the Global Polio Eradication Initiative’s \textit{Estimated External Financial Resource Requirements, 2004-2008}, the document outlines the financial savings that will incur as an enticement for potential donors: “the world stands to reap impressive financial benefits from forgone polio treatments and rehabilitation costs. Depending on national immunization decisions on the future use of polio vaccines, these savings could exceed US $1 billion

\begin{flushright}
\textsuperscript{141} Ibid.(accessed).
\textsuperscript{142} Ibid.(accessed).
\textsuperscript{143} Barrett: 686.
\end{flushright}
annually." The polio initiative also argues that strong ‘intangible’ benefits such as a “stronger immunization and surveillance systems, a global laboratory network, thousands of trained health care workers and a strong advocacy movement” will be made created and developed for future health initiatives.

Financial support for the programme is also one of the major differences between the two case studies. On the one hand, the smallpox initiative sold itself as a huge cost savings to national governments, a benefit they would incur after its eradication. The majority of the funds were supplied by the U.S. and USSR, with the endemic countries themselves covering approximately two-thirds of the cost of the programme. In the case of polio, a non-state donor was the lead donor from the beginning of the campaign: “support from Rotary International and other foundations lowered the cost to governments of financing the effort...the involvement of these organizations also provided domestic political pressure for enhanced state financing.”

In addition to biological as well as cost-benefit criteria, the decision to eradicate polio was based on the previous success of the smallpox initiative and the successful elimination of polio from the Americas. In the early 1980s, it was proven that the technical strategy developed by the Pan American Health Organization (PAHO) worked and that it was possible to eliminate the disease regionally; if this was the case, then reason stood that the disease could be eradicated globally.

---

144 Global Polio Eradication Initiative, *Estimated External Financial Resource Requirements 2004-2008* (Geneva: World Health Organization, 2003), 4.. Interestingly enough, it has only been in the past few years that the idea of not stopping vaccination, has come up. Before that time, it was always assumed that as soon as polio has been certified as eradicated, that vaccination would stop. A comparison can be made with the previous strategic plan.


146 Barrett: 686.
Finally, as discussed by Bruce Aylward in the article, "When is a Disease Eradicable? 100 Years of Lessons Learned" the decision to eradicate a disease can be seen on a continuum of criteria that has evolved over the past century. Biological and technical feasibility had always been the criteria used to determine whether a disease eradication campaign should take place. It was not until smallpox that cost benefits were promoted. By the time discussions were underway as to the next possible disease to be eradicated, the criteria had grown again, with the understanding of the importance of assessing the level of political and societal support. Polio garnered tremendous political and societal support, thus ensuring its potential as an eradicable disease. "Polio eradication had from the outset, the advantage of far reaching societal and political support because of the high awareness of the disease in industrialised countries as well as countries in which the disease was endemic." Indeed, the humanitarian argument to eradicate polio is strong. Not only is it still a clear memory for many in the industrialised world, but in countries such as Afghanistan, which have been inundated with civil strife, polio represents a substantial threat:

Paralytic polio is a major cause of long-term disability in countries affected by conflict. In 1996, a survey in Kandahar Province, one of the areas most heavily mined during the civil war in Afghanistan revealed that the commonest cause of disability among children under 15 years of age was not landmines but residual paralysis associated with polio.148

Nevertheless, even though polio successfully met all three criteria, there was great hesitation on the part of many to support another vertical health programme, which was viewed as taking valuable resources away from primary healthcare, WHO’s newest policy direction. The Director General at that time, Halfdan Mahler, stated that, “never again would

147 Aylward and others: 1518.
such a vertical programme [smallpox eradication] be promoted by the World Health Organization.\textsuperscript{149}

However, the success of the polio eradication programme in the Americas, which had developed a strategy that demonstrated that disease eradication programmes could function as a mechanism to build primary healthcare systems, mitigating the concerns about the dangers of vertical programmes, gained backing from a broad range of supporters, creating a unique public-private partnership that eventually became the model for today’s global initiative.\textsuperscript{150} At that time, Dr. Sabin approached Rotary International as a potential donor to help finance the campaigns in the Americas. Rotary accepted, and launched a fundraising campaign to raise US $120 million for polio vaccine. They doubled their goal. Not only did Rotary’s fundraising efforts set the stage for a global effort, but it was their norm entrepreneurship, through intensive advocacy work, that led the world community to believe that it was every child’s right to live in a polio-free world.\textsuperscript{151}

In May 1988, The WHA passed resolution WHA41.28 and launched the Global Polio Eradication Initiative (GPEI), setting a target of eradication by 2000. In 1999, the WHA passed resolution WHA52.22, requesting all member states to accelerate activities. The GPEI is now the largest public health initiative ever undertaken and is a partnership between national ministries of health, international organizations and civil society. At the GPEI’s inception, polio was found in 125 countries, and it was estimated that more than 350,000 cases occurred every year. To date, three of WHO’s regions have been certified polio free with significant progress achieved in the remaining two. As of July 12, 2005, there have

\textsuperscript{149} Needham and Canning, 98. Vertical health programmes are ones that deliver usually one intervention, such as vaccine, and their purpose is to provide a product or service, not build the capacity of healthcare systems to deliver those services.

\textsuperscript{150} Henderson: 20.

\textsuperscript{151} Needham and Canning, 100.
been only 759 cases reported in the remaining 13 endemic countries, a greater than 99% reduction.\textsuperscript{152} The programme continues today, after numerous setbacks which will be highlighted in the following sections, but is again on track to interrupt transmission and achieve eventual eradication.

**OBSTACLES AND TACTICS FOR SUCCESS**

In order to eradicate polio, numerous obstacles must be overcome. In addition to the technical and biological challenges, such as ensuring that a sufficient supply of high quality vaccine is delivered and utilized with a proper cold-chain system, issues surrounding biocontainment,\textsuperscript{153} identifying cases of polio is far more difficult because it isn’t visible like smallpox making surveillance much more time consuming and costly, the programme faces three main obstacles for success: constant financing issues, the need for continued political and community support and access issues due to civil conflict. In order to understand more fully the challenges facing the programme, it is important to understand the basic strategies that have been designed and proven to eradicate polio and how the crux of the strategy, the need to reach every child, often more than once, calls for unparalleled community and political support. With an understanding of the obstacles that stand in the way of successfully implementing this proven strategy, the methods to overcome these obstacles can be seen to


\textsuperscript{153} The logistics behind creating a cold chain in countries which suffer from extreme temperatures and rudimentary infrastructure are enormous but incredibly heartening. The stories of communities banding together to fight polio are numerous and encouraging. Needham and Canning recount the situation in Lima, Peru, where ten tons of ice was needed for the campaign: “throughout the country, volunteers went from house to house every night, using people’s refrigerators to freeze the cold packs and ice trays needed for the next day’s vaccinations.” Needham and Canning, 101. For more information on the challenges of vaccine supply and biocontainment see World Health Organization, *Global Polio Eradication Initiative: Strategic Plan 2004-2008* (Geneva: World Health Organization, 2003), 33-34.
include civil society organizations and the creative use of partnerships in a way that was not utilized during the smallpox campaign.

Four strategies, in combination, have proven successful in eradication efforts: high-quality routine infant immunization with oral polio vaccine (OPV); supplementary immunization activities through a process of coordinated ‘National Immunization Days’ (NIDs) where every child under the age of five receives OPV nation or region-wide; excellent surveillance “through reporting and virological testing of all cases of acute flaccid paralysis (AFP) among children under 15 years of age; and finally, targeted mop-up campaigns.”

In sum, unlike smallpox, where it was determined that mass vaccination was not necessary and that simply finding the cases and vaccinating those in closest vicinity around the patient would break the chains of transmission, polio vaccine needs to reach every child under five years of age. Reaching these children needs to be accomplished through the regular health system and in those places which do not have high levels of routine vaccination, national immunization days (NIDs) must be held to supplement the health system, a day or series of days where health workers go house-to-house, vaccinating all children under the age of five. Stool samples must be taken from these patients and sent to accredited WHO laboratories to test whether the AFP is caused by the poliovirus or not. Once authorities are able to determine the case is in fact polio, a ‘mop-up’ campaign must be conducted in order to stop virus transmission in that area.

This process takes substantial planning and resources and the need to reach every child, although arguably the ultimate form of social justice, in the sense that every child is

---

equally important in the global goal to eradicate polio and therefore, is also the most complex and difficult task in a world of acute donor fatigue, competing priorities and civil emergencies. Reaching every child, regardless of where they are or how difficult or dangerous it might be to reach them is one of the three main obstacles facing a programme that is operating in a post-Cold War world where there is a great number of civil conflicts. “Completely stopping disease transmission requires that interventions reach all targeted individuals, including the population at highest risk. Equity is thus achieved by delivering health interventions preferentially to those in greatest need rather than to only the children who can be most easily reached.”

Many children live in complex emergency situations where access is difficult if not seemingly impossible. This is where NGOs and civil society have been particularly helpful, negotiating ‘days of tranquility’ where rival factions have agreed to lay down their arms and allow supplies and vaccine to pass, along with vaccinators, reaching children, many of whom have never seen a health worker in their lives.

In this respect, societal and political support is far more important than whether a disease is eradicable biologically:

Societal and political support has a special meaning in areas affected by war as well as by endemic disease. Support has to be mobilized simultaneously through the official government and rebel movements. Nongovernmental organizations, international humanitarian agencies and consortiums, such as Operation Lifeline Sudan, play an essential role in reaching these populations.

---

155 Tangermann and others: 335.
156 The concept of “health as a bridge for peace” and the negotiating of ‘days of tranquility’ are a fascinating example of the intersection between health and security. For example, in El Salvador in 1984, in the midst of the conflict, the Minister of Health was persuaded by PAHO to hold NIDs in an effort to preserve the health of the nation’s children. Together, UNICEF and PAHO requested that the Roman Catholic Church act as the main facilitator between the government and guerrilla groups in order to coordinate the program. See C de Quadros, Health as a Bridge for Peace: GHC Congressional Briefing (Washington D.C.: Pan American Health Organization, 2002).
157 Aylward and others: 1518.
The second major obstacle facing the GPEI is securing sufficient financial support. As of 2005, US $3 billion has been contributed to the programme since 1988 by Rotary International, donor governments, foundations and international organizations, in addition to the programme costs covered by national governments.\textsuperscript{158} The budget alone for the period 2004-2005 is US $765 million.\textsuperscript{159} This figure presents a marked contrast to the smallpox campaign where the total budget for the entire programme was US $300 million.

Outbreaks and importations have called for expensive responses, often made more expensive by difficult terrain, limited infrastructure and large populations. The programme has also faced unanticipated problems which have delayed the ultimate success of the initiative such as the stoppage of polio vaccination in northern Nigeria in 2003 which led to the re-infection of 12 countries.\textsuperscript{160} All these additional costs, coupled with a growing international development agenda filled with competing priorities for limited funds, and now, a longer than anticipated timeframe for eradication, has made resource mobilization much more challenging for the polio programme and has forced the partnership to strategize as to areas where activities could be scaled back in order to fund these new outbreaks. This has proven unsuccessful in the case of Sudan where, due to increased conflict and fewer immunization activities, virus is again circulating.\textsuperscript{161}

It is in the area of funding that Rotary International has provided the greatest support to the program, not only contributing to it directly but also helping it overcome the issue of donor fatigue by keeping polio high on the political agenda through its advocacy work. Of

\textsuperscript{159} Ibid., 8.
\textsuperscript{160} Some Muslim leaders in the state of Kano believed that the polio campaign was an American plot to sterilize muslim children, which led to a call by clerics requesting parents not to allow their children to be vaccinated.
the 29 public and private sector donors who have contributed more than US $1 million, Rotary International stands as a largest civil society donor, contributing US $560 million of the US $3 billion total. As will be discussed below when looking at the partners involved in the polio campaign, Rotary has not only contributed an unprecedented amount financially, but has played a substantial role in leveraging other contributions from key donors such as governments, international organizations such as the World Bank, and foundations such as the UN and Bill and Melinda Gates Foundation.

The third major obstacle detailed in the 2004-2008 Strategic Plan is the need for continued political commitment and engagement, not only in the countries that are still endemic but those that are now polio-free and need to sustain high immunization levels as well as those that provide development assistance. Again, it is the involvement of Rotary International that is seen to be the key to overcoming the obstacle of waning political support. Rotarians have the ability to advocate in ways that might be seen to be unsuitable for an international organization such as WHO and can advocate for their governments’ support as a citizen and taxpayer. We shall see in the upcoming section how Rotarians are making an invaluable contribution to the success of the polio eradication initiative.

**POLITICAL CLIMATE: INCREASED MULTILATERALISM, CIVIL CONFLICT AND THE AGE OF GLOBALIZATION**

The smallpox campaign operated during the height of the Cold War, and now the polio programme is working in the political fallout from that period. The end of colonialism in Africa, civil conflict, a growing number of internally displaced persons, structural adjustment policies, failed states and anti-US sentiment as witnessed in parts of Nigeria are

---

163 for a full account, see Ibid.
some of the challenging components which make up the political climate in which the programme needs to successfully operate. In countries such as Somalia, Dr. Tangermann, a member of the WHO polio team highlights the “lack of a central government and the breakdown of the country into areas ruled by clans and warlords since the civil war began in 1991[which] make it extremely difficult, if not impossible, for the international community to negotiate nation-wide days of tranquility.”  

It is here where civil society organizations provide some of their greatest benefits to the initiative. Often, national governments and international organizations such as WHO lack the perceived legitimacy or neutrality needed to negotiate access to children in conflict areas and lack the ability to send international consultants in to conduct surveillance activities. Civil society organizations, operating at the regional and country level, have negotiated days of tranquility as discussed previously and also have implemented polio activities where previously, no foreigners were allowed to operate. 

In the case of Somalia, National Immunization Days have been conducted since 1997 but with great difficulty and skill. “NIDs in Somalia were the first nationwide health activity implemented jointly between nongovernmental organizations and Somali communities since the beginning of the civil war.”  

In order for the programme’s activities to be implemented, success has depended upon strong partnerships with local and international NGOs and Somali staff carrying out activities not through a national coordination process, as is the case in most countries where polio is still endemic, but at the district level. One example of the challenges facing the programme is that the area surrounding Mogadishu has never been monitored by international WHO staff.

---

164 Tangermann and others: 333.
165 Ibid.
166 Ibid.
Informal advocacy has also opened many doors for the programme. Often while high level discussions are taking place, it is the volunteers and Rotarians at country level who are able to influence decision makers. For example, when Cote d'Ivoire experienced a coup d'état in 1999, there were worries that the national immunization days could not go ahead. It was a Rotary volunteer who gained access to the wife of the leader of the Junta and convinced her to take the issue directly to her husband. She was able to influence her husband and ensure the NID took place.\textsuperscript{167}

Finally, another aspect of the changing political climate in which the polio programme is operating is the development of anti-U.S. sentiments in some parts of the world by some in the Muslim community. These feelings manifested themselves into a substantial hurdle for the GPEI to overcome in the summer of 2003 when polio activities were suspended in the northern Nigerian state of Kano for fear that they were an American plot to make Muslim girls infertile.\textsuperscript{168} This suspension resulted in an epidemic across sub-Saharan Africa, increasing the number of reported cases in Nigeria and bordering Niger and re-importing the virus into 12 previously polio-free countries.\textsuperscript{169} Through intense advocacy efforts, immunization activities were re-started in July 2004. Again, the assistance of a strong civil society partner such as Rotary, with local members, proved instrumental. Because Rotary has members in almost every country of the world, their advocacy efforts are not seen as the will of foreigners being pushed upon local communities. Jonathan Majiyagbe, the President of Rotary International in 2004 highlights their advocacy efforts in response to the situation in Kano:

\textsuperscript{167} Needham and Canning, 130.
Local Rotary members [were] instrumental in educating Muslim and traditional leaders about the importance of protecting children from polio. In 2002, members met with Emir Alhaji Ado Bayero of Kano, one of Nigeria’s most influential Muslim leaders, who subsequently made an unprecedented endorsement by publicly administering the polio vaccine to more than 20 children in his palace.\footnote{J. Majiyabe, "The Volunteers’ Contribution to Polio Eradication," \textit{Bulletin of the World Health Organization: the Scientific Journal of WHO} 82, no. 1 (2004): 2.}

**PARTNERS: NATIONAL GOVERNMENTS, WHO, UNICEF, CDC, ROTARY INTERNATIONAL, CHURCH GROUPS, PRIVATE DONORS, VOLUNTEERS, COMMUNITY ORGANIZATIONS**

Unlike the smallpox campaign, the initiative to eradicate polio is far more than a partnership between national governments and WHO alone. Spearheaded by Rotary International, WHO, UNICEF, and the US Centers for Disease Control and Prevention (CDC), it is a unique partnership between national governments, international organizations, non-governmental organizations, government agencies, private donors, communities and volunteers, all combining their strengths and areas of expertise to tackle the goal of eradication.

National governments and WHO perform similar roles to the ones they performed at the end of the smallpox initiative; that is to say, although national governments are described as, “the owners and beneficiaries of the Global Polio Eradication Initiative, undertaking the full range of polio eradication activities,”\footnote{World Health Organization, \textit{Global Polio Eradication Initiative: Strategic Plan 2004-2008}, 35.} it is understood that many countries lack the resources and sometimes political will to fully implement the activities alone.\footnote{Hull and others: 43. see also A.R. Hinman and D.R. Hopkins, "Lessons from Previous Eradication Campaigns," in \textit{The Eradication of Infectious Diseases: Report of the Dahlem Workshop on the Eradication of Infectious Diseases, Berlin, March 16-22, 1997} ed. W.R Dowdle and D.R. Hopkins (Chichester: John Wiley & Sons, 1998), 26-27.} Hence, the need for WHO to take an active role in resource mobilization and for it to not only be the
lead technical agency and oversee the management and implementation of the programme, but to also assist ministries of health directly in implementing the strategy.

Three other partners join WHO and national governments as the cornerstones of the Initiative. UNICEF brings to the partnership an expertise in the area of vaccine procurement and distribution and a long working relationship with vaccine manufacturers. Its network of communications officers in endemic countries assist with social mobilization efforts, developing training materials and information for families and the greater community. CDC contributes by assigning a vast number of epidemiologists to the polio initiative to work in endemic countries and provides funding and extensive technical expertise as well as oversees the laboratory network.\footnote{For more information on the specific roles of the polio partners see World Health Organization, \textit{Global Polio Eradication Initiative: Strategic Plan 2004-2008}, 35-38.}

However, the most significant partnership difference to that of the smallpox initiative and the most unique is the participation of Rotary International, an atypical source of international development assistance\footnote{R.B. Aylward and others, "Global Health Goals: Lessons from the Worldwide Effort to Eradicate Poliomyelitis," \textit{The Lancet} 362 (2003): 911.} which could arguably be the force behind the push to eradicate polio globally. Dr. Bruce Aylward, who coordinates the GPEI at WHO stated, "this tremendous initiative would never be where it is today without Rotary; and, most importantly, the ultimate success of this initiative will never be realised without the leadership, advocacy, and energy of Rotarians everywhere."\footnote{See Rotary International Website, (accessed July 20 2005); available from www.rotary.org/foundation/polioplus/news/quotables.html.}

As previously mentioned, it was during the polio campaign in the Americas, that Rotary International became significantly involved in polio eradication. Providing vaccinations for children initially fit into Rotary’s Health, Hunger and Humanity (3-H)
program; it was in 1985 that Rotary created the ‘PolioPlus’ committee and set a funding goal of US $120 million to purchase vaccine for the eradication program in the Americas. “This ambitious commitment electrified the global public health community. Within three years, Rotarians had more than doubled their fundraising goal, donating US$247 million,” and Rotary had become the newest player in international public health.

Not only did the funding provide much needed vaccine, but Rotary’s dedication and determination to see polio eradicated globally, “was also one of the factors that convince[d] a reluctant WHO leadership to go forward; in this respect, the polio campaign is unique because an NGO led the way.” Rotary provided the crucial societal and political support needed to launch the programme and have proven to be the perfect partner. The majority of the organization’s population is of an age that remembers the polio epidemics of their own childhood and therefore, there is a connection to this disease. Rotary was looking for a concrete goal to support to celebrate their 100th anniversary in 2005. The eradication of polio globally was the perfect fit.

Not only can we see that Rotary was the drive behind the creation of the GPEI, it also performs critical resource mobilization and advocacy activities. The extent of Rotary’s own contribution to the GPEI was highlighted above, but what is also noteworthy is its ability to advocate for funding from other donors. In total, it is said that Rotary has mobilized almost half of all funds raised for polio:

Rotary’s Polio Eradication Advocacy Task Force, with the assistance of the PolioPlus National Advocacy Advisors, has played a major role highlighting polio eradication in international forums and in influencing decisions by donor governments to contribute over US $1.5 billion to the global eradication effort.

---

176 Ibid. (accessed).
177 Needham and Canning, 125.
178 Majiyabe: 2.
Rotary has accomplished this feat through an organizational structure which oversees the work of advocacy advisors in each of the DAC member countries as well as by participating in the Polio Advocacy Group (PAG), a group of external relations specialists from each of the spearheading partners who regularly communicate to coordinate advocacy and fundraising activities. Rotary also works to influence key decision makers in both donor governments as well as endemic countries, to continue to support and implement the programme by handing out ‘Championship Awards.’ Rotary uses this awards system to encourage, praise, influence, and persuade leaders to continue to support the programme. The ceremonial presentation of the award provides an opportunity to advocate face-to-face and gain much needed media coverage for the initiative:

The importance of a strong civil society partner is evident in the unprecedented political support for polio eradication that has been developed largely through the advocacy efforts of Rotary. Heads of State, such as Chinese President Zemin, South African President Mandela and US President Clinton, have heightened the programme’s visibility.  

Rotarians are also volunteers at the local level and assist with the planning and implementation of NIDs. Their network expands across continents, and includes 1.2 million members in 160 countries, linking Rotarians in industrial countries to those in the developing world where the programme is taking place, creating partnerships at the community level which is “the key to ultimate success.”

Although Rotary is the preeminent NGO involved in the polio campaign, many others, such as the Red Cross/Red Crescent Societies, Medecin Sans Frontiers and Save the Children to name a few, also are highlighted by the GPEI as making an important

180 Aylward and others, "When Is a Disease Eradicable? 100 Years of Lessons Learned," 1518.
181 Hinman and Hopkins, 28.
contribution, by helping reach children in conflict areas, providing assistance with monitoring vaccine levels and conducting surveillance activities. At the local level, community organizations are assisting with social mobilization efforts and community buy-in. “Behavior change and simple but effective interventions introduced by community workers produce significant and sustainable impacts. Community empowerment approaches can work under any political, social or economic system.”

Civil society, in the form of NGOs or voluntary groups, is therefore very much represented in the literature on the organization and management of the GPEI. All media releases include the logos of all four spearheading partners and links are provided to each. Out of seven sections, one entire section in the Strategic Plan is dedicated to the role of partner agencies and their contributions; the section detailing the remaining challenges to the programme constantly highlights the role these partners, including Rotary International and various other NGOs will play to mitigate these issues.\(^{183}\) The partnership is seen as a key component of the programme throughout its literature, highlighted as a major part of its success and a model for future global initiatives.\(^{184}\)

Therefore, not only is there more mention of civil society within the literature of the GPEI, but the way in which it is discussed shows that it is not simply a side-line player, but an integral component. The sentiments of the civil society partners are clear in that, “the legacy of the polio eradication initiative will show the world that civil society, with its


\(^{184}\) Hull and others: 46.
dedicated volunteers, can truly make a difference and has a key role to play in future global public health endeavours.\textsuperscript{185}

\textsuperscript{185} Majiyabe: 2.
CHAPTER THREE: THEORETICAL EXPLANATIONS FOR THE RISE OF CIVIL SOCIETY INVOLVEMENT IN GLOBAL HEALTH INITIATIVES

From the case studies above, it is clear that civil society organizations are playing a much more prominent and critical role in the initiative to eradicate polio than was the case during the smallpox campaign. Although some NGOs did participate through programme implementation activities such as surveillance, their contribution, though recognized, is minimally highlighted in the literature. This contribution stands in stark contrast to the significant role that Rotary International is performing currently in the GPEI. The polio experience highlights the impact that globalization and the shifting political climate are having on the role of civil society in international relations and how it is perceived. Civil society organizations have now shifted to a position of prominence, recognized as major actors within the field of international relations, providing legitimacy, momentum, resources and seemingly transparency to global campaigns. This change has occurred not only in the tangible make-up of the campaigns themselves, but also in the language of UN and WHO documents and resolutions.186

This thesis demonstrates that there has been a significant increase in civil society involvement in global health campaigns and in this section, it strives to explain why. Is the UN starting to involve civil society to a greater degree and create more extensive networks simply because NGOs have the capacity, will and finances to 'get the job done' and are able

186 WHA41.28 the resolution to support to the eradication of polio globally states, “thanks the many partners already collaborating in the Expanded Programme on Immunization (including the United Nations agencies, multilateral and bilateral development agencies, private and voluntary groups and concerned individuals), especially UNICEF for its overall efforts and Rotary International for its "PolioPlus" initiative, and requests them to continue to work together in support of national immunization programmes, including activities aimed at the eradication of poliomyelitis, and to ensure that adequate resources are available to accelerate and sustain these programmes...”
to fill a programmatic niche that the UN and its specialized agencies simply aren’t able to deliver on their own? Has there has been a normative change in who is seen as important players and specifically, that a new norm has emerged which stresses the inherent importance of civil society involvement in global campaigns in order for them to be successful? Is the answer to the question of civil society’s greater involvement a matter of necessity or values? I posit that it is both. By looking towards the major theoretical frameworks within international relations, this thesis draws upon their explanatory power to understand the growth in civil society interaction.

I argue that a hybrid of neo-liberal institutionalism and constructivist theory best explains this phenomenon. When looking at the case studies, we can see first that from a liberal perspective, cooperation is occurring because all parties are able to mutually gain from the benefits of disease eradication and that the development of partnerships with civil society to foster cooperation on a wide range of issues through institutions such as the UN is a natural progression, particularly as global circumstances become increasingly complex. However, we can also see that the changing rhetoric surrounding civil society has extended far beyond the practice of including civil society organizations for purely instrumental purposes. As will be shown, a normative shift occurred within the international community regarding the inherent value that civil society organizations bring to global campaigns that cannot be explained through a purely neo-liberal lens, and not through the dominant international relations paradigm of realism. Constructivism provides us with the best tools to understand the importance of norms in international relations, how they develop and the forces which bring them to light. Thus, as Stephen Walt rightly noted, “no single approach can capture all
the complexity of contemporary world politics;" consequently elements of both neoliberalism and constructivism will provide us with insight into this phenomenon.

REALISM: ERADICATION AS A RATIONAL, SELF-INTERESTED SECURITY ISSUE

Realism is seen by many as the central theory of international relations because of its focus, as Robert Keohane states, on "power, interests and rationality" and therefore, "any approach to international relations has to incorporate, or at least come to grips with, key elements of Realist thinking." Four main assumptions make up the realist paradigm. Realists assume that states are the primary actors in IR and are unified. Although there may be other non-state actors, such as NGOs, operating within the international system, they are limited in their importance, as are sub-state groups. States are seen to be rationally pursuing power for their own self interest and security, because the international system is thought to be anarchical.

From a realist perspective, the growth in cooperation surrounding public health initiatives could be explained by states' self interest in protecting their own national security and economic interests. David Fidler, an expert in international law and infectious diseases, highlights in his prolific writings on globalization and public health, the link between security and infectious disease and its ability to ignore national boundaries and weaken states' power bases:

...for public health to register under realism, population-health threats would have to jeopardize a state's material power, weakening its ability

---

189 Ibid.
190 Ibid., 188.
to compete and survive in international politics...another way in which realism can calculate public health’s significance involves disease epidemics that undermine a country’s economic and social stability. The economic and social devastation wrought by HIV/AIDS in sub-Saharan Africa represents how a public health threat can enter the grim, calculating world of realism.¹⁹¹

Security concerns, which are at the forefront of the realist agenda, may provide a realist explanation for the growth in cooperation around disease eradication, but examining the growth of civil society interaction within a realist framework does little to shed light on why this growth has occurred and thus, it is easy to see why for numerous reasons, “commentators reject realism in thinking about public health.”¹⁹² First, since realism does not acknowledge to any great degree, the importance or power of other actors within the international system, it does little to explain the growth of just such an actor and does not account for the new power exercised by non-state actors such as NGOs and the role they are playing in global campaigns. Rotary is not a side-line player implementing the policy goals of WHO; it is a full-fledged partner in the global goal to eradicate polio. Although the GPEI can only carry out activities in accordance with state permission, thus highlighting the significant power of sovereignty that states still possess, it was the power and influence of Rotary International that put polio eradication on the global agenda in the first place and this is simply not accounted for within the realist paradigm.

Second, realism does not account for the dissonance of sub-state groups whose actions are running counter to that of the national government and that have the power to affect the global campaign. For example, in the case of polio eradication, the inability of President Obasanjo of Nigeria, who supports the GPEI, to control the actions of the leaders in the

¹⁹² Ibid.
northern Nigerian state of Kano when they unilaterally decided to cease vaccination, is
counter to the realist assumption of unified state actors.\textsuperscript{193}

Realism assumes that the desire for power, the anarchical nature of the international
system and the prominence of the state have not, nor will be changing; as Keohane remarked,
“liberalism believes in at least the possibility of cumulative progress, whereas realism
assumes that history is not progressive.”\textsuperscript{194} Although neo-liberals and some constructivists
share similar views regarding the importance of the state and the anarchical international
system, this ‘timelessness’ is in direct contrast to liberal and constructivist views which see
growth as possible and change as inevitable, and specifically, the ability of individuals and
ideas to alter interests. Finally, the case studies have illustrated the new and critical role civil
society is playing in international relations and yet realism is uninterested in explaining this
important phenomenon.

Since the growth of civil society interaction with the UN system can be primarily
explained by the changing historical context and the advent of globalization, which have
shifted attitudes surrounding civil society as a concept, this thesis will now look towards
liberal and constructivist theory to understand how these changes are bringing about
increased collaboration. As Robert Keohane states in the conclusion of his article, it is
important to look beyond the basic tenets of realism to understand how change is possible:

\begin{quote}
If we are to promote peaceful change, we need to focus not only on
basic long-term forces that determine the shape of world politics
independently of the actions of particular decision-makers, but also on
variables that to some extent can be manipulated by human action.
Since international institutions, rules, and patterns of cooperation can
affect calculations of interest, and can also be affected incrementally by
contemporary political action, they provide a natural focus for scholarly
\end{quote}

\textsuperscript{193} Borzello, (accessed).
\textsuperscript{194} Mark W. Zacher and Richard A. Matthew, "Liberal International Theory: Common Threads, Divergent
attention as well as policy concern. Unlike Realism, theories that attempt to explain rules, norms and institutions help us understand how to create patterns of cooperation that could be essential for our survival. We need to respond to the questions that Realism poses but fails to answer: How can order be created out of anarchy without superordinate power; how can peaceful change occur?195

NEOLIBERAL INSTITUTIONALISM: GREATER COOPERATION TO TACKLE GLOBAL ISSUES

Liberalism remains the foremost challenger to the gloomy realist vision of a world of rational, self interested states, caught in a cyclical pattern of a quest for increased power and the desire for security.196 As Peter Katzenstein contends “... those interested in unconventional, broader definitions of national security – such as economic competitiveness, human rights, or human welfare – as affecting not only states but also non-state actors tend to favour alternative analytical perspectives.”197 Therefore, as we analyze the reasons for the greater interaction of civil society in global health campaigns, it is liberalism which helps to shed light on why this type of collaboration is taking place in an area not typically viewed in security terms. Unlike realism, whose policy agenda is dominated by “national security issues,”198 the liberal agenda is far broader, having “diversified over the past thirty years such that economic and social issues are often at the forefront of foreign policy debates.”199 Thus states’ interests, from a liberal perspective, are not solely security related, but encompass a wide range of important issues, including global health.

195 Keohane, 159.
196 Zacher and Matthew, 108.
198 Paul R. Viotti and Mark V. Kauppi, International Relations Theory: Realism, Pluralism, Globalism, and Beyond, 3 ed. (Boston: Allyn and Bacon, 1999), 11.
199 Ibid., 9.
Liberalism has evolved over the centuries, culminating in the development of numerous strands of liberal theory.\textsuperscript{200} As Arthur Stein states, "liberalism is multifaceted and what it is or is not at its core can be disputed."\textsuperscript{201} Despite this claim, many scholars highlight three central liberal tenets common to all variations of the theory. First there is a 'belief in the rationality of humans and in the unbridled optimism that through learning and education, humans can develop institutions to bring out their best characteristics.'\textsuperscript{202} Second, "is that central to the realization of greater human freedom is the growth of international cooperation,"\textsuperscript{203} and third, "is that international relations are being transformed by a process of modernization that was unleashed by the scientific revolution and reinforced by the intellectual revolution of liberalism; and it is promoting cooperation among nations and greater peace, welfare, and justice for humankind."\textsuperscript{204} In particular, all liberal theory shares a central desire to increase peace, prosperity and human rights for all people.\textsuperscript{205}

A relatively recent liberal theory is neo-liberal institutionalism, or neo-liberalism. Although neo-liberalism accepts that states are important and that anarchy does exist within the international system,\textsuperscript{206} it disagrees with pessimistic realist assumptions that cooperation on global issues is difficult to achieve and that conflict is inevitable\textsuperscript{207} and seeks to explore the reasons for states' willingness to cooperate by examining the role that institutions play in facilitating cooperation. As Goldstein contends, "states achieve cooperation fairly often because it is in their interest to do so, and they can learn to use institutions to ease the pursuit

\textsuperscript{200} For an overview of the history of liberal theory, see Mingst, Essentials of International Relations.
\textsuperscript{201} Zacher and Matthew, 108.
\textsuperscript{202} Mingst, Essentials of International Relations, 63.
\textsuperscript{203} Zacher and Matthew, 110.
\textsuperscript{204} Ibid.
\textsuperscript{205} Ibid., 137.
\textsuperscript{206} Katzenstein, ed., 11.
\textsuperscript{207} Joshua S Goldstein, International Relations, 5 ed. (Washington DC: Longman, 2003), 118.
of mutual gains.”

Although neo-liberalism does acknowledge the importance of security concerns, it “identifies several ways to mitigate these conflictive tendencies,” mainly through the development of institutions and the growth of states’ interdependence. Liberalism also hold great promise for institutions which they believe, “enhance cooperation by improving the quality of information, reducing transaction costs, facilitating trade-offs among issue areas, facilitating enforcement accords, and enhancing states’ ethical concerns.”

Liberalism is based on numerous assumptions. It assumes individuals, not states, (although states “are the most important collective actors”) are regarded as the key actors in the international arena and therefore, unlike realism, non-state actors are seen as important players in the international system. Liberal theorists also highlight that it challenges the realist belief that states are unified actors pursuing rational, self-interested security interests, contending that states have competing groups within them with interests that are multiple and changing, influenced by a variety of actors at both the national and international level. Neo-liberals assume that a greater state of interdependency is leading to the growth in a variety of mutual interests, making cooperation possible and mitigating the propensity for conflict. Some argue, that it is the process of globalization that is speeding this process along; Walt states “a number of scholars have recently suggested that the ‘globalization’ of world markets, the rise of transnational networks and nongovernmental organizations, and the rapid spread of global communications technology are undermining the power of states and

---

208 Ibid.
209 Walt: 30.
211 Zacher and Matthew, 136.
212 Ibid., 118.
213 Viotti and Kauppi, 7.
214 See also Ibid., 7-8.
shifting attention away from military security towards economic and social welfare...as societies around the globe become enmeshed in a web of economic and social connections, the costs of disrupting these ties will effectively preclude unilateral state actions, especially the use of force."\textsuperscript{215}

Thus, the involvement of civil society in global health campaigns, from a liberal perspective, is easily explained. First, liberalism has always valued the role that non-state actors have played within the international system, and has argued that these types of groups have often fought for non-security specific interests to be placed on the global agenda. Therefore, the role that Rotary International plays within the GPEI is consistent with liberal assumptions. Rotary was able to advocate at the national and international level for the fight against polio to become a global campaign after the success in the Americas.

Second, the liberal assumption that cooperation takes place because of mutualities of interest, and institutions can help facilitate this cooperation, holds true in the case of international public health and specifically disease control. As Fidler writes,

\begin{quote}
The nature of the threat from the microbial world, liberalism recognizes, means that international law and international institutions are needed to create and maintain mutually beneficial rules and institutions that would not otherwise exist. In addition, liberalism's openness to non-state actors allows it to include them in the dynamics of international organizations and international law. While realism has no tolerance for notions of global society, liberalism embraces it and supports its participation in international law development, implementation and enforcement.\textsuperscript{216}
\end{quote}

Thus, organizations such as WHO provide the technical and programmatic knowledge needed by its member states about mutual concerns such as infectious disease and are able to coordinate its member states as well as a diverse group of non-state partners in order to produce shared benefits. In the case of smallpox, WHO played the lead technical role,

\textsuperscript{215} Walt: 40.
\textsuperscript{216} David P. Fidler, \textit{International Law and Infectious Diseases} (Oxford: Clarendon Press, 1999), 298.
supporting the work of national governments as they pursued their mutual goal of eradication: "many poor countries — India included — tried to eliminate smallpox on their own but failed. They simply lacked the technical and managerial expertise needed to achieve the goal. For this reason, smallpox eradication required international cooperation and not only coordination." In the case of the polio campaign, WHO is able to coordinate the interests of a wide variety of partners who all have a particular interest in seeing the disease eradicated and yet are unable to tackle the disease alone.

Third, the phenomenon of globalization and the changing political climate after the end of the Cold War have confirmed the neo-liberal assumption that modernization is driving cooperation. As Kofi Annan emphasized in his 2002 report, which focused on efforts to reform the organization and make it more effective in today's environment, "the need for a strong multilateral institution has never been more acutely felt than it is today, in the era of globalization." This need for multilateral cooperation extends to the global health regime; it is becoming increasingly difficult if not impossible for states to tackle health issues alone:

Sovereignty and borders are irrelevant to the microbial world, as microbes easily pass through the physical and jurisdictional barriers that demarcate peoples and governments. It has become popular to observe that the telecommunications revolution, the global scope of trade and investment, the mobility of capital erode sovereignty. A similar case can be made that infectious diseases render borders impotent and undermine a government's ability to protect public health.

Thus, neo-liberalism highlights the fact that global forces are changing the way that international relations are traditionally handled. States no longer are sufficient entities for the success of global goals; because of globalization's impact on state sovereignty, the growth of

---

217 Barrett: 685.
218 Zacher and Matthew.
219 Fidler, *International Law and Infectious Diseases*, 5.
technology and communication mechanisms, as well as the growth in multilateralism after
the end of the Cold War, non-state actors are becoming increasingly important to the success
of global goals. Civil society actors have filled a need in two ways. First, they are providing
an army of foot soldiers to implement development programmes and activities; they are
raising funds and gathering and disseminating information. Second, they are also bringing
intangible benefits that increase the effectiveness of these efforts in the form of legitimacy,
transparency and trust.

This section highlighted the insights that liberalism is able to shed on the new role of
civil society in global campaigns. From its perspective, cooperation is occurring on issues of
mutual importance that are outside the realm of national security, the major agenda item of
realism. Absolute gains are being made by all parties involved, and cooperation is occurring
at all levels: national, sub-national, amongst a large range of actors.

Neo-liberalism argues institutions such as the UN and WHO play a crucial role
moderating these partnerships, providing information and technical knowledge to achieve
success and reduce transaction costs. Although liberalism accounts for the presence of civil
society actors in international relations and the increase in the amount of the involvement
because of changes in the political climate, it does not shed light on the normative change
that has taken place surrounding the changing value placed on civil society organizations. For
a better understanding of this normative change, this thesis will now look towards a
constructivist perspective to help explain this change.
CONSTRUCTIVISM: NORMATIVE CHANGE REGARDING THE ROLE AND VALUE OF CIVIL SOCIETY

Constructivism is the newest major theoretical perspective to enter the realm of international relations and came into favour at the end of the Cold War. It is not seen as a full-fledged theory but an alternative way of looking at the world that challenges the underlying assumptions made by liberalism and realism about the nature and interests of states. In short, they “are interested in how the objects and practices of social life are ‘constructed’, and especially those that societies or researchers take for granted as given or natural.” Constructivists believe that “interests and identities of states [are] a highly malleable product of specific historical processes,” and that “state behavior is shaped by elite beliefs, identities, and social norms.” Thus, constructivists focus their attention on the power of ideas and in turn, the development of norms and their ability to change how actors view themselves, their interests within international society as well as their behavior. There are numerous variations of constructivist thought, but all share a common idea regarding ‘the capacity of discourse to shape how political actors define themselves and thus modify their behavior.’ As Adler summarizes, “constructivists of all types are not interested in how things are but in how they became what they are.”

---

222 Fearon and Wendt, 57.
223 Walt: 40-41.
224 Mingst, *Essentials of International Relations*, 76.
225 Walt.
226 Adler, 101.
Thus, this perspective differs significantly from realist thinking which views states’ interests and behavior as static. Although some constructivists do not deny the realist belief in the importance of power, they also value non-material forms of power such as “ideas, culture and language.” Unlike realism, constructivists see a variety of actors, from individuals and non-state groups, as well as states, having influence on shaping the interests that are pursued in the international arena and see the development of ideas and norms as accountable for changing interests, acting as catalysts for those changes.

Constructivism does however overlap with some strands of liberal thought. Zacher highlights the connection between constructivism and the English School which Adler states, “played a role in promoting constructivist ideas,” and which views cooperation as occurring because of shared values which create an ‘international society of states.’ Zacher posits that this international society of states is “held together by at least a minimal set of rules and formal institutions that are based on common interests and values.”

It is these values that constructivists are interested in studying. Constructivists articulate that these values and interests can be created, shaped, and promoted by a variety of actors and the norms they produce do not have to be based on material or economic interests. Broadly, norms have been defined as “collective expectations about proper behavior for a given identity,” and they “establish expectations about who the actors will be in a

---

227 Mingst, Essentials of International Relations, 77.
228 Ibid.
229 Adler, 100.
230 Zacher and Matthew, 133.
231 Ibid. Also, Keck and Sikkink point out in their discussion of Hedley Bull however, that the difference between the English School and Constructivism is the fact that this international society did not include other actors, see Margaret Keck and Kathryn Sikkink, Activists Beyond Borders: Advocacy Networks in International Politics (Ithaca: Cornell University Press, 1998), 34.
particular environment and about how these particular actors will behave.” Hurrell defines
norms in his book chapter, Norms and Ethics in International Relations as, “a broad class of
prescriptive statements – rules, standards, principles, and so forth – both procedural and
substantive that are prescriptions for action in situations of choice, carrying a sense of
obligation, a sense they ought to be followed.” He also states that we can recognize a norm
by “regularities of behaviour among actors. Norms reflect actual patterns of behaviour and
give rise to expectations as to what will in fact be done in a particular situation.”

Therefore, when looking at the question of the growth of civil society interaction with
the UN system and its role in global health campaigns specifically, constructivism helps
explain that aspect of the question that a purely liberal analysis cannot: it accounts for the
changing discourse surrounding civil society and how has it come to be seen as intrinsic to
the success of global campaigns. Constructivism shows how changing norms regarding civil
society’s value have modified actors’ behavior, in this case, the UN system, and that it is not
simply reasons of material or economic gain driving their inclusion.

Katzenstein, in his seminal work on norms and national security, stressed the idea
“that states face security choices, and act upon them, not only in the context of their physical
capabilities but also on the basis of normative understandings.” The same can be said for
the way states, and international organizations, view the inclusion of civil society; its
inclusion and increased participation can be viewed from a practical, instrumental point of
view, as liberals would argue, based on material factors, such as the economic incentive, but
it can also be analyzed from a normative viewpoint as constructivists would highlight, which

233 Ibid.
234 Andrew Hurrell, "Norms and Ethics in International Relations," in Handbook of International Relations,
143.
235 Ibid.
236 Adler, 103.
shows that it is being included in the mechanisms WHO is utilizing to tackle global health issues automatically because it is the right thing to do, and that in today’s world, its exclusion would seem strange. Fearon and Wendt describe this morality-based decision-making as an aspect of constructivism that allows people to “be motivated because they think it the right or legitimate thing to do.”

The new language and emphasis on civil society inclusion is evidence that a normative shift is occurring. This thesis will now look at two models of norm emergence, which attempt to explain the process by which norms are socialized and develop from ideas into norms that influence behavior. Such models are useful because they shed light on the reasons why a norm is developing, how it is developing and to what degree it has become influential, thus providing a framework from which to view the normative change occurring around civil society interaction and the UN system and understand the extent of its impact.

Finnemore and Sikkink provide a model of a norm ‘life cycle’ which highlights three distinct stages in the life of a norm: norm emergence, norm acceptance or norm ‘cascade’ and internalization; each stage is “characterized by different actors and motives and mechanisms of influence.”

Not all norms reach the final stage and the authors offer insight into which norms will have the ability to go the distance.

Within the first stage, it is argued that norm entrepreneurs try to persuade ‘a critical mass’ of states and other actors to accept the norm they are promoting. Successful norm promotion is thought to depend on the strength of these norm entrepreneurs as well as their ability to operate from a viable operational platform as “new norms never enter a normative

---

237 Fearon and Wendt, 61.
239 Ibid.
vacuum but instead emerge in a highly contested normative space where they must compete with other norms and perceptions of interest. This operational platform could be through NGOs that are promoting similar norms, or through established international organizations. The motivations of these entrepreneurs are at this stage, predominantly altruistic.

Stage two is characterized by the successful attainment of a critical mass of states by norm entrepreneurs which leads to a ‘tipping point’, the point at which the ‘norm cascades’, where more and more states start to adopt the norm. Finnemore and Sikkink contend “that the primary mechanism for promoting norm cascades is an active process of international socialization intended to induce norm breakers to become norm followers.” It is argued that the process of socialization is effective because of states’ desire to belong to a “particular social category,” and can be likened to ‘peer pressure’, as states are motivated by the need for “legitimation, conformity, and self esteem.” The final stage of the norm life cycle model is internalization, which sees certain norms become “so widely accepted that they are internalized by actors and achieve a ‘taken-for-granted’ quality.”

A complementary model of norm socialization is provided by Risse and Sikkink who propose a five stage ‘spiral model’ of norm socialization “which explains the variation in the extent to which states have internalized these norms,” by looking at the dominant actors and modes of social interaction concurrent with each stage. This model, developed specifically to look at the impact of international human rights norms on the behavior of

---

240 Ibid.: 897.
241 Ibid.: 898.
242 Ibid.: 902.
243 Ibid.: 902 and 903.
244 Ibid.: 904.
246 Ibid., 33.
states domestically, can be applied generally to other interest areas. The authors highlight three ways that norms are socialized: through ‘instrumental adaptation’ and strategic bargaining; moral consciousness-raising, dialogue and persuasion; and finally, institutionalization and habitualization.247 As in the model of the ‘norm life cycle’, Risse and Sikkink also value the work of norm entrepreneurs, working through transnational advocacy networks to get the “principled idea” onto the global agenda.

As well, just as the ‘life cycle’ model highlights that all not norms go through all three stages and become internalized, the spiral model does not claim that all norms necessarily move along the full length of the continuum. In some cases, actors feign compliance with norms simply to make material gains; however, more times than not, this feigned compliance is only temporary:

...the process of human rights change almost always begins with some instrumentally or strategically motivated adaptation by national governments to growing domestic and transnational pressures. But...this is rarely the end of the story. Even instrumental adoption of human rights norms, if it leads to domestic structural change such as redemocratization, sets into motion a process of identity transformation, so that norms initially adopted for instrumental reasons, are later maintained for reasons of belief and identity.248

Thus, constructivism is the best theoretical perspective from which to view and analyze the normative shift regarding the role of civil society and the changing rhetoric around its value and indispensability within global campaigns. It helps explain the UN’s and WHO’s active courtship of civil society, which is a major shift in behavior, and these two models help evaluate to what degree this norm has become embedded.

Finnemore and Sikkink state that “because norms by definition embody a quality of ‘oughtness’ and shared moral assessment, norms prompt justifications for action and leave an

247 Ibid., 5.
248 Ibid., 10.

76
extensive trail of communication among actors that we can study." This thesis has showed that a normative shift has taken place by examining the extensive trail of communication, which relates to this normative change by first analyzing the changing rhetoric of the UN and WHO through a review of resolutions, position papers and documents and has shown that a shift in perception has indeed occurred. This shift is illustrated, among other things, by the review processes of both the UN and WHO, the creation of the High Level Panel of Eminent Persons, the new organization-wide policy at WHO regarding interaction with civil society. These actions stand in contrast to the relationship between civil society and the UN and WHO 40 years ago, which saw a much more subdued relationship, one often driven by the NGOs themselves. As this year’s outgoing General Assembly President Jean Ping stated, "the United Nations is a reflection of the world," and therefore the normative shift taking place within the UN system reflects a shift occurring more broadly throughout international relations.

Secondly, this thesis has examined extensively two major global health initiatives which utilized civil society to very different degrees. Civil society, within the smallpox campaign, was exploited to a limited degree but whose participation, while appreciated, was not actively sought out. This level of involvement stands in stark contrast to the polio initiative, whose rhetoric surrounding the contributions of Rotary International is filled with praise, admiration and a deeply held belief that without their involvement, the initiative could not possibly succeed.

It is clear that a normative shift has indeed taken place regarding the role of civil society, but how far along the continuum has it evolved?

249 Finnemore and Sikkink: 892.
As both models highlight, norm entrepreneurs play a critical role in advancing the norm to the global agenda. In the case of the changing value placed on civil society interaction, it can be argued that the norm entrepreneurs were many and varied. Not only did they stem from the NGOs themselves, who worked to get NGO involvement officially recognized within the UN Charter, norm entrepreneurs also hailed from within the highest ranks of the UN Secretariat. As the Chair of the Panel of Eminent Persons stated, “over the years, the relationship of the United Nations to civil society has strengthened and multiplied. The Secretary-General’s personal leadership has been a major factor in this development.”

In 1972, it was Director-General Maurice Strong who advocated for greater civil society involvement in the UN Conference on the Human Environment.

In the case of the polio campaign, what became clear was that biological criteria alone could not predict whether a disease will be successfully eradicated. As Bruce Aylward points out, the biggest issues that will determine the success of a global campaign are societal and political:

Of the lessons learned in the past 85 years, none is more important than the recognition that societal and political considerations ultimately determine the success of a disease eradication effort. The future of eradication as a public health strategy will depend greatly on establishing mechanisms for thoroughly evaluating societal and political issues and on implementing appropriate strategies in response to these issues.

Rotary International showed the courage and determination needed to eradicate and persuaded WHO to put it on the global health agenda, thus in effect, acting as a norm entrepreneur fighting for the world to accept that all children should have the right to health. The success of the polio initiative and Rotary’s unique role has contributed to the changing rhetoric at WHO regarding the place of civil society. It provides a shining example of the

252 Aylward and others, "When Is a Disease Eradicable? 100 Years of Lessons Learned," 1515.
indispensability of these new non-health related partners to the success of global health initiatives. Rotary is just one example of how non-traditional civil society partners are changing the practices of WHO, facilitating greater connection to its constituents and reaching often unreachable populations. It is these benefits that have now made civil society the 'magic bullet' to the problems faced by an increasingly interdependent world and why it would now seem unfathomable not to include civil society in any upcoming global health initiatives. ECOSOC and the WHA provided the operational platform from which norm entrepreneurs could lobby for the emerging norm.

The norm surrounding the changing role of civil society reached its 'tipping point' when the UN Secretary-General created the Panel of Eminent Persons on United Nations-Civil Society relations and WHO created the Civil Society Initiative and held its review in 2001. By this time, more and more member states were in support of a greater role for civil society; as Risse and Sikkink highlighted, one mechanism for the socialization of norms is instrumental adaptation. Many states and actors have come to see the economic benefits brought about by including civil society, whether it is because of their tremendous resource mobilization skills, or their capacity to execute programmes on the ground more efficiently and effectively then most international organizations. At this stage, the greater involvement of civil society is still seen by many states and actors, as an outcome of necessity and not necessarily a value change.

The norm that demands civil society involvement in global campaigns is far from being fully embedded in the international system. It is not a 'taken-for-granted' reality yet, accepted equally amongst all actors. Although the UN and WHO as organizations are working to promote this norm, many member states are skeptical about the motivations of
civil society and are worried about their power infringing on the organizations as well as their growing numbers and influence which could become overwhelming; some see “civil society participants as predominately Northern organizations pushing for a ‘northern cultural view’ that is not fitting to a multi-cultural organization that emphasizes regional equality,”\textsuperscript{253} and others are states that are afraid of the increasing pressure they will receive to conform to other international norms once civil society has greater access and legitimacy.

CONCLUSION: LOOKING FORWARD

The differing levels of involvement of civil society in the smallpox and polio eradication campaigns illustrates the findings of this thesis, namely that there has been a growth in civil society because of globalization and the changing geo-political context and that these factors have led to an increased need for the services and capabilities of civil society to meet an expanding global agenda. This thesis argued that a norm is emerging within the international community that civil society organizations must be involved as active partners in any global campaign. This normative shift is apparent in the changing rhetoric surrounding civil society and its place within the UN system.

In terms of health campaigns specifically, one need look no further than the majority of other global health campaigns/partnerships, such as Roll Back Malaria, Guinea Worm Eradication, the Tobacco Free Initiative, UNAIDs, all of whom highlight the critical role of civil society as a necessary factor in the success of those programmes. The WHO document, telling entitled, *WHO and Civil Society: Linking for Better Health*, highlights all these programmes and more, and was written to demonstrate “how partnerships with civil society can yield tangible public health benefits for all.”254 The success of the polio campaign and its unique partnership with civil society has created great excitement about the possibilities of addressing other areas of public health in the same manner. It has shown that it is possible, even with complex emergency situations, cultural differences and extreme geographically challenging areas, that by partnering in a creative way with a diverse group of actors, success is possible.

The emerging role of civil society in international relations is an important area of study. As has been demonstrated, civil society is growing as an entity and is becoming immersed in every aspect of the international agenda from development to collective security issues. As Van Rooy states:

Civil society is shaping the very way in which we ‘do’ international relations. The conversation pulls together global ideas, values, institutions and money in a fascinating, and sometimes disturbing fashion...in many ways, civil society is the Rome of today’s internationalism; wherever we may begin, we will arrive at this debate sooner or later.255

However, what is also true is that civil society is not always the magic bullet solution; simply by having a civil society organization within a partnership will not guarantee success; nor are all civil society organizations equal. Civil society is viewed by many as something which brings legitimacy, transparency and a reduction in the democratic deficit and counters of negative effects of globalization; it conjures up images of organizations that are close to their constituents, and are representative of their needs: “the invocation of civil society...becomes a statement of a moral goal, not a description of a thing.”256 Therefore civil society “describes the kind of well-behaved society that we want to live in... this ideal society is trustful, tolerant, cooperative...ambitions held to be universal and to be universally good.”257 However, as Willetts rightly points out, there are some drawbacks. He states that “it cannot be assumed that NGOs themselves are democratic. Some are small unrepresentative personal fiefdoms. Others represent a wide body of opinion but have no procedures for their supporters to influence policy.”258 Jan Scholte observes in his work that civil society is also

257 Ibid.
258 Willetts, "From "Consultative Arrangements" To "Partnership": The Changing Status of NGOs in Diplomacy at the UN," 207.
not necessarily democratic. Thus it is critical to understand the value that civil society brings to solving global problems, as well as the drawbacks.

Numerous questions arise that are interesting for further study. In terms of the development of the norm, it will be interesting to see whether this emerging norm will indeed evolve to the third and final stage and become embedded in the practices of international relations, or will there be a backlash against the new found support and power that civil society has gained? How will the inclusion of civil society into global campaigns change the way international development is conducted and what issues make it to the global agenda? As it continues to gain momentum, will it eventually change the make-up and voting procedures of international organizations such as the UN?

Ultimately, the poor, under-served, often forgotten populations of this world have much to rejoice about regarding the benefits of this normative change. Although civil society has drawbacks, and needs policies and procedures in place to regulate its actions as well, the new role for civil society will at the end of the day, provide the international community with the capacity, knowledge and will to tackle more complex and pressing issues if international organizations, their bureaucracies and member states, are willing to fully embrace this change.

259 Jan Aart Scholte, Democratizing the Global Economy: The Role of Civil Society (Coventry: Centre for the study of globalization and Regionalization: University of Warwick, 2003), 3.
BIBLIOGRAPHY


85


Hurrell, Andrew. "Norms and Ethics in International Relations." In *Handbook of International Relations.*


