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Article — Published Version

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Global Policy

Provided in Cooperation with:

John Wiley & Sons

Suggested Citation: Eckl, Julian (2022) : Focal Times and Spaces: How Ethnography Foregrounds the Spatiotemporality of International Organizations and Global Governance, Global Policy, ISSN 1758-5899, Wiley, Hoboken, NJ, Vol. 12, pp. 34-44, <https://doi.org/10.1111/1758-5899.12908>

This Version is available at:

<https://hdl.handle.net/10419/284791>

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Focal Times and Spaces: How Ethnography Foregrounds the Spatiotemporality of International Organizations and Global Governance

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Abstract

Drawing on a long-term political ethnography of sites of global health governance, the paper makes methodological and substantive contributions. First of all, it shows that ethnography induces researchers to experience international organizations (IOs) and global governance as spatiotemporal phenomena. This experience overlaps with the lived realities of practitioners and spotlights aspects that are otherwise easily overlooked. Both practitioners and ethnographers have to be in specific spaces at particular times. This practical challenge illustrates that there are focal times and spaces, which are linked to the cyclical and sited character of global health governance. These focal times and spaces provide an important coordination mechanism and ease the general flow of knowledge – within IOs and between IOs and their environment. However, there is also the constant danger that they develop a self-referential life of their own and become disconnected from other processes. Similarly, not just researchers but also practitioners are struggling to develop a comprehensive understanding of IOs since they experience them only partially and in specific settings. Thus, a spatiotemporal account highlights both overlooked links and unexpected disconnections. The conclusion mentions that the current – COVID-19-induced – mainstreaming of digital technologies will impact the spatiotemporal dimension of global health governance.

Policy Implications

- Policy makers should more systematically acknowledge the contribution of focal times and spaces to the coordination of global governance processes and to the flow of knowledge.
- At the same time, policy makers have to pay attention to the danger that these focal times and spaces can develop a self-referential life of their own and become disconnected from other processes.
- Whether policy makers encounter global health at global focal times and spaces or in specific local settings, each first-hand experience has its specific limits. Policy makers should be aware of the limits of their own first-hand experiences and systematically complement them with other sources of information, including the experiences and views that others bring to the table.
- The annual governance cycle links various meetings in a sequential manner and decisions are often precooked at meetings that take place before the main governance bodies convene. While some policy makers prefer this kind of upstreaming of decision making in order to smoothen the working of the governance bodies, they should not lose sight of the potentially negative consequences, for example regarding inclusiveness and transparency.
- Policy makers will have to assess the impact that the current, COVID-19-induced, mainstreaming of digital technologies (e.g. online conferencing tools) has on the spatiotemporal dimension of global health governance. In this context, they should identify areas in which digital technologies can complement and support previously existing practices of on-site meetings as well as areas in which on-site meetings remain indispensable, for example in order to secure meaningful and inclusive deliberations.

Experiencing spatiotemporality and accounting for its impact

International organizations (IOs) have inter alia been described as passive instruments of powerful actors, as neutral platforms for negotiations, and as influential actors in

their own right; such divergent images are typically the consequence of the competing theoretical perspectives on which scholars draw (Pease, 2016; Rittberger et al., 2012). This paper adds an additional layer to these discussions by illustrating the link between the methodology on which one relies and the image one gets.

In particular, it will show that, through ethnography, IOs can be experienced as a spatiotemporal phenomenon. The resulting spatiotemporal image is a consequence of a specific requirement of ethnography: to some degree, research has to be aligned with the spatiotemporality of the processes to be studied. In other words, the paper takes the fourth question raised in the introduction to this special issue (Maertens et al., 2021, in this issue) as its starting point and asks: How is (ethnographic) research on IOs influenced by (the social organization of) time and space?¹ In addressing this question, the paper will account for influences both on research activities and on research findings.

While the paper does not claim that ethnography is the only path through which spatiotemporality can be foregrounded and while it does not resolve the continuous debates on the 'real' character of IOs, it will outline how certain practitioners experience IOs in their routine work. In particular, it will reconstruct important spatiotemporal aspects from the perspective of people who work in the area of the multilateral governance of IOs. The paper can account for this perspective since governance bodies were the central access point for the underlying research project. This focus notwithstanding, the perspectives of other people, for example those who represent the more bureaucratic dimension of IOs, will not be entirely absent. Moreover, the observation, that also from the perspective of the participants there is more than one image of an IO, offers a fresh look at the discussions among theory-driven scholars: it suggests that the debates cannot be conclusively resolved since IOs have multiple characteristics that will vary across time and space.

In addition to making a methodological contribution along the aforementioned lines, the paper will also provide substantive findings. While the findings discussed in the paper emerged from an engagement with several organizations, including the World Health Organization (WHO), the RBM Partnership, and the Stop TB Partnership, the substantive sections will focus on WHO that remains a unique IO in global health governance even though health-related organizations of various kinds have proliferated in the past. In particular, WHO governance still comes with the ambition of shaping global health governance. The focus on WHO will also make it possible to address the second and the third question raised in the introduction to this special issue. Regarding WHO, they can be posed in the following way: how do time and space impact, first, WHO governance (i.e. WHO internally), and, second, global health governance more broadly (i.e. WHO's environment).²

In accounting for the internal and the external impact of time and space, the role of governance cycles and the sitedness of global health governance will be elucidated. The analysis will shed light on the spatiotemporal interconnections between WHO's governance bodies and it will furthermore show that WHO governance processes have an impact on external governance processes. Also, it will look into the specific role of Geneva as a hub of global health governance. Overall, the analysis will point at the importance of global focal times and spaces and it will suggest that, from

a spatiotemporal perspective, global health governance is structured in an important but commonly overlooked way. The analysis will, however, also bring up problems and disconnections that a spatiotemporal perspective unveils. While focal times and spaces offer unique access to global health politics, it remains a challenge to obtain a comprehensive experience-based understanding of WHO and global health governance. After all, both researchers and practitioners experience IOs only incompletely and in specific settings.

Ethnography, time, and space

In recent years, (political) ethnography has become increasingly popular among political scientists but it has still not become part of the discipline's mainstream and its future status remains unclear (Curry, 2017; Schatz, 2017; Schwartz-Shea and Majic, 2017). A similar trend can be observed in the subfield of international relations where political scientists have been joined by a growing number of socio-cultural anthropologists with an interest in international organizations (Müller, 2013; Niezen and Sapignoli, 2017) and where international practice theory, which values ethnography's promise of studying practices first-hand, has seen a considerable rise (Bueger and Gadinger, 2018; see also De Pryck, 2021, in this issue). Finally, also in the field of global health governance, international organizations and public-private partnerships have been studied ethnographically (Eckl, 2017, 2021; Irwin and Smith, 2019; Storeng and Béhague, 2016). While these works offer a wide range of rich insights, for example on the quotidian reproduction of order through repetitive activities or on the silencing of internal conflicts in external self-representations, this section will focus on ethnography's propensity to foreground the experienceable spatiotemporality of the phenomena studied, which is often only a latent theme in discussions on ethnography, in particular in debates among political scientists.

At the outset, a few comments on ethnography seem useful. Not least since ethnography is used in a broad range of disciplines, it has proven notoriously difficult to come to an agreement on the constitutive elements of ethnography and to distinguish it clearly from other social science research methodologies (Atkinson et al., 2001; Schatz, 2009). Against this potentially confusing background, I will briefly characterize the understanding of ethnography that I have adopted – based on literature³ and on my own experiences – and that informs this text. The focus will be on the collection/production of empirical material as this is where spatiotemporality becomes strikingly obvious.⁴

From my perspective, a distinguishing feature of ethnography is that it encourages researchers to take the participants' perspective seriously and to get themselves into situations, in which they can use their own body and their own senses in order to collect/produce empirical material. The ethnographic call to use one's own senses is most clearly expressed in the notion of 'participant observation' which is a central pillar for ethnographic projects. While the term has sometimes been criticized for its ambiguity, it conveys quite well the inherent tension between participation

and observation. 'Participant observation' serves as a shorthand for varying degrees of participation and observation; it describes multiple permutations of the general theme of observers who aim for participation and first-hand experiences. While it is 'participant observation' in particular that is responsible for the link between spatiotemporality and ethnography, it should still be noted that ethnography draws on two more pillars: interviews (ranging from non-standardized forms of interviewing to standardized surveying) and artefact analysis (including the analysis of documents, three-dimensional objects, and digital artefacts).

Usually, ethnography is not perceived as a methodology that is primarily geared towards the study of time and space as such; implicitly, however, ethnography is inherently linked to time and space. First of all, when ethnographers collect/produce empirical material, they continuously address issues of time and space. In particular, ethnographers will often supplement their written field notes with maps, drawings, and pictures, which are particularly useful for the documentation of *space and spatial relations* while field notes are strong at capturing *temporal and processual aspects*. To be sure, each type of material touches upon both aspects and written accounts are particularly versatile but researchers produce different kinds of material since they move between foregrounding time, space, or their interconnections. Thus, the documentation activities of ethnographic field researchers can be interpreted through the lens of Lessing's distinction between literature and the visual arts, where the former is described as being particularly good at capturing action and hence time while the latter is said to be ideal for reproducing objects and hence space (Lessing, [1766] 1988).

Second, the very idea of 'going on (ethnographic) field research' suggests a spatial dimension of ethnographic projects. This holds both for space as physical distance and for space as social space. As discussions on the 'spatial turn' have shown (e.g. Döring and Thielmann, 2008), space is much more than a mere physical phenomenon that can be objectively measured; rather, space has increasingly been viewed as a human-made phenomenon that is shaped by social relations and has at the same time an impact on social relations. From this perspective, 'going on field research' means not only to overcome physical distance but also to approximate or to even enter new (social) spaces. In addition to its spatial dimension, the notion of 'going on field research' has also a temporal dimension. Field researchers will usually leave at a specific point in time, stay for a certain period of time, and return eventually. Classic field research (Malinowski, 1922) was meant to last for at least a year in order to capture the full spectrum of seasonal practices, which highlights that, like space, also time has a social dimension. Just by stating *where* the field research took place and *how long* it lasted, ethnographers point at key spatiotemporal aspects of their projects.

While one could argue that all research projects have a spatiotemporal dimension, the striking particularity of ethnography is that researchers have to pay tribute to the spatiotemporal characteristics of 'the field' they want to

study: participant observation requests ethnographers to be in the right space (or at the right place) at the right time, that is, when things unfold. On the one hand, time and space are often considered separately; on the other hand, it can be precisely the intersection of both that matters. The key point is that ethnographers have only partial control over the spatiotemporal dimension of their projects that have to be coordinated if not synchronized with external processes. As a consequence of the need to synchronize research activities with the activities of practitioners, spatiotemporality is experienced at two levels or scales.

The first level could be called the macro – or strategic – level. It is closely linked to the very notion of 'going on field research' and a good illustration for this level would be researchers who are in the process of planning their next field trip. They have to consider the question of where to go, when to leave, and how long to stay. In case of classic field research at a main field site (Malinowski, 1922), the macro level would primarily be considered in the original planning phase of a project; in case of a multi-sited ethnography (Marcus, 1995; Yanow, 2009) by contrast, researchers will repeatedly come back to this level. The macro level usually deals with questions of time in terms of years, months, or weeks, while space is considered at the scale of continents, countries, cities, or villages. Filling in a university's travel authorization form is a typical activity that records macro level information.

The second level could be called the micro – or tactical – level. A good illustration for this level would be researchers who are already 'in the field' and who ask themselves what local processes they should follow in order to engage in meaningful participant observation. The micro level usually deals with questions of time in terms of days, hours, or minutes; space is considered at the scale of neighbourhoods, streets, buildings, or rooms – including the positioning of people and objects. While, at the macro level, you envision a long-distance trip (e.g. a flight), at the micro level, you would think of local trips (e.g. walking). There is no question that the macro and the micro level will often intersect but the distinction helps still to structure the multiple ways in which both researchers and practitioners experience time and space. Similarly, it clarifies that the notion of 'field site' could be discussed at both levels.

What both time and space have in common is that they can be thought of as a particular way in which humans experience and express relations. As highlighted by Leibniz in his influential writings (reprinted in Alexander, 1956), time can be interpreted as a relationship between phenomena that do not exist simultaneously ('an order of successions') and space can be seen as a relationship between phenomena that exist simultaneously ('an order of coexistences'). While Leibniz argued from a natural science perspective, a focus on relations has proven productive also for social scientists (see also Worrall, 2021, in this issue). The relationship between specific phenomena will appear in a new light if the spatiotemporal character of the relationship is acknowledged, in particular since the phenomena might be (dis)connected in a previously overlooked manner. Relative spatial

proximity and distance, for example, influence social relations but are often also an expression of how people view social relations.

Paying tribute to the spatiotemporality of global health governance: the underlying research project

This paper is based on a long-term ethnographic research project that was inspired by the discussions on the fragmentation of global health governance that highlight the complex relations between multiple health-related organizations. Fragmentation has been an issue for decades (e.g. Lee et al., 1996) but increased further since the late 1990s, among other things as a consequence of the rise of (public-private) health partnerships and changing funding practices (for a recent assessment of this architecture, see Held et al., 2019). While these discussions emphasize inter alia the continuous proliferation of actors and fora in global health, the project has the ethnographic goal to investigate this phenomenon from the insiders' perspective. Put another way, it differs from the predominant discussions since it was neither planned as a study that would look at global health governance from a bird's-eye perspective in order to map collective actors (Hoffman and Cole, 2018) nor conceived as a study on the relationship between changing funding practices and global health governance (Browne, 2017; Sridhar and Woods, 2013); the idea was rather that it would zoom in on the people who work in this environment and that it would ask how the participants themselves (try to) come to terms with the fragmented nature of the global health governance architecture.

In line with the open and inductive research design of ethnographic projects, this question was understood as a sensitizing question that would serve as a starting point while additional questions could emerge as the project unfolded.⁵ It was clear from the outset that the project was going to be multi-sited since the idea was to visit different sites at which people engage in global health governance. While site selection would be done incrementally, it was anticipated that decision-making and conference-style fora would be particularly relevant. In other words, the project was planned as a long-term study based on relatively short field trips during the meetings of temporary fora. The rationale for this design was that it would emulate the experience of the practitioners. While a more detailed account of the research design and the project's evolution can be found elsewhere (Eckl, 2017, 2021), the present section will give a descriptive account of what 'going on field research' implied in spatiotemporal terms and how the spatiotemporality of the phenomenon studied influenced the research process. The section that follows thereafter will discuss the spatiotemporal dimension of WHO and of global health governance that was thereby foregrounded. Due to spatial constraints, both sections will focus primarily on the macro level which has received less attention in the literature than the micro level (Irwin and Smith, 2019; Eckl, 2017, 2021).

The project started in 2010 with field trips to the one-time civil society conference 'Global Gerechtes Gesund' ('Global, Just, and Healthy') and to the annual World Health Summit that had previously been dubbed as the Davos of global health. Thereafter, it proved challenging to squeeze more field trips into my routine work obligations (e.g. teaching) and to allocate the necessary funding. Consequently, it was only in 2014 when field research could be continued with a trip to the World Health Assembly (Assembly, or WHA) as WHO's supreme decision-making body. In the course of the field trip it became self-evident that, from the participants' perspective, the Assembly could not be considered in isolation and that other WHO meetings would have to be visited. Moreover, it became also clear that the aforementioned accounts of the rising number of WHO challengers grossly underestimate the fact that WHO remains still a unique organization in the sense that there is no single organization that challenges WHO in all areas of global health and that it remains the only one that can plausibly claim to be the directing and coordinating authority on global health.

As a consequence, WHO as such but also its internal organization received more room than originally envisioned. An immediate consequence of this refinement was that, in the same year (2014), a meeting of the WHO Regional Committee for Europe was observed. Unlike the Assembly, however, it was actually observed via webcast. While this implied that only the formal sessions could be observed, it turned out later that relying on the live webcast (or, if available, a recording thereof) was common among practitioners who could not attend in person. This is an important observation since it illustrates that practitioners and field researchers face at times similar challenges. By the same token, both by attending in person and by watching webcasts, researchers immerse in what practitioners do. Nevertheless, webcasts do not make on-site presence obsolete, in particular if one wants to shape policies or to observe processes beyond the formal sessions.

Since the first visit in 2014, the Assembly has been regularly revisited in person or watched online (or both). Moreover, from 2015 onwards several meetings of the Executive Board (Board, or EB), including three special sessions, have been attended in the same ways. The Programme, Budget, and Administration Committee (PBAC) of the Board by contrast could only be watched via webcast and it became even increasingly difficult to do so since WHO's policy regarding webcasts for this body underwent continuous change – the most recent policy being that they are no longer available to the general public. Regarding meetings of Regional Committees, two for Europe were attended in person while further ones for Europe as well as one each for the Americas, for the Western Pacific, and for Africa were watched online. In addition to the formal sessions of the aforementioned meetings, various side events, informal meetings, and civil society meetings were attended. From 2015 onwards, public-private partnerships were included in the project. In particular, various kinds of meetings of the RBM Partnership and of the Stop TB Partnership were visited. Another WHO body that has been visited regularly

since 2016 is the Malaria Policy Advisory Committee, which has recently been renamed to Malaria Policy Advisory Group. Finally, participation as an external expert was possible at meetings of the Strategic Advisory Group on malaria eradication in 2018 and 2019; while most of the meetings were hosted by WHO, one was a WHO panel at the annual meeting of the American Society of Tropical Medicine and Hygiene.

In geographical terms, field trips went *inter alia* to Berlin, Copenhagen, Delhi, National Harbor, Vilnius, and, as will be elaborated below, repeatedly to Geneva. The most recent physical field trip to Geneva was in January 2020, shortly before it became clear that the COVID-19 pandemic would have a considerable short-term impact on the spatiotemporal organization of global health governance whose long-term consequences have yet to be fully understood, as will be indicated in the conclusion. By the same token, several online meetings have been watched since then.

The spatiotemporal dimension of WHO and global health governance

This section will elaborate on the observation that, from a spatiotemporal perspective, global health governance is structured in an important but commonly overlooked way. There are several aspects to this observation. First of all, the way in which global health governance is experienced differs from the formal textbook accounts. Second, there are focal times and spaces that contribute to the predictability and traceability of global health governance. Third, there are, however, also challenges and problems that come with the specific manner in which time and space are organized. These include trade-offs and side effects but also intended consequences of purposeful action that could be considered as spatiotemporal venue shopping. The subsequent discussion concentrates on key issues that emerged when the field notes were inductively tagged, which is an analytic approach inspired by the various forms of coding discussed in 'grounded theory' (cf. Gobo, 2008, and Emerson et al., 2011). The discussion will begin with the role of governance cycles before turning to the role of Geneva as a central hub for global health governance. As mentioned before, the discussion deals mainly with the macro level.

Governance cycles

In textbooks in particular, it is common to list WHO's governance bodies as if they were simultaneously existing circumscribed entities and to account for their functions individually (e.g. Lee, 2009).⁶ Such formal-constitutional and synchronic accounts differ sharply from the lived realities of the participants who experience the different governance bodies and the relationships between them as a patterned sequence of events that recurs regularly and has important ramifications. This subsection will first discuss WHO's annual governance cycle before looking into cycles that span multiple years. In doing so, it will also investigate implications for WHO governance and for external processes.

WHO's annual governance cycle is structured by a set of core meetings. The current pattern of the core cycle looks as follows. It starts with a Board meeting in January/February that lasts for at least one week. The next step is the Assembly in May that also lasts for at least one week. Right after the Assembly, there is yet another Board meeting that usually lasts for two days. All of this is followed by a series of six meetings of Regional Committees that take place sequentially in autumn and tend to last for around one week each. These meetings of the core cycle (Board, Assembly, and Regional Committees) are sometimes referred to as constitutional meetings since they are required by the constitution of WHO. The practical reason for which the term has become necessary is that it is increasingly difficult to keep an overview of the proliferating number of meetings that have emerged around this constitutional scaffold.

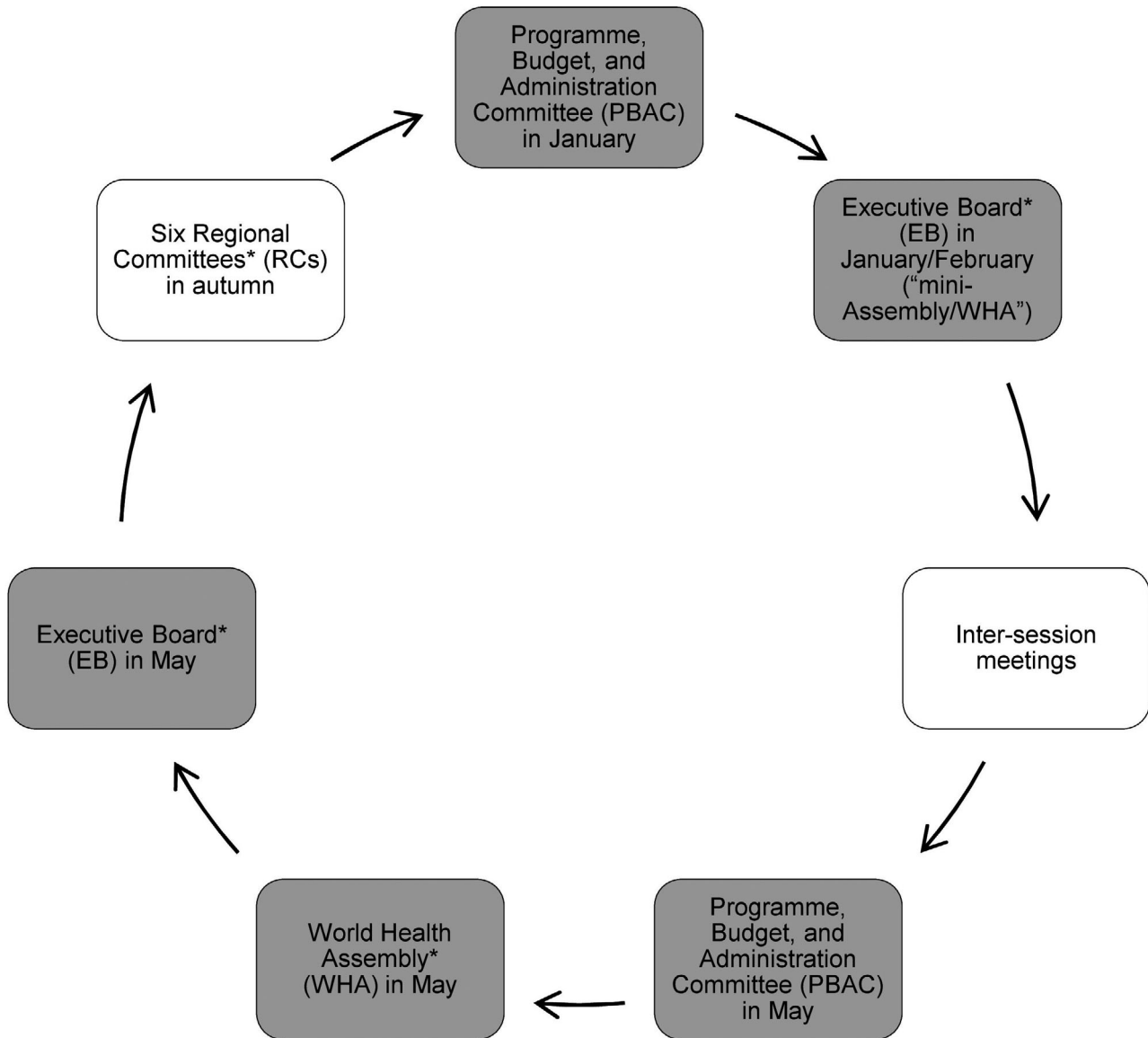
Prime examples for these additional meetings are meetings of the Programme, Budget, and Administration Committee (PBAC), which is a subsidiary organ of the Board and which meets usually twice a year: once before the Board in January and once before the Assembly in May. Additionally, there are various governance-related meetings between the sessions of the constitutional bodies and their subsidiaries – in particular between the Board in January and PBAC in May but not only then. These 'inter-session meetings' can take multiple forms such as mission briefings, (informal) meetings, (informal) consultations, and (informal) negotiations; moreover, some of them are time-bound while others are open-ended intergovernmental meetings.

In sum, WHO's annual governance cycle comprises meetings of the constitutional bodies and meetings that were set up in order to smoothen the workings of the constitutional bodies. The additional meetings and the temporal pattern that the meetings follow are easily overlooked in the formal-constitutional accounts.⁷ Figure 1 displays both types of meetings and their position in the annual governance cycle.

One consequence of these actual governance practices is that there is a continuous upstreaming of decision making. In particular, while the Assembly is WHO's supreme and most inclusive decision-making body, much of the discussions will have taken place in the bodies that met before it. The Board in January is the most important case in point and it has meanwhile even been dubbed as 'mini-Assembly/WHA'; PBAC and inter-session meetings can play a similar preparatory role. The key issue is that while a static perspective would emphasize the divergent functions of the different bodies in abstract terms, a temporal account highlights the way in which they feed into each other and how discussions at one meeting potentially predetermine subsequent decisions at other meetings.

Where in the cycle discussions take place and where decisions are tentatively agreed upon is not irrelevant. Policy making is less participatory and less accountable than foreseen in the constitution whenever it is upstreamed to meetings that are less inclusive, less transparent, and less well documented than the Assembly where all 194 member states have a seat. Meetings of the PBAC, for example, while not restricted to the 14 PBAC members, are attended by

Figure 1. The annual governance cycle (asterisks indicate ‘constitutional meetings’; grey shades indicate meetings that take place ‘en bloc’, as will be discussed below)



only a subset of the 194 member states; moreover, these meetings are inaccessible to the general public and to non-state actors who are in official relations with WHO;⁸ at constitutional meetings by contrast, the latter can speak (but not vote). Also unlike the constitutional meetings, PBAC's proceedings are not documented in summary/verbatim records but in an outcome-focused report. Similar issues apply in the case of inter-session meetings that are usually restricted to member states. From the perspective of the delegates, the challenge is to keep abreast of the policy debates and to anticipate at what moment in the governance cycle an issue is likely to be seriously debated and tentatively agreed on. Obviously, the need for intelligence in this regard is particularly pressing in the case of those meetings that are not attended by default. A general implication

of upstreaming is that it runs the risk of leaving a mere nodding through to the Assembly.

While these considerations point at problems that come with upstreaming, it can also be seen as practice that adapts governance bodies and constitutional provisions to the needs of the practitioners; in particular, it helps them to gain time. As mentioned before, the Board in January has become something like a mini-Assembly. This means among other things that its meetings are not only attended by the 34 elected members of the Board but also by various other member states, observers, international organizations, and non-state actors; depending on the agenda item, a large share of them, member states in particular, might also participate in the discussions. As a consequence, the Board is more inclusive than foreseen in the constitution but less

inclusive than the Assembly. By the same token, the proceedings of the Board go well beyond the work of a small steering committee. In practice, they come much closer to the first reading of a bill in a parliament and the member states that are present embrace the opportunity to comment. While this is sometimes criticized as changing the character of the Board, the Board now serves as a sounding board that helps to identify lines of conflict and areas of consensus among member states. Moreover, this practice gives member states the possibility to use the time between the Board in January and the Assembly in May to clarify their individual position on a specific agenda item through further internal consultations (e.g. within ministries of health). Thus, upstreaming has ambiguous implications and it is subject to fluctuating assessments by practitioners; unsurprisingly, delegations do not always agree on the question of whether an upstream discussion should be considered as sufficient or if an issue should be reopened.

While upstreaming conveys the idea that decisions have been precooked at one type of meeting before being formally taken at another type of meeting, it is also an established practice to postpone agenda items. For example, it happens regularly that individual agenda items are moved from the January Board that is considered a highly important meeting and tends to be well attended, to the May Board that tends to be seen as a much less important meeting and that is attended by much fewer participants. While this means that important agenda items do not always get the attention they would deserve, the May Board has received its status as a less relevant meeting not least since it takes place in the wake of the Assembly that is both highly work-intensive and has a festive character. In other words, due to its position in the annual governance cycle, there is the (mis)perception that it takes place when all the important decisions have been taken and that it would 'only' be about implementation and post-processing. Such perceived variations in relevance regarding 'the same' governance body are easily overlooked in formal-constitutional accounts. Finally, it should be noted that there have been a few special sessions of the governance bodies in order to address a specific issue and/or to react to a crisis. Due to their specific character, they should be distinguished from both upstreaming and postponing.

From the perspective of the participants, WHO governance is a long array of practical deadlines that enforce different kinds of activities upon them. In the case of the constitutional meetings in particular, participants will, at an early stage, have to engage with the draft preliminary agenda and potentially suggest changes to it; subsequently, they will have to prepare for the meeting in light of the preliminary agenda and in light of the documents that the secretariat is expected to provide in advance; however, merely reading the massive amount of documents on time for the meeting can be a challenge in itself and this challenge is often even increased by the secretariat since some of the documents might be made available late or might not have been translated into the preferred official language (yet). Moreover, it happens time and again that some member

states take the others by surprise and make last-minute proposals for supplementary agenda items to the preliminary agenda or for resolutions on agenda items on which no resolution had been foreseen. Finally, the practical challenges continue in the course of the meetings as participants will have to get through all items on the agenda which might require an engagement beyond the originally scheduled working hours, for example, in the form of evening sessions or (in)formal meetings that run in parallel to the official meetings. These considerations regarding time pressure link to a broader issue that a temporal perspective foregrounds, while a more formal-constitutional perspective might easily overlook it: even though governance is temporally structured which makes it seemingly foreseeable, from the perspective of the participants, there remains an element of unpredictability, irreversibility, and uniqueness to each meeting which makes governance more unsettling than it retrospectively seems.

In addition to the annual cycle, there are various other cycles that have an impact on governance proceedings. To begin with, there is a biennial budgeting process that has at least three consequences. First of all, in so-called budget years, governance meetings are longer: Board and Assembly meetings tend to last for one and a half weeks as opposed to one week in non-budget years; similarly, the January PBAC tends to last for three days as opposed to two days in non-budget years. Second, in non-budget years, the decision-making of the governance bodies is constrained in the sense that key parameters of the budget (and of the programme that it finances) have been set in the previous year. Third, the relative importance of budgetary issues varies with this biennial cycle.

Several such budget cycles are covered by a General Programme of Work (GPW) that serves as a strategic planning document and is also an opportunity for the Director-General (DG) to express his or her vision for the organization. The term of office of the DG constitutes yet another important governance cycle and it can even have an influence on the duration of the GPW. For example, the current DG (elected in 2017 for a five-year term) initiated the drafting process for a new GPW soon after his election in order to reinforce his political ambitions and his transformation agenda. While the DG's rush was also seen critically, his efforts were eventually met with success and a new GPW was approved in 2018 even though the then-existing GPW would have been valid until 2019.

As discussed before, WHO's annual governance cycle is structured by the constitutional meetings. These meetings matter even beyond WHO and play the role of a timer for a wide range of additional global health governance meetings. There are two divergent ways in which WHO's constitutional meetings are taken into account. On the one hand, other major meetings will usually be kept at a distance and not overlap with meetings of WHO's Board or, even more importantly, with meetings of the Assembly. For example, meetings of UNAIDS's Programme Coordinating Board will typically take place twice a year: in June/July and in December; similarly, the Board of the Global Fund will commonly

meet in April/May and in November. On the other hand, there is a wide range of meetings that are deliberately scheduled in close proximity to WHO's constitutional meetings. Typically, they are scheduled shortly before the constitutional meetings.

There two rationales for placing meetings close to WHO's constitutional meetings. One rationale can be that a group of member states wants to exchange ideas or to formulate a common position that will be fed into WHO's governance processes. For example, when the first G20 ministers of health meeting took place in Berlin in 2017, it was no coincidence that it took place on May 19 and 20 (Friday and Saturday) while the Assembly started on May 22 (Monday). Actually, several delegations accepted the German offer to fly directly and as a group from the G20 meeting in Berlin to the Assembly in Geneva. This joint journey illustrates the second rationale for strategically placing one's own meeting close to a WHO meeting, which is the desire to make the most of the fact that people from around the world convene in one place in order to discuss global health issues. This brings us directly to the sitedness of global health governance.

The sitedness of global health governance and the role of Geneva

Global health governance has often been described as highly fragmented and confusing. From a spatiotemporal perspective, however, there is also something highly predictable to it. For all practical purposes, being engaged in global health governance means for many people to travel three times a year: in January to the Board, in May to the Assembly, and in autumn to the relevant Regional Committee. Most of these meetings do not come alone. For example, even if one attends only the constitutional bodies and their subsidiaries, going to the Assembly in May means actually to attend the following meetings in a row: first a meeting of PBAC (two to three days), then the Assembly itself (a week to a week and a half), and thereafter the Board (usually two days). In other words, many delegates will visit several meetings 'en bloc' (see grey shaded meetings in Figure 1). That practitioners think about the meetings in terms of blocs or clusters is also illustrated by the fact that PBAC is increasingly included in the list of constitutional meetings even though it is a subsidiary organ. The most important global hub for the clustering of global health governance meetings is Geneva and many delegates will travel there at least twice a year (in January and in May). This established practice is noteworthy since it is not a constitutional requirement and both the Board and the Assembly could also meet elsewhere but have rarely done so.

Geneva is not only a temporary host for governance meetings but it is also a permanent host for health-related organizations. Similar to the observation that WHO's annual governance cycle has an impact on the timing of various other meetings, the location of WHO's global headquarters in Geneva has led to the establishment of the offices of many other organizations in the same city (on the role of

Geneva beyond health, see Dairon and Badache, 2021, in this issue). This includes both representative offices (e.g. UNICEF) and, even more importantly, headquarters (e.g. the Global Fund, GAVI, UNAIDS, RBM, Stop TB, and UNITAID). Moreover, various countries have permanent missions in Geneva that are staffed with formal health attachés or other health-focused representatives. The clustering of meetings as well as the presence of key health-related organizations and people turns 'being in Geneva' into a unique opportunity for general information gathering, for establishing ties with other people in global health governance, and for collecting first-hand experiences with these meetings and organizations. While some interactions can be considered as strategically planned in the sense that they were arranged in order to bring specific people together, coincidental interactions play also an important role.

A key point is that people make the most of their stay in Geneva and while an official governance meeting might be the formal reason for which they came, they will often pursue various additional tasks. For example, being in Geneva gives the opportunity to gather information about the performance of WHO and other IOs beyond the official accounts in publicly available documents. To this end, country delegations will often arrange formal bilaterals with relevant sub-units of the WHO secretariat or they will try to talk to individual people in more informal settings. The time during governance meetings offers a unique opportunity for doing so not only because delegates can combine several tasks with one another; rather, it is a unique time also in the sense that the WHO staff will be 'more complete' than normally. Senior staff in particular are required to remain in Geneva both before and during governance meetings; while one could imagine that a key consideration behind this rule is that they have to attend some of the sessions in person and that they should be available in the case of inquiries from member states, even WHO staff feel the advantage of this rule in the sense that although governance meetings are an intense phase, technical staff can coordinate more easily with one another since most of them will be in Geneva during this time – rather than on business travel. This is an important observation since it is often overlooked that also during 'normal operating times', the headquarters of IOs witness a constant stream of inbound and outbound people.

Obviously, governance meetings in Geneva also have the converse effect that they offer an opportunity for the secretariat and for individual staff members to reach out to the delegations of member states. A typical rationale for doing so would be efforts to rally support for WHO in general or for individual projects (or people) in particular. Similarly, all other IOs and global health actors that are based in Geneva (or temporarily present) can equally use this opportunity and make the most of the governance meetings. The Assembly in particular has meanwhile acquired a festive character and, from a spatiotemporal perspective, this is hardly surprising since it is an event at the macro level intersection of time and space: it links a decisive phase of WHO's annual governance cycle with Geneva as the (so far)

predominant hub of global health governance. The uniqueness of the Assembly at the macro level and the various opportunities that it offers are inherently linked to the way in which the Assembly is experienced at the micro level.⁹ On the one hand, participants appreciate these opportunities, on the other hand, however, they look at them also critically since they lead to massive challenges and scheduling conflicts in the sense that participants face multiple parallel meetings, including formal meetings and side events; often, they would need to be in multiple rooms (i.e. micro level spaces) at the same time. The Assembly can be an overwhelming experience and participants regularly struggle to set the right priorities.

Another problem of the way in which WHO governance works is that its spatiotemporal form privileges certain ways of knowing over others. As discussed in the preceding pages, the cyclical and sited character of global health governance create focal times and spaces. These focal times and spaces provide an important coordination mechanism and ease the general flow of knowledge – both within IOs and between IOs and their environment – which can be seen as a precondition for the organizational learning and feedback loops that characterize global health (Held et al., 2019). However, it implies also that the way in which WHO and global health governance are experienced varies over time and space. Governance meetings in Geneva are particularly helpful for those delegations who want to learn more about the work of WHO that is carried out in Geneva or who are ready to look at WHO's performance in other places from the perspective of Geneva. It does, however, not offer any first-hand experiences of WHO's work at, for example, the country level. Thus, even though focal times and spaces make global health governance more predictable and coordinated than many people are aware of, there is the danger that these processes become disconnected from certain other aspect of global health governance. At the same time, it is not easy to account for local realities 'as such' since they are a spatiotemporal phenomenon, too, and experiences in one setting are not necessarily transferable to other settings (on the work of IOs at the country level, see Campos, 2021, in this issue, and Verlin, 2021, in this issue). While Regional Committees could play an intermediary role, they do not necessarily zoom in on the country level either and usually limit their focus to experiences in their specific region.

Sitedness matters not only in global-local relations but also when it comes to competing global sites. While Geneva plays a focal role for global health, the wider United Nations (UN) system has its main location in New York. One practical consequence is that whenever health issues are 'elevated' to the wider UN level, in particular through so-called High-Level Meetings of the UN General Assembly (e.g. Universal Health Coverage in 2019), key processes are relocated from Geneva to New York. This implies *inter alia* that some of the people who would have been able to engage in Geneva will not be able to travel to New York. For example, in terms of diplomatic staff, countries will rather draw on their permanent missions in New York who are less familiar with health

and WHO than their staff in Geneva; moreover, health-related organizations, including non-governmental organizations, that are based in Geneva might only be able to send a few select people – if any – while organizations based in New York will seize the opportunity. People will be divided over the question of what location is more preferable but it is obvious that location makes a difference.

Moreover, the local authorities in Geneva are quite aware of the fact that the establishment of permanent alternatives is a continuous challenge and have contributed their part to provide a supportive infrastructure for the health-related organizations: for example, by establishing the Global Health Campus that hosts global health partnerships or by supporting the renovation and expansion of WHO buildings. To further illustrate this point, one could add to New York the following locations as competitors of Geneva that host important organizations and have the potential to attract further ones: Brazzaville, Cairo, Copenhagen, Delhi, Manila, and Washington (headquarters of WHO's Regional Offices; Washington additionally hosts the headquarters of the World Bank Group) as well as Seattle (headquarters of the Gates Foundation and location of the Institute for Health Metrics and Evaluation).

Conclusions

As discussed in the introduction, there are various ways to conceptualize IOs and several traditional perspectives on IOs, each of which creates a specific theory-driven image of IOs. By contrast, drawing on ethnography, this paper provided a method-driven image that acknowledges spatiotemporal aspects. In a first step, it was shown that spatiotemporality can be experienced and studied at both the micro and the macro level. In a second step, the paper complemented existing micro level-focused ethnographic research on global health governance by systematically foregrounding and discussing the macro level as well as by considering both time *and* space. In particular, the role of governance cycles and the sitedness of global health governance were investigated. Overall, the analysis pointed at the importance of global focal times and spaces and it suggested that, from a spatiotemporal perspective, global health governance is structured in an important but commonly overlooked way. At the same time, problems and disconnections were discussed that a spatiotemporal perspective unveils. For example, while focal times and spaces offer unique access to global health politics, it remains a challenge to obtain a comprehensive experience-based understanding of WHO and global health governance.

This perspective suggests also that what IOs are, can vary across time and space. During certain periods of the year they are primarily a platform for multilateral governance by their member states. But even then, the governance function will predominate only in particular spaces and places; elsewhere, work will go on as usual. Moreover, there will be moments at which IOs are treated as independent actors and, in yet other moments, they might appear as being dominated by a single state. Thus, the question is not so

much *if* IOs are fora, independent actors, or the instrument of powerful states; the question is rather *when* and *where* (but also how) different aspects of IOs manifest and what research design will bring what aspect to the fore.

A spatiotemporal account highlights furthermore that, in order to conduct their work, IOs have to establish connections across time and space. For example, a large share of the people who carry out WHO's (governance) work are repeatedly on the move – they fly literally in and out. At a macro level, they travel between headquarters and other manifestations of the organization (e.g. country offices), between headquarters and member states, between the organization and other actors/organizations, and so forth. This highlights not only that both (some) staff and outsiders are repeatedly on the move; rather, it emphasizes also that such movement is necessary in order to connect the different parts of the organization as well as to link it to member states and various other actors/organizations and places. Like other IOs, WHO provides an interconnected global port of call and the in- and outbound travel gets particularly intense around governance meetings.

IO staff, and outsiders are constantly struggling to generate knowledge about IOs and to develop an understanding of IO work. From a spatiotemporal perspective it seems very likely that whatever understanding they develop, it will always be partial and influenced by the specific conditions under which they entered the organization or engaged with it. This general observation will continue to be relevant even though one might ask the question of how the COVID-19-induced mainstreaming of digital technologies, online conferencing tools in particular, will impact the work of WHO as well as global health governance more broadly. Based on my own experiences in the past months and on recent conversations with delegates and WHO staff, the following considerations seem important.

While it is self-evident that physical distances can be overcome in an unprecedented manner, time will continue to be a scarce resource and also in-person meetings will not become obsolete. Moreover, new challenges and problems will emerge, including the question of whose time zone matters when global meetings are arranged – not to mention the increasing scheduling conflicts as meetings that are technically accessible proliferate. Due to this proliferation, it might become even more challenging to experience WHO in its entirety. By the same token, focal times and spaces will remain important in order to coordinate global health governance even if some focal spaces will be digital. In other words, there is no question that the spatiotemporal side of global health governance will undergo some profound changes but it will not be rebuilt from scratch. A spatiotemporal perspective will be uniquely suited to capture and assess the changes that the appropriation of new technologies will bring about.

Notes

Earlier versions of this paper were presented at RUN 2018 in Geneva, SPISA 2019 in Zurich, ISA 2019 in Toronto, a research seminar at the University of St. Gallen in 2019, and an authors' workshop in Geneva in

2019. I would like to thank everyone who commented on the paper at these occasions. Moreover, I would like to thank my research assistants Lilli Albrecht and Katharina Krüger, the journal's team, the special issue editors, as well as, in particular, the journal's anonymous reviewers. Funding for field trips and for research support was raised from different sources at the University of Hamburg.

1. In the introduction (Maertens et al., 2021, in this issue), the question is phrased in the following, more general terms: "How is research on IOs influenced by time and space?"
2. In the introduction (Maertens et al., 2021, in this issue), the questions are phrased in the following, more general terms: "How are time and space experienced within IOs?" And: "How do IOs influence time and space around them?"
3. Among the first texts that I came across as a student were Fischer (1988), and Lindner (1981), as well as Warneken and Wittel (1997). Texts that I find helpful for my own teaching include Emerson et al. (2011), Gobo (2008), and Neumann (2005).
4. On the analysis of the empirical material and on writing styles, see, Emerson et al. (2011) and Gobo (2008).
5. The notion of sensitizing question draws on Blumer's (1954) notion of sensitizing concepts.
6. For exemptions, see Patz and Goetz (2019), and Eckl (2017).
7. In addition to these multilateral meetings, there are meetings of advisory and expert groups, which are not part of the annual policy cycle but might feed into it (usually through reports by the Secretariat).
8. In February 2020, decision EB146(5) amended the attendance rules for PBAC slightly but it remains less accessible than both Board and Assembly.
9. For further micro level issues, see Irwin and Smith (2019), as well as Eckl (2017, 2021).

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