

The ideological capture of WHO's social participation mechanisms in the negotiation of the international pandemic agreement

A captura ideológica dos mecanismos de participação social da OMS na negociação do acordo internacional sobre pandemias

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Abstract

This article addresses social participation in the negotiations of the international agreement on pandemics, conducted within the World Health Organization (WHO) by an Intergovernmental Negotiating Body (INB). It presents the results of research conducted with a literature review, document research that covered over 100 documents of the INB, and empirical research that carried out a qualitative analysis of the contents of 383 videos sent by the general public during the second phase of public hearings of the INB. The research confirms the hypothesis that there has been an ideological capture of the public hearings, understood as the concerted action of individuals and organizations that, by taking advantage of participation modalities open to the general public, with a massive action in favor of unscientific or unverifiable arguments, have sought to distort the purpose of social participation, turning the public consultation on what should be included in the agreement on pandemics into a space for the dissemination of their political agenda. It also presents evidence of concerted action by far-right groups against the agreement. The conclusions point to the need for changes in this participation mechanism, in favor of a regulation of global health that considers the opinion and interests of its main recipients.

Keywords: WHO; Social Participation; Pandemic; Global Health.

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Resumo

Este artigo aborda a participação social nas negociações do acordo internacional sobre pandemias, conduzidas no âmbito da Organização Mundial da Saúde (OMS) por um Órgão Intergovernamental de Negociação (OIN). Apresenta resultados de pesquisa realizada por meio de revisão de literatura, pesquisa documental que abarcou mais de cem documentos do OIN, e pesquisa empírica que realizou a análise qualitativa dos conteúdos de 383 vídeos enviados pelo público durante a segunda fase de audiências públicas do OIN. A pesquisa confirma a hipótese de que houve captura ideológica das audiências públicas, entendida como a atuação concertada de indivíduos e organizações que, aproveitando-se de modalidades de participação abertas ao público, por meio de uma atuação massiva em prol de argumentos sem base científica ou inverificáveis, busca distorcer a finalidade das audiências públicas, transformando a consulta sobre o que deveria estar contido no acordo sobre pandemias em um espaço de difusão de sua agenda política. Apresenta, ainda, indícios de atuação concertada da extrema-direita contra o acordo. As conclusões defendem a necessidade de mudanças nesse mecanismo de participação, em prol de uma regulação da saúde global que leve em conta a opinião e os interesses dos seus principais destinatários.

Palavras-chave: OMS; Participação Social; Pandemia; Saúde Global.

Introduction

The rise or resurgence of the far-right in the post-2010 world brought renewed forms of extremism, neo-fascism, and authoritarianism, imbued with harsh neoliberal rationality amidst socioeconomic precarity. It has resorted to new technologies that enhance - and mainstream - populism in the twenty-first century (Pinheiro-Machado; Vargas-Maia, 2023). Far-right is in itself a polysemic expression, generally used without proper conceptual elaboration by researchers, politicians and journalists. In the academic literature, it is not possible to identify a nature or essence of the far-right that provides a clear and consensual definition (Taguieff, 2016). In this article we refer to far-right movements simply as “political groupings carrying an exacerbated nationalism and uncompromising political practices” (Barbosa, 2015, p. 21, our translation).

The covid-19 pandemic has deepened the perception that there is an “expanding chasm” between rulers and the governed, and that the response to emergencies was carried out in a “top-down” fashion, without listening to its primary recipients (Clark; Koonin; Barron., 2021, p. 846). A “perfect breeding ground” for the far right was created, thanks to misinformation on sensitive public health topics, alongside anti-elitist conspiracy theories that present academics and scientists as members of a “technocratic class” to be fought against as much as the political class (Sánchez-Castillo; López-Olano; Peris-Blanes, 2023, p. 211). Controversies around vaccines, the use of masks, measures to restrict the movement of people and early treatments, among others, contributed to promote the far-reaching alt-science movement, pitting the masses (or ‘the people’) against doctors, mainstream scientists, and public health authorities (or ‘the establishment’) (Casarões; Magalhães, 2021, p. 207).

As a political organization, whose actions are based on scientific evidence, the World Health Organization (WHO) fully corresponds to the profile of an enemy to be attacked by the far-right. The recognized failure of the international response to covid-19 has also contributed to strengthening people’s distrust of multilateralism, due to the limits

of the WHO's emergency action and its inability to prevent flagrant inequities in access to supplies and vaccines. Changes in global governance would have to eventually ensue. Among the circulating proposals, WHO sought alternatives that would not threaten its protagonism (Dentico; van de Pas; Patnaik, 2021). In March 2021, the Director-General of the WHO, Tedros Adhanom Ghebreyesus, and the President of the European Council, Charles Michel, along with more than twenty heads of state and government, publicly announced a proposal to negotiate an international agreement on pandemics, on the grounds that the international community did not dispose of legal instruments to match the greatest challenge humanity had faced since the 1940s (Bainimarama et al., 2021).

In December 2021, a special session of the World Health Assembly (WHA), the WHO's highest deliberative body, decided that a convention, agreement, or other international instrument on pandemic prevention, preparedness, and response would be negotiated (OMS, 2021b). The term treaty was therefore dropped, leaving the legal nature of this instrument an open issue to be defined later. Hereafter, we will use the term agreement to refer to such an instrument.

To negotiate the agreement, an Intergovernmental Negotiating Body (INB) was created, which should include the participation of states and the collaboration of observers, experts, and representatives of other international organizations, as well as non-state actors, in the format defined by the INB itself (OMS, 2021b).

Public hearings are one of the forms of social participation implemented by the INB. Without further exploring the academic debate on the concept of social participation, in this article, it simply implies the "involvement of people, communities and civil society in decision-making processes" (OMS, 2023a, p. 1). The INB public hearings had two stages open to the public, with massive participation, which resulted in the predominance of the position contrary to the pandemic agreement. This result seemed surprising, given that it contrasted with the notoriously favorable opinion of the agreement that has prevailed among organizations and social movements that traditionally work in the field of global health. We therefore decided to investigate why so many people rejected

the pandemic agreement. We formulated the following research question: what are the arguments mobilised by the people who opposed the pandemic agreement in the public part of the INB public hearings?

When we began to analyse the content of the statements opposing the agreement, a hypothesis emerged: the possibility of an ideological capture of the INB public hearings. By ideological capture, in this case, we mean the concerted action of individuals and organizations that, by taking advantage of participation modalities open to the general public, through a massive action in favor of unscientific or unverifiable arguments, would have sought to distort the purpose of the public hearings, turning the consultation on the contents of a proposed pandemic agreement into a space for the dissemination of their political agenda.

A word of caution is in order: obviously, not all opinions opposing the adoption of the pandemic agreement can be associated with the far-right. Renowned academics with solid backgrounds have expressed their opposition based on truthful information and with positions favorable to the increase in international cooperation in health. Among them, we may cite the idea that an international treaty may be considered an overly rigid and ineffective way to address such complex transnational problems (Fidler, 2021); a mismatch between the globalist and cosmopolitan views espoused by public health communities, and the primacy of security and national interests that has determined the response to covid-19, which entails the risk that the new agreement will not be ratified or implemented by states (Wenham; Eccleston-Turner; Voss, 2021). However, in this article we will limit ourselves to analysing the arguments that appeared at the INB public hearings.

To test the hypothesis of ideological capture of INB public hearings, we conducted a literature review, documentary research, and empirical research. The study perused over 100 documents published by the INB between February 2022 and June 2023, including minutes, reports, and notes for the record. As for the empirical research, the collection and qualitative content analysis of 383 videos made available on the INB website during the second phase of public hearings were conducted, constituting a

sample of 86% of the total videos submitted by the public and 92% of the videos accepted by the WHO.

In addition to the introduction and conclusions, the article is structured in five sections. To contextualize the empirical research, the first sections present, as a result of the literature review and documentary research, the background of social participation within WHO (1) and the actors in the negotiation of pandemic agreements (2). Further, as a result of desk research, we evaluate the outcome of the first round of public hearings of the INB, where the contrast between the position of Relevant Stakeholders and the general public emerged (3). Next, we present the results of the empirical research, which confirms the ideological capture hypothesis of the second round of public hearings (4). Finally, we present evidence of concerted action by the far-right in opposition to the agreement. In the conclusions, we argue for the need to change this participation mechanism.

Background of social participation in the WHO: from frontrunners to the regulation of conflicts of interest

Since the 1990s, there has been a growing involvement of social movements and Non-Governmental Organizations (NGOs) in international relations, as a means to oppose trade negotiations potentially harmful to social rights (Botto, 2014), among other objectives. In 1996, a resolution of the Economic and Social Council of the United Nations (UN) advocated for the broad participation of civil society in the decision-making processes of UN agencies and established principles concerning the participation of NGOs (Nader, 2007). The WHO was a frontrunner in providing the possibility of cooperating with NGOs in its Constitution, adopted in 1946, including the ability to invite them to participate, without voting rights, in the sessions of the WHA and its committees. Since its early years, WHO has maintained a system of “official relations” with non-state actors, managed by a standing committee attached to the Executive Board. As of February 2023, there were 218 non-state actors in official relations with WHO (OMS, 2023b), ranging from little-known patient associations to major global health actors such as the Rockefeller Foundation,

the Gates Foundation, and Doctors Without Borders, as well as institutions with varied missions such as Rotary, Caritas, and Oxfam.

Although presented as a factor for increasing democracy and the legitimacy of global governance processes (Brül, 2010), social participation is the target of numerous criticisms, such as the constant reference to the underrepresentation of Global South organizations, which perpetuates the predominance of Northern views on international issues (Gereke; Brül, 2019). In the field of collective health, which dedicates a vast academic production to this topic, social participation is generally perceived as an efficient mechanism in the search for equity in health and other social benefits, but which can also produce negative effects, depending on how it is organized and implemented (Francés; Parra-Casado, 2019). Different international conventions with expressive impact in the field of health have adopted social participation mechanisms in their elaboration. In the preparation of the International Convention on the Rights of Persons with Disabilities, for example, signed in New York in 2007, organizations of people with disabilities and human rights organizations actively participated in the working group that produced the draft text of the convention (Dhanda, 2008).

The Framework Convention on Tobacco Control (FCTC), adopted in 2003, was the only international convention negotiated within WHO. It was the first time that a UN agency collected the opinions of all stakeholders in an international negotiation, promoting public hearings that brought together representatives of 144 organizations from all regions of the world, including NGOs and the private sector (OMS, 2000). Most of the interventions supported the adoption of the convention and were widely publicized (Montini et al, 2010). Civil society was the driving force behind the change in perspective of the negotiating agenda that established the priority of public health over commercial interests (Alcazar, 2008, p. 10).

In 2016, pressured by conflicts of interest pointed out in the relationships maintained with its major funders, WHO adopted the *Framework of Engagement with Non-State Actors* (Fensa), aimed at protecting the organization from undue influence in the formulation of its policies and standards,

as well as ensuring its reputation and credibility (Rached; Ventura, 2017). Fensa classifies non-state actors into four categories: NGOs, private sector entities, philanthropic foundations, and academic institutions. Essentially devised to guide the actions of WHO leaders and staff, this new framework still faces implementation challenges.

Recently, WHO published a Handbook on Social Participation for Universal Health Coverage, which provides practical guidance, anchored in conceptual clarifications, to strengthen meaningful government engagement with the population, communities, and civil society for national health policy-making (OMS, 2021a). However, the document does not refer to social participation within WHO itself.

Actors in the negotiation of the pandemic agreement: WHO Member States and Relevant Stakeholders

The INB is led by a Bureau whose members were elected by peers representing the 6 WHO regions: South Africa (Africa); the Netherlands (Europe); Brazil (Americas); Egypt (Eastern Mediterranean); Japan (Western Pacific) and Thailand (Southeast Asia). Once in place, the INB defined a mechanism for the participation of Relevant Stakeholders, supplemented as its work evolved.

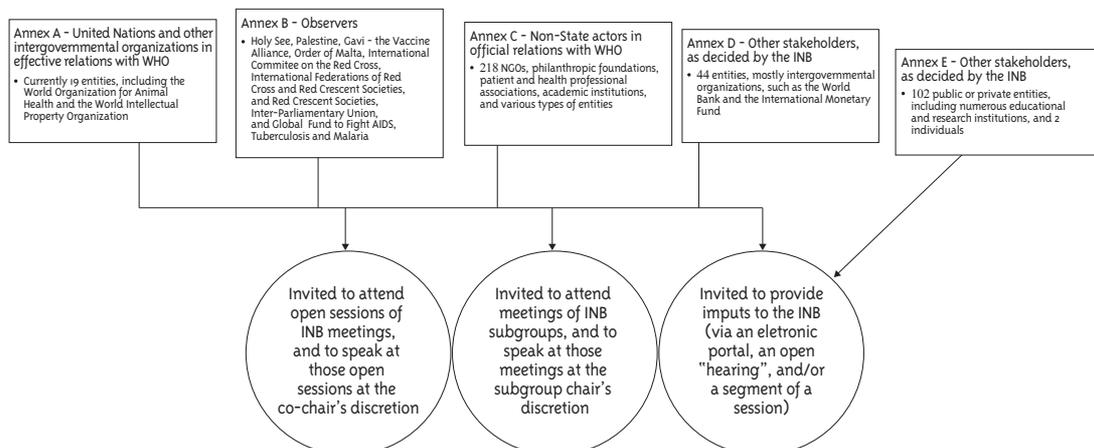
The INB is open to the 194 WHO member states, three associated states, and the European Union

(OMS, 2021b). The states are the leaders of the negotiating process and the only ones with voting rights. The participation of other stakeholders occurs mainly through the submission of contributions to a digital platform and public hearings.

The Relevant Stakeholders were classified by INB into five categories. A document to be updated throughout the process presents the list of stakeholders and the forms of participation for each category (OMS, 2022a). Figure 1 summarizes this document.

The figure highlights the preference for non-state actors that have official relations with WHO, which have access to all modalities of participation, to the detriment of entities classified in Annex E, limited to contributing through an electronic portal, open hearing, or in parts of a session by invitation. According to the INB, states should nominate to Annex E only entities that: a) are international in character, or address global health issues, such as WHO collaborating centers; b) have basic documentation such as publicly accessible address, direction, and composition and c) are not of national or subnational nature, or provide services to national authorities, as these may join states' delegations to the INB (OMS, 2022i). However, Annex E includes two individuals, whose selection criteria are unclear. It also includes national agencies such as, in the case of Brazil, the National Health Surveillance Agency (Anvisa), and important research institutions such as the Oswaldo Cruz Foundation and the Butantan Institute.

Figure 1 – Categories, actors and forms of participation of Relevant Stakeholders in INB



Source: Prepared by the authors based on OMS, 2022a and OMS, 2022b

An electronic portal was created to collect contributions from States and Relevant Stakeholders on the content of the agreement. It displays a form with 58 possible topics on which it was necessary to answer “yes” or “no”, with a space for justification of the answer, as well as an open space to submit proposals (OMS, 2022b). Between March and May 2022, the portal received 159 contributions, 102 of which from States (64%) and 57 from Stakeholders (36%). The responses have not been published. Regarding the Relevant

Stakeholders, the number of participants per Annex was not disclosed, for which we ignore how many of them are NGOs or other stakeholders. Only 20% of 285 Relevant Stakeholders responded to the form. In the free section, from a total of 3,008 comments and 83 proposals, only 743 comments (less than 25%) and 38 proposals (roughly 45%) came from Relevant Stakeholders.

Regarding the participation in public hearings, table n. 1 systematizes the number of contributions from Relevant Stakeholders and the general public.

Table 1 – Oral and written contributions, from the general public and relevant stakeholders

	I Round	II Round
Date	12-13/04/2022	29-30/09/2022
Proposed Question	What substantive elements do you think should be included in a new international instrument on pandemic preparedness and response?	Based on your experience with the covid-19 pandemic, what do you believe should be addressed at the international level to better protect against future pandemics?
Contributions	Oral contributions from Relevant Stakeholders: 123 people, representing 119 organizations (up to 2 minutes) Written contributions open to the public: 36,294 (up to 250 words)	Oral contributions open to the public: 418 videos sent by interested parties, of up to 90 seconds, along with the respective written transcript

Source: Adapted by the authors from Ventura et al., 2022, p. 5.

The first round of public hearings: the contrast between Relevant Stakeholders and the general public

The first round took place in April 2022, and included two types of contributions: oral participations from Relevant Stakeholders, and written ones from a portal open to the public. In both cases, participants were asked to answer the question “What substantive elements do you think should be included in a new international instrument on pandemic preparedness and response?” (OMS, 2022c).

A call posted on the WHO portal disclosed the rules of participation; contributions should be relevant to the topic and be presented in a respectful manner, without profanity, personal attacks, vulgarity or other inappropriate language, on pain of exclusion. The Relevant Stakeholders were represented by 123

people from 119 organizations. The speaking time was limited to two minutes, spoken in one of the WHO official languages (Arabic, Chinese, English, French, Russian, and Spanish). Written contributions could be made by anyone in any language, with up to 250 words. According to the WHO Secretariat, “the aim of the public hearings” is to contribute to the realization of the principle enshrined in the preamble of the WHO Constitution “that informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people”; and “any other United Nations entity conducting this style of broad public outreach” (OMS, 2022c, p. 1).

There were 36,294 submissions from the general public, of which the report prepared by the WHO Secretariat does not provide any form of ranking (OMS, 2022c). It does conclude, however, that a small number of oral contributions argued that

the pandemic agreement was not necessary, while most written contributions opposed negotiating the pandemic agreement. The summary of results of the written contributions prepared by the Secretariat briefly referred to arguments such as the defense of national sovereignty and the right to patient autonomy, as well as proposals on the concept of pandemics and on the WHO's role. The Secretariat stated that many contributions were similar in form and content, and that many seemed not to meet the conditions for participation, which is why it would further discuss ways to improve the process for the next round, recognizing that this format "might not be useful for obtaining new inputs" (OIN, 2022f, p. 2).

When criticizing the first round of hearings, a group of UN human rights experts - among them the Special Rapporteur on the Right to Health, Tlaleng Mofokeng - pointed to the lack of clarity on how the results would be used by negotiators; they also questioned whether the negotiations would, in fact, be open to a broad spectrum of communities affected by the future agreement and civil society organizations (OHCHR, 2022).

Clearly, the limitation of two minutes of speech (about 220 words) for Relevant Stakeholders undermines both the actors' ability to influence and the usefulness of the mechanism. One wonders how much a modality open to the public justifies limiting the time or space for Relevant Stakeholders to participate. This format implies not only the superficiality of arguments and the reductionism of proposals, but also places on the same level actors with extensive technical knowledge and recognized political activity on the issues in question, and any person who, for the most diverse motivations, wishes to express her/himself on the subject.

The results of the empirical research: the ideological capture of the second round of public hearings

The second round of INB public hearings took place in September 2022 via videos uploaded to a digital platform open to anyone, either individually or representing an organization or entity (OMS, 2022e). No separate contribution was made.

Therefore, contributions from Relevant Stakeholders and the general public were placed at the same level.

Participants were asked to answer the question, "Based on your experience with the Covid-19 pandemic, what do you believe should be addressed at the international level to better protect against future pandemics?" (OMS, 2022e). According to the Secretariat, the overarching aim of the methodology was to approximate, at the global level, a "town hall" approach, where individuals, speaking on their own behalf or on behalf of their organizations, expressed their uncensored views, mindful only of propriety, relevance and decorum.

To be considered, the videos should be no longer than 90 seconds, be expressed in one of the six official languages of the organization, and be accompanied by a transcript to facilitate interpretation into other official languages (OMS, 2022d). When registering their video, participants were required to present a valid ID card or other equivalent document for identification purposes only.

In response, the INB received 448 videos submitted in personal capacity or as entity representatives. A group of WHO staff assessed the admissibility of the videos using four criteria: suitability (whether they contained verbal or visual elements that made them unsuitable for public dissemination), relevance (whether they answered the question posed), fairness (for example, they should not contain offenses), and technical accessibility (whether they had sound and images). Owing to the application of these criteria, 30 videos were excluded from the hearings by WHO. A few days after their public dissemination, other videos were removed from the platform for containing commercial promotion of products and services (OMS, 2022e).

Of the 418 videos deemed admissible, six could not be watched by the authors because they were blocked or presented access difficulties. It was not possible to understand the content of other 29 videos presented in Arabic or Chinese that did not provide subtitles. Thus, as the sample of this research, 383 videos that could be understood and accessed by the authors were fully analyzed, comprising 86% of the total videos submitted by the public and 92% of the videos accepted by WHO.

In the sample, it was possible to identify expressions of support for the pandemic agreement in 159 videos (41%), and against it in 203 (53%). In 21 videos (6%) no position in favor of or against the agreement could be identified.

Among the contributions in favor of the pandemic agreement, the institutions represented include research institutes, NGOs, UN agencies, scientific societies, trade union centers, civil society coalitions, and a small number of pharmaceutical companies. These contributions demonstrate technical expertise

in the topic and familiarity with consultation processes, presenting well-founded arguments and concrete proposals.

Out of 159 contributions favorable to the treaty, 143 represented some entity, and only 16 individuals. Of the 203 opposing submissions, 167 were submitted by individuals. Thus, there is a notable predominance of contrary opinions on the agreement among individual manifestations and of favorable opinions among representatives of entities, as shown in Graph 1.

Graph 1 – Number of favorable and opposing contributions to the agreement in the sample studied, by individual manifestation and entity representation

	Individuals	Entity Representatives
In favor of the agreement	16	143
Against the agreement	167	36
Not able to determine a position	21	

The entire range of arguments raised in the opposing manifestations were identified, analyzed and further classified into five categories: health nationalism, primacy of individual freedoms, cooptation of WHO, misinformation or false

information and human rights violations by WHO, which will be described in the following items.

The number of occurrences of the arguments is presented in Table 2. A large part of the videos mobilized arguments from more than one category.

Table 2 – Classification and frequency of arguments against the pandemic agreement by category

Categories	Frequency	Arguments
Health Nationalism	117	WHO was not democratically elected, so it has no powers to determine what states, governments, peoples and individuals should do; to fight pandemics, WHO must be dissolved, or its powers must be reduced; pandemics must be managed autonomously and sovereignly, according to local particularities
Primacy of individual liberties	83	The slogan "my body, my rules" also applies to covid-19; the protection of religious liberties must prevail over other interests; informed consent and the physician's freedom of choice should prevail in decisions about treatments for covid-19
Co-optation of the WHO	57	WHO is controlled by the pharmaceutical industry; WHO is controlled by the Bill and Melinda Gates Foundation; WHO is an instrument of Marxism; WHO has no transparency mechanisms, making it impossible to control its actions
Misinformation or false information	49	Early treatments against covid-19 are effective, especially chloroquine and ivermectin; measures recommended by WHO in response to covid-19 such as the use of respirators, lockdown, and the wearing of masks by children and adolescents cause more harm to health than the disease itself; the Chinese Communist Party created the new coronavirus; the concept of a pandemic has been changed for conspiratorial reasons

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Table 2 – Continuation

Categories	Frequency	Arguments
Human rights violations by the WHO	21	WHO committed crimes against humanity and genocide during the covid-19 pandemic; WHO performed dangerous tests and recommended unscientific measures on human beings; WHO exerts digital control over individuals' health data; WHO has promoted the censorship and persecution of experts and health professionals who advocate for early treatment and herd immunity

We emphasize that the evidence of ideological capture corresponds to the presence of all the categories of arguments studied, and not to their isolated occurrence. It is also worth highlighting that the arguments listed have not been explored in depth by the authors themselves, due to the time constraint of only 90 seconds, during which it is implausible to expect them to further develop the ideas presented.

Health nationalism

By Health Nationalism, in this context, we mean the rejection of the treatment of pandemics in the multilateral sphere, aiming to endorse the sovereignty of states and local powers. This perception clashes with the evidence that the international spread of diseases can only be contained through cooperation between states and the action of international organizations. In 117 videos, we identified the following arguments in this regard:

- the WHO was not democratically elected, so it has no powers to determine what states, governments, peoples and individuals should do;
- to fight pandemics, the WHO must be dissolved, or its powers must be reduced;
- pandemics must be managed autonomously and sovereignly, according to local particularities.

According to Vincent Geisser (2020, p. 18), the covid-19 pandemic was a breeding ground for the rise of provincialism and localism, accompanied by the advocacy of securitarian and protectionist solutions that correspond to old “hygienic-nationalist” conceptions of social bonds, in the sense of blaming foreigners, immigrants, and cultural minorities for

the spread of ills in the “national body,” as well as attributing these ills to an “excess of democracy” (2020, p.18). The “health nationalism” around covid-19 falls within this tradition and flows into two major strands. The first is the “national-conservative” type, which preaches the strengthening of the central state and proposes authoritarian measures to control the pandemic, depicted as “containment nationalism”. To attack democratic regimes, it exploits the difficulties of managing covid-19 containment measures and of minimizing the enormous economic and social impact of the pandemic. The second strand is the “populist-liberal” strand, fond of economic liberalism, which claims citizens’ natural and fundamental rights to travel, trade, and entrepreneurship, defined as “anti-confinement nationalism.” The two strands would, however, share the contempt for the Other as a political and ideological foundation (Geisser, 2020, p. 18).

We believe that, in relation to the pandemic agreement, these forms of health nationalism also partake of the fight against multilateralism and, in particular, the WHO, whose narratives about the pandemic reinforced the need for protection of vulnerable groups and decision-making based on scientific evidence.

Primacy of individual liberties

A second category of arguments is associated with the defense of the primacy of individual freedoms over the collective interest that underpins pandemic containment measures based on scientific evidence. In 83 videos, we find the following arguments:

- the slogan “my body, my rules” also applies to covid-19;
- the protection of religious liberties must prevail over other interests;

- informed consent and the physician's freedom of choice should prevail in decisions about treatments for covid-19.

During the covid-19 pandemic, it became evident how governments and far-right movements instrumentalize the tensions between individual freedoms, public health protection, and the role of the scientific community (Kalil et al., 2021). The defense of the primacy of individual freedoms serves as an emotional, political, and legal justification for the insurgency against the recommendations of the WHO and health authorities, which are guided by scientific evidence, and for the promotion of early treatments even when their ineffectiveness for covid-19 had already been proven.

The arguments found in the videos also come close to the ideology of anti-vaccine movements, mobilizing elements of the debate about making covid-19 vaccines mandatory. Although interference with individual liberties in the name of protecting public health is admitted by the vast majority of legal orders, they certainly raise a complex and relevant ethical debate, and that erroneous or false information hinders the advancement of this debate.

Co-optation of the WHO

In 57 videos, we found the allegation that WHO was supposedly co-opted by interests unrelated to public health. The arguments presented were:

- WHO is controlled by the pharmaceutical industry;
- WHO is controlled by the Bill and Melinda Gates Foundation;
- WHO is an instrument of Marxism;
- WHO has no transparency mechanisms, making it impossible to control its actions.

These ideas are typical of anti-globalist movements, whose basis is a conspiracy theory according to which financial capital conspires with leftist parties, media, universities, and international bureaucrats to control the world and acculturate societies, undermining traditional values of family,

nation, and God, and imposing progressive and cosmopolitan worldviews (Casarões; Farias, 2021).

The arguments regarding co-optation articulate with other categories. Thus, the far-right is able to mobilize a thick conservative identity composed of three interrelated functions: the anti-globalist one, composed of narratives of opposition to international institutions; the nationalist one, composed of narratives in favor of state sovereignty; and the adversarial one, composed of narratives based on the friend/foe cleavage (Guimarães; Silva, 2021).

Misinformation or false information

Throughout 2022, there was constant concern among the Bureau members about growing misinformation on the agreement, to the point they asked the Secretariat to develop a communication strategy to tackle it (OIN, 2002g; 2022h; 2022i). In 49 videos, we find information that is based on misconceptions or is provided with the purpose of confusing or misleading. They are expressed by the following arguments:

- early treatments against covid-19 are effective, especially chloroquine and ivermectin;
- measures recommended by WHO in response to covid-19 such as the use of respirators, lockdown, and the wearing of masks by children and adolescents cause more harm to health than the disease itself;
- the Chinese Communist Party created the new coronavirus;
- the concept of a pandemic has been changed for conspiratorial reasons.

By disseminating these videos on the official INB page, WHO makes that misleading or false information, including conspiracy theories accessible without warning about the untrustworthiness of its content. In our view, WHO should offer a counterpoint, based on facts and evidence, to each piece of erroneous or false information. This is not a matter of censoring the expression of different points of view, but rather of checking information.

Keeping misinformation accessible can have negative effects on the perception of public opinion regarding the pandemic agreement. More broadly,

it can even amount to tolerance of propaganda against public health, herein defined as the political discourse that employs economic, ideological, and moral arguments, in addition to fake news and technical information without scientific verification, aiming to discredit health authorities, weakening the public's compliance to science-based recommendations, and to promote political activism against the public health measures required to contain the spread of covid-19 (Ventura et al., 2021).

Human rights violations by the WHO

In 21 videos, we found allegations that the WHO had allegedly violated the human rights of populations or individuals during the covid-19 pandemic. The arguments were as follows:

- WHO committed crimes against humanity and genocide during the covid-19 pandemic;
- WHO performed dangerous tests and recommended unscientific measures on human beings;
- WHO exerts digital control over individuals' health data;
- WHO has promoted the censorship and persecution of experts and health professionals who advocate for early treatment and herd immunity.

These arguments configure a friend/foe rationale, in this case, WHO against the people. The accusation of crimes against humanity and genocide is related to mistaken measures and recommendations that would have caused the death of hundreds of thousands of people, as well as to experiments conducted on human beings, such as the authorization of experimental vaccines against covid-19.

The role of formulating recommendations based on scientific evidence has often involved WHO representatives publicly denying and condemning the thesis of herd immunity by contagion, and the use of treatments whose ineffectiveness for covid-19 had already been demonstrated. The authors of the videos sought to characterize the WHO's warnings as censorship and persecution of the far-right activists and sympathizers who continuously stood for this thesis and these treatments.

The evidence of concerted action

The lack of spontaneous character in the far-right's participation in public hearings deserves specific and in-depth empirical studies, mainly related to the identification of participants. For the purposes of this article, we limited ourselves to conducting a simple search through the Google engine, using the descriptor “#StopTheTreaty” we identified on social networks at the time of the hearings. We easily came across the *World Council for Health*, which presents itself as a coalition of more than 200 health initiatives and civil society groups located in 45 countries, a non-profit focused on safeguarding human rights and free will by empowering people to take control of their own health and well-being. In addition to campaigning against the pandemic agreement, the coalition's website provides extensive material, in several languages, campaigning for countries to leave the WHO (#ExitTheWHO) and reject the amendments to the International Health Regulations that are also under negotiation (#StopTheAmendments), as well as sharing false information about the covid-19 vaccine.

The list of members reveals that Brazil is represented in this coalition by the *Médicos pela Vida* movement. In March 2022, *Médicos pela Vida* shared a post on Telegram stating that if the pandemic agreement is approved, “WHO will have the power to demand mandatory vaccines and vaccine passports, and its decision will replace national and state laws,” adding that “there will be no more democracy” (PROJETO COMPROVA, 2022).

On the coalition's website, we found two specific posts on the INB public hearings. On the first round, the coalition states that the pandemic agreement will grant WHO “undemocratic rights over sovereign peoples” (Conselho Mundial da Saúde, 2022). Therefore, it encourages participation in the first round of INB public hearings, suggesting that they submit the following contributions to the content of the agreement: national and local leaders will retain full autonomy, reserving the right to make decisions based on what is best for their people; nations and municipalities will be able to opt out of the agreement, in whole or in part, without

consequences; an open and transparent process for all peoples to vote for measures to prevent the agreement from being implemented in places where a majority of the population does not want them; and measures to prevent pharmaceutical companies and other global health profiteers from influencing the process. We note, therefore, that the arguments presented in the videos sent to INB correspond to a clear political direction, stemming from a source that is probably not the only one mobilizing against the treaty, and that undoubtedly aligns with what we define in this article as the far-right.

A new posting, regarding the second round of public hearings, warns that the WHO has changed the rules of participation: an identification form must be filled out (WORLD COUNCIL FOR HEALTH, 2022b). The coalition warns that although WHO guarantees that all identifying information will be deleted after the conclusion of the public hearings, there is no reason to believe it, which is why caution must be exercised when submitting videos. This may explain the reduction in the number of collaborations from the first to the second round of public hearings. In any case, the coalition urges those who prefer not to send videos to at least spread the word that this non-democratically elected body with “zero transparency” wants to “take full control of our health, freedom, and sovereignty” (Ibid., s/p).

There is no doubt, therefore, about the existence of far-right mobilization in opposition to the pandemic agreement.

Final considerations

Despite the significant number of participants, the INB public hearings represented no more than a broad poll on the content of the pandemic agreement, with great fragmentation of social participation in terms of actors and agendas, and little possibility of effective advocacy (Ventura et al., 2022). However, more serious than the waste of an opportunity for dialogue with civil society, is the impression that citizenship is against the agreement.

In this respect, the experience of the FCTC is an important reference. It has indicated that the benefits of social participation in public health

policy formation are numerous, including increased legitimacy and credibility of the negotiating process, as well as coalition building and popular support for the convention (Montini et al., 2010). It cannot be ignored, however, that all social actors involved in the negotiation, although in opposing camps, were effectively interested and active in the issue (OMS, 2000).

Although consensually recognized as beneficial by governments and international organizations, social participation in the field of public health has relevant dysfunctions, such as the distance between representatives and the represented, the absence of clear markers regarding the selection of entities integrating the participation mechanisms, the deficit of technical and political training, and the resulting asymmetric relations between social actors, in addition to other problems related to the institutional design of participation spaces (Paiva et al., 2014). Moreover, it has long been known that health has the capacity to spasmodically mobilize the different sectors of society around specific demands (Cohn; Bujdosó, 2015), which requires particular care in managing this participation. At the international level, these difficulties add to the observation that, in recent years, the relative indifference of the general public toward international organizations seems to be turning into resistance and even hostility (Bearce; Jolliff Scott, 2019).

The INB has been notorious for the search for transparency in access to its documents, and the live online transmission of most of its sessions and deliberative processes. However, the predominance of opinions contrary to the agreement, which results from the ideological capture of social participation mechanisms, is negative both to the current negotiations and the future of global health. One cannot underestimate the resourcefulness of the far-right when it comes to digital social media use, one of the crucial elements making the authoritarian populist wave global (Pinheiro-Machado; Vargas-Maia, 2023).

In case WHO is willing to consider the predominance of positions contrary to the agreement at the public hearings, it would be forced to temporarily suspend the negotiating process, signaling the importance given to civil society.

The option for indifference to the contributions of the general public, may nevertheless produce negative effects in the future, discrediting participation mechanisms. We understand that the predominance of positions in favor of the agreement in the stage restricted to Relevant Stakeholders denotes the importance of technical capacity, accountability and history of the actors as participation criteria, in order to prevent the ideological capture of the consultation mechanisms that may result from the coordinated and massive use of digital technology, a terrain in which different forms of extremism act smoothly.

We conclude that the WHO's social participation mechanisms need urgent improvement, given the already known adversities faced in health participation and participation in international organizations, and the challenges of the historical moment in which we live. The definition of objective participation criteria, discussed with civil society organizations with a recognized track record in the area, as well as the checking of information disclosed by the WHO website, do not amount to forms of censorship, but the best way to ensure the regulation of global health takes into account the opinion and interests of those who should be its main recipients.

References

ALCAZAR, S. *The WHO Framework Convention on Tobacco Control: A case study of foreign policy and health - A view from Brazil*. Geneva: Graduate Institute of International and Development Studies, 2008.

OHCHR - THE OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS. *Negotiations for international instrument on pandemic preparedness must be guided by human rights*: UN experts. Geneva: ONU, 2022.

BAINIMARAMA, J. V. et al. *COVID-19 shows why united action is needed for more robust international health architecture*. Commentaries. Geneva: OMS, 2021. Disponível em: <<https://www.who.int/news-room/commentaries/detail/op-ed--covid-19-shows-why-united-action-is-needed-for->

[more-robust-international-health-architecture](https://www.who.int/news-room/commentaries/detail/op-ed--covid-19-shows-why-united-action-is-needed-for-more-robust-international-health-architecture)>. Acesso em: 3 jun. 2023.

BARBOSA, J. R. *Chauvinismo e extrema direita: crítica aos herdeiros do sigma*. São Paulo: Editora Unesp, 2015.

BEARCE, D.H.; JOLLIFF SCOTT, B.J. Popular non-support for international organizations: How extensive and what does this represent? *The Review of International Organizations*, Berlin, v. 14, n. 6, pp. 187-216, 2019. DOI: 10.1007/s11558-019-09351-3

BOTTO, M. Los Movimientos Sociales y El Libre Comercio En América Latina: ¿qué Hay Después Del ALCA? *Revista CIDOB d'Afers Internacionals*, Barcelona, n. 105, p. 191-213, 2014.

BRÜL, T. Representing the People? NGOs in International Negotiations. In: STEFFEK, J.; HAHN, K. (Ed.) *Evaluating Transnational NGOs*. Londres: Palgrave Macmillan, 2010. p. 181-199.

CASARÕES, G.; MAGALHÃES, D. The hydroxychloroquine alliance: how far-right leaders and alt-science preachers came together to promote a miracle drug. *Revista de Administração Pública*, Rio de Janeiro, v. 55, n. 1, p. 197-214, 2021.

CASARÕES, G. S. P.; FARIAS, D.B.L. Brazilian foreign policy under Jair Bolsonaro: far-right populism and the rejection of the liberal international order. *Cambridge Review of International Affairs*, Cambridge, v. 35, n. 5, p. 741-761, 2021.

CLARK, H.; KOONIN, J.; BARRON, G. C. Social participation, universal health coverage and health security. *Bull World Health Organ*, [s. l.] v. 99, n. 12, p. 846-846A, 2021. DOI: 10.2471/BLT.21.286554

COHN, A.; BUJDOSO, Y. L. Participação social e gestão pública no Sistema Único de Saúde. *Tempo Social*, São Paulo, v. 27, n. 1, p. 33-47, 2015. DOI: 10.1590/0103-20702015012

#STOPTHETREATY: Comment on WHO's Pandemic Treaty. *World Council for Health*, [s.l.], 12 abril 2022. Disponível em: <<https://worldcouncilforhealth>

org/news/stopthetreaty-comment-who-pandemic-treaty/>. Acesso em 3 jun. 2023.

UPDATE on the WHO's Request for Video Submissions on Pandemic Preparedness. *World Council for Health*, [s.l.], 9 Set. 2022b. Disponível em: <<https://worldcouncilforhealth.org/news/statements/stopthewho-update/>>. Acesso em: 3 jun. 2023.

DHANDA, A. Construindo um novo léxico dos direitos humanos: Convenção sobre os Direitos das Pessoas com Deficiências. *SUR: Revista Internacional de Direitos Humanos*, São Paulo, v. 5, n. 8, p. 42-59, 2008. DOI: 10.1590/S1806-64452008000100003

DENTICO, N.; VAN DE PAS, R.; PATNAIK, P. *The politics of a WHO pandemic treaty in a disenchanted world*. G2H2 report. Genebra: Geneva Global Health Hub, 2021.

FIDLER, D. The case against a pandemic treaty. *Think Global Health*, New York, 2021. Governance. Disponível em: <<https://www.thinkglobalhealth.org/article/case-against-pandemic-treaty>>. Acesso em: 3 jun. 2023.

FRANCÉS, F.; PARRA-CASADO, D. *Participation as a driver of health equity*. Copenhagen: WHO, 2019.

GEISSER, V. L'hygiéno-nationalisme, remède miracle à la pandémie? Populismes, racismes et complotismes autour du Covid-19. *Migrations Société*, Paris, p. 3-18, 2020. Disponível em: <<https://www.cairn.info/revue-migrations-societe-2020-2-page-3.htm>>. Acesso em: 3 jun. 2023

GEREKE, M.; BRÜHL, T. Unpacking the unequal representation of Northern and Southern NGOs in international climate change politics. *Third World Quarterly*, London, v. 40, n. 5, p. 870-889, 2019.

GUIMARÃES, F. S.; SILVA, I. D. O. Far-Right Populism and Foreign Policy Identity: Jair Bolsonaro's ultra-conservatism and the new politics of alignment. *International Affairs*, Oxford, v. 97, n. 2, p. 345-363, 2021.

KALIL, I. et al. Politics of fear in Brazil: Far-right conspiracy theories on COVID-19. *Global Discourse*, Bristol, v. 11, n. 3, p. 409-425, 2021. DOI: 10.1332/204378921X16193452552605

NADER, L. O papel das ONGs no Conselho de Direitos Humanos da ONU. *SUR: Revista Internacional de Direitos Humanos*, São Paulo, v. 4, n. 7, p. 6-25, 2007. DOI: 10.1590/S1806-64452007000200002

OMS - ORGANIZAÇÃO MUNDIAL DE SAÚDE. Órgão Intergovernamental de Negociação. A/INB/2/4. *Modalities of engagement for relevant stakeholders*. Genebra, 2022a.

OMS - ORGANIZAÇÃO MUNDIAL DE SAÚDE. Órgão Intergovernamental de Negociação. A/INB/1/9. *Summary report on the results of the INB digital platform*. Genebra, 2022b.

OMS - ORGANIZAÇÃO MUNDIAL DE SAÚDE. Órgão Intergovernamental de Negociação. A/INS/1/10. *Outcomes of the first round of public hearings*, Report by the Secretariat. Genebra, 2022c.

OMS - ORGANIZAÇÃO MUNDIAL DE SAÚDE. Órgão Intergovernamental de Negociação. A/INB/3/INF/3. *Outcomes of the second round of public hearings*, Report by the Secretariat. Genebra, 2022d.

OMS - ORGANIZAÇÃO MUNDIAL DE SAÚDE. Órgão Intergovernamental de Negociação. A/INB/3/INF./2. *Informal, focused consultations*, Report by the Bureau of the INB. Genebra, 2022e.

OMS - ORGANIZAÇÃO MUNDIAL DA SAÚDE. Órgão Intergovernamental de Negociação. *Note for the record*. Meeting of the Bureau of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (INB). 28 Abril 2022. Genebra, 2022f.

OMS - ORGANIZAÇÃO MUNDIAL DA SAÚDE. Órgão Intergovernamental de Negociação. *Note for the record*. Meeting of the Bureau of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (INB). 7 June 2022. Genebra, 2022g.

OMS - ORGANIZAÇÃO MUNDIAL DA SAÚDE. Órgão Intergovernamental de Negociação. *Note for the record*. Meeting of the Bureau of the

Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (INB). 10 June 2022. Geneva, 2022h.

OMS - ORGANIZAÇÃO MUNDIAL DA SAÚDE. Órgão Intergovernamental de Negociação. *Note for the record*. Meeting of the Bureau of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (INB). 30 June 2022. Geneva, 2022i.

OMS - ORGANIZAÇÃO MUNDIAL DA SAÚDE. *A/INB/2/4. Modalities of engagement for relevant stakeholders*. Genebra, 2022j.

OMS - ORGANIZAÇÃO MUNDIAL DA SAÚDE. *Actualización de la Secretaría: audiencias públicas sobre el convenio marco para la lucha antitabáquica*. Genebra, 2000.

OMS - ORGANIZAÇÃO MUNDIAL DA SAÚDE. *Voice, agency, empowerment - handbook on social participation for universal health coverage*. Geneva: OMS, 2021a.

OMS - ORGANIZAÇÃO MUNDIAL DA SAÚDE. *The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response*. Resolução SSA2(5). Genebra, 2021b.

OMS - ORGANIZAÇÃO MUNDIAL DA SAÚDE. *Institutionalizing social participation to accelerate progress towards universal health coverage and health security*. Technical Brief. Genebra, 2023a.

OMS - ORGANIZAÇÃO MUNDIAL DA SAÚDE. *English/French list of 218 non-State actors in official relations with WHO reflecting decisions of the 152nd session of the Executive Board, February 2023*. Genebra, 2023b.

MONTINI, T. et al. The role of public participation in public health initiatives: an analysis of the WHO Framework Convention on Tobacco Control. *Global Public Health*, London, v. 5, n. 1, p. 48-61, 2010. DOI: 10.1080/17441690802164391

PAIVA, F. S.; STRALEN, C. J. V.; COSTA, P. H. A. Participação social e saúde no Brasil: revisão sistemática sobre o tema. *Ciência & Saúde Coletiva*, Rio de Janeiro, v. 19, n. 2, p. 487-498, 2014. DOI: 10.1590/1413-81232014192.10542012

PINHEIRO-MACHADO, R.; VARGAS-MAIA, T. Why We Need a New Framework to Study the Far Right in the Global South. *Global Dialogue*, [s.l.], v. 13, n. 1, p. 16, 2023.

PROJETO COMPROVA. Texto no Telegram espalha teoria conspiratória sobre tratado internacional da OMS. *CNN Brasil*, São Paulo, 28 mar 2022. Disponível em: <<https://www.cnnbrasil.com.br/nacional/texto-no-telegram-espalha-teoria-conspiratoria-sobre-tratado-internacional-da-oms/>>. Acesso em: 03 Jun. 2023.

RACHED, D. H.; VENTURA, D. F. L. World Health Organization and the search for accountability: a critical analysis of the new framework of engagement with non-state actors. *Cadernos de Saúde Pública*, Rio de Janeiro, v. 33, n. 6, 2017. DOI: 10.1590/0102-311X00100716

SÁNCHEZ-CASTILLO, S.; LÓPEZ-OLANO, C.; PERIS-BLANES, À. Política, sanidad y desinformación: argumentos en Instagram de los partidos de extrema derecha europea sobre las vacunas contra la COVID-19. *Revista Latina de Comunicación Social*, Madrid, v. 81, p. 210-229, 2023.

TAGUIEFF, P.-A. L'extrémisme insaisissable. *Humanisme*, Paris, v. 313, n. 4, p. 24-31, 2016.

VENTURA, D. F. L. et al. *Acordo sobre pandemias: Brasil deve buscar liderança do Sul Global com ênfase na redução das iniquidades antes, durante e depois das emergências*. Nota Técnica n. 2. Rio de Janeiro: Fiocruz; São Paulo: USP, 2022.

VENTURA, D. F. L. et al. LexAtlas C19 - Brazil - The Timeline of the Federal Government's Strategy to spread Covid-19. *Zenodo*. São Paulo, 2021. DOI: 10.5281/zenodo.5167005

WENHAM, C.; ECCLESTON-TURNER, M.; VOSS, M. The futility of the pandemic treaty: caught between globalism and statism. *International Affairs*, Oxford, v. 98, n. 3, 2022, pp. 837-852.

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