“WE MUST DEMYSTIFY PARTICIPATION”: TRANSNATIONAL ORGANIZING & THE UNITED NATIONS SUMMIT ON NON-COMMUNICABLE DISEASES

By

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To the Faculty of Washington State University:

The members of the Committee appointed to examine the dissertation of CHARLES RITCHIE WOFFINDEN find it satisfactory and recommend that it be accepted.

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I would like to first and foremost thank my wife. She supported me through times when I wanted to give up and call it quits. Even then she was happy to support me. I couldn’t have asked for a better companion for this journey.

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“WE MUST DEMYSTIFY PARTICIPATION”: TRANSNATIONAL ORGANIZING & THE UNITED NATIONS SUMMIT ON NON-COMMUNICABLE DISEASES

Abstract

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This dissertation sought to better understand the connection between participation and organizing through the examination of a contemporary transnational organizing form: the United Nations Special Summit on the Prevention and Control of Non-Communicable Diseases. The author took the concept of participation, an idea that has been on the periphery of organizational studies and has been studied in traditional workplace conceptions of the organization, and expanded it to alternative organizing forms outside of the workplace (i.e. the Summit). The UN Summit presented an interesting case to expand this concept in organizational literature because of the different types of organizations it brought together and the central role of participation within it. Stohl and Stohl’s (2005, 2007) assumptions of network theory were used to understand the Summit’s organizing form while development literature on participation was drawn upon to explore the participatory nature of the UN Summit and its policy outcomes. The findings identified emergent forms of participation in the Summit, which challenged taken-for-granted ideas surrounding participation in organizations, and identified connections between participation and organizing. By extending the concept of participation beyond the workplace
and using development literature to supplement the process, this study addresses Ashcraft’s (2006) argument for studies to develop grounded models of post-bureaucratic forms that challenge our theorized assumptions about organizing. While the Summit identified theoretical and practical applications for communication scholars to better understand transnational organizing forms and provided empirical examples of the ways participation emerges within them, much more work is needed to “demystify” participation in these forms.
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CHAPTER ONE
INTRODUCTION

The ways in which we organize have material consequences and significantly impact many lives (Deetz, 1992). As a result, organizing has been studied in multiple disciplines and fields, including political science, economics, sociology, business, and management (Cheney & Barnett, 2005). Each of these disciplines has produced concepts and frameworks to explain organizing and its impact on the social world. Such research adds value to organizational studies and provides unique ways to understand the complexity of today’s organizing forms. However, scholars continue to grapple with developing frameworks and concepts which capture the complexities of contemporary organizing forms (Cheney, Christensen, Ganesh, & Zorn, 2004; Norander & Harter, 2012; Stohl & Stohl, 2005).

Today, governmental, private, and non-governmental organizations are increasingly involved in organizing with one another to respond to environmental, financial, and developmental crises. In 1915, there were 50 intergovernmental organizations. In 1939, there were only 80; by 1988, the number had grown to more than 2,000 (Stohl, 1993). As of 2004, 7,350 intergovernmental organizations existed (The Yearbook of International Organizations, 2004). The prominence and growth of these types of organizational structures demonstrate that organizing is increasingly crossing national boundaries. The rapid transformations of global communication and international relations have created new opportunities for emergent organizing forms (Stohl & Stohl, 2005). While these global forms provide many new and exciting relationships and connections, they also create new issues and challenges to traditional assumptions about organizing.

New/Alternative Approaches to Organizing
In recent years, much work in communication research has been devoted to examining alternatives to traditional, mainstream organizing forms. Increasingly, organizing takes place across national boundaries and creates systems with relationships and connections that span the globe (Cheney et al., 2004; Norander & Harter, 2012; Stohl & Stohl, 2005, 2007; Thakur & Weiss, 2010). It is commonplace for governmental, private, and non-governmental organizations to carry out ad hoc organizing in order to create global structures (Deetz, 1992; Hansen & Sorensen, 2005; Stohl, 2005; Stohl & Stohl, 2007). A notable example of such organizing was the 1999 World Trade Organization (WTO) meeting in Seattle, in which people from various international organizations both promoted and protested certain global structures. Such “high-stakes” meetings brought together high-level players who stood to potentially gain or lose from the emergent structural product of the WTO meeting. Representatives of corporations and financial institutions attended this meeting to enhance and expand their power by creating a common global market (Cheney et al., 2004, p. 171). Other representatives of organizations and institutions came to protest the WTO meeting because such structures undermine the sovereignty of nation-states and the power of local communities to control decisions that affect their citizenry (Cheney et al., 2004, p. 390). Some also protested because they felt the needs of the market were placed above the health and well-being of the human race (Cheney et al., 2004, p. 390). The relationships created at such meetings result in partnerships that complicate ideas of organizational identity and representation, private or public boundaries, and also blur the distinctions between local, national, and multinational organizing (Cheney et al., 2004). According to Ashcraft (2006), such hybrid organizing is a more mainstream phenomenon than it is a unique alternative. Ashcraft (2006) argues for the need for more work to develop grounded models of post-bureaucratic forms that capture how these forms unfold in
practice and further challenge our theorized assumptions about organizing. Methodologies and approaches are needed which capture the nuances of these seemingly ad hoc collaborations and their emergent communication systems (Stohl, 2005).

**What a Communicative Approach Can Add to Organizational Studies**

Communication scholars can propose a theory for contemporary organizing that is different from those of other disciplines because these scholars specifically focus upon the communicative constitution of such forms (McPhee & Zaug, 2000). The centrality of communication to the constitution of the organizing forms is a unique perspective. Furthermore, this perspective generates new ways of viewing current issues, debates, and contestation regarding the role of communication in organizing. Communication research has the potential to “integrate work on the constitutive force of communication; generate new ways of traversing conventional theory-practice boundaries, and to demonstrate the larger contributions of organizational studies” (Kuhn & Ashcraft, 2003, p. 22). Communication scholars are well positioned to study the dynamics of contemporary organizing forms with their approach to communication as an “embedded, collective, and emergent process that can capture the complex interplay between organizational, national, and global factors” (Mumby & Stohl, 1996, pp. 65–66).

I contribute to this development by using Stohl and Stohl’s (2005, 2007) assumptions of network theory and development literature on participation in order to examine a case of a contemporary transnational organizing form: the United Nations Special Summit on the Prevention and Control of Non-communicable Diseases. The Summit is an interesting organizing form due to the participation of an assortment of individuals from across multiple sectors of society and the globe. It provides empirical examples of the ways transnational organizing forms
function. A network orientation of organizing is adopted as a framework to approach the Summit (Stohl & Marshall, 1993; Stohl & Stohl, 2005, 2007). Development literature on participation is also drawn upon to examine the participatory nature of the Summit and its policy outcomes. By analyzing the actual organizing practices and outcomes of the Summit, this study can help communication scholars better understand transnational organizing forms and their outcomes. The rest of this chapter introduces the Summit and the proposed framework used in the study.

UN Summit: A Case for Analysis

For the past 60 years, leaders from across the globe have gathered at the United Nations (UN) to attend the high-level meetings that take place during several days in September. Historically, these meetings have consisted of discussions about human rights, security, economics, etc. However, the 2011 meetings were distinctive in many respects. These meetings were a “special Summit” to create policy aimed at shaping global responses to non-communicable diseases (NCDs). This was only the second time UN meetings had focused on a health topic; typically, the UN has charged the World Health Organization (WHO) to handle global health issues and related policymaking. Over a two-day period, input was sought from attendees who represented governments, civil society organizations, academia, and the private sector to create a document outlining “a new international agenda on NCDs” (High Level Meeting, 2011). The meetings were to be inclusive as attendees’ ideas and approaches to NCDs were intended to be used to create an “action-oriented” document aimed at influencing global approaches to NCDs (High Level Meeting, 2011). This document was to be a collective expression of the input received from attendees (High Level Meeting, 2011). For this study, the UN was not viewed as a traditional institution but instead as the site of communication that
coordinated activities and events into an organized form to create collective action: a global response to NCDs for the next 20 years.

**A Network Approach to Organizing and the Summit**

To study the UN Summit’s form of organizing, a network orientation of organizing was adopted (Stohl & Marshall, 1993; Stohl & Stohl, 2007). A network approach to organizing focuses attention upon the communicative activities and patterns that emerge as actors participate in organizing (Marshall & Stohl, 1993). This approach posits that communication is an integral part of participatory processes and that communication mediates relations among participation and organizing forms; in other words, there is a relationship between participation and organizing outcomes. This constitutive view orients the researcher to focus on the meaning of such communication, its constructions/outcomes, and understanding the consequences of its adoption, especially those related to participation.

**Participation at the Summit**

The concept of participation is important to the organizing of this Summit and its outcomes. An initial examination of the Summit illustrated the characteristics of a participatory approach. UN members were appointed to be “co-facilitators and …hold timely, open, transparent and inclusive consultations” with attendees; Member-States, governmental, civil society, non-governmental, and private sector entities were invited to participate because, according to the UN, each had an integral role in “addressing the global health, socioeconomic and developmental impacts of NCDs” (High Level Meeting, 2011). This Summit was unique because of the prevalence of non-governmental attendees and the opportunities available to them to participate in policymaking at the UN. Inviting the international community to attend these meetings and directly influence policy outcomes marks a shift in how the UN addresses social
issues and related policy as a governing body. Traditionally, those invited to attend such gatherings and provide input for policy have principally been UN leadership and Member-State representatives. However, at this Summit, hundreds of individuals representing civil society organizations, the private sector, and academia shared their approaches to prevent, respond to, and treat NCDs. While a participatory approach is not the norm for UN high-level meetings, such approaches in developmental health policy have become widespread (Cleaver, 2001).

Participatory approaches in development literature are drawn upon to better understand the emergent forms of participation in the Summit and its policy.

**Participation and Development**

Within the development literature, participation has been used in differing ways. In development studies, participation has many definitions and is a term that is often contested (Peterson, 2010). Some participatory approaches bring together stakeholders to solve a problem and focus heavily on creating a cooperative and collaborative atmosphere, while others merely see participation as a tool or instrument to accomplish one’s goals (de Souza, 2011, Minkler & Wallerstein, 2003). The rationale for supporting such participatory approaches is that policies or outcomes are then more likely to meet the needs and interests of those represented (Cleaver, 2001, p. 36; Kothari, 2001, p. 139). However, when large development institutions, such as the World Bank or the WTO, have used participatory approaches, participation has been conceptualized as a manipulative consultation carried out only to help promote predetermined objectives (Escobar, 1999). It is important to understand how participation was understood and employed in the Summit because its policy outcomes will create structures of meaning to regulate behaviors and governance processes of NCDs globally (Hansen & Sorensen, 2005, p.
93). The participatory nature of the Summit on NCDs and the UN’s unique role provide a case for a better understanding of participation in transnational organizing forms.

**Conclusion**

The organizing practices and outcomes of the special Summit held at the UN have consequences for society, government, and individuals associated with NCDs and global health. By proposing ways to prevent and control NCDs, this Summit implicates approaches to and understandings of NCDs; it also implicates those who should be involved in preventing and controlling such diseases. According to the UN, “Global health touches upon all the core functions of foreign policy: achieving security, creating economic wealth, supporting development in low-income countries and protecting human dignity” (High Level Meeting, 2011).

The high-level meetings brought together a diverse group of people (academics, health activists, philanthropists, community leaders, health workers, business leaders, and government representatives) with connections to NCDs. With so many people sharing concerns, challenges, and ideas about how to prevent and control these diseases, these meetings have the potential to provide tools/ideas for preventing and controlling NCDs and to reduce the significant impact of NCDs, which are the leading cause of death globally. Half of these deaths take place when people are in their prime (High Level Meeting, 2011). NCDs debilitate people, families, health systems, and national development. With such high stakes, it is important to closely examine this new approach of the UN to address health issues at the Summit, its participatory nature, and ultimately how this Summit may (re)shape structures associated with NCDs.
CHAPTER TWO
LITERATURE REVIEW

We live in a global society. Organizations continue to grow in scale and expand globally. This organizing is also facilitated by current technologies and social media structures that create and enable networks and relationships to span the globe. Some global organizations are so large that they have become more powerful than nation-states, influencing sectors around the world in unprecedented ways (Deetz, 1992; Ganesh, Zoller, & Cheney, 2005; Monge, 1998; Norander & Harter, 2012; Stohl, 1993; Stohl & Stohl, 2005). These types of organizing forms have received much attention recently in academic journals and conferences within the organizational communication discipline; there has been a call to “globalize the field” in terms of theory development, interdisciplinary engagement, research frameworks, and organizing forms (Stohl, 2005; Cheney et al., 2004; Ganesh et al., 2005; Norander & Harter, 2012). Nevertheless, it is difficult to understand the impact of these global organizing processes.

In the past, communication scholars have drawn upon ideas from the cognate disciplines of political science, economics, sociology, business, and management theory to produce concepts and frameworks that can adequately assess organizing dynamics (Cheney & Barnett, 2005). However, new approaches are needed to examine how organizations recursively structure, respond to, and restructure global systems (Stohl, 2005, p. 242). According to Stohl (2005), such approaches “help scholars identify what types of communication/organizational changes are happening within contemporary society, the tension and paradoxes embedded within these communication practices, and the implications for our sense of self, our community, our nation, and our world” (p. 254). Such theories can provide a rich and complex framework for
approaching today’s global organizing forms and the critical issues that need to be addressed (Stohl, 2005, p. 254).

This chapter covers some of the important issues that have not been adequately explored in organizational communication literature and outlines an approach that can address some of the challenges of contemporary transnational organizing forms. I begin by discussing how today’s organizing forms are problematic to traditional approaches to the organization previously used in communication scholarship.

**Past Approaches to Organizing in the Organizational Communication Field**

Historically, communication scholars focused on *intra*organizational interactions when they studied organizing forms (Finet, 2001, p. 270). Organizations were viewed as objects with clear, distinct boundaries; communication within those boundaries was understood as a way to describe or explain organizations (Deetz, 2001, p. 4; Finet, 2001, p. 271). According to Fairhurst and Putnam (2004), in this approach, “the organization’s ontological status is assumed, questions about its origins or maintenance are downplayed, and discourse is separate from the organization and its social context” (p. 11). This research distinguished organizations and environments as both conceptually and empirically separate from one another (Finet, 2001, p. 271). Scholars have dedicated much of their focus to these structural problems, such as organizational boundaries, internal and external messages and resources, member and non-member relations, and organization-environment relations. Such an approach tended to reify such classifications as natural and to hide the values, assumptions, and preferences of the discursive processes that created them (Deetz, 2001, p. 4). It encouraged researchers to overstate the fixedness of organizational boundaries and overlook the role of social practices in organization-environment relations (Finet, 2001, p. 272).
Challenges in Organizational Communication: Approaching the Global

While this objective approach may have described ways organizing forms operated and functioned in the past, it does not account for the significant shift in the ways such forms function today (Deetz, 1992; Monge, 1998; Stohl, 1993; Stohl & Stohl, 2007; Thakur & Weiss, 2010). A dynamic relationship exists between society and contemporary organizing forms. According to Mumby and Stohl (1996), “society, culture, organizations and communication are inextricably and reciprocally bound” (p. 65). This reciprocal relationship is significant because it illustrates that communication and organizing practices shape broader social issues. Rather than focusing solely on the internal communication and dynamics of organizing processes within the organization, or relationships between organizations and local or national communities, organizational communication scholarship increasingly highlights the mutually constitutive relationships among communication, organizing forms, social entities, and global structures (Deetz, 1992; Finet, 2001; Stohl, 2005). The need to understand these reflexive relations becomes increasingly apparent when studying organizing during the 1980s.

The 1980s were a time of organizational schizophrenia as scholars sought to tackle new organizational forms and fronts. During this time, organizations were becoming more powerful than nation-states and governments (Stohl, 2005, p. 226). Corporations privatized the public sphere, challenging concepts of democracy (Deetz, 1992). The authoritative position of the sovereign state to govern itself was no longer accepted (Hansen & Sorensen, 2005, p. 93), and nation-states were increasingly required to justify their policy decisions to private organizations and other global governing bodies (Deetz, 1992; Hansen & Sorensen, 2005; Stone, 2012). The assumed polity of the nation-state shifted to politics in a global political system (Stone, 2012). At the same time, partnerships between national governments, multinational organizations, and
local communities became routine. The boundaries between organizational membership and governmental vs. non-governmental organizations became blurred along with the distinctions between local, national, and multinational organizations (Stohl, 2005, p. 226). Concepts that traditionally were viewed as local and national issues, such as the environment, disease, and human rights, became global issues (Stohl, 2005, p. 227). One popular term that emerged during this time was “glocal,” which meant to capture global and local relations. In addition, the emergence of new technologies allowed the transfer of information and speed of communications to conflate traditional organizational concepts of time and space (Stohl, 2005, p. 226). In short, the traditional ways organizational scholars used to label, classify, and categorize organizing forms and their concepts began to break down.

Shifting Organizing Forms to Respond to the Global Environment

Organizational scholars argued that in order for organizations to flourish in this new global environment (i.e., geographic dispersion, electronic collaboration, and cultural diversity) they must become more knowledge intensive, decentralized, adaptive, flexible, efficient, and responsive to rapid change (Hastings, 1993; Miles & Snow, 1986; Taylor & Van Every, 1993). The centrally coordinated and hierarchal, or pyramid-like, organizing forms that had been so prevalent in the past were not fit to function in this new global environment because their rigid structure was not sufficiently responsive to the rapid changes that were occurring (Seibold & Shea, 2001). New approaches to the organization and organizing forms were needed to function in the new global environment (Stohl, 2001). Traditional workplace designs and operations were transformed into more “participatory” work relationships and practices (Seibold & Shea, 2001). Complete managerial control and stovepipe operational functions gave way to semiautonomous
work teams, collaborative relations among many in organizations, and lattice or fishnet structural forms (Seibold & Shea, 2001).

A full discussion of the multitude of ways the organization, changed/responded to our global world since the 1980s is beyond the purview of this project. However, this chapter examines the development of two important concepts in organizational communication literature that are particularly relevant to today’s contemporary organizing forms: (1) the concept of participation and (2) a network approach to organizing. Advances in scholarship since the 1980s are explained, and suggestions for the further development of contemporary organizing forms are included. The first concept explored is participation.

**Participation in Organizational Studies during the 1980s: A Limited View**

As stated previously, the shift in the new global environment prompted a change to structure organizations in ways that made them more responsive and adaptable to their environments. Organizational structures shifted away from centrally coordinated and hierarchal structures to more flexible and decentralized structures (Seibold & Shea, 2001, p. 664). A popular approach to make the organization more productive and effective was to create programs and organizational structures that were more “participatory” (Seibold & Shea, 2001, p. 664). However, the concept of participation in organization communication literature was fraught with inconsistencies, paradox, and a plethora of definitions (Cheney & Cloud, 2006; Stohl, 1995; Stohl & Cheney, 2001; Wendt, 1998). Such multiplicity has allowed the term to be appropriated by differing and conflicting theoretical positions.

The concept of participation in organizational communication literature has been largely associated with *employee* participation and the creation of employee involvement programs, quality circles, self-directed teams, employee stock ownership plans, etc. (Seibold & Shea, 2001,
These employee participation programs varied broadly in their range of participation. Some equated participation with organizational practices, programs, or techniques, while others viewed participation as an overarching philosophy of management (Seibold & Shea, 2001, p. 664). Others saw participation as a broader social issue with a variety of underlying machinations, such as manipulation, coercion, oppression, and control. These more critical approaches led to scholarship on workplace democracy and “meaningful” employee participation in decisions at all organizational levels (Alvesson & Deetz, 1996). However, in organization studies, work on participation during this time and into the late 1990s examined it predominantly for the internal dimensions of the organization, such as ideas of democratic workplaces, employee performance and satisfaction, and organizational efficiency/productivity (Seibold & Shea, 2001). There was little discussion surrounding participation among organizations or communities, etc. (Deetz, 1992, 2001).

The predominant focus of organizational literature on employee participation also limited understanding of the concept of participation in organizations because it viewed it solely as a concept that was prescribed by management or handbooks. In other words, participation was assumed to reside in the structure of the organization and was studied as a dichotomous variable or static entity that was either present or absent in an organization (Marshall & Stohl, 1993). The study of participation in an organization was limited to the prescribed static structures of participation within the organization. This prescriptive view failed to capture the communicative activities and patterns that emerge as actors participate in organizing forms; it missed the communicative nature of participation and its relation to organizing. The focus of participation “within” the organization and as a static/structural concept approach drastically limited the understanding of participation as an important part of organizing forms. This focus on
participation in the workplace has restricted our understanding of today’s prevalent organizing forms, providing a space for inquiry in organizational communication scholarship.

**Participation Since the 1990s**

Today there is a renewed interest in participatory values, cultures, and everyday practices of organizing forms (Cheney, 1999). Participation has moved from the periphery to the center of organizing philosophies and structuring. In many countries, participation is increasingly considered a fundamental social right and is seen as a value unto itself (Stohl & Cheney, 2001). Furthermore, there has been an expansion of alternative organizing, which has resulted in disenchantment with bureaucracy, the desire for autonomy and security of individuals, and an increase in the spread of democratic values (Stohl & Cheney, 2001, p. 351). For example, Guttman (2006) discussed that the need to engage ordinary citizens in public deliberation on policy issues is a topic of increasing importance in democratic theory and practice because there has been a proliferation of participatory initiatives across nations (Guttman, 2007). While Guttman (2007) was enthusiastic about such an expansion of democratic ideals, his enthusiasm was equally matched with concerns that such initiatives be applied according to sound theoretical and practical assumptions.

Dempsey (2009) discussed similar concerns surrounding NGOs and their claims to represent the interests of particular groups. Her study examined the practices of a small US-based NGO, Grassroots International (GI), which focuses on environmental justice issues. Even though individuals of this grassroots organization were deeply committed to the ideals of participatory development and of democratizing their relationships with local groups, local groups were not afforded opportunities to represent themselves to US Publics. In short, GI staff retained primary control in shaping and mobilizing the representations of the local group to
“First World” audiences (Dempsey, 2009). In the process of attempting to improve the circumstances of local groups, GI staff reinforced knowledge forms which prevented these groups from speaking on their own behalf. Her findings challenge the tendency to treat NGOs as authentic representatives of already-formed constituencies and that NGOs’ representations of local groups should not be taken as a transparent reflection of local stakeholders. Dempsey’s (2009) analysis revealed the need to expand our current discussions of organizational representation and stakeholder participation in this process.

As participation has become more prevalent and central to organizing, there is a need for scholarship that addresses participation in contemporary organizing forms. Collaborations, partnerships, participatory processes, international development, interorganizational relationships, stakeholders’ issues, decision-making practices, and workplace democracy are just a few of the important issues that have been discussed in relation to participation in organizational communication literature (Cheney & Cloud, 2006; Contu & Girei, 2014; Deetz, 2001; Heath, 2007; Seibold & Shea, 2001; Stohl & Cheney, 2001). Development literature on participation is drawn upon to enhance our understanding of participation in contemporary transnational organizing forms. The next few sections discuss the rationale for relying upon the development literature on participation for this project and unpacks important ideas surrounding participation from it.

**Rationale for Using Development Literature on Participation**

There is a strong rationale for drawing upon developmental approaches to participation in organizational communication scholarship. “Borrowing” concepts or ideas from related fields is not without precedent in communication studies. Indeed, Cheney and Barnett (2005) explain that communication scholars have drawn upon the ideas from cognate disciplines of political science,
economics, sociology, business, and management theory to produce concepts and frameworks. Similarly, the beginning of this chapter identified the call to “globalize the field” of organizational communication; to expand its research focus and think in a more interdisciplinary manner, linking theories with studies of social movements, media, culture, health, and the environment. Such expansion requires the consideration of literature that is outside the purview of organizational communication (Ganesh et al., 2005, p. 178).

The concept of participation in organizational communication literature has largely focused upon workplace organizing forms and the concept of participation “within” the workplace, meaning that participation is viewed as an internal organizational dynamic (i.e., employee participation and involvement, workplace design and structure, management policies and programs, and decision-making practices) (Cheney & Cloud, 2006; Marshall & Stohl, 1993; Seibold & Shea, 2001; Stohl & Cheney, 2001; Wendt, 1998). This tendency to study workplace organizing forms has limited our understanding of participation.

On the other hand, development literature on participation has not only examined participation in organizations but also taken a more expanded view to explore participation among individuals, groups, organizations, and communities as they focus on issues that affect them (Cleaver, 2001; de Souza, 2011; Huesca, 2008; Minkler & Wallerstein, 2003; Wallerstein & Duran, 2003). This foundation can help supplement the limited approach of the concept of participation in organizational communication studies. Using development literature on participation also makes sense for this study because the UN Summit on the Prevention and Control of NCDs is focused on a development issue in health. In short, this literature aligns well both the scope and content of this project. Now that I have established a rationale for using
development literature on participation, I will unpack the concepts within this literature that are pertinent to this study.

**Issues in Development Literature and Participation**

Participatory approaches in development have become taken-for-granted as the norm (Cleaver, 2001): “Participation has become development orthodoxy. Holding out the spaces for the less vocal and powerful to exercise their voices and begin to gain more choices, participatory approaches would appear to offer a lot to those struggling to bring about more equitable development” (Cornwall, 2003, p. 1325). Indeed, most contemporary development projects contain some sort of participatory components (Huesca, 2003). Within these projects, however, there is a broad range of views regarding what constitutes participation and communication.

**Participation Spectrum: A Means to an End**

At one end of the spectrum, scholars from functionalist, behaviorist, and media effects traditions have incorporated participatory components into their research as a means to an end (Huesca, 2003). Derived from a Western idea of dominance over one’s environment and the tenets of modernity, participation is viewed as a strategy or tactic of control used to accomplish one’s goals (Servaes, 2008, p. 201). Responsibility for development and its associated issues rests on the individuals who reside in those societies. In this approach, communication is oriented towards persuasion and the “effects” of communication (Servaes, 2008, p. 201). The focus of communication is on message creation, strategies, and feedback to have greater “effects” on influencing others (Huesca, 2008). Social and cultural factors are also largely excluded from this approach, while technology is viewed as a value-free tool in development (Servaes, 2008, p. 202). Such approaches view development as modernization and communication as persuasion.
The Other End of the Participation Spectrum: A Goal unto Itself

On the other end of the spectrum are scholars who are critical of traditional approaches to development and who view participation as the goal: an end in and of itself. Development is meant to liberate and emancipate people (Servaes, 2008, p. 202), while participation is viewed as a kind of panacea for development (Huesca, 2003). This approach supports the premises that participatory processes are inherently humanizing and liberating and that local wisdom and cultural beliefs are sufficient for people’s own development (Servaes, 2008). Participation is not simply a tool but a process where all are involved in various phases in development—identifying problems, setting goals and objectives, planning procedures, and assessing actions (Huesca, 2008). Communication is viewed as a dialogue, and the focus is on using it to create spaces where participants are given equal access to express their feelings and experiences and to arrive at collective agendas for action (Freire, 1970). Such approaches focus on more local forms of community rather than the nation-state. Of particular concern in this approach is the need for diversity and pluralism in development, an understanding of the levels of participation by individuals and groups, and the issue of power (Huesca, 2003, p. 507–508). This vision of development communication has been called “genuine” and “authentic” participation, as opposed to manipulative or pseudo-participation (Servaes, 2008, p. 202). “Placed on a continuum, these utopian, normative theories stand as polar opposites to the functional, administrative notions of participation advanced by scholars approaching development from a more conventional perspective” (Huesca, 2008, p. 187). Within these extreme positions, there resides a variety of themes and approaches. With such a broad spectrum of approaches to participation, the variety of concepts studied in development literature can help expand the limited view of participation beyond the workplace.
For example, such literature may help us understand participation in relation to non-traditional organizing forms. Peterson and Gubrium (2011) examined the way participation was discursively positioned in research grants funded by the National Institute of Health in community-based research projects. These projects involve collaborations amongst community groups, researchers, and government agencies. Among other things, they found that much of these grants labeled their research as participatory as a kind of lip service to the NIH and the community, but the studies were lacking in more substantive participatory approaches with transformative ends. The findings from Peterson and Gubrium (2011) provide a cautionary note to communities and grant agencies surrounding projects that claim to be participatory. Such findings seem very applicable to understanding how organizational policies or transnational organizing treaties discursively construct participation, as well as the implications of such approaches in practice. Another way the development literature can expand the view of organizational communication literature is by recognizing how external forces may influence participation outside the organization. Boyce (2001) examined the concept of community participation of disadvantaged groups in health projects. His findings discuss how the process of participation in health promotion projects was influenced by social, cultural, organization, political, legal, and economic factors. He studied participation at a structural level in order to increase understanding of how external or macro-level forces shaped the participation process.

The findings of scholarship on participation like those of Boyce (2001) and Peterson and Gubrium (2011) in development literature can elucidate an understanding of participation and its relation to organizing. Participatory approaches in development literature have focused on issues of empowerment (Wallerstein & Duran, 2003), development (Huesca, 2008; Kuthari, 2001), eliminating health disparities (Israel et al., 2003; Peterson, 2010), citizenship and community (de
Souza, 2011), social change (Minkler & Wallerstein, 2003; Kemmis & McTaggart, 2003), political movements (Cleaver, 2001), and policymaking (Themba & Minkler, 2003), to name a few. This broad and pertinent body of development literature provides a solid foundation to address contemporary issues and concerns of participatory approaches in transnational organizing forms.

**An Emergent and Communicative Approach to Participation**

For this project, development literature on participation was drawn upon to enhance our understanding of participation in transnational organizing forms using its rich history to identify different forms of participation that emerged in the UN Summit on Preventing and Controlling NCDs. This literature can provide answers to questions surrounding participation at the Summit such as, did participation at the Summit focus on diversity and pluralism in developing responses to NCDs, or was it used as a strategy or tactic for accomplishing the development goals of the UN (Servaes, 2008)? Was the Summit and its policy a collective action of participants’ ideas, an adoption of existing norms and values, or a commitment by actors to preventing and controlling NCDs (Dutta & Zoller, 2008)? Was participation employed as a transformative process that sought to understand meanings through engagement with others or more a way of getting participants to “buy into” predetermined goals and objectives (Peterson & Gubrium, 2011)? These questions were generated from development studies and highlight different ways participation has been understood and employed in development literature. The broad spectrum of ideas and approaches may shed light on the meanings of participation and the communicative activities and patterns that have emerged as actors participated in the Summit (Marshall & Stohl, 1993). Development literature on participation is employed to gain a clearer understanding of
these emergent forms of participation. By examining these emergent patterns, I hope to describe the relationship between participation and organizing outcomes.

The concept of participation has been subject to loose interpretation in many development projects (Huesca, 2003, p. 499). Consequently, much of the participation-development literature has sought to unpack the many meanings of participation and how it has been used in development projects. Participation is viewed as a concept to be explored (i.e., what it is, how it functions, its impact on organizing forms, etc.) and not taken for granted as something that is a static or prescribed structure (as it has been approached in organizational studies) but instead is a contested term. This interpretive focus can assist in understanding participation in the Summit and also propose ways to categorize or explain differing approaches to participation. Of particular interest in this project is the examination of attendees’ communication related to appropriate responses to NCDs because they discuss what actions should be taken and who should perform them. The diverse ideas and approaches to participation in development literature are used to explore participation in the Summit and also to make sense of how they were employed and understood by Summit attendees.

Now that a discussion of the development of participation as a concept in organizational communication literature, its relevance today in organizing forms, and the ways development literature can enhance understanding of this concept has taken place, this paper shifts its focus to the framework used for this study: a network approach to organizing.

**Interdependence and Interorganizational Relationships**

In organizational communication scholarship, a closely related concept to participation is inter-organizational relationships/collaborations (Monge & Contractor, 2001). Many organizations today find that their plans and strategies rely increasingly on the decisions of other
groups, organizations, and other bodies; the problems they face cannot be solved alone, and their attempts to manage or control environmental eventualities often create unanticipated problems (Stohl, 2005). This collaboration with others is known as an interorganizational relationship, and some prominent examples include strategic alliances, coalitions, cartels, research consortiums, licensing, and franchising (Cheney et al., 2004, p. 161). Thirty years ago, Barbara Gray (1985) defined the collaboration of organizations as “the pooling of appreciations and/or tangible resources, e.g. information, money, labor, etc., by two or more stakeholders to solve a set of problems which neither of them can solve individually” (p. 912). According to Gray (1985), this collaboration is based on the notion of interdependence and that organizations could reduce their risk and uncertainty regarding salient problems and together create a shared interpretation and joint frameworks to structure and eventually control the situation. Since Gray’s piece, organizational scholarship has focused on these connections and the idea of interdependence (Cheney et al, 2004; Monge & Fulk, 1999; Monge & Contractor, 2001; Stohl, 2005).

A Network Orientation of Organizing

Cheney et al. (2004) explains that the pinnacle of interorganizational relations today is the network organization. They define a network organization as being comprised of “two or more organizational units from different organizations involved in a long-term, and more or less formalized, relationship” (Cheney et al., 2004, p. 164). Network organizing forms bring together individuals that are members of many different types of organizations (i.e., governments, NGOs, and multi-nationals) that have common interests. Interests are defined as “people and organizations that have stake in an issue or are affected by it” (Stone, 2012, p. 229). “The typical goal of a network organization is to bring together the resources controlled by different organizations to create a new and stronger organizing form, one that is better equipped for a new
market, a new technology, or a new service” (Cheney et al., 2004, p. 162). Network organizing forms do not typically emerge from formal organizational structures but from relationships among individuals or groups. These relationships can be used to bolster public acceptance or add legitimacy to an organization’s products and services (Cheney et al., 2004, p. 162), are often global in scope, and reach (Monge & Fulk, 1999).

**KtK: A Contemporary Example of a Transnational Network Organization**

Norander and Harter (2012) examined a non-traditional international non-governmental organization based in Sweden, Kvinna till Kvinna (KtK), whose focus is empowering women in postconflict areas. KtK collaborates with local women’s organizations in postconflict societies to carry out “peacework,” creating spaces of peace where women can organize and gather locally. Drawing upon the work of postcolonial theory, Norander and Harter (2012) emphasize the reflexive relationship between global and local systems and the complexity of transnational organizing. One of the functions of KtK in postconflict regions is networking. KtK facilitates the linking of organizations to each other and mobilizing the resources needed for them to share experiences, exchange knowledge, offer support, and strategize about furthering peace initiatives and empowering women (Norander & Harter, 2012, p. 95). The networking between KtK and its partners creates a space where empowerment, participation, and knowledge exchange emerge as both products of networking and also significant parts of the process itself (Norander & Harter, 2012). Networking is also important as an organizing structure at KtK because it has helped to establish relationships and connections that have endured long after funding for these programs has run out and KtK has left postconflict societies (Norander & Harter, 2012). Norander and Harter (2012) use KtK as a case to argue that “this aspect of networking—that it can be a
responsible approach to sustainable development and capacity building—has been overlooked in theorizing about the benefits of such organizational structure” (p. 97).

KtK is an interesting transnational organization because it functions as a kind of supra-network organization whose primary function is to link and coordinate the activities of many organizations. This organization is not like a hierarchy to dictate to other organizations what to do but more a site that facilitates the creation of relations and communication networks among organizations (Monge & Contractor, 2001, p. 463). Increasingly we see organizing forms whose function is to connect others. Global network organizations generally, and KtK specifically, depend on sophisticated communication linkages between their partnering organizations. In a sense, what constitutes a network organization is the links or relations it builds. Understanding these partnerships and connections is central to understanding such organizing forms.

Similarly, Stohl and Stohl (2007) examine the idea of networks in the organizing of terrorist groups. Drawing upon communication scholarship on organizational network dynamics, they posited that contemporary network research, with its theoretical and empirical foundations, could provide a more complex and resourceful framework to create policy not only to address terrorism but also other alternative forms of organizing. They suggested five assumptions of network theory that provide a framework to analyze alternative forms of organizing and provide responsive mechanisms:

1. Networks are multifunctional communication systems.

2. Network links embody multiple historically constructed relations operating at multiple levels.

3. Networks are temporary, dynamic, emergent, adaptable, flexible structures.

4. Network boundary specification is an analytic tool.
5. Networks may be local, glocal, or global and heterogeneous.

Stohl and Stohl (2007) explain that there are disjunctures between assumptions of communication network theory and the assumptions and appropriation of network conceptions. Stohl & Stohl (2007) examined the United States (US) administration’s discussions of terrorism networks to illustrate the problems of such disjunctures. They identified how US policymakers’ assumptions were not based on contemporary theoretical and empirical research of these organizing forms but instead upon dogmatic network concepts. For example, policymakers often view terrorist networks as hierarchically organized and centralized bureaucracies that are largely static with clear boundaries and/or having a center. However, research and empirical data clearly show that network organizing forms are not centrally structured or operated. Stohl and Stohl (2007) argue that contemporary network theory assumptions should be employed to understand terrorist organizations and create better policies to respond to them. Policymakers must examine the complex network dynamics and create policy that accounts for the multiple relations and historical contexts within such networks. The US administration and those seeking to understand network organizing forms cannot simply take for granted the idea that there is a distinct line between the organization and its social, economic, and political environment (Finet, 2001).

Transnational Organizing Forms and Participation: A Space of Inquiry

Stohl and Stohl’s (2007) piece not only demonstrates the importance of frameworks within which to interpret contemporary alternative organizing forms but also how linking organizational communication scholarship to other disciplines, such as public policy, generates better questions to understand today’s pressing issues and improves responses to them. Stohl and Stohl’s (2007) study showed how a contemporary network and its assumptions provided a much richer understanding of what was happening with terrorist groups. Such findings equipped
policymakers with a more complex and constructive platform to use to develop better questions and find improved solutions to the terrorist issue. More broadly, Stohl and Stohl’s (2007) work demonstrates that network assumptions of organizing can potentially provide a promising interpretive framework to understand contemporary, nontraditional organizing forms. Such a perspective “enables researchers to incorporate and extend conventional notions of structure and focus upon the complex, dynamic, and interwoven fabric of social affiliations” (Stohl, 1989, p. 346) and does so by recasting organizations as fluid, emergent, and dynamic structures rather than containers or static entities. Organizations are viewed as largely communicative forms composed of connections or links that may be local or global. A network approach brings communication to the forefront by drawing attention to the communicative activities and patterns that emerge as actors participate in organizing forms, rather than upon expected or prescriptive views of organizations. In addition, such an approach draws attention to communication links or relationships in organizing forms and how the development of relationships influences organizing outcomes and larger systems (Marshall & Stohl, 1993).

By examining the emergent patterns of participation, we may better understand the relations between participation and organizing outcomes, such as decision-making or policy creation. For example, when participatory approaches have been used by large development institutions like the World Bank or the WTO, participation has been conceptualized in ways that make it seem ideologically neutral: a type of tool to be used (Huesca, 2008). This approach allows participation to be compatible with the contemporary realities of globalization and ideologies of social marketing, capitalist expansion, and global trade (Huesca, 2008). Some scholars see such uses of participation as a manipulative consultation conducted only to help promote predetermined objectives (Escobar, 1999). Ironically, other scholars have used
participatory elements to enhance the status of traditional development paradigms, support “top-down” approaches, and reinforce norms and values (Cleaver, 2001; Escobar, 1999; Huesca, 2003; 2008). Cornwall (2003) cautions that in recent years “the rapid spread of participatory approaches led to their use by powerful international institutions to lend their prescriptions’ authenticity and legitimacy, submerging the more radical dimensions of participatory practice” (p. 1327). It is therefore essential to examine “participation” in these high-level meetings and in this new health policymaking at the UN, and also to ask questions such as the following: What approaches were taken to participation? What were the meanings of participation? To what end or goal was participation sought? Who participated, and in what ways? Who or what limited participation in this process?

I used this network orientation to organizing to examine a special Summit held at the UN, where participatory practices were used in the creation of policy meant to prevent and control NCDs. This case provides empirical examples of the ways participation emerges in transnational organizing forms. The Summit is an interesting organizing form because of the participation of an assortment of individuals from across multiple sectors of society and the globe. By analyzing actual participatory practices and outcomes of the UN Summit, this study can help communication scholars better understand transnational organizing forms, their organization, and outcomes. The rest of this chapter provides an overview of the UN Summit on NCDs and how the assumptions of a network orientation of organizing can provide a framework to approach it.

The UN: An Overview

The UN is an international peacekeeping organization that was created in 1945 to “maintain international peace and security” and “to achieve international co-operation in solving international problems of an economic, social, cultural, or humanitarian character” (Chapter I |
The UN consists of five “main organs”: the General Assembly, Security Council, Trusteeship Council, International Court of Justice, and UN Secretariat. Each of these arms has its own duties and responsibilities. The General Assembly is the head or main policymaking and representative “organ” of the UN. It consists of elected representatives of the 193 Member-States, making it the only UN organ with complete representation. Its role is to make decisions and develop policy on pressing global issues and important organizational matters, such as budgets, the admission of new members, etc.

**UN Summit Introduction**

For over 60 years, leaders from across the globe have gathered at the UN to attend high-level meetings to discuss human rights, security, economics, etc. However, in 2011, the attention of the UN was turned to health issues; the UN dedicated high-level meetings to discuss a health topic—the prevention and control of NCDs. A decade earlier, the UN held a special session to stop the accelerating epidemic of HIV/AIDS. The 2011 meetings, however, were much broader in both their scope and permanency. The purpose was to discuss options to improve the control and prevention of NCDs (i.e., cardiovascular disease, cancer, diabetes, and chronic respiratory diseases, to name a few). Over a two-day period, input was sought from individuals representing government, civil society organizations, the private sector, and academia in order to create an “action-oriented document that will shape the global agenda for generations to come” (Action on NCDs, 2014). They included these individuals as a “community” due to their relationships to NCDs.
A Unique Summit

This Summit was unique in many respects. It was only the second time health has been the main topic of discussion in over 60 years. In addition, the right to create and influence UN policy has been traditionally reserved for UN leadership and Member-State representatives; inviting those outside the UN to also participate in this process marks a shift in how the UN, as a governing body, addresses social issues and related policy. In the past, the UN’s collaboration with many organizations to tackle a problem might have been viewed simply as a way for the UN to bolster its institutional structure and support nation-states. However, the make-up of the UN and its participants has changed dramatically since its creation in 1945. There are four times as many state actors in the UN as there were in 1945 when it was founded; non-state actors have also increased in similar, if not greater, proportions (Thakur & Weiss, 2010). There has been an upsurge in both the number and nature of problems the UN faces. Consequently, the organization has worked closely with a growing number and type of actors on a range of issues (Thakur & Weiss, 2010). The rationale for collaborating with many people and institutions is to make the UN more resilient, responsive, and robust (Stohl & Stohl, 2005). However, the expansion of the UN in both its range of issues and the participation of actors brings into question its constitution and the policy it creates.

More about the Organizing Structure/Form of the UN

The UN is part of the “United Nations System Organizations and Entities,” which consists of 50+ other organizations that either are “subsidiary to” or “legally independent” and coordinate and collaborate with one another. Some of the international participants that make up this system include the WHO, the WTO, the World Bank, and the International Monetary Fund (IMF) (Chapter I | United Nations, n.d., para. 1-3). These specialized organizations are
autonomous organizations who work with the United Nations through negotiated agreements. Some have existed since before the First World War, others were associated with the League of Nations, and still others were created almost simultaneously with the UN or created by the UN to meet emergent needs (UN Programmes, 2012). All of these affiliated organizations have their own membership and leadership and are financed through assessed and voluntary donations (UN Programmes, 2012). Ganesh et al. (2005) discussed how transnational institutions like the IMF, WB, and WTO have shifted in their goals from preventing or responding to crises to the promotion of policies and ideals that shift relations among transnational organizations, states, and citizens. They explained that such relational shifts have the potential to develop “global rules” and the importance of understanding the development of these new global relationships and their consequences (Ganesh et al., 2005, p. 172).

**International Development Organization’s Meetings as a Network Organizing Form**

The meetings and policy outcomes of international development organizations (IDO)s like the UN, the WTO, and the World Bank actively contribute to the direction and nature of global development issues that have material consequences (Deetz, 1992; Finet, 2001, p. 273). While each of these IDOs may be organizations in the traditional sense, they also are sites of coordination and events, which create global network organizing forms. When contemporary global organizing forms generally, and the UN specifically, hold Summits or gatherings, they function differently than a traditional institution. Therefore, in this study, the UN is not viewed as a traditional institution per se but instead as the site of communication, that coordinates activities and events into an organized form in order to create collective action: a global response to NCDs for the next 20 years.

**A Network Approach to the Summit**
For this study, Stohl and Stohl’s (2007) assumptions of network theory provide a framework to approach the UN Summit. A network approach emphasizes the dynamic, emergent nature of networks; they are multifunctional communication systems whose links embody multiple/historical relations (Stohl, 2007, p. 98). This network view changes how the researcher interprets the communication of network actors, especially those who claim to represent certain groups, organizations, governments, etc. The communication of network actors is not simply information nor necessarily illustrative of the interests of those with whom they identify. A network approach emphasizes the constitutive role of communication and accentuates how networks deliver much more than information: “Networks provide emotional and tangible support often functioning as mechanisms for socialization, create and enforce ideological frameworks, provide legitimacy for other actors, generate trust and serve other tangible and symbolic functions” (Stohl & Stohl, 2007, p. 99). These networks “normalize” certain ideas and behaviors so that they seem normal and natural through communication. For example, Papa, Auwal, and Singhal (1997) examined Grameen Banks’ practice of giving micro-loans to poor individuals in Bangladesh to develop their skills or start a business. The Grameen Bank began this practice due to the high interest rates and oppressive loan policies of local banks towards those in poverty in Bangladesh. By providing an alternative, these individuals would not have to turn to local lending institutions. The micro-loans of the Grameen Bank had a 99% recovery rate, which was unprecedented in the loan industry; their success rate was linked to the unique approach of the Grameen Bank; debtors were accountable to others who had once had these loans or were currently repaying them. Papa et al. (1997) found that the reason for this success rate was intense peer pressure to repay the loans; if an individual “experience[d] problems with loan recovery… the punishment was essentially a communicative form” (p. 234). These
networks of individuals often used a communicative type of oppression to convince individuals to repay the loans. Ironically, some borrowers approached the local lending institutions in order to pay the Grameen Bank loans back, which defeated the purpose of Grameen Bank’s microloans. Papa et al.’s (2007) findings demonstrated how communicative practices could establish control networks. In this case, the network of individuals and their communicative practices had inadvertently constructed a set of rules, norms, and behaviors that became an oppressive system.

A network approach, with its constitutive view, orients the researcher to look less at “who” is communicating and more at the meaning of such communication and the constructions or outcomes from them: to examine who benefits from these constructions and the consequences of adopting the meanings embedded in the communication of network actors. The ideas shared in the Summit and the proposed policies construct social realities that implicate practices, behaviors, knowledge, and meanings that will become associated with NCDs as well as the systems responsible for enacting and supervising such responses. A network approach can provide an understanding of how this process occurs and the consequences of these outcomes.

Conclusion

The UN Summit positioned NCDs as a global problem that encompasses many social factors. According to the high-level Summit documents, combating NCDs requires a collective response and coordinated actions from all sectors of society because, according to the UN, each has a role to play in this process (Summit on NCDs, 2011). The Summit and its policy outcomes may influence interpretations of meanings and responses to (practices) NCDs. These developmental policies involve strategies and attempts to direct policy processes and outcomes; actors and agencies produce knowledge and distribute their ideas via policy. The policy that came out of the UN Summit consists of approaches and ideas that will implicate practices,
behaviors, knowledge, and meanings for preventing and controlling NCDs. The solutions proposed in the Summit and their accompanying policy implicates those who are involved in preventing and controlling these diseases. In short, this policy not only influences how we approach and understand the prevention and control of NCDs but also creates a network of who is allowed to participate and what constitutes participation. In order to understand the construction of the NCD issue in the Summit and its policy, and the role of participation within it, I posited the following research questions:

RQ1: How was participation employed in the UN meetings on NCDs and in policy?
RQ2: How do the meanings of participation in the UN meetings on NCDs and in the policy of the UN Summit construct the NCD issue?
RQ3: How does the construction of the NCDs issue implicate relations among individuals, objects, institutions, and global systems?
CHAPTER THREE

METHOD

In this chapter, I delineate a method for the study of a transnational organizing form—the UN Summit on the Prevention and Control of NCDs. I am interested in understanding the meanings of participation and the construction of the NCD issue in the Summit. The research questions posed demonstrate this heuristic approach as they explore the underlying assumptions and meanings in this Summit and its policy surrounding NCDs, the concept of participation within them, and the relations they posit. In order to respond to these research questions, methods grounded in social constructionist theory were used. This chapter discusses the researcher’s qualitative approach and method used in this study, describes the data, and then outlines the approach used to analyze it. I begin by discussing the assumptions of a qualitative approach to research.

Qualitative Research Assumptions

During the past three decades, an increasing number of research projects have used qualitative approaches to study organizations (Taylor & Trujillo, 2001). The rationale for using a qualitative approach in organization studies varies from the limitations of positivist epistemologies and quantitative approaches to the acceptance of multiple interpretations of organizations (Taylor & Trujillo, 2001). Many approaches to qualitative research begin with assumptions about the world, the possible use of a theoretical lens, and the study of the meanings individuals or groups give to social and/or human problem(s) (Creswell, 2007, p. 37). Qualitative research (QR) is viewed by some as a general paradigm, which includes epistemological and theoretical assumptions, while others see it as a specific methodology for guiding implications for data collection and analysis (Taylor & Trujillo, 2001). As a field of inquiry in its own right
(Denzin & Lincoln 1994), QR is drawn to broad, interpretive, postmodern, feminist, and critical sensibilities as well as postpositive, humanistic, and naturalistic conceptions of human experience (Nelson, Treichler, & Grossberg, 1992). Because of the large theoretical and methodological area covered by QR, it is difficult to define with precision. Indeed, according to Lindlof and Taylor (2002):

> The term vexes those with low tolerance for ambiguity (Potter, 1996) because it crosscuts disciplines, it contains ambiguous phenomena that bridge theory and method, it has no particular defining method, and its meanings have changed dramatically over three centuries of practice… (p. 18)

They define QR as an “approach that subsumes most of what goes by the names of interpretive, ethnographic, and naturalistic inquiry” (Lindlof & Taylor, 2002, p. 19). QR work may or may not take place in natural settings and while it has a tendency toward approaches that are emergent and exploratory, it is not exclusionary to prediction or measurement. One of the issues/tensions of QR is its pluralism, which recognizes that all positions have strengths and weaknesses and no single methodology can reveal the complexity of phenomena (Lindlof, 1995). However, this belief does not mean “anything goes” in QR but instead that “the selection of any particular theoretical and methodological perspective is always a political one that must be defended at virtually every step in the research process” (Taylor & Trujillo, 2001, p. 166). Van Maanen’s (1995) observation about this range within QR suggests that no single scholar can keep up with these subfields and their developments, but the “best we can do these days is to selectively pursue and cultivate an ever diminishing portion of the relevant literature that comes our way” (p. 27). In the spirit of these ideas, I turn to my methods chosen for this project and the rationale for their use.
QR is a process flowing from philosophical assumptions, worldviews, and theoretical lens(es), and on to a procedure or framework used to study social phenomena (Cresswell, 2007). These philosophical assumptions often focus on ontology, epistemology, and axiology. Ontological assumptions concentrate on the study of what is real or exists and deals with the nature of being. Epistemological assumptions focus on knowledge claims including what constitutes knowledge and what people must do in order to know or obtain knowledge. Axiological assumptions examine what is of value, worth knowing, or worth studying. There are many traditions that employ QR in communication studies, including critical, postmodern, feminist, rhetorical/discursive, social constructionist, and postpositive to name a few. However, for the purposes of this paper, I have chosen to discuss some of the most prevalent traditions found in communication literature: postpositive, interpretive, and critical. Each of these traditions takes a different approach to the major philosophical assumptions. I will outline some of the assumptions made by these traditions and also discuss where this study falls within them.

Postpositivism, also known as a social scientific approach, views reality as something that is outside the observer or independent and relatively stable. Knowledge is a process of “discovering” or “capturing” what exists independently of its observers. Knowledge claims are subjected to rigorous and systematic analysis methods (i.e., scientific) that are “objective” or free from the interests of researchers (Corman, 2005). The goal of this research is therefore to determine what indicates reality and measure it to be able to predict or control phenomena. Conversely, interpretive or social constructionist traditions view reality as fluid and changing. Reality is dependent upon both the observer and the observed. The social world is constructed by those within it. An interpretive approach embraces the concept of multiple realities and the ways individuals experience and understand the world differently (Cresswell, 2007, pp. 17–18).
Similarly, knowledge is viewed as a social construct that is based upon the subjective experiences of individuals and is embedded in their historical, social, and cultural beliefs (Cresswell, 2007). This subjective view requires an understanding that all knowledge claims are situated, partial, and indeterminate (Charmaz, 2006). Researchers “position themselves” as an instrument in this “sense-making” process as their interpretation of what is happening is influenced by their own personal, historical, and cultural experiences (Charmaz, 2006). Interpretive approaches privilege the contextualized and experiential nature of social interaction.

A critical approach falls within the interpretive paradigm but emphasizes power and political processes that construct reality (Deetz, 2001, p. 85). While reality is viewed as a social construct, such constructions are non-egalitarian and favor certain groups and their ideas (Deetz, 2001, p. 92). What constitutes knowledge is subject to question or suspicion as it is value laden and culturally bound in ways that privilege some and oppress others (Lindlof & Taylor, 2002, p. 48). The goal of this research is to uncover the taken-for-granted ideas prevalent in society and the oppressive conditions that serve those in control in order to emancipate marginalized groups and promote a more egalitarian world (Cresswell, 2007, p. 27).

**Theoretical Traditions within Qualitative Research**

The belief systems and assumptions within each of these traditions (postpositive, interpretive, and critical) impact the practice of research. In addition, researchers use theoretical and interpretive frameworks that further shape the study. It is important to make these assumptions explicit and understand how they influence the research process. Here, I discuss the philosophical assumptions of the social constructionist approach used in this study as well as those of the specific procedures or frameworks within the qualitative research methods that are
pertinent to this study: Charmaz’s (2006) grounded theory. I begin with a social constructionist approach.

**Social Constructionism**

Researchers who take a social constructionist approach assert that anything that has meaning in the lives of people originates from the matrix of relationships with which they are engaged (Allen, 2005, p. 35). Meanings arise not only from individual interpretations but also from the social systems created through engagement. Reality is socially constructed from relations with others. Humans construct the world through social practices. Knowledge then is derived from larger social discourses, which vary depending on time and location, and often represents and reinforces dominant belief systems (Allen, 2005, p. 35). Social constructionism seeks to understand this process of creating knowledge, which is anything a society holds to be “true,” “real,” or “meaningful” (Charmaz, 2006). Social constructionism rejects essentialist ideas that phenomena are universal, biologically determined, or inevitable and instead stresses that *all* knowledge is historically and culturally bound (Allen, 2005). Social practices are important as they sustain knowledge. For example, practices such as encouraging boys not to cry and girls to play docile games disseminate and perpetuate “knowledge” about gender. Language is central to these social practices because it is used to (re)produce knowledge and enact roles within various contexts. Language allows us to share meanings and experiences with one another; it is a system that is used to objectify subjective meanings and internalize social constructions. Knowledge and social action are thus interconnected. In short, social constructionism posits that “human beings do not find or discover knowledge so much as we construct or make it… against a backdrop of shared understandings, practices, [and] languages” (Schwandt, 2000, p. 197).
Such a polysemic approach to social realities and knowledge seems fitting to the analysis of the UN Summit because there are many ways to interpret and approach participation and responses to NCDs, their prevention and control. The heuristic nature of the research questions posed for this project sought a better understanding of the construction of NCDs and their relations, meanings and employment of participation, and consequences. A social constructionist approach is well-suited to the heuristic focus of this study and can provide understanding to worldviews, assumptions, and values operating in the Summit as well as the potential consequences for accepting these as norms or standards because it focuses on the constructions of social phenomena via social practices (Allen, 2005). Research that uses a social constructionist approach often seeks an understanding of the world within which individuals work and live. Researchers may study the subjective meanings of individuals’ experiences—meanings directed toward certain objects or things (Cresswell, 2007). These subjective meanings may arise from historical and/or culture conditions and are negotiated socially. The multiple and varied meanings direct the researcher to examine the complexity of these views rather than the narrow meanings of a few ideas or categories (Allen, 2005).

For this project, I was interested in the meanings of participation and the construction of the NCD issue from the perspective of UN Summit participants (Cresswell, 2007). A social constructionist approach is therefore fitting because of its emphasis on participants’ experiences and how individuals construct numerous overlapping views and meanings of phenomena (Allen, 2005). The social constructionist approach focuses on participants’ views and can help respond to the research questions on the construction of NCDs and participation by Summit attendees.

Now that I have outlined the assumptions of a social constructionist approach to research and its alignment with the goals of this study, I turn to the specific procedures or frameworks
within qualitative research methods that are pertinent to this study: Charmaz’s (2006) grounded theory method. Below, I briefly describe this approach, its ideas and concepts, and its use in data analysis for this study.

**Grounded Theory**

Charmaz (2006) defines grounded theory methods as a set of principles and practices that provide ways to learn about the world and develop theories to understand them. Grounded theory can be used by researchers to develop an explanatory framework (theory) for a process, action, or interactions among phenomena (Cresswell, 2007). A key component of this approach is that such explanations are “grounded” in the experiences of those associated with the phenomena being studied rather than being taken from “off the shelf” (Charmaz, 2006): “We construct our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices” (p. 10). The process of research using grounded theory methods is non-linear and includes collecting “rich” data, coding and refining these data via sampling, sorting and saturation, and reconstruction. While the process is inductive, researchers also frequently use current theory and literature to inspire clues of meaning in the data, suggest questions that can be asked of the data, and act as a source of additional validation to this process (Charmaz, 2006). In the following paragraphs, I explain why and how I employed grounded theory methods to analyze the UN Summit.

For this study, I employed a grounded approach and use the research questions and existing theory in organizational and participative studies as a guide to understand the UN Summit on NCDs. A grounded approach is a fitting method to use for this project for several reasons. First, its inductive nature aligns closely with the social constructionist idea of how participants’ ideas create broader social structures (Allen, 2005). A grounded approach
constructs theory from the bottom up, which is similar to the social constructionist view that individuals create broader social norms and social worlds through social practices. For this project, I was interested in understanding the meanings of participation in the Summit as the attendees understood them. I was looking for how such meanings emerged and influenced the construction of the NCD issue. As such, the inductive emphasis of Charmaz’s (2006) approach is appropriate because it embraces diverse local works, multiple realities, and the complex nature of particular worldviews and actions.

Second, grounded theory is used by researchers because the current theory or literature is lacking (Cresswell, 2007), which is exactly the case with the concept of participation in organizational communication literature. Today, the concept of participation has moved from the periphery to the center of organizing philosophies. As participation has become more prevalent and central to organizing, there is a need for scholarship that addresses participation in contemporary organizing forms, yet the discipline is lacking in sound theoretical and practical foundations (Dempsey, 2009; Guttman, 2007; Stohl & Cheney, 2001). In Chapter Two, I discussed how the concept of participation in an organization was limited to the prescribed static structures of participation within the organization. In other words, participation was assumed to reside in the structure of the organization and was studied as a dichotomous variable or static entity that was either present or absent (Marshall & Stohl, 1993). This perspective (or conceptualization) failed to capture the communicative activities and patterns that emerge as actors participate in organizing forms; it missed the communicative nature of participation and its relation to organizing. It is this need for expanding the discussion of participation in organizational studies to which this project responded. Grounded theory, as a method, emphasizes a constructive, grounded approach. Specifically, I drew upon Charmaz’s (2006)
grounded theory approach to understand the meanings of participation and the construction of
the NCD issue by UN Summit participants.

**Charmaz’s Grounded Theory**

Charmaz’s grounded theory method begins with qualitative coding, or the process of
assigning data segments a short name that categorizes, summarizes, and accounts for meanings
(Charmaz, 2006, p. 43). Coding links data collection to emerging theory development, as it is
through coding that the researcher defines what is happening in the data and what it means
(Charmaz, 2006, p. 45). Codes arise from the languages, meanings, and perspectives of the
researcher and the researched. Thus, while the codes constructed by the researcher may seem like
a perfect description of the action and events that occurred, such descriptions are not reflective of
the empirical world. Instead, they are subjective to the experiences of the researcher and the
topic being researched (Charmaz, 2006, p. 47). This concept of subjectivity and relations
between the researcher and the topic is important because it does not minimize the role of the
researcher in this process. Instead, the researcher has an active role, making decisions about the
categories and bringing questions to the data (Charmaz, 2006).

Charmaz is most often identified as an advocate for the use of grounded theory methods
to provide fresh and innovative insights into social justice issues and inquiry (2005). Indeed,
Charmaz (2005) reflects upon how grounded theory with its openness, constructivist, and
emergent facets sensitize the researcher in ways that shifts the direction of inquiry in social
justice studies. While Charmaz does emphasize the value of using GT from a social justice
perspective in much of her research, she also encourages others to use GT principles and
strategies and to adapt them for their own specific needs (Charmaz, 2006, p. 9). In her book
*Constructing Grounded Theory: A Practical Guide through Qualitative Analysis*, she talks little
about her social justice approach (it is only explicitly mentioned twice) and instead discusses
general guidelines and concepts for researchers that can be adapted to conduct diverse studies.

“Like any container into which different content can be poured, researchers can use basic
grounded theory guidelines such as coding, memo-writing, and sampling for theory
development, and comparative methods are, in many ways, neutral (Charmaz, 2006, p. 9). She
invites her readers to “to use grounded theory flexibly in their own way” and that her book
“provides a way of doing grounded theory that takes into account the theoretical and
methodological developments of the past four decades (Charmaz, 2006, p. 9). Rather than
advocating for using grounded theory methods in specific ways she views them as “a set of
principles and practices, not as prescriptions or packages” and emphasizes “flexible guidelines,
not methodological rules, recipes, and requirements” (Charmaz, 2006, p. 9). This flexibility of
reader to use guidelines, however, does not discount the notion that “how researchers use these
guidelines is not neutral, nor are the assumptions they bring to their research and enact during the
process (Charmaz, 2006, p.9). Charmaz (2006) does provide flexible guidelines for the reader
with the understanding that how one uses them is clearly political.

Charmaz’s grounded theory is more suited to the social constructionist approach used in
this project as it “assumes the relativism of multiple realities, recognizes the mutual creation of
knowledge by the viewer and viewed, and aims toward an interpretive understanding of subjects’
meanings” (Charmaz, 2006, p. 250). This project was interested in the exploration of the
construction of the NCD issue and participation by Summit attendees and their potential
consequences. While more classical approaches to grounded theory also seek to understand
participant perspectives, they are explored not simply from a descriptive or interpretive approach
but instead with the aim to raise these perspectives to a conceptual level (Glaser, 2002). This
conceptual focus used by Glaser, Corbin, and Straus seeks to identify behavior that “transcends empirical difference in order to provide a conceptual, rather than descriptive or interpretive, rendering of participant behaviour” (Breckenridge, Jones, Elliot, & Nicol, 2012, p. 1). A conceptual approach was not well suited for this project because it was interested in a more interpretive approach to understanding the varied meanings of participation in the Summit and how those meanings influence its construction. Instead, Charmaz’s (2006) constructivist focus on interpretive understandings of participants’ meanings was better suited as a method for this project.

Charmaz’s (2006) social constructionist approach to grounded theory consists of two main coding phases: (1) the initial phase involving naming segments of data followed by (2) a focused selective phase that uses the most frequent or significant initial codes to sort, synthesize, integrate, and organize large amounts of data (Charmaz, 2006, p. 46). Her approach differs from Corbin and Strauss’s (2008) grounded theory analysis, which involves using axial coding to bring the data back together to produce a coherent whole; a type of storyline that connects the pieces together. Rather candidly, Charmaz (2006) argued, “Those who prefer simple, flexible guidelines—and can tolerate ambiguity—do not need to do axial coding” (p. 61). Alternately, Charmaz’s (2006) analysis emphasized the views, values, beliefs, feelings, assumptions, and ideologies of individuals. This project uses Charmaz’s (2006) approach to grounded theory analysis to explore participation and the construction of the NCDs issue at the Summit. The rest of this chapter provides a reflexivity statement, a brief history of the events that led to the UN Summit, the data for the study, and a detailed account of how Charmaz’s (2006) approach was applied to the data.

**Reflexivity Statement**
As a qualitative researcher, I believe that my identity is important in the research process, as I am the “human instrument” (Cresswell, 2007). Many qualitative methods tend to be more explicit in discussing relations between the researcher and the researched and encourage self-reflexivity by the researcher (Charmaz, 2006). As the human instrument, I recognize that my interpretation of the data is “filtered” through my own limited view and biases. Indeed, “how we write is a reflection of our own interpretation based on the cultural, social, gender, class, and personal politics that we bring to research. All writing is ‘positioned’ and within a stance (Cresswell, 2007, p.179). In order for the reader to better understand my own position as the researcher and the potential “filters” that influenced the research process I provide some background information about myself that is pertinent to this study.

I have a son with an NCD-Type 1 Diabetes. This has made me interested in health and policy surrounding it. I have felt the results of a non-communicable disease in many personal ways. I have experienced the agony of watching one’s child on the doorstep of death, not knowing whether they will live or die. Diabetes stresses parental, spousal, and educational relations as well as causing developmental and health related conditions. Its treatment is a constant battle and is very costly, especially with newer forms of technology. It is a sickening feeling to be a parent and look at finances and realize that you have to make choices that will directly influence the immediate and long-term health of your child.

My interest in the need for good policymaking to treat NCDs came from frustrating personal experiences where treatments were not available to my son although they were to others. For example, there are technologies available in Europe to treat diabetes that are not available in the U.S. because the FDA has not approved them. Even though these treatments have been in Europe for over 3 years and in Canada for over a year I cannot use it for my son.
who would directly benefit from it. I realize that this is a first world problem as many people with diabetes don’t have access to basic care. However, the principle I am trying to convey is that we need not only better ways to prevent and control these diseases but also better policy, as oftentimes there is a direct correlation between policy outcomes and the health and lives of those who are most vulnerable. My son will die if he does not receive treatment for his disease and I can’t imagine what it would be like to be a parent in another country where treatment is not available, or worse that it is available but you cannot afford it. My personal connection to NCDs influences how I feel and approach this project.

In addition, my approach to research is also influenced by other factors. I have been afforded much privilege in relation to my ethnicity, gender, and cultural background in connection to geo-political relations. I am a white male, who has grown up in the U.S. which is dominated by Western ideals. Both of my parents have college degrees and I was raised in a middle-class, white, suburban neighborhood. Before starting my undergraduate education I lived in Ecuador for a period of time working with handicapped, orphaned children. This experience gave me some “perspective” surrounding the privileges I had taken-for-granted and I continued to learn more about them through my course work and personal studies in critical, feminist, post-colonial, and intercultural relations. My Ecuadorian experience and coursework have helped me better understand my privilege and also have predisposed me to focus on the underrepresented, marginalized, and less powerful in society. I am hoping my experience and education has changed my worldview in ways that allow me to empathize and understand others, and that my research can benefit others in similar ways. The goal of this project was heurism: to generate a contextualized and nuanced understanding of participation and NCDs. The hope is to understand this Summit and its outcomes in order to help those that need it most.
Data

As discussed in Chapter One, the UN held a high-level meeting of the General Assembly on the 19th and 20th of September, 2011, in New York. Over the two-day period, the goal was to “address the prevention and control of non-communicable diseases worldwide” and to create an “action oriented document that [would] shape the global agenda for generations to come” (UN Summit, 2011). The data for this study comprised videos of the proceedings of the high-level meeting held in September 2011 and the accompanying policy it produced. Choosing what to include and exclude for this project was difficult because of the many policies and events that led to the high-level meetings. For example, preliminary meetings were held in June as a precursor to the September high-level meetings. In addition, a trail of documents led up to making this Summit a reality. I had initially planned to analyze these documents and the preliminary meetings. However, after familiarizing myself with the content of the preliminary meetings and policy, it became clear that they were meant to set the stage for what would happen in September. In addition, the number and diversity of participants were much smaller at the preliminary meetings than at the meetings held in September, and their participative nature was not the same as the Summit, nor was it publicized to be so. Since my research questions focused on the concept of participation and the content of these meetings was less important or impactful than those held in September, I chose to only analyze the Summit meetings and their policy outcomes. While this was a tough decision, I felt that the data chosen were “saturated” with the ideas and concepts of the preliminary meetings, precluding the need for an in-depth analysis of their content. Choosing to focus on the Summit and its policy outcomes made this study clearly bounded and straightforward. Cresswell (2007) explained that a good qualitative study is one that has a clearly focused design.
While I chose not to analyze the preliminary meetings and the trail of policies that led to the Summit as part of this study, I felt I should provide a brief “history” of key documents and events that led to the creation of the Summit in September as well as a brief discussion of the outcomes of the preliminary meetings. Please note that this history and the documents referred to in this section were not part of the data analyzed for this project but are given to provide background and context to it.

History of Events Leading up to the Summit

In the year 2000, the UN created the *Millennium Declaration*. This document reiterated the principles and values the UN was committed to in the 21st century (UN Millennium Declaration, 2000). A year later the UN created the *Millennium Development Goals Road Map*, which was an action oriented document outlining eight goals with targets to reach over a time period. In essence, the road map was a way to put the principles and values of the Millennium Declaration into practice. This road map, with its goals, targets, and key indicators, has been used as a kind of standard by which to judge if the UN is adhering to its principles and values. The goals it outlines have been an organizing force and over time more and more documents have emerged detailing how and when they should be accomplished. However, the health goals in this document were focused upon maternal health, HIV/AIDS, and malaria. (UN Road Map, 2001).

Five years later, the *2005 World Summit Outcome* document was adopted, reaffirming the UN’s commitment to the Millennium Declaration and outlining an updated version of the document. The 2005 document added tuberculosis (not an NCD) to the list of major diseases and also committed to the improvement of health systems worldwide, still with no mention of NCDs. (World Summit Outcome, 2005). Finally, in 2007, NCDs begin to come under the radar of the
UN. On Nov. 14, 2007 the UN decided to observe World Diabetes Day for the first time in its history (diabetes is an NCD) and encouraged nation states to develop national policies to prevent and treat diabetes (UN World Diabetes Day, 2007).

A striking relationship between health and foreign policy began in 2008. The World Health Organization (WHO) released a forty-two page document outlining a global strategy for the prevention and control of NCDs over the next five years (2008-2013). Shortly after the release of the global strategy by the WHO, another document was distributed to the UN General Assembly, entitled *Global Health — A Pressing Foreign Policy Issue of Our Time*, authored by UN members from Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand (Oslo Ministerial Declaration, 2007). The document was a supplication for the UN to broaden its view and look at health as a serious issue of foreign policy, specifically referencing the WHO report (Oslo Ministerial Declaration, 2007).

In 2009, health policy issues continued to gain momentum as the theme for the UN Economic and Social Council Annual Ministerial review was to implement international goals and commitments in regard to global public health. Earlier in the year, five ministerial regional meetings were held in preparation for the annual ministerial review—all focusing on global health issues. The findings of this 2009 council, and the UN’s adoption of the policy it created, put health in a position to recognize the interdependence of global health and other central facets of foreign policy covered by the UN. They identified linkages between health, poverty alleviation and development, and the role of health in the creation and implementation of global policy (Global Health and Foreign Policy, 2009). Specifically, it stated, “Global health touches upon all the core functions of foreign policy: achieving security, creating economic wealth, supporting development in low-income countries and protecting human dignity” (Global Health
and Foreign Policy, 2009, p. 2). It also stated that, “Non-communicable diseases are an integral part of the achievement of Millennium Development Goals” even though the original goals said nothing about NCDs (Global Health and Foreign Policy, 2009, p. 20). Put simply, this report elevated health from peripheral to focal status at the UN, connecting it to the “core functions” of foreign policy.

Throughout 2010, requests continued to be made by UN member states for close collaboration with the WHO regarding health information and more specificity surrounding health policy on the state and global level. Individuals urged that the UN take a more “hands on” role in world health issues. The UN recognized the need for new policy in order to accomplish their millennial goals. These requests for more collective action from the UN prompted the decision to convene a high-level meeting on the prevention and control of NCDs in September 2011 (UN Resolution A/64/265, 2010).

Over a ten year period, the UN’s focus shifted from little interest in NCDs in health issues as a part of the development agenda in the 21st to making NCDs and global health policy a necessary part of its agenda. There was a shift from focusing on communicable disease such as HIV/AIDS and malaria to NCDs, ultimately resulting in the convening of the UN Summit on NCDs held in 2011.

**Preliminary Meetings and Outcome Document**

A few months before the high-level meeting in September took place the UN held an Informal Civil Society Interactive Hearing on NCDs in June. This informal hearing brought together representatives of NGOs, civil society organizations, the private sector and academia in order to provide input for the high-level meeting that would occur in September. These meeting were identified as part of the preparation for the Summit (Summary of the Informal Hearing,
This hearing included opening and closing plenary meetings, and three round table meetings that addressed different topics related to NCDs. These meetings were much shorter than those that occurred in September amounting to approximately five hours of meetings. The format of the round-table meetings included opening comments by a speaker and panelists, invited comments from the floor, followed by moderated discussion involving all participants (Summary of the Informal Hearing, 2011, p. 2). More than 250 civil society representatives attended this summit and around 50 made statements from the floor or participated as panelists (Summary of the Informal Hearing, 2011, p. 2).

**Outcome Document**

From these hearings a nine page outcome document emerged which highlighted the notion that NCDs were rising globally and that they were causing serious economic and developmental challenges to countries, especially those with limited financial resources (Draft Outcome Document, 2011). NCDs we seen as a significant threat to the accomplishment of the millennium development goals established. In order to respond to this epidemic “a whole-of-government” and a “whole-of-society” approach was recommended (Draft Outcome Document, 2011, p. 4). “Collective action by all” was recommended, which entailed reducing the exposure of society to risk factors of NCDs, reaching out to other sectors such as trade, education, pharmaceutical production to create policies that could reduce NCDs, increase cost-effective health care interventions population-wide, and step up funding for NCDs. (Draft Outcome Document, 2011, pp. 4-5)

The outcome document sought commitments from participants to strengthen national policies and health systems, reduce risk factors for NCDs, and increase international cooperation, including collaborative partnerships (Draft Outcome Document, 2011, pp. 6-7). In addition, this
document called for an increase in resources to do research and development on NCDs and for tools to monitor/evaluate progress in their reduction (Draft Outcome Document, 2011, p. 8). It concluded with a request to the Secretary General to create an annual report on the progress achieved and the realization of the commitments sought in the outcome document (Draft Outcome Document, 2011, p. 8). This document was important because it laid the foundation for the outcome document that would emerge from the September high-level meetings.

**UN Summit—A Culmination of Ideas**

The Summit was to represent a culmination of the ideas and policies that led up to the meeting. The ideas in this Summit and its outcomes would set the agenda on global responses to NCDs for the next two decades. In addition, these meetings were unique because they invited so many people outside of the UN to participate. Taylor and Trujillo (2001) argued that a good interpretive study is one that uses “representative data drawn from a corpus that is publicly available to view” (p. 183). The data I chose is easy for other scholars to access and examine. All data for this study was obtained through the UN website and can be found on the two web pages dedicated specifically to the high-level meeting on NCDs:


I also chose only to include the meetings and the policy that came from these meetings in order to gain a deeper understanding of the Summit. In short, I chose to sacrifice breadth for depth. This is not unusual for qualitative studies, which often seek to provide “thick descriptions” of phenomena or “rich” data (Geertz, 1973). “Qualitative researchers are prepared to sacrifice scope for detail” because qualitative researchers seek to answer questions that stress how social experience is created and given meaning (Silverman, 2005, p. 14). For qualitative
researchers, “detail” is found in the precise particulars of such matters as people’s understanding and interactions. This notion is in contrast to quantitative studies, which emphasize measuring and analyzing causal relationships between variables rather than processes. While there are many ways to approach the UN Summit, I felt this approach allowed for an in-depth understanding of the meanings and interactions of the Summit, whose policy was meant to shape NCDs and their prevention and control for the next 20 years.

A concern of the researcher was whether the thoroughness of the data collected was sufficient to warrant the analytic claims or findings of the researcher. While I was hopeful for an in-depth understanding of the UN Summit, I also wanted to make sure that it was still a significant amount of data. The corpus of data for this project is by no means small, as it encompasses just under 25 hours of transcribed video and UN policy documents. The UN Summit consisted of multiple plenary meetings and three round-table discussions. In addition, the policy that was a result of this high-level meeting is used as data for this study. In total, over 300 pages of text were analyzed for this project.

Standards of rigor. Another concern of the researcher specifically, and in research generally, is the rigorousness of the study. Although the exploratory and descriptive nature of a qualitative approach has different objectives than a quantitative, hypothesis-driven approach, both employ rigorous standards to ensure such studies are sound and their findings deemed trustworthy. While reliability, validity, and triangulation are part of the standards of rigor in a quantitative study, issues of credibility, transferability, dependability, and confirmability are the standards used to judge qualitative studies (Lincoln & Guba, 1985; Lindlof & Taylor, 2002). For grounded approaches, theoretical saturation is often the focus of or aim to reach rigorous analyses. What constitutes saturation depends on the study and revolves around questions of
sample size, sufficient data collection, generating categories, levels of analysis, and theoretical completeness (Glaser, 2001). I have addressed some of the concerns relating to saturation in this study above when discussing my rationale for including or excluding meetings and policy, and I also have a representative and sufficient corpus of data with which to make claims. Now I turn to the concept of “rigor” of analyses by employing qualitative research software and Charmaz’s (2006) grounded theory approach to the data.

Data Analysis

Initial coding. The data (transcribed videos and UN policy documents) were imported into NVivo 11 qualitative data management software for analysis. Grounded theory analysis methods of coding (Charmaz, 2006) were used to organize and make sense of the data. Grounded theory coding consists of two main phases: 1) the initial phase involving naming segments of data followed by 2) a focused phase that used the most frequent or significant initial codes to sort, synthesize, integrate, and organize large amounts of data (Charmaz, 2006, p. 46). The first stage of grounded theory analysis began with the initial coding practice of line-by-line coding, or the process of assigning data segments a short name that categorizes, summarizes, and accounts for meanings (Charmaz, 2006). Line-by-line coding prompted me as a researcher to remain open to exploring multiple theoretical possibilities that can be discerned from the data. These initial codes were organized according to emergent categories. To ensure that the generation of these possibilities did not go on indefinitely throughout the coding process, I used the method of constant comparison (Charmaz, 2006; Corbin & Strauss, 2008). Comparative analysis uses the analytical process of comparing different pieces of data, in order to make sense of them (Charmaz, 2006; Lindlof & Taylor, 2002). This process involves comparing data, data with codes, and codes with codes throughout the coding phases (Charmaz, 2006). Comparative
analysis requires the researcher to continually move back and forth from the different segments of data to categorize and find meaning within them (Charmaz, 2006). In a comparative analysis, the aggregate categories that are prescribed are flexible and subject to change as new data are examined and as the researcher gains a fuller and comprehensive understanding of the phenomena being studied (Cresswell, 2007). The initial phase continued until the identified categories were adequate and new codes were no longer necessary (Charmaz, 2006).

The process of initial coding in the data began with the round table meetings. I started with these meetings because statements of individuals were limited to three minutes which allowed for manageable chunks of data to work with and code. The limited time frame imposed on participants in these meeting developed a kind of pattern for the data that was easy to recognize in a short amount of time. For example, participants were largely government leaders who introduced themselves, thanked the UN for the Summit, identified NCDs as a serious problem, outlined specific challenges NCDs were posing to their representative country, discussed how they were responding to the challenges, and what was needed to fix them in both country specific and global contexts. This consistency of both the type of participant and the time frame made initial coding of the round tables rather straight forward as there were only so many ways to vary a three minute response to NCDs. Broad categories were easy to create because almost everyone talked about NCDs, current interventions to prevent and control them, ideas of cooperation/collaboration, and the purpose of the Summit. After coding Round Table One, I quickly realized that such broad categories did capture what I had coded, however they were too broad and provided little information about what was going on. For example, my initial coding category was about the concept of NCDs. However, NCDs were discussed in a variety of ways. So I went back and created nuanced codes under the category of NCDs. Some of my nuanced
The codes of NCDs were NCDs in relation to death, social consequences, economic development, as an epidemic, and as a concept in 1st vs. 2nd vs. 3rd world countries. Throughout this initial coding process I would also create memos which served a variety of purposes, including information about international bodies mentioned in the data, discussing relations or connections between statements of individuals, and identifying statements of participants that clearly exemplified a concept or category from the data. These notes were integral in the second phase of grounded theory analysis—focused coding.

**Focused coding.** The focused code stage involves using the most significant or frequent codes developed during initial coding to synthesize and explain large amounts of data (Charmaz, 2006, p. 57). By assembling the data in new ways, coding can identify central phenomena, specify strategies, detect contexts and intervening conditions, and delineate consequences for phenomena (Charmaz, 2006, p. 57). I relied upon the notes and memos I created during the initial coding phase to assist me in the focused coding phase. These notes helped me to synthesize existing codes that were much more directed and conceptual than those created during the initial coding phase. These notes were also drawn upon to understand relations among codes and categories. The purpose of focused coding was to sort, synthesize, and organize data and reassemble it in new ways (Cresswell, 2007). For example, initial codes discussing intellectual property, NCDs impact on economic development, and participation from the private sector were connected to a financial/market construction of NCDs and responses to them. The focused coding involved identifying connections amongst codes.

NVivo 11 software was used throughout the coding process to help the researcher organize the data and understand relations among codes and categories. During the initial coding phase, NVivo was used to code the data line-by-line and keep track of the sources of where the
codes came from. This software was essential to keep the initial coding process methodical and organized. During the focused coding stage, NVivo software allowed the researcher to run queries, which is essentially asking questions of the data. These queries were run only during the focused coding stage. Such a program provided new ways of thinking about and representing relations in the data as well as providing for its organization (Lindlof & Taylor, 2002, p. 225). For example, one query was a Word Tree or Tree Map Query that searched the data for certain words or phrases as well as what other words or phrases surrounded them. The results were displayed as a tree with branches representing the various contexts in which the word or phrase occurred. This query assisted the researcher in understanding the relations among words or phrases. Other queries assisted the researcher in (dis)confirming the dominance or occurrence of phenomena. For example, a Text Search Query allowed me to look for a word (exact match, stem words, synonyms, classifications, etc.), how many times it was used, and the words that often came before and after the word or what are called “co-located” words. This query not only told me the frequency but also related words that came before and after, which clued me in to how these words or phrases were used (their meanings) in combination with others. These are just some of the ways NVivo assisted the researcher to search for meanings and identify relations in the data.

The literature reviewed in Chapter Two and the research questions posited aided in focusing the researcher’s attention upon specific elements in the data and in making connections between the data categories and theory (Lindlof & Taylor, 2002, p. 214). Specifically, the exploration of participation and its relation to organizing was examined, as well as how the construction of NCDs, their prevention and control, created relations among institutions, people, and objects. Charmaz’s (2006) approach to grounded theory analysis was used, with the research
questions as a guide, to examine specific elements of the UN Summit on NCDs. Charmaz’s (2006) grounded theory method builds upon a symbolic-interactionist theoretical perspective, emphasizing that “research participants’ meanings, experiential views—and researchers’ finished grounded theories—are constructions of reality” and that “any theoretical rendering offers an interpretive portrayal of the studied world, not an exact picture of it (p. 10).” As such, Charmaz “advocates for a social constructivist perspective that includes emphasizing diverse local worlds, multiple realities, and the complexities of particular worlds, views, and actions (Cresswell, 2007, p. 65).” This project was interested in the exploration of the construction of the NCD issue and participation by Summit attendees and their potential consequences. I was looking for how such meanings emerged and influenced the construction of the NCD issue. Charmaz’s (2006) social constructionist approach focuses on participants’ views and can help respond to the research questions on the construction of NCDs and participation by Summit attendees. The findings identified emergent forms of participation in the Summit as well as interpretations of (meanings) and responses (practices) to NCDs. The Summit and its developmental policy suggested relations among individuals, objects, institutions, and global systems associated with NCDs. The ideas and connections that emerged provided empirical examples of the ways participation emerges in transnational organizing forms and also revealed phenomena and identified theoretical and practical applications for communication scholars to better understand transnational organizing forms.
CHAPTER FOUR

FINDINGS

In this chapter, I unpack in more detail the UN Summit on NCDs and the policy outcomes that emerged. My analysis focuses on the concept of participation in this Summit, how the issue of NCDs was constructed, and the relations associated with its construction. An analysis of the outcome document was also performed in order to understand some of the implications of the Summit on those associated with NCDs and society. My analysis was directed by the research questions posed and draws upon the theoretical sensibilities discussed during my literature review. The analysis identified how the ideas and voices of the UN and government officials were privileged regarding participation practices. This privileging had significant implications in the construction of NCDs, approaches to their prevention and control, the types of interventions proposed, and relations among individuals, groups, institutions, and global systems. The findings also identified how the UN’s traditional approach to the high-level meetings was reflected in this Summit, limiting its transformative and collective potential. I begin by discussing the procedural approach taken during the round-table meetings, which reflects the way participation was largely employed in the Summit and policy outcomes.

Participation as Procedure

During the Summit, three round tables were held, each with different themes. The venue of the round table meetings was a large hall with chairs, tables, and microphones. In front of each microphone was a nameplate with the name of the country or organization the person represented. Two moderators sat at a large podium overlooking the hall at each round table meeting. The moderators introduced themselves and welcomed the others before beginning the meeting with this statement (quoted from Round Table One):

...
Today’s Round Table One discussion is an opportunity for all here in this room to learn more and discuss the impact of non-communicable diseases. I encourage and invite you to speak as concisely as possible to give the opportunity for all participants to share their views. To allow maximum participation by all, I strongly encourage you to be as brief as possible and to limit your intervention to three minutes. Please bear in mind the speakers going beyond the time limit will be reminded to conclude. To assist speakers in managing their time, a light system is in place at the microphone at each desk, which functions as follows: the light on the microphone will blink when the three-minute limit has elapsed.

The format of this round table is meant to be interactive; therefore, there is no set order of speakers. I will request those that have registered to intervene in this round table to raise their nameplates when they wish to take the floor. I now give the floor to. . .

Over the next several hours, nearly every speaker read prepared statements. What constituted “interaction” during these Roundtable meetings was largely being in the same room together and listening to one another. The moderators made few comments throughout the round table such as thanking the speakers after they concluded, introducing the next speaker, and giving warnings about time constraints. For example, during Round Table Three, the representative from Poland went over the three-minute time limit and was interrupted during his comments and asked to conclude by the moderator. However, sometimes the moderators would make concluding comments to wrap up the round table. In addition, the speakers themselves rarely commented about the words of fellow round table participants and primarily focused on sharing their prepared/scripted messages. Little to no discussions took place in the round tables and strict time limits were enforced.
Structured/Constrained but also Lively/Interactive

Putting such emphasis on time and structure reflected a very formal atmosphere in regards to those who were called upon to participate. For example, the moderator of Round Table Three said that he would only make a few remarks to allow for “maximum participation for all” and then concluded his opening remarks with this statement:

I want you to bear in mind, that speakers who will go beyond or are going beyond the time limit will be reminded to conclude appropriately. We do not hope that you would be reading prepared statements, because we want the session to be interactive, to be informal and be as lively as possible. Let us therefore now begin.

Several hundred people from all over the world attended these round table meetings. Even with the three-minute time limit, it was impossible for everyone to participate. Those who were afforded such an opportunity were told to keep it to three minutes and were asked to conclude if they breached this limit. Overall, the majority of those who participated read statements. Although the phrase “interactive, informal, and lively” was articulated, the prepared statements by attendees, the intimidating opening remarks by the moderators, and the enforcement of strict time constraints indicated otherwise. The round table meetings were very formal, top-down, and reserved.

The UN program describing the roundtable meetings stated, “In order to promote interactive and substantive discussions, participation in each round table will include Member-States, observers, and representatives of entities of the United Nations system, civil society and the private sector; a list of speakers will not be maintained in this regard.” The program encouraged participation from a diverse group of representatives from all sectors of society and suggested that participation by individuals representing different social groups would make these
round-table meetings “interactive” and “substantive discussions.” However, what took place did
not support such an approach. Therefore, participation as a concept was used as a type of tool to
facilitate the sharing of information or mediate interactions.

The instrumental approach to participation employed by moderators and other UN
representatives aligns closely to what is known as “a means to an end” concept of participation
(Servaes, 2008). Participation from this perspective is a strategy or tactic of control used to
obtain one’s goals (Servaes, 2008). An instrumental or contribution approach to participation
was demonstrated by the UN as it controlled and directed the Summit. This approach views the
participation of others as a “contribution” or voluntary donation of resources toward a common
good or goal (Boyce, 2001, p. 1552). In some settings, what constitutes participation is decided
largely by those in charge, and people are often told how/when participation is appropriate
(Boyce, 2001).

A contributionary approach to participation is only one of three types discussed by Boyce
(2001). He identifies three broad purposes or approaches to participation: as an instrumental
means, as both a means and an end, and as empowerment or a transformative end. The
instrumental or contributionary approach was discussed above and is viewed as a limited
approach to participation as well as the most undemocratic, as participation is merely an
instrument those in charge use for control. Another popular approach or purpose of participation
is “a means and end” or a process of organizing or congregating people around common
interests/activities. This participation as “organization” approach might be headed up by a few
people and externally funded or may emerge from the collaborative efforts of many (Boyce,
2001, p. 1552). The final purpose identified by Boyce (2001) is for empowerment or
transformative ends. Participation as “empowerment” implies the development of the skills of
participants and their ability to make good choices/decisions that generate positive outcomes (Boyce, 2001). Participation from this view focuses on learning and achieving social goals. Another important facet of this approach is to address unequal power relations among participants in social and political environments (Boyce, 2001).

**Participation: A Means to an End**

Of the three broad purposes or approaches to participation identified by Boyce (2001), instrumental or contributionary approaches to participation were largely demonstrated by the UN as it controlled and directed the Summit. For example, the moderator that began Round Table One professed the round table was “an opportunity for all here in this room to learn more and discuss the impact of non-communicable diseases.” However, in the round table meetings, participation was only allowed by the invitation of the moderator and needed to be targeted and specific (i.e., structured) within a three-minute time window. In the end, the concept of making these meetings “interactive” was limited to the idea that people could share information/comments in a specific manner dictated by the moderator.

**Governments Must Take the Lead**

This instrumental or contributionary approach to using participation as a control mechanism permeated not only the procedural approach used by UN leadership but also emerged in the discourse of representatives and the policy outcome documents. For example, there was much discussion surrounding the need for governments to be in charge of and take the lead for initiatives to prevent and control NCDs. The Minister for Health in the Solomon Islands discussed how the efforts needed to be “spearheaded” by government ministers. The Deputy Minister for Health of Argentina, who was representing the Group of 77 (a UN coalition comprised of 77 developing nations) and China, discussed the need to “…recognize the primary
role and responsibility of governments to respond to this global epidemic… we must recognize as well that there is an urgent and pressing need to redouble efforts in all areas of society and the international community to support our national efforts.” Similarly, the Minister of Public Health from Uruguay stated, “We believe that if we are effectively to combat NCDs, states have to play a leading role, providing coordination with all sectors and offering promotion and regulatory measures.”

The idea of governments “playing the leading role” or fulfilling the “primary role” or “spearheading” the efforts to prevent and control NCDs was raised again and again. Such an approach resonates with Boyce’s (2001) “participation as contribution” approach. Participation of those outside of the government was continually discussed as a concept meant to provide support or assist the efforts of government as a kind of voluntary donation of time and resources. Their participation in the prevention of NCDs was viewed as a secondary strategy for the prevention and control of NCDs. A statement from the policy outcome document adopted at the meetings summarizes this idea as follows:

Recognize the primary role and responsibility of governments in responding to the challenge of non-communicable diseases and the essential need for the efforts and engagement of all sectors of society to generate effective responses for the prevention and control of non-communicable diseases. (UN Political Declaration, 2011, p. 1)

In this statement, governments are the ones who are primarily responsible for preventing and controlling NCDs and need to engage others in this process. We also can observe that government leaders were encouraged to have others participate in their efforts to prevent and control NCDs, although they were not seen not as equal partners in this process but as supporters
of the efforts of government. Again, this approach aligns with Boyce’s (2001) purpose of participation as an instrumental means or as a contribution.

The preference of Summit attendees toward governments leading efforts or being in control is not surprising considering it traditionally works with Member-State representatives in these meetings. However, what made this Summit different from past high-level meetings was the UN inviting representatives across many sectors of society to attend and participate in meaningful and substantive ways. As discussed in the literature review the concept of participation in organizational communication literature has been fraught with inconsistencies, paradoxes, and a plethora of definitions raising concerns surrounding its uses and appropriation by powerful groups in policymaking (Cheney & Cloud, 2006; Stohl, 1995; Stohl & Cheney, 2001; Wendt, 1998). Similarly, in development literature, a major concern with participation is that it is used as a form of pacification by those in charge to make people feel like they are part of the process even though in reality, they are not. Participation is used politically but not conceptually. I raise similar concerns surrounding the concept of participation as a political means to make individuals feel like they are involved in meeting and policy making at the Summit.

In the data, representatives frequently discussed the need to include others in preventing and controlling NCDs. Inviting people to come together to participate seems to reflect Boyce’s (2001) concept of participation as “a means and end” or “organization.” This approach views participation as a process of organizing, or arranging people in common activities. The Summit program indicates that an organizational approach would have ensued to bring people together around a common issue—NCDs. However, an examination of the statements of attendees revealed a clear top-down approach to participation. There was a strong delineation in the
outcome document between those in charge and those who were “contributors.” Those who were not in leadership positions (i.e., not in the government) were to participate simply by supporting those in charge (government). This stance is discussed in the outcome document adopted by the UN, which states the following:

   Acknowledge the contribution of and important role played by all relevant stakeholders, including individuals, families and communities, intergovernmental organizations and religious institutions, civil society, academia, the media, voluntary associations and, where and as appropriate, the private sector and industry, in support of national efforts for non-communicable disease prevention and control. (UN Political Declaration, 2011, p. 5)

This statement identifies important roles others play as contributors to support national efforts and is representative of what emerged from the data. Participation was employed in this Summit, and the outcome document, largely as an instrument to allow others to share information and also to work with those in charge to accomplish the goals of leadership: in this case, government and UN representatives.

**A Biased Speaker List**

   This contribution view of participation by those outside of government is not surprising when we consider who was provided with the opportunities to share their thoughts and ideas during the Summit. The UN Program for the round table meetings stated, “Participation in each round table will include Member-States, observers, and representatives of entities of the United Nations system, civil society, and the private sector; a list of speakers will not be maintained in this regard.” After reading the program, one gets the impression that these meetings would be a conglomeration of representatives across many social sectors. Since the UN did not maintain a list of who was called upon to participate, I compiled one from the data. Approximately 126
speakers participated in the three round tables of which 111 (88%) were either government or UN representatives. The other 12% consisted of representatives of civil society, the private sector, academia, and others. Over 280 organizations were approved to attend the Summit and were represented by this 12%. A similar privileging of UN and government members voices was also found in the plenary meetings. The Summit was presented as being a conglomeration of speakers and ideas from UN Member-States, academia, civil society, and the private sector. However, in practice, those outside of the UN and government representatives were afforded little space to share their voices and ideas at the Summit. Similarly, their ability to participate was also limited to supportive roles and tasks in the policy outcomes document. For example, the outcome policy takes “note with appreciation” the “initiatives undertaken on the prevention and control of non-communicable diseases” and identifies over a dozen by name. These appreciation notes consist of almost a full page of text, which is significant; the entire outcome document is only thirteen pages long. The efforts of organizations who also attended the Summit, such as the International Diabetes Federation, the Red Cross, the American Cancer Society, and the Susan G. Komen Foundation also seem worthy of similar notes of appreciation for their NCDs efforts. However, all of the notes of appreciation are directed at initiatives by governments and UN affiliates. The efforts and initiatives of civil society, academia, or the private sector are neither mentioned by name nor identified. Clearly, there was a privileging of efforts of UN affiliates and those of Member-States.

A similar finding was that representatives of civil society, academia, and the private sector had very different perspectives on the construction of the NCDs issue than UN and government leaders. When these non-governmental groups were afforded opportunities to share their ideas, each had a unique approach to the NCDs issue and had much to contribute to the
discussion of the prevention and control of NCDs. For example, the health ministers’ or Member-State representatives’ remarks in the Summit largely were specific to their country and its government-led efforts. This is not surprising, as this is where these representatives’ time and efforts were spent in relation to NCDs. In contrast, those outside of governments did not approach NCDs as being bounded to a country or government and therefore saw NCDs differently. For example, Dr. David Blume from the Harvard School of Public Health shared a report that in his words would “inform and stimulate dialogue at this High-Level Summit.” The focus of the report was to express “the human burden of NCDs in economic and financial terms.” Here are just a few highlights of the report he shared during Round Table One:

The headline result of the new study is that the four NCDs and mental health conditions will cost the world 47 trillion dollars in lost output during the next two decades. That is a huge number by any reasonable yardstick. It represents, for example 75% of global GDP in 2010; it represents nearly 10 times the amount of public and private monies that the world currently spends on health on an annual basis; it represents 25 times the total amount of overseas development assistance delivered during the past 20 years in the world; and it represents more than enough money to bring the 2.5 billion people living on less than 2 dollars per day above the poverty line annually for 20 years… We now have a result that tells us that NCD interventions are costly to do but far more costly not to do. So to conclude my remarks, I would say just two take away messages from the new study. The first message is that NCDs matter. They matter to the pace and the process of economic growth and development. And the second message is not much more complicated- it’s that NCDs matter a lot.
The input provided during the Summit by those outside the government sector (i.e. Dr. Blume) often brought unique and comprehensive perspectives than those of government representatives. The research and statements provided by Dr. Blume poignantly illustrate what the academic sector can provide to the Summit and the NCD issue. While Dr. Blume’s research took a broad view of the problem, other sectors offered a different view that focused on community and household approaches to NCDs. For example, the representative from the Red Cross talked about the need to shift how we approach not just NCDs but health in general:

There is an urgent need to emphasize prevention to save governments’ global resources and relieve the burden of often-overstretched healthcare resources. The magnitude of the problem demands us to shift the entire health care system from health centers to household levels through community-based health prevention education, early detection of cases, and early referrals to the former health system.

This representative discussed that while national policies were important, the shift to address this problem must go all the way down to household and community-based approaches. He discussed more about what this household and community-based approach entailed:

We have developed and are implementing NCDs prevention programs using holistic health approaches on preventing shared risk factors. We are able to address, effectively, NCDs during emergencies. We are able to identify and test different innovative evidence-based approaches in addressing NCDs: for instance, through new technologies, virtual working groups, social media and youth networks. But most important of all, through our community-based structure and volunteers we can initiate healthy lifestyle movements by promoting healthy lifestyles.
Using social media to prevent and control NCDs was brought up only one other time at the Summit, and that was by the representative of the International Telecommunication Union. The use of social media as an intervention demonstrates new and innovative ways to treat and respond to NCDs. The holistic and community-based approaches used by the Red Cross and similar initiatives of NGOs provide opportunities for government leaders to learn and also the UN to “note with appreciation” such efforts. However, the efforts of these organizations were downplayed and viewed as secondary or tertiary to the work of the UN and government leaders. As such, the heterogeneity of these approaches was homogenized by the domination of UN/governmental voices and policy outcomes.

WHO Will Lead?

Limiting the participation of those outside the government sector influenced the construction of the NCD issue in significant ways, as did employing participation from a contribution approach. In order to better understand the specific ways participation influenced construction of the NCD issue in the Summit, I will elaborate further on the meanings of participation that circulated in the UN meetings.

The contributionary or instrumental form of participation employed at the Summit and in the policy outcome document influenced the construction of the NCD issue in several ways. A contributionary approach to participation has a top-down or hierarchal component to it as it is used by those in charge to direct and control outcomes. One way this approach influenced the construction of the NCD issue was when Member-States looked for an organization or leader to direct and coordinate their efforts. The need for a leader was repeatedly made clear, and the organization identified to be that leader was the WHO. The Minister of Public Health from Ghana stated, “Ghana urges the WHO to continue to provide the much needed technical
assistance and direction to developing countries as we engage in this battle against NCDs.” In addition, many Member-State representative attendees discussed that the WHO should also be the organization to head up the Prevention and Control of NCDs. The WHO was seen as the organization that was going to direct these efforts. For example, the Minister of Foreign Affairs of Estonia stated:

I would like to reaffirm the leading role of the World Health Organization as the primary specialized agency for health and coordination and promotion of global action against non-communicable diseases. Estonia welcomes the adoption of the political declaration earlier this morning in which the governments commit to strengthening their national health policies, as well as reducing risk factors associated with tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol.

Throughout the Summit, government representatives discussed their own country’s issues and problems with NCDs and interventions to prevent and control them. Often, they identified that such interventions and approaches were based upon the recommendations of the WHO.

**The WHO Assumes Leadership**

Assigning the WHO as the leader significantly influenced the construction of the NCD issue because the WHO had already created a document titled, *2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases*. This 40-page document essentially describes the problem of NCDs as understood by the WHO, a set of actions to prevent/control them, and who should participate and in what ways. The document focuses on four diseases and their risk factors (i.e., tobacco use, unhealthy diets, physical inactivity, and harmful use of alcohol), which, not surprisingly, are the same risk factors identified in the above statement by the Minister of Estonia. These risk factors and responses to them incorporated a
substantial portion of the interventions and responses to NCDs discussed by government representatives. The WHO and their approach to NCDs in the 2008 policy had a significant impact on the construction of the NCDs issue at the UN Summit. The way the NCDs issue and responses to them were constructed by the UN and government attendees at the Summit was essentially the way in which this issue was framed by the WHO in its policy. The WHO was seen as the “natural” organization to take the lead in this process and was afforded the title of the “expert” on these diseases. As such, this organization’s approach to and intervention for this problem dominated the Summit, while the government representative’s role was essentially to facilitate these interventions in their own countries. However, there were exceptions to the expert’s approach that were suggested.

Rather than having one organization serve as the expert that leads or directs the efforts of many organizations, some attendees discussed that such collaborative efforts should be based upon the strengths or “expertise” of individual organizations and sectors. In essence, each organization and sector had a unique role to play and should participate in ways that catered to its strengths. For example, the representative from the American Cancer Society discussed ways it could participate that were unique to NGOs, which governments and the private sector either are unable to do or do not do as well:

No one sector—the government sector, or the commercial or private sector, nor the NGO sector—can do what needs to be done about NCDs alone; so we must partner and work together. . . . NGOs can make a catalytic and synergistic difference in the multi-sector enterprise by doing what it does best: the ABCs. Advocate: we are capable of advocating better than either of the other two sectors in part because we are conflict-free. We only care about the needs of people facing NCDs and what to do about it. If we fix that
problem, we will be happy to go out of business. The second is that we can build capacity. The American Cancer Society builds hope lodges because you can't build them and make money; they are not profitable. There is not enough tax money to afford building them, but they provide people a place to stay so that they can get the quality cancer treatment they need. We can collaborate; we are a part, the NGO community of what we call the independent sector, which means that we simply do not have any of the regulations that go with the government and we don't have to thankfully return dividends to investors. What our investors want us to do is have impact—and that's what we want to do. . . I can say the American Cancer Society along with the 2000 NCDs Alliance members are prepared to advocate, build capacity and collaborate together. If we do that we can stem the tide of NCDs.

The ABCs identified by the representative takes a very egalitarian approach to participation. Rather than having governments or the UN or the WHO direct the efforts, this approach asks attendees to examine their strengths and let their strengths direct their efforts. While there is no one expert or organization that is in charge, what is directing these efforts is the “expertise” contained in organizations and sectors of society. Participating in responses to NCDs moves away from governments facilitating the interventions proposed by the WHO to introspection by attendees regarding ways to participate that take advantage of what they do best. The statement of the CEO of the American Cancer Society nicely exemplifies the complementary roles different sectors can play in preventing and controlling NCDs and also why it is important to have these voices as part of the conversation and policy making at the Summit. Such perspectives open up new ideas and ways to approach the NCD issue. However, statements like the one above were the exception for how to approach the NCDs issue.
The WHO is the Expert

Assuming that the WHO was the expert shifted the Summit’s focus away from the generation of new approaches, interventions, and strategies to combat NCDs and instead to discussions surrounding ways representatives were already implementing this approach in their countries. Participants’ statements illustrated confidence in the WHO and also in its ability to prevent and control NCDs; that its approach was sufficient to respond to the NCDs challenge, and attendees were happy to fulfill the participatory role of contributors. However, the statements from the Director of the WHO in this Summit shared a different perspective regarding NCDs, how to prevent and control them. When the Director General of the WHO, Dr. Margaret Chan, offered her thoughts during the roundtable meetings, the moderator gave her an extra minute for her statement. She made four points during her four minutes. First, she stressed the need for international cooperation to fight against NCDs in part, stating, “These diseases are everywhere; there is no north, south, tropical, temperate, rich, or poor divide. We are in this together.” Second, she noted that NCDs are extremely well studied and understood; “We have a strong evidence base and a rich manual of options of best practices to choose from. In this case, professional societies, associations, and alliances are our gold mine of expertise and experience. Their dedication and courage are unbeatable; use this resource.” Third, she admitted that the WHO does not have tools and interventions that work well in resource-constrained settings, which is a “big challenge”:

A challenge that goes to research-based pharmaceutical industry. Why do I say that? The skyrocketing increase in these diseases throughout the developing world means the market is huge, but the industry must also understand the importance of price. . . Industry
will not be able to tap into this huge market unless the price is right for government and household budgets in the developing world.

Fourth, she cautioned the General Assembly to watch the behavior of industry: “The new litigation tactics hitting countries that introduce very strong tobacco control measures tell us this: even an old dog like big tobacco can learn some dirty new tricks. Watch out!” In summation, Dr. Chan stated that international cooperation is needed because although we understand and recognize these diseases and their causes, we do not have cost-effective ways to treat them. New and innovative solutions are needed, and it is the role of the pharmaceutical industry to come up with them cheaply. However, a cautionary approach should be taken when working with “industry” because the industry also undermines current approaches to prevent and control NCDs through new and innovative “tricks”.

These points, in relation to how participation was employed in the Summit and policy outcomes regarding the construction of the NCD issue are significant. While encouraging coordination and cooperation, Dr. Chan also explains where solutions need to come from and who is charged with their development. While she believes industry participation is necessary in this process, she is also leery of inviting industry to participate because of its associated costs—financial and otherwise. Those to whom government leaders are looking to be the expert in this process (the WHO) are also looking for others to help solve this problem. The “experts” lack the proper tools to fix the problem, especially in resource-poor countries. In her address during the opening plenary meeting of this Summit, Dr. Chan stated, “This meeting must be a wakeup call for governments at their highest level. This must be a watershed event with a clear before and after: with ignorance and complacency and inertia replaced by awareness, shock, and the right actions right away.” The Director of the WHO was not looking at this Summit as a meeting for
government leaders to voice their support for the WHO as an organization to handle the problem. Instead, she was hoping it would be a “wake up” call to a problem that she stated is so severe that we need to “reengineer societies” in ways to protect against NCDs.

In the data, there was tension between the view of government attendees to essentially adopt the approach of the WHO, and the WHO asking for more participation from others to address the NCDs issue. Part of this tension can be explained by the different approaches to participation and their associated goals. In an instrumental or contributionary approach, participation is a means to accomplish the goals set forth by those in charge. As discussed previously, many representatives took a contributionary view of participation and instead looked to the WHO as the organization in charge as statements made by many government representatives were essentially sharing how their countries were implementing policy initiatives outlined in the 2008 WHO policy on NCDs. Adopting this view inherently assumed the WHO’s approach was sufficient (or at least the best available) to respond to the issue of NCDs, and attendees dutifully sought to implement the recommendation proposed by the 2008 policy. The view of Summit attendees, especially government representatives, of looking to the WHO as the organization that was going to lead them through this process, and the Summit as a space to publicly show support, differed from Dr. Chan’s view of its role in NCDs and the asserted purpose of this Summit. Dr. Chan identifies that more is needed to prevent and control NCDs, and nation-states need to “wake up” to this reality.

Dr. Chan’s statement seems to address participation more closely with an organizational view of participation. This view posits that participation is a process of organizing or congregating people around common interests/activities. The participation as “organization” approach might be headed up by a few people and externally funded, or it may emerge from the
collaborative efforts of many (Boyce, 2001, p. 1552). However, those in charge do not necessarily have the answers to solve the problem but instead may use participation as a means to bring people together to help solve the problem collectively. In varying degrees, the hope is to transform participants into decision makers, to take on a more significant role. Dr. Chan’s statement that “we are in this together” gets at this common interest or participation as organization approach. Dr. Chan’s view of the Summit is a way for people to come together and understand that they have a common issue (NCDs) and to recognize or “wake up” to exactly what the implications of NCDs are for these countries. Her statement also reflects a need for others to be more involved in coming up with solutions and interventions to NCDs. Dr. Chan’s challenge to pharmaceutical companies to supply new and innovative interventions was part of this call for increased involvement by many sectors of society. While her approach to participation is more egalitarian than a contributionary approach there is still a kind of hierarchy that exists within it. This is evident from Dr. Chan’s challenge to the pharmaceutical companies to participate, not only about showing they have an interest in NCDs but also using price as a boundary to limit where these interests converge/diverge. Dr. Chan is essentially saying, “You have a unique role in addressing this problem, but here are your parameters within which you can participate.” While Dr. Chan wants to empower others to participate and take on more responsibility, she is also concerned that such empowerment needs to be bounded or regulated by the WHO. These different approaches to participation and their goals illustrate how the meanings of participation influence how one approaches certain issues and the degree to which others are involved.

The WHO’s Limited Scope
Adopting the WHO as the expert, and their view of NCDs, also promoted a predisposition towards certain NCDs and interventions at the Summit. In their policy titled *2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases*, the WHO took a very targeted approach to the prevention and control of NCDs. This document focuses on four types of NCDs, identifies four risk factors and then discusses interventions specific to reducing/preventing those risk factors. Please note, my goal by identifying this approach is not to be critical of it nor of the WHO. What I am trying to identify is that this document is only one approach of many possible ways to construct the problem of NCDs and strategies to prevent/control NCDs, and that there are consequences associated with adopting one approach over another. The UN document itself identifies this matter in a footnote, which states:

> There are many other non-communicable conditions of public-health importance. They include osteoporosis, renal diseases, oral diseases, genetic diseases, neurological diseases, and diseases causing blindness and deafness. . . Many of these conditions are the subjects of other WHO strategies, action plans, and technical guidance and are therefore not considered directly by this plan. Similarly, mental health disorders are not included here. . . they require different intervention strategies. (WHO Action Plan, 2008, p. 4)

By leaning on the WHO Action Plan’s approach to the construction of the NCD issue, other NCDs were either rarely addressed or completely omitted in Summit discussion by attendees. Examples of other NCDs that were brought up during the Summit by name were sickle cell anemia and mental illness. However, the WHO Action Plan on NCDs does not address these diseases. As such, there is a concern for what the implications are for these other diseases.
Concern surrounding adopting this targeted approach and the possible implications were discussed by the representative of the World Medical Organization, who stated the following:

We fear the disease-orientated and narrow approach to NCDs among the wide field of the NCDs. With the focus mainly on cardiovascular disease, cancer, diabetes, and chronic respiratory disease, we fear that government will concentrate only on the improvement of these areas, detracting from other significant needs of other major NCD traits, such as mental disorders, musculoskeletal diseases, oral diseases, and accidents. The effect of this vertical silo approach will be to deprive other important areas of health care of necessary resources. . . we advocate a complete approach that links individual risk factors with social and economic determinants of health, conditions in which people are born, grow, live, work and age, and the influence of society.

Separating the field of NCDs into compartments or addressing only some of the risk factors was viewed by this representative as a problem that would have implications on NCDs both now and in the future. Some of the implications identified were that some NCDs would be ignored or downplayed, as may many other social and economic determinants of these diseases. In short, by taking such a myopic approach, these other diseases will continue to increase, as will the conditions that promote them.

Concerns relating to the targeted approach to the NCD issue were also shared by others as they looked at the current state of the NCD issue. The UN’s focus on labeling and separating diseases in the past led to NCDs being overlooked in policy, leaving them unchecked as a problem. Some argued that the reason for the current NCDs crisis and necessity for a special Summit to address them stemmed from the limited view taken by the UN in the past. This was
brought up by the representative of the Union for International Cancer Control, who stated the following:

Splitting diseases into communicable and non-communicable, while may be convenient for the United Nations, has ultimately resulted in one group receiving all your attention, all the bi-lateral funding, all the action, and the other left to flaunt their unassistance. Non-communicable diseases are responsible for more deaths worldwide than all other causes combined: 63% of total deaths are caused by NCDs, and 80% of those occur in low- and middle-income countries. This means that even though an individual in the developing world may survive AIDS, malaria or tuberculosis through the great global efforts taking place, chances are that very same survivor will eventually die prematurely of an NCD, putting all these great efforts to waste. One fact is sure: NCDs are the clear winners in the business of dying.

This representative makes the point that the UN’s focus on separating diseases, while convenient for policy, ignored NCDs, bringing the UN to their contemporary situation of dedicating a UN Summit to the NCDs issue. By not taking a broader approach to health, the past efforts of the UN to increase the health of individuals may be undermined by NCDs.

The need to take a broader understanding or a more holistic approach did not stop with NCDs. Similarly, the UN was also critiqued by some for also having a myopic view of development in general. This idea was summarized by a statement from the representative from Slovenia:

The world must become better aware of the major threat to humankind. There is no doubt that non-communicable diseases constitute such a threat, but there is a paradox also here. This is only the second time in the history of the United Nations that the general
assembly has convened a meeting with the participation of heads of states and
government on the set of dramatic global health issues with major and very adverse
consequences for social and economic development. We should think and ask ourselves
why this is so. Perhaps our global understanding of development remains too limited and
excessively driven by economic technicalities. Perhaps health issues are still seen as a
matter for experts and not for global policymakers; and this has to change.

This statement calls for the UN and Summit attendees to reconsider or to re-evaluate how they
approach health and development issues in general. The idea is that one cannot separate and
divide issues and problems into compartments and that there is a need to address all underlying
causes associated with issues and not just the issues themselves. According to some attendees,
while it may be convenient and look good in the short run to compartmentalize such problems, it
does not solve the underlying causes of these diseases. For example, in the Fourth Plenary
Meeting, the representative from Ireland made this statement: “Prevention is always better than
cure, but it is cure that gets the headlines and gets the investment.” I think this quote embodies
one issue or theme of those who were critical of the UN’s targeted approach; that we need to step
away from focusing on curing the symptoms of poor health and development issues and instead
address the underlying issues that caused them. This idea is most often identified as taking a
more “holistic” approach. However, such an approach, as the quote identifies, may not be
exciting or make headlines and is often difficult to understand. For example, the representative
from Ireland also stated the following:

   There’s an old saying that your health is your wealth. In Ireland, we believe even more
   strongly. . . your health is more important than your wealth. Health to us is better than
   wealth. It's a saying that goes back many centuries, a proverb that touches on a global
truth. Health is not just an individual issue but an issue affecting the productivity and economic well-being of nations.

While certainly poetic, he also made this statement during Round Table Two:

Despite the success of our smoking ban in Ireland in working places, and our ban on advertising of tobacco products, and our more recent measures repackaging where we put pretty explicit pictorial evidence of what smoking does to you and the fact that we have the highest price for tobacco in the world, we still have 29% of our people smoking.

What is striking about his comments is the disconnect between the health ideals and behaviors of the Irish. If one’s health is so important, why are so many Irish people smoking, and why are their interventions ineffective? The interventions used by Ireland were also identified by other European nations at the Summit, who reported much better success rates. For example, Finland, which had the highest percentage of teen smoking in the 1990s, today has some of the lowest rates of smoking in all of Europe and has set a goal to be completely tobacco-free by 2040.

Understanding these differences requires a more holistic approach to health and development as described by Summit attendees.

According to some attendees, the UN’s past approach to development generally (as well as to NCDs specifically) has implications both for the current state of NCDs now and in the future. They blamed the compartmentalized approach for the epidemic of NCDs and the need to call a special Summit to respond to them. The classification of diseases as communicable and non-communicable led NCDs to receive little attention and resources, which led to the current NCDs crisis. Some attendees were concerned that unless a change occurred, history would repeat itself, this time with NCDs as once again the approach to diseases focuses only on four types of NCDs and their risk factors. Other NCDs, such as mental disorders, musculoskeletal diseases,
oral diseases, etc., would get lost in this focused approach, as would other social and economic determinants of these diseases. According to some attendees, this divide-and-conquer view to health and development issues has had a damning influence on development in general. This Summit and its policy outcomes were intended to set a global agenda on responses to NCDs for the next 20 years. As such, how the issue is constructed has implications for international funding and research on NCDs, international policies to address them, health care and, ultimately those who have the disease. Concerns were expressed that the way the NCD issue was constructed was too limited and would create further problems. There was a call by some to take a broader approach to the NCDs issue and, in some instances, health and development.

**Relations and NCDs**

The construction of the NCDs issue in the Summit posited relations amongst attendees and different sectors of society. The way in which the NCDs issue was constructed encompassed how NCDs were viewed/understood, what constituted problems and solutions to them, and who was a part of these solutions. For example, Summit participants articulated the problem of NCDs in a variety of ways. The Minister of Health for Mongolia spoke of the NCDs problem this way: “The number of people who have been affected by non-communicable diseases increases rapidly, due to urbanization and lifestyle factors such as diet and nutrition, physical activity, alcohol and tobacco use.” This statement articulates that NCDs are on the rise and caused by the urbanization and lifestyle factors, which he lists.

Similarly, the Vice Minister of Foreign Affairs in Egypt stated that the “root causes” of these diseases include “the negative consequences of climate change, pollution, and the economic and social challenges which increase the vulnerability of our populations to such diseases, especially in developing countries.” The Health Minister of Peru stated that NCDs
“aren’t an accident of our biology or unforeseeable breakdown of our genes. No, these are epidemics to be explained by environmental, technological, and economic changes that we’ve created following a model of consumption that has consequences on human health and environment.” Those from island nations discussed the problem of rising NCDs as a result of climate change issues such as drought, rising sea levels, and floods. Climate change was also linked to the consumption of unhealthy imported foods because local crop production was down. The result was an increase in obesity, high cholesterol and blood pressure on island residents, which then led to cardiovascular disease and diabetes. According to the Health Minister of Jamaica, poverty and a lack of education were strongly linked to NCDs and their risk factors. The representative from Hungary linked the rise of NCDs to the spread of western culture/ideals. He stated, “We have to remind you that Marlboro Man puffing smoke on Times Square and drinking Coca-Cola were the symbols of freedom in Eastern Europe. So it's a cultural marketing issue that we have to get rid of these culturally influencing idols.” The Minister of Health for Papua New Guinea also blamed the problem of rising NCDs on “Western consumerism” and its “sedentary” lifestyle.

During the Summit, there were a variety of reasons discussed for the rise of NCDs. It is understandable that what representatives believed to cause the problem or this increase in NCDs impacts what constitutes a solution or approaches to reduce them. For example, the US Secretary General, in his opening address at the Summit discussed four risk factors that contribute to the development of these diseases, tobacco use, poor diet, physical inactivity and harmful use of alcohol. It could be argued that in order to prevent NCDs, the focus should be on reducing or minimizing the risk factors. As a hypothetical, let us focus on the fourth risk factor—harmful use of alcohol. One of the “harmful uses of alcohol” could be considered drinking and driving. There
are many different policy approaches to reduce the harmful effects of alcohol in relation to drinking and driving. Deborah Stone (1989) states that in the US, cultural beliefs place the responsibility for not drinking and driving on the individual, and policy follows suit by focusing on fines and punishment on the individual. In short, the US defines the “problem” or the cause as the person and therefore places the responsibility on them. However, there are other ways to articulate the problem or what causes harm in relation to drinking and driving: one could blame vehicle design (for material and structures more likely to injure or kill in an accident), highway design (curves and structure that are more likely to cause a crash), the convenience or high percentage of alcohol in alcoholic beverages, a lack of public transportation or taxis, irresponsible distributors, the low cost of alcohol, cultural factors regarding the use of alcohol, or genetic predispositions to addiction or alcoholism. Stone’s (1989) analysis revealed how these underlying assumptions of what is causing the problem posit who or what is responsible for creating them as well as who or what might provide solutions to them. Policies contain underlying assumptions, which close off alternative ways to understand and respond to the problem of drinking and driving. By proposing solutions, this policy also implicates those who are involved in preventing and controlling these diseases.

Therefore, for example, if I believe that the issue of drunk driving is primarily a result of the availability of alcohol, my policies might focus on various ways to restrict access to alcohol. For example, interventions might include taxation so people are unable to afford so much, or I might restrict the times it is available for sale, such as only during certain hours of the day. Other interventions might include limiting licenses or enforcing strict mandates for distributors, which would also limit its availability to consumers. By assuming availability is the primary reason for drunk driving, policies follow suit. In addition, those involved in availability (policymakers,
manufacturers, and distributors) are those who bear much of the responsibility for handling the problem of drunk driving. The role of communities, families, individuals, road crews, car companies, public transportation, and cultural groups are downplayed in policy, as is their responsibility to prevent and control drunk driving. Certain groups are privileged to participate in ways that are more substantial. In short, this policy not only influences how we approach and understand the problem of drunk driving but also who is responsible and who participates in developing solutions. Similarly, when you examine the underlying causes of NCDs identified by participants in the data, they range from global anomalies like climate change and rising sea levels to individual choices like not exercising or poor food choices. In addition, there was just as much diversity regarding what constituted the needs to respond to NCDs and solutions to this problem. Such a range makes it difficult to create policies on a global scale that are reflective of the ways participants constructed the NCD issue at the Summit and address this range of problems and their respective solutions (this may be a potential limitation of global policies). However, while there were a variety of ways and causal connections for the rise of the NCD issue, there was much consensus on the idea that the NCDs problem was one of epidemic proportions.

**NCDs: An Epidemic Problem**

Classifying the current NCDs issue as an epidemic permeated the data. However, the magnitude of this epidemic and its cause was constructed differently by attendees. According to some, the crisis or epidemic of NCDs was primarily a financial or economic problem. Specifically, this construction related to the suffering and death that occurred according to the income-level of countries. From the statements of Summit attendees, those in low-income countries were suffering and dying much more than those in high-income countries. For
example, if you look at cancer treatment in low- versus high-income regions, there is a stark contrast in the treatment and survival rates. The representative of the Union for International Cancer Control poignantly illustrated this idea:

The sad reality is that 90% of children with leukemia in the developed world are cured, while 90% of their counterparts in the world's 25 poorest countries will die. Tragically, these numbers are repeated many times over for NCDs. This harsh disparity between treatment in the developed and in the developing world is simply unacceptable.

The WHO global ambassador for cancer control relayed this sobering statistic:

More than 60% of all deaths by cancer occur in low- and middle-income countries, yet only 5% of global resources for cancer are spent in the developing world. For women with cancer in these countries, it’s as if the last quarter-century of medical advancement never happened.

Getting cancer in some parts of Africa was described as a “death sentence.” The representative from Kenya discussed the need for more cancer doctors as their public health system only had five oncologists in a country of 44 million people. The representative from Hungary made this statement, “Many of the countries here are losing their doctors to the developed countries. I heard from African colleagues that in a class of 80 doctors, 78 will leave the country to work in a developed country. Therefore, we have to think about the human resources crisis.” The underlying reasons that these doctors left were financial, to obtain higher paying jobs. In discussing Algeria’s lack of cancer treatment and its affordability in Africa, the representative from Algeria stated:

Mr. President, we know that in the world, especially in Africa, the average income of the poor does not surpass $100 a month. We also know that some medicines cost $100,000
per treatment. So we would have to have a man work for 42 years for one year of treatment. This is a serious situation and scandalous.

The statements of these attendees construct the issue of NCDs as a largely economic problem that is related to the politics of poverty. Viewing the epidemic of NCDs and its crippling effects because of financial resources was much more prevalent in the statements of representatives from low-income countries at the Summit. The data illustrated that the high- and even middle-income countries viewed the NCDs problem differently than low-income countries, as were their responses. For example, prevention was less emphasized in high-income countries, while much discussion was focused on treatments and medicine-based interventions. However, in low-income countries, many interventions were based upon having access to medical facilities, healthy foods, and an early diagnosis. Often the rationale discussed for these differences was financial, arguing that the large financial discrepancies require different ways to approach the NCD problem. The way a wealthy country like the US approaches NCDs is not feasible for low- or middle-income countries. The representative of the Human Development Network of the World Bank presented a financial idea when he stated the following:

… many low- and middle-income countries are being hit with the burden of non-communicable diseases earlier and harder. Compared to higher-income countries, developing countries are facing an elevated NCD burden at lower levels of economic development, with a compressed timeline to be able to respond. My second point, therefore, is that countries cannot treat their way out of NCDs. Prevention and multi-sectoral actions are imperative, alongside efforts to provide cost-effective treatment. Massive costs will prevent many countries from providing treatment on a large scale and therefore make prevention an essential part of the NCD response. Just one example: if the
Mexican health system were to spend the same amount per capita on treatment of obesity as the US spends, approximately 500 dollars per capita, the direct medical cost of obesity would exceed the total amount of health expenditures in that country.

This statement suggests that the problem with NCDs is largely an economic one. In economic terms, the current approaches of high-income countries to respond to NCD issues are not feasible for low-income countries or even some middle-income countries. In addition, low-income countries have a higher burden of these NCDs. The data confirmed the notion of the inability of countries to respond in similar ways to NCDs. Take, for example, the intervention that some governments discussed regarding the consumption of fresh fruits and vegetables. In Chad, only 3% of the population regularly consumes fruits and vegetables because they are too expensive.

Similarly, the representative from Nauru stated the following:

At present, the cost of one head of lettuce is the same as a packet of cigarettes. Fresh fruit and vegetables are beyond the financial reach of many Nauruan’s. We have created a global economic system in which vice is simply more affordable than virtue.

This statement stood in contrast to the remarks made by the representative from Finland when he discussed just one of his country’s many interventions to reduce NCDs, “Finland provides free school meals for all school children. And for the working population, subsidized meals are available, even for ministers of international development.”

Juxtaposing the statements of the representatives of Finland and Nauru illustrates how different nations construct the issue of NCDs and its challenges differently. For nations like Nauru, the challenges they are facing is getting their people access to healthy foods, treatments, etc., and other factors that limit better health for their people. Contrast this with nations like Finland, where they have access to all of these things that nations like Nauru are seeking, and
Finland’s construction of the NCDs problem is not primarily financial but behavioral. They are focusing on changing the behavior of their people to begin to use what is available and make healthy choices.

The differences between countries and their abilities to respond to the challenge of NCDs were as vast as was their construction of the NCD issue. The range of the NCDs “epidemic” and the needs of different countries varied considerably. Understanding this range was important because it sensitizes one to look at whether or not the discussions of the Summit are inclusive of certain groups or if the relations established in the Summit exclude people from participating. For example, it is clear that those in low-income countries are in real trouble when it comes to interventions that they can afford. Going back to the statement by the Director of the WHO, Dr. Chan emphasizes this lack of low-cost interventions when she stated, “What we do not have is tools: tools and interventions adapted to work well in resource-constrained settings. This is a big challenge.” Dr. Chan called upon the pharmaceutical companies to respond to this “big challenge.” According to Dr. Chan, the reason pharmaceutical companies should be interested was because “The skyrocketing increase in these diseases throughout the developing world means the market is huge, but the industry must also understand the importance of price.” However, developing “cost-effective” interventions in countries where people cannot afford basic necessities remains a “big challenge.” Dr. Chan connects interventions for NCDs to financial means and the market.

The market-based model proposed by Dr. Chan posits relations amongst individuals, groups and institutions and governs the interactions among them. For example, a market approach presupposes subjects (buyers and sellers), objects (commodities, means of exchange), and a system of relations between subject and objects (exchange). By adopting this approach,
people are viewed as buyers and development is tied to the market, as is policy. A market
approach limits treatments to interventions with the potential to make a profit significant enough
for companies to pursue and excludes interventions that may cost much less but have little profit-
making potential. In addition, in this model, it makes little sense for the pharmaceutical (or any)
industry to invest in intervention in low-income countries because of the limited populations that
would be able to afford them. The statement given by the representative from Kenya exemplifies
how the private health sector does not invest where there is not money to be made; the result is
death and suffering:

In Kenya, the government encourages private health sector players to establish
specialized units and hospitals that deal with these diseases. However, the cost of
essential medicines and technologies for the treatment of cancer, diabetes, and heart
diseases remain beyond the reach of most patients.

By tasking the private industry to come up with solutions and connecting financial incentives to
them, low-income countries may not benefit simply because those people cannot afford their
“products.” The relations posited by the market base model essentially exclude low-income
countries because the resources or support given by the UN and other international aid industries
to the pharmaceutical industry to develop such interventions may not help those who they were
supposedly meant to help the most.

The market-based approach also emerged in the outcome document, which received a
comment from the Minister of Health for the Solomon Islands:

Mr. President, my delegation regrets to see emphasis of market concepts within the NCD
outcome document. For many in the developing countries this is a social justice- a human
rights one-that everyone should enjoy the highest attainable standard of physical and mental health.

Health as a Right

The market-based approach, which connects finances to health, was criticized by those who saw health or access to treatments as a fundamental human right. Health as a right was described as access to medicines, access to adequate health systems, and enjoying the highest attainable health. The representative from the International Union Against TB and Lung Disease stated, “We need to strengthen health systems and work towards the fair and equitable distribution of health care resources to all those who need it. Health is a human rights issue.” The representative from the International Alliance of Patients Organization (IAPO) similarly stated, “Throughout the world, more than 60% of individuals die from these illnesses, and they are in the poor countries. We are continuing to fight. Access to health is a right, it’s not just a privilege.” The representative from the International Diabetes Federation concluded her thoughts during Round Table Two with the statement, “Our message to governments is to: protect the human rights of your people! No one chooses to get an NCD. Stop blaming people with NCDs and end discrimination”. Similarly, the Representative for the International Organization for Migration (IOM) stated, “The IOM recognizes the right of everyone to the enjoyment of the highest attainable standards of physical and mental health”. This human rights approach to health connected NCDs and their interventions to being a necessary part of humanity. As such, denying those to others was unacceptable, regardless of financial capabilities or capacities.

Health as a Right or a Market?

The data showed tensions between health as a right and a market approach to health. These tensions were most noticeable in the concepts of intellectual property and trade
agreements. The President of Suriname brought up trade agreements and intellectual property as something that gets in the way of public health,

The seriousness of this illness and its ensuing impact on our development warrant universal access to medicines and technology. It is therefore that we again and again emphasize that agreements such as the trades related to Intellectual Property Rights Agreement do not, should not, prevent us from taking measures to protect public health. Such agreements should be interpreted as implemented in a manner supportive to protect health in general and in particular to promote access to medicines for all.

Trade and intellectual property were often identified as barriers to a country’s ability to promote public health. Relations between the government and private sector were strained when it came to trade and intellectual property issues. These tensions were especially prevalent with affordability and access to medicines and technologies used in treatment. For example, the Minister of Foreign Affairs from Egypt stated the following:

Mr. President, the international community has a special responsibility not only to work to provide the necessary financial resources needed to bridge the financing gap for implementing NCDs related programs but also to find radical solutions to the problems of trade-related intellectual property, especially as regards medicines, vaccines, and diagnostic-related technologies, in order to ensure that treatment is provided at affordable prices, particularly in developing countries.

The Egyptian minister voiced the need for a radical approach to how trade and intellectual property issues are handled in relation to health and access to treatments. The Minister of Health for Argentina, speaking on behalf of the Group of 77 and China, was more explicit in what this meant, “Medicines are a social good and universal access to these should take precedence over
commercial interests.” Health was viewed by many as a right; therefore, access to medicines or treatments was also seen as part of those rights. The assumption of health as a right created a tension with intellectual property rights and trade agreements. The Minister of Public Health for Uruguay made the following statement about those relations:

In UNASUR (Union of South American Nations) we are working very hard indeed, to ensure the access of all our citizens, men and women, to medicines, as we believe these to be a good, and access to them is a necessity if the right to health is to be enjoyed. Hence, we put health above any trade interests. . . in order to enhance universal access to medicines without any limitation or restriction to specific diseases.

In this statement, there is a commitment to put health as a right above commercial rights or interests. However, access to the treatments developed by companies is also seen as a necessary component to those rights, although these companies also have intellectual property rights attached to them. In addition, the director of the WHO is advocating a huge market for pharmaceutical companies to create interventions and make a profit; essentially stating these companies have a legitimate case for rights to their products. Yet those who are suffering the most from these diseases simply cannot afford them. This notion was identified by the representative from Samoa, who shared the following:

The most vulnerable are the poor, living in the developing and underdeveloped countries of the world. They are, for the most part, voiceless victims of industrial trade and economic policies, which often fail to include health and well-being concerns, but rather focused on financial gain to a few, at the costs of early and painful deaths of many.

The relations surrounding the construction of NCDs in the data were not straightforward, which was also the case for understanding their implications. Indeed, some government representatives
had strong opinions on the need to put the health interests of their citizens above commercial interests. However, understanding the pragmatic consequences of doing so was not as straightforward. There was a complexity of examining the potential consequences of challenging intellectual property rights and trade agreements in relation to agreements by the WTO, such as TRIPS and DOHA (these agreements were brought up specifically because their content involves ways for countries to minimize obligations to intellectual property rights and trade agreements for health issues). The Representative from the International Development Law Organization (IDLO) laid out more clearly what would be required for countries to implement their “health as a right” interventions, as well as some difficulties they might encounter:

A striking feature of all the interventions in the political declaration adopted today is that the legal and regulatory actions by governments are needed for successful implementation. . . . The implementation of priority interventions will be strongly resisted by industries that benefit from harmful products or harmful rates of consumption. Many countries have outdated public health laws, insufficient technical capacity to implement interventions, and their governments are vulnerable to inappropriate corporate influence. National governments must also navigate World Trade Organization rules and obligations under bilateral investment treaties and simultaneously resist pressures from trading partners acting on behalf of tobacco and other business interests registered in their territories.

This statement illustrates that the construction of the NCD issue influences and is influenced by relations that span the globe, and it also shows how people are expected to “participate” in this construction. The manner in which the NCDs issues were constructed has economic, legal, social justice, and trade implications as well as different constructions that assign privilege to certain
groups and their interests. From the discussion of attendees, the data showed that responding to NCDs was not simply about governments coming up with solutions or interventions by themselves but included a diverse array of relations among many. These relations varied from cooperative to combative. Some participants’ approaches to NCDs were inclusive of many groups and ideas, while others felt that part of the solution involved excluding others. For example, during the high-level meetings, it was proposed that one way to prevent and control NCDs was to reduce alcohol consumption through increased taxation, reduced availability, and banning advertisements. One of the organizations who attended the high-level meetings was the Global Alcohol Producer Group (GAPG), a group created in 2005 by leading producers of beer, wine, and spirits. The Global Alcohol Producer Group did not like the idea of using policy to restrict alcohol. Therefore, they issued this statement to be read at the high-level meeting: “I hope Member-States will ignore those few but loud voices in the public health community determined to exploit the rising incidence of NCDs to advance their own agenda” (GAPG, 2011).

In essence, the statement by the GAPG asks Member-States to ignore (exclude) others so they can be included. Ironically, this statement can also be found in a blog on the GAPG website entitled, “Reducing harmful use: An inclusive approach.” Such tensions filter into the policy outcomes and are important to understand their potential impact on NCDs. In addition, excluding groups from participating may undermine reducing NCDs and their impacts.

**Ideologically Transformative but Pragmatically Dogmatic**

Overall, understanding the network of relations that constituted the construction of the NCDs issues was varied and complex, and involved diverse actors, institutions, and global systems. Thus, interventions or approaches developed by governments, NGOs, UN policymakers, the private sector, academia, civil society, etc., could be challenging to implement
and/or may have unanticipated consequences. For example, Stohl and Stohl (2007) discuss how US policymakers failed to understand how terrorist operations functioned and organized. They identify how US policymakers’ assumptions were not based on contemporary theoretical and empirical research of these organizing forms but upon dogmatic network concepts. As a result, the policy produced was based upon faulty assumptions and undermined the ability of the US to adequately respond to terrorism. Similarly, it is important to make sure that there is not an oversimplification of the NCDs issue and its construction using dogmatic ideas and approaches.

UN Summit: A Dogmatic Approach

High-level meetings at the UN have occurred every September for over 60 years. However, the high-level meetings on the Prevention and Control of NCDs held in 2011 were purported as unique both in topic and in attendees. This was a special Summit on health and represented only the second time in the history of the UN that such a topic had been addressed during a high-level meeting. In addition, hundreds representing civil society organizations, academia, and the private sector were invited to attend this Summit to provide input to a document that would become “a new international agenda on NCDs” (High Level Meeting, 2011). The privilege of providing input into the policymaking process has traditionally been reserved for UN officers and Member-State representatives. This new attempt at an inclusive approach was an opportunity for the UN to transform how it approaches health issues, conducts high-level meetings, and creates policy. In the materials that announced and promoted this Summit, words like “participative,” “inclusive,” “interactive,” and “action-oriented” were used to suggest that this meeting would be different. In theory, this meeting was going to be transformative yet pragmatically it was dogmatic.
There were many examples of how the transformative potential was limited, including the structure of the meetings, the “governments take the lead” approach to participation, the lack of participation by non-governmental affiliates, and the adoption of the already developed approach of the WHO. However, I believe the most poignant example was how there was a clear distinction between those who were affiliated with the UN and those who were not. A recurring concept that emerged was brought up by attendees in plenary meetings and the outcome document: the need for collaboration and cooperation by many in order to address NCDs. Collective action was viewed as a necessary component to respond to the NCD challenge. In fact, the theme of Round Table Three was “Fostering international cooperation, as well as coordination, to address non-communicable diseases.” Cooperation, collaborations, partnerships, and information sharing were identified in the data as integral to responding to NCDs. The representative from Fiji talked about his government’s NCDs Strategic Plan, entitled “From Womb to Tomb with a Double Edged Sword—Everyone's Business”. The president of the Republic of Guinea concluded his remarks with “Long live international cooperation!”

Getting everyone involved in the responses to NCDs was labeled a “whole of society approach” by the UN. Based upon its name, this “whole of society” approach seems to incorporate the UN, governments, private industry, academia, civil society, etc. However, the “whole-of-society” efforts were separate from those of the UN and its Member-States. This was made explicit in the outcome document heading entitled, “Responding to the challenge: A whole-of-government and a whole-of-society effort.” This section in the outcome document clearly separates the efforts of UN/government leaders and everyone else. There was a distinction between the efforts and role of government in responding to NCDs and the efforts of everyone else. Part of the rationale for this could be that those outside of government who were
able to voice their ideas in the Summit were so few that the privileging of government representatives ideas and voices was inevitable. However, regardless of why this happened, it seemed antithetical to the necessary roles of cooperation, collaboration, and partnerships discussed in the Summit. The outcome document states,

Recognize that the rising prevalence, morbidity, and mortality of non-communicable diseases worldwide can be largely prevented and controlled through collective and multisectoral action by all Member-States and other relevant stakeholders at the local, national, regional and global levels, and by raising the priority accorded to non-communicable diseases in development cooperation by enhancing such cooperation in this regard.

This statement discusses the need to raise the priority of cooperation “by enhancing cooperation in this regard.” Therefore, the need exists for collaborating and creating partnerships; at the same time, there was clear separation between what governments were doing vs. everyone else. It is unclear how this is supposed to be carried out in practice. In fact, one of the few individuals who spoke at the UN Summit who did not represent a government or UN agency was from the International Alliance of Patients Organization, and he discussed the need to explain the cooperative approach,

We must demystify “participation of all sectors.” This must be the beginning of a new struggle involving all sectors—public, private sectors, NGOs and we the patients—so that all of us together can improve our policies and build a better world.

This statement assumes the complexity of participation and its central role in understanding NCDs. The central idea is that collective action and participation can solve or fix the NCD problem, yet there is a misunderstanding of what that means in practice. It therefore begs the
question of why there is such a separation between governments and the whole of society’s efforts in the policy outcome document. Should collaboration, cooperation, partnerships, and information sharing be less compartmentalized?

As I analyzed the data, the validity of the oft-repeated claim that “NCDs can be largely prevented and controlled through collective and multisectoral action” was alarming. The data gathered for this study does not claim to be a representative sample of all countries worldwide or how they approach NCDs. Most discussions of the problem by attendees were limited to three minutes. However, I believe these three-minute statements provide snapshots of the feelings of those who work with NCDs and how they are responding to them. Throughout my analysis, no country stated that NCDs, as a whole, were decreasing or even remaining the same because of any current interventions in place. Some countries were having success at reducing tobacco consumption, which was heartening, yet no one claimed that their efforts were stemming the rising tide of NCDs, not even the most health-savvy countries.

The need for collective action and a whole-of-society approach was identified in the Summit as an integral part of responding to the NCDs crisis. The representative of the World Bank (who is a member of the United Nations System) stated at the Summit that effective responses to NCDs in low-income countries require them to “embrace actions across a host of sectors including finance, agriculture, education, urban design, and transport, along with civil society and the private sector.” Yet many ideas from outside the government sector failed to be “embraced” by these governments and there was a clear separation between the efforts of the UN/government and the rest of society. Understanding why the Summit largely failed to reach its collective potential is the focus of the next chapter. In addition, I provide some pragmatic suggestions for ways the Summit could have been more participatory and collaborative.
CHAPTER FIVE

DISCUSSION

“We must demystify ‘participation of all sectors’. This must be the beginning of a new struggle involving all sectors—public, private sectors, NGOs and we the patients—so that all of us together can improve our policies and build a better world . . .” (an excerpt from the representative of the International Alliance of Patients Organization during Round Table One)

The above quote gets at the heart of what this project is trying to do—understand “participation” and its relation to the organizing of the United Nations (UN) Summit on NCDs. Using methods grounded in social constructionist theory and the research questions as a guide, my analysis focused on the concept of participation in the Summit and its relation to the construction of the NCDs issue. The findings illustrated a bias in the Summit towards certain forms of participation and attendees, which limited its transformative and collective potential. This chapter discusses the findings in relation to the theoretical and practical implications such limitation had on NCDs, and identifies potential spaces where further development and understanding of participation and organizing forms, such as the Summit, are needed.

The Limited Approach of the UN

The UN Summit on NCDs was presented as a high-level meeting that would be different from all others. First, it was going to be unique in topic as this was only the second time in its history that such meetings addressed health issues directly. Second, this meeting was going to be inclusive and participatory for those outside of the UN. The invitations and promotional material boasted that Member-States, governmental, civil society, non-governmental, and private sector entities were invited to participate because, according to the UN, each had an integral role in “addressing the global health, socioeconomic and developmental impacts of NCDs” (Summit on
NCDs, 2011). In addition, the meetings would be “open, transparent and inclusive consultations” with attendees, in contrast to other UN meetings that have a tradition of being exclusive, formal and directed. After close examination, however, apart from the unique health topic, the UN Summit, its meeting structure, venue, dialogue, etc. was little different than the high-level meetings held for the past 60 years. So what happened? Why did this Summit fail to attain its participatory ideals and collective action?

If we turn to organizational literature on participation in organizations, we find that participatory efforts often fail and are used to garner support for rather than provide substance to initiatives (Deetz, 1992; Papa, Auwal, & Singhal, 1997; Seibold & Shea, 2001). Yet, most work on understanding and examining participation in organizational studies has been reserved to the workplace and has examined the concept of employee participation. Such a focus predominantly examines participation within the internal dimensions of the organization, such as ideas of democratic workplaces, employee performance and satisfaction, and organizational efficiency/productivity (Seibold & Shea, 2001). The failure to accomplish participatory goals is related to ideas of undemocratic and/or inhumane workspaces, universalization of managerial interests, increasing profits, and other factors. Solutions then revolve around democratizing the decision making process, profit sharing, etc. and participation is associated with the employee involvement programs, quality circles, self-directed teams, employee stock ownership plans, etc. (Seibold & Shea, 2001, p. 670). The concept of participation in this literature is connected to organizational programs and structures, which are prescribed, by management or handbooks. Participation in this literature is largely limited as a concept within the organization and there is little discussion surrounding participation among organizations or communities, etc. (Deetz, 1992, 2001).
The UN Summit, however, was not a traditional organizing form, like a company, and those who attended were not employees. The Summit was a temporary organizing form that provided a space for those affiliated with NCDs to participate and included representatives of NGOs, countries, corporations, academic institutions, etc. As such, using organizational communication literature and its approach to participation as an internal organizational concept is inadequate to address the contemporary organizing form of the Summit and its diverse body of attendees. Thus trying to use this literature to identify why it failed to reach its collective ideals and provide solutions to them by connecting participation to employee satisfaction or productivity, stock ownership plans, and other facets of the organization makes little sense. Such an internal/instrumental rationale for participation is too limited to account for the failure of the Summit to reach its collective goals and develop mechanisms for better outcomes. Therefore, I draw from development literature which has not only examined participation in organizations but also taken a more expanded view to explore participation among individuals, groups, organizations, and communities as they focus on issues that affect them (Cleaver, 2001; de Souza, 2011; Huesca, 2008; Minkler & Wallerstein, 2003; Wallerstein & Duran, 2003). The crosspollination of participation and organizing in this literature can provide input to better understand the UN Summit and its outcomes. In addition, development literature on participation has examined participation outside of the traditional organizing form and can increase understanding of it in organization studies. Such an approach is warranted as Ashcraft (2006) argues for the need for more work to develop grounded models of post-bureaucratic forms that challenge our theorized assumptions about organizing. Stohl (2005) also identifies the need for methodologies and approaches which capture the nuances of ad hoc collaborations. The rest of this chapter focuses on how the findings of this study can provide a space to better understand
participation in contemporary transnational organizing forms. Specifically, using my research questions as a guide, I identify ways development literature can speak to the findings of this study and shed light upon why participation, as an ideal, failed to create the collective approach proposed in the documents announcing and describing the Summit. I begin by discussing the findings from research question one.

RQ1: How was participation employed in the UN meetings on NCDs and in policy?

One way development literature can speak to the findings of research question one is to help explain or unpack in more detail how participation was employed in the Summit. According to Huesca (2003), there is a continuum of participation in development literature. On one end of the spectrum is the view that participation is a kind of tool or strategy or tactic used to accomplish one’s goals; a means to an end. On the other end of the spectrum is the view that participation is a process that is inherently humanizing, meant to emancipate and liberate, a kind of panacea for development; an end in and of itself. Huesca (2003) maintains that most approaches to participation in development fall somewhere in-between these extreme positions. Boyce (2001) develops this notion further, defining three broad purposes or approaches to participation in health development projects: participation as ‘contribution’ (as an instrumental means to an end), participation as ‘organization’ (as both a means and end), and participation as ‘empowerment’ (a transformative end) (p. 1552).

Development literature, by providing a range to participation and outlining the broad purposes or approaches of its use, can provide an explanatory framework for how participation was employed in the Summit. The findings showed that participation was employed as a kind of structuring component or tool used to regulate interactions of attendees and also for information sharing, particularly in the roundtable meetings. For example, the moderator of Round Table One
professed that it was “... an opportunity for all here in this room to learn more and discuss the impact of non-communicable diseases”. However, attendees were only allowed to speak by invitation of the moderator and their comments needed to be targeted and exact (i.e. structured) within a three-minute time window. In essence, participation largely meant an invitation to listen to others and to speak when called upon. This instrumental/informational approach to participation also emerged in the policy outcome document as instructions for where/how attendees and sectors of society could contribute to NCDs issues. The policy outcome document stated the need to:

Recognize the primary role and responsibility of governments in responding to the challenge of non-communicable diseases, and the essential need for the efforts and engagement of all sectors of society to generate effective responses for the prevention and control of non-communicable diseases. (UN Political Declaration, 2011, p. 1)

This policy and the statements of Summit attendees positioned government and UN participants as leaders, and privileged their efforts over those from civil society. This privileging of UN and government representatives’ interventions manifested itself in multiple ways, including allowing these individuals more time and opportunities to speak in the Summit, notes of appreciation in the policy outcomes for their efforts, and stating explicitly they are to lead these efforts while others should play a supportive role. I referred to this in my findings as a “top-down” approach to participation.

Development literature can speak to the findings of research question one by identifying relations between the top-down approach to participation used in the Summit and its failure to produce collaborative outcomes. The top-down approach aligns closely with one of the three broad purposes for participation as outlined by Boyce (2001): a contributionary approach. This
approach views participation as a “contribution” or voluntary donation of resources toward a common good or goal and how one participates is largely directed by those in charge (Boyce, 2001). An instrumental or contribution approach to participation was demonstrated by the UN as it controlled and directed the Summit. The UN followed this approach, as participation was a concept used by UN leadership to structure meetings, identify key stakeholders and their ideas, and direct efforts of governments and civil society. Of the three broad purposes to participation outlined by Boyce (2001) a contribution approach is the least democratic and restricts participation by those outside of leadership because of its power imbalances (p. 1552). Such an approach is also dependent upon those who are implementing or directing such outcomes to be able to govern participants’ actions (Boyce, 2001). Boyce’s (2001) ideas help to shed light upon why the top-down approach to participation used by the UN during the Summit failed to create the cohesive/collective action proposed. Participation from a top-down approach assumes a kind of power difference and authority over others. The organization or group who employs this approach may have expertise, resources, or social capital that positions them to be in-charge or to direct efforts, and participation is seen as a contribution to such efforts (Boyce, 2001). The basis of such an approach to participation relies heavily upon whether or not those involved view those directing efforts as a legitimate governing body and will follow or implement their recommendations (Seibold & Shea, 2001). Participation from a top-down approach worked well among those who had established relations with the UN and the WHO, largely government representatives. However, when these long-term, established relations were lacking, this approach failed to receive support and promote collective-action among many civil society, academic, and private sector representatives. In essence, the ability of the UN and its view as the legitimate organization or the authority to lead and direct efforts did not extend beyond UN
affiliates and Member-State representatives. As a result, the collective nature of the Summit was separated into the efforts of UN/Member-State affiliates and the efforts of everyone else, limiting its collaborative potential.

The continuum of participation in development literature developed by Huesca (2003) can also provide insight into how participation was employed in the Summit by discussing where on the continuum the top-down approach falls, and possible implications. Participation was employed during the Summit by UN leadership more as a kind of tool or strategy in the Summit rather than as an emancipating or liberating process. In the past, when participation has been employed this way by global development institutions, such as the World Bank or the WTO, it has been conceptualized in ways that make it seem ideologically neutral (Huesca, 2008). Participation has been conceptualized as a manipulative consultation carried out only to help promote predetermined objectives or expand ideologies of social marketing, capitalist expansion, and global trade (Huesca, 2008). As such it is important to know whether or not those involved sought to represent the ideas discussed by participants or if this was an exercise to get people to ‘buy into’ the approach outlined by leadership. The findings showed how participation, as a concept, was largely employed as a structuring tool by UN leadership. Huesca (2008) provides a cautionary note to readers when participation is approached in this way, especially in relation to development.

RQ2: How do the meanings of participation in the UN meetings on NCDs and policy of the UN Summit construct the NCD issues?

Development literature on participation can also inform the findings from research question two, which focused on the emergent meanings of participation and their relation to the construction of NCDs in the Summit and policy. Boyce’s (2001) study not only identifies three
broad purposes to participation but also specifically examines relations between participation and various dimensions of structure. I apply his three broad purposes to the findings in order to compare/contrast the meanings of participation and how these meanings constructed the NCDs issue differently.

Above I discussed how the top-down approach to participation aligned closely with Boyce’s (2001) contributionary approach to participation. The meaning of participation in this top-down approach is essentially a tool to structure/direct efforts. The findings illustrated how the top-down approach to participation used by the UN during the meetings led to the appointment of a leader or organization to direct efforts and construct the NCDs issue in particular ways. For example, the Minister of Foreign Affairs for Estonia stated, “I would like to reaffirm the leading role of the World Health Organization as the primary specialized agency for health and coordination and promotion of global action against non-communicable diseases.” UN and Member-State representatives identified the WHO to lead NCD efforts. Choosing the WHO to direct efforts greatly impacted the construction of the NCD issue because the WHO had already created a policy which outlined an approach to tackle NCDs—2008-13 Action Plan for the Global Strategy for the Prevention and Control of NCDs. This document focused on four types of NCDs and their associated risk factors. Attendees not only adopted the WHO’s construction of the NCDs issues but also viewed the WHO as their leader. As a result, the WHO’s construction of NCDs dominated the Summit and other diseases were downplayed or ignored, as were other constructions of the NCDs issue. Some Member-State representatives viewed their own role in participation as a kind of ‘good soldier’ to fall in step with the approach used by the WHO. Participation from the top-down approach was essentially a symbolic way for others to confirm their loyalty to the WHO’s plan and its legitimate role as the one to lead these
efforts. Inherent in this top-down approach was a centralized view to the construction of the NCDs issue and suggested the need for someone to oversee/direct efforts. Yet there were other meanings of participation (albeit less dominant) which emerged.

Ironically, the “good soldier” approach to participation did not sit well with the WHO’s director, Dr. Margaret Chan. She took a less top-down approach to participation than many Member-State representatives and instead promoted participation to mean collaboration/cooperation. In her comments, she stressed the need for international cooperation to fight against NCDs in part, stating, “These diseases are everywhere; there is no north, south, tropical, temperate, rich or poor divide. We are in this together”. She called for governments to not only cooperate/collaborate with one another but to also work with “professional societies, associations, and alliances” in order to develop research-based initiatives. Dr. Chan even reached out to industry, mentioning that interventions on NCDs are, “A challenge that goes to the research-based pharmaceutical industry.” Dr. Chan’s statements align closely to Boyce’s (2001) organizational approach to participation. This view posits that participation is a process of organizing or congregating people around common interests/activities, which might be headed up by a few people and externally funded, or it may emerge from the collaborative efforts of many (Boyce, 2001, p. 1552). Dr. Chan’s statement that “we are in this together” gets at this common interest or participation as organization approach. Dr. Chan’s view of the Summit was that it was way for people to come together and understand that they have a common issue (NCDs) and to recognize what the implications of NCDs are for those they represent. The organization approach to participation by Boyce (2001) similarly emphasizes the need for others to collectively develop interventions and respond to an issue or crisis, even if these efforts are directed by a few individuals (p. 1553). In varying degrees, participants are transformed into
decision makers and are empowered to take on a more significant role in this process (Boyce, 2001). Dr. Chan’s comments reflect a need for others to be more involved in coming up with solutions and interventions to NCDs. Moreover, while she stated that the WHO definitely was a kind of expert on NCDs and should play a significant role in these efforts, she also identified the need for more expertise and cooperation from others. Dr. Chan’s approach to participation allows experts to direct some efforts and also allows others to fulfill a more significant role in constructing the NCDs issue.

Another meaning of participation emerged as concerns were raised by some attendees that the adoption of the WHO’s targeted approach exemplified an underlying problem or issue the WHO has on health development issues—it oversimplifies and compartmentalizes development and deals with it issue by issue rather than taking a broader view to understand the underlying causes of such problems. For example, the representative from the World Medical Organization made this statement:

We fear the disease-orientated and narrow approach to NCDs among the wide field of the NCDs. The effect of this vertical silo approach will be to deprive other important areas of health care of necessary resources. . . we advocate a complete approach that links individual risk factors with social and economic determinants of health, conditions in which people are born, grow, live, work and age, and the influence of society.

Those who raised concerns about the targeted approach of the WHO discussed that such an approach undermined health and limited the ability of many to participate. They embraced a broader view of the NCDs issue and discussed that civil society, academia, governments, and communities each had a unique role to play in responding to it. Participation as a concept was collaborative and reflexive, as attendees were to think about how they could participate in ways
that harnessed their expertise and unique skills. For example, the representative from the American Cancer Society stated:

No one sector—the government sector, or the commercial or private sector, nor the NGO sector—can do what needs to be done about NCDs alone; so we must partner and work together. . . . NGOs can make a catalytic and synergistic difference in the multi-sector enterprise by doing what it does best: the ABCs. . . . I can say the American Cancer Society along with the 2000 NCDs Alliance members are prepared to advocate, build capacity and collaborate together. If we do that we can stem the tide of NCDs.

The ABCs identified by this representative, and his vision of how the NCDs issue should be constructed, approaches participation as an egalitarian force that was collaborative and reflexive. Rather than having governments, the UN, or the WHO direct the construction of the NCDs issue from the top-down, this approach asks attendees to examine their strengths and build from there. Participation was more a kind of self-reflexive process and the construction of the NCDs issue was a process from the ‘bottom-up’. Such an approach is similar to Boyce’s (2001) view of participation as empowerment. The goal of participation in this approach is a kind of transformative end and implies that those involved have the ability (in varying degrees) to make decisions that affect them (Boyce, 2001, p. 1552). Participation as empowerment also entails examining inequitable power relations among those involved and mechanisms to address them (Boyce, 2001). For those who adopted this empowerment approach to participation the construction of the NCDs issues revolved around developing equitable relations and resources among participants (Boyce, 2001, p. 1553).

By using Boyce’s broad purposes to identify and compare the different meanings of participation in the Summit we can begin to understand how these meanings of participation
impacted how attendees approached preventing and controlling NCDs. A top-down approach to participation saw the need for leadership in this problem and serious commitment from attendees to implement the ideas of the WHO. The organization approach to participation somewhat agreed with the need for leadership but also stressed the importance of sharing responsibility and decision-making among attendees and others associated with NCDs. Finally, an empowerment approach saw everyone as a kind of leader or expert in their own right and advocated that what is needed is a kind of engagement by all levels of society in unique ways to “stem the tide of NCDs.”

Identifying these different meanings of participation in the Summit and understanding how each constructs the NCDs issue differently elucidates why there was a disconnect between Summit attendees and a failure to create a collective action. As Servaes (2003) observed, the success of such intersectoral efforts in development are to a large extent dependent upon “the adequacy of mechanisms for integration and co-ordination” (p. 218). Participation was a mechanism that was meant to create a unified or collective approach to the NCDs issue. What constituted participation in the construction of the NCDs issue, however, was different among attendees. The mechanism that was supposed to bring people together, participation, largely failed to do so because the meanings of participation varied. Such differences to participation influenced attendees to approach NCDs issues in a variety of ways, limiting the collaborative nature of the Summit. Servaes (2003) discusses how meanings of participation are associated with approaches to development, whose differences are not easy to reconcile in practice. I turn to the findings from research question three to explain how competing approaches to development emerged in the construction of the NCDs issue and how that also influenced its collective potential.
**RQ3: How does the construction of the NCDs issue implicate relations among individuals, objects, institutions, and global systems?**

The findings for research question three identified ways attendees competed to construct the NCDs issue (i.e. the problems of NCDs and solutions to them) and how such constructions posited relations amongst different sectors of society. For example, the problem of NCDs for low-income countries came down to lack of resources (human, technical, financial). In many African nations cancer treatment centers were essentially non-existent and getting access to and/or affording basic medical care was a challenge. The NCDs problem for wealthy countries was seen as more behavioral than financial and included trying to get people to eat healthy foods, diet, and exercise. Still others saw the cause of this problem as arising from the spread of Western cultural ideals, diets and corporations, including connections of freedom and democracy to the corporate/cultural icons like the Marlboro Man and Coca-Cola.

In addition, there were tensions between organizations and nations who saw health and disease treatments as something to profit from and available to those who can pay versus those who viewed health as a right, something that should be available to all. These competing views were not simply ideological but were linked to material consequences, because, depending on how the NCDs issue was constructed, it would affect international resources, funding and research on NCDs, international policies to address them, initiatives and interventions, and ultimately those who had the diseases. These constructions also posited relations among attendees and larger social entities in ways that were cooperative and/or competitive such as through trade policies or copyright issues. Yet, despite the clear tensions among summit attendees, many discussed need for collective action and a whole of society approach as an integral part of responding to the NCDs crisis. While there was much discussion about how
multisectoral and collective action was needed, in practice such an approach failed to materialize in the Summit and its policy outcome document.

Servaes (2003) discusses how the theoretical changes, and evolving methodologies and terminologies, to development have made it difficult for some agencies, “even though they share a common commitment to the overall goals of development communication, to identify common ground, arrive at a full understanding of each other’s objectives, or to co-operate effectively in operational projects” (p. 203). Servaes (2003) describes approaches to planning and policymaking whose theoretical assumptions vary broadly. Such diversity creates problems and difficulties when you try to reconcile them in practice. He discusses how many agencies today still approach development based upon tenets of modernization theory. “Modern” approaches assume that underdevelopment issues are largely an ‘internal’ problem that can be fixed by economic growth, centralized planning and technological ‘aid’ (p. 218). In contrast to this position is a participatory model of development that emphasizes that underdevelopment is based upon unequal power relations and is a systemic problem that encompasses economic, social, community, behavioral and other factors. In order to fix it, a redistribution of power is necessary and stakeholders from all across society should be involved in not only what constitutes the problem but also in solutions to it. The bottom up/systemic view stands in contrast to the top-down/internal approach to underdevelopment. When collectivities with differing views try to work together on development issues and initiatives, tensions emerge and problems arise.

In the UN High-Level meetings, some attendees subscribed to a modernistic view or centralized approach to development. The top-down approach to participation, and the call for the WHO to direct efforts and provide expertise or technical aid to others, aligns closely with the modern approach to development. However, the language used to describe and advertise the
Summit on NCDs aligns with the participatory model of development and an empowerment view of participation as the Summit called for all sectors of society to be involved in this process. Reconciling the multiplicities of approaches to development by attendees is difficult even though everyone seemed committed to the NCDs problem (Servaes, 2003). This is clearly demonstrated in the policy outcome document, which separates the efforts to reduce NCDs into two camps: government/UN representatives and everyone else. The modernistic and participatory approaches to development do not align well ideologically or practically; meaning that bringing together individuals with these competing views and trying to come up with a collaborative/collective approach requires a significant amount of time and energy (Huesca, 2003).

**Participatory Mechanisms for Collaboration**

In the Summit, tensions and problems arose because of the differing approaches to development and their accompanying assumptions. The success of intersectoral efforts in development projects rely upon “the adequacy of mechanisms for integration and co-ordination” (Servaes, 2003, p. 218). Therefore, in the following paragraphs I propose some mechanisms that could have assisted in creating a more collaborative Summit and outcome document. The suggestions provided are not drastic changes to the Summit but instead are realistic recommendations, the likes of which the reader might be able to implement and adapt to their own needs. Ideally, it would be amazing to radically change these meetings to more participative structures “where all interlocutors experience freedom and equal access to express feelings and experiences and to arrive at collective agendas for action” (Huesca, 2008, p. 505). However, I recognize we often have to work within existing structures and change to organizing forms is often incremental (Stohl & Cheney, 2001). Therefore, I provide less dramatic but more pragmatic ways to make these meetings more participatory.
If gatherings like the UN Summit are to be participatory and create collective actions, differing assumptions about and approaches to development need to be negotiated in practice (Servaes, 2003). One mechanism that could help facilitate these negotiations and make the Summit more collaborative is to address unequal power relations. Unequal power relations prevent negotiations from occurring and undermine participatory endeavors (Huesca, 2003). I provide a few suggestions/ways to structurally shift power relations in order to make the Summit more egalitarian. The promotional materials distributed about the Summit claimed it would be participatory. However, UN hosted the event, chose the venue, picked who was allowed to attend, chose the structure and speakers/moderators of meetings, wrote the policy outcomes, etc. As such, a distinct UN bias/culture permeated the Summit and policy outcomes. There needed to be a shift of those in power to be representative of participants. One suggestion to structurally shift power relations would be to move the venue of the Summit outside of the UN headquarters to a space that exemplifies this goal, or at least to a place that is neutral and does not privilege the UN. It could be a place that is identified as a cooperative or collaborative space to accomplish something important (Kothari, 2001). Another option is to have an NGO or academic or civil society entity host it at their ‘home court’ exemplifying the idea that the efforts of these organizations are just as valuable as the contributions of government or UN agencies. Changing the physical location of the Summit to a more neutral space reinforces the notion that the Summit is not simply UN-driven and is symbolic of a different approach to development that is more egalitarian (Kothari, 2001).

Another mechanism to address inequitable power relations would be to change who facilitated the meetings (Cleaver, 2001). All of the round table meetings were moderated by Member-State representatives. To make these meetings more participatory and inclusive, and
illustrate the notion that everyone has an integral role in this process, facilitators should represent the diverse body of attendees. For example, the theme of Round Table Three was “Fostering international cooperation, as well as coordination, to address non-communicable diseases.” So, representatives from civil society, academia, and the private sector all should be represented as moderators in these meetings. Doing so would reflect in practice the ideal that there is no privileging of one group or another when it comes to representation (Servaes, 2003).

Another suggestion to shift the Summit towards more egalitarian power relations would be for those who are in positions of authority to be held accountable for upholding participatory ideals and reflect/exemplify them in practice (Kothari, 2001). For example, the UN program for the round table meetings stated that moderators would “promote interactive and substantive discussions”. One of the moderators began Round Table Three with this statement, “…we want the session to be interactive, to be informal, and as lively as possible” and asked participants not to read prepared statements. However, when opportunities arose for interactions to take place among attendees the moderators did not take advantage of them. For example, during Round Table Two, the Minister of Health from Ireland began his comments by stating, “I hope to break the infective nature of the prolonged speeches by being short and to the point.” In addition, he broke from what most people did in this meeting by beginning and concluding with a question to attendees. This question provided an opportunity for attendees to engage with one another. However, the moderator did not make any kind of acknowledgement of the question or the need to discuss its content but simply thanked the representative for his comments and introduced the next speaker. In short, the moderators did not model their own behaviors in ways that upheld a participatory approach and there was no accountability for them not doing so. Therefore,
mechanisms should be in place to make everyone accountable to the participatory ideals discussed (Servaes, 2003).

Another suggestion to address power relations in the Summit is to have mechanisms that encourage those “on the margins” of the Summit to participate and to prevent individuals or groups from dominating outcomes (Kemmis & McTaggart, 2003). For example, there was not a list maintained regarding who would speak in the Round Table meetings. Not maintaining a list makes a lot of sense if you want to have interactive discussions that are fluid or spontaneous. However, when I compiled that list I found that 88% of the speakers were from the UN and government representatives. By not keeping track of who was speaking a UN and governmental bias emerged. This process could have changed if beforehand groups or individuals were assigned to keep track of who was speaking and then make recommendations to the moderators regarding who is not participating. From these recommendations the moderator could extend verbal invitations to these groups by saying something simple like, “I appreciate all of the input we have been receiving from UN and government representatives, I would invite those here today representing academia, civil society and the private sector to share their thoughts and ideas with us.” It is incredible that 280+ representatives of academia, civil society, and the private sector attended the Summit, yet their voices were in the margins throughout the meeting and in the policy outcomes. If all those invited to attend the Summit were to play an integral role in responding to NCDs as the UN claims, then mechanisms that solicit their input and adopt their ideas are necessary. While I think it is a nice idea to open a space where everyone can share their ideas and incorporate them into policy, pragmatically time and space are limited. There must be foresight and thinking to have mechanisms in place that prevent a group(s) from dominating discussions and that reach out to the less vocal or marginalized (Kemmis & McTaggart, 2003).
One caveat when developing mechanisms to create more equitable power relations is the necessity for them to be open to scrutiny and review (deSouza, 2001). For example, while the UN meetings touted “open, transparent and inclusive consultations” and that the policy outcome document would be representative of input provided by attendees, it was unclear from the data exactly how (if at all) that was accomplished in the creation of the policy outcome document. For example, the last Plenary Meeting included, among other things, summaries by co-chairs of the three roundtables and the main ideas that emerged from them. The co-chair of Round Table One made this statement as part of his summary, “Shared views emerged regarding the best ways to tackle these [NCDs] problems…The Moscow declaration on healthy lifestyles and NCDs was widely recognized as a visionary document for the prevention and control of NCDs.” However, the Moscow Declaration was mentioned only once by name in Round Table One, within a list of declarations or conventions related to NCDs. Therefore, it is unclear how the moderator concluded that it was “widely recognized as a visionary document” by attendees. In his remarks, the co-chair of Round Table One also discussed who should be involved in efforts to reduce NCDs, specifically identifying the sectors of transportation, urban design, and business and religious leaders. Yet these were mentioned only once in the data, though the way he presented this information was as if these groups’ voices were heard in the Summit and their ideas were equally shared. The outcome document consisted of thirteen pages of text, although several hundred pages of data encapsulated the discussions of the meetings. In short, the process, from people sharing their ideas in the round tables, to the summaries presented by the co-chairs, and finally what ended up in the outcome document, was not explicitly discussed in these meetings nor was it clear in the data exactly how it happened. A suggestion is to make sure the processes
created/used are transparent in ways that can be scrutinized throughout the process (deSouza, 2011).

Another important concept that should be scrutinized is relations between finances and attendees’ behaviors and actions. In other words, it is important to understand how/if finances shaped participation at the UN Summit. For example, part of the rationale behind why many government representatives might have been interested in supporting the UN leadership and the outlined strategies to prevent and control NCDs by the WHO could be financial. Therefore, understanding the role of funding and its distribution to participants would be a good practice. However, in recent years there has been a shift to how the UN shares and distributes such information.

According to David Roodman, who served as a fellow at the Center for Global Development for over a decade, the UN will not share with the public where it gets its money (2012). This is a rather recent development. From 1945-1975, the United Nations released a yearly statement of contributions (Committee on Contributions, 2016). Then in 1976, the UN increased these reports to bi-annually. In 2007, Ban Ki-moon became the Secretary General promising a new era of transparency, and because of concerns surrounding corruption, required monthly financial statements to be released (Committee on Contributions, 2016; Roodman, 2012). However, in 2011, the UN stopped disclosing its financial records in its traditional form and instead all that is available each year for public scrutiny is a PowerPoint presentation (Committee on Contributions, 2016).

Six months before this change, Inga-Britt Ahlenius, the director of the UN’s Office of Internal Oversight Services from 2005-2010, stepped down from her position at the UN. In her End of Assignment Report to the Secretary General, which became public, she discussed the lack
of accountability and transparency surrounding finances at the UN, “‘Transparency and accountability’ is the red thread in all your interventions and speeches from the speech on taking the oath of office and recurrently thereafter in most of your messages. You have made transparency a significant part of your brand (2010, p. 10).” In her report, she discussed issues of secrecy surrounding funding and accuses the Secretary General of trying to control access to funding and its distribution. She concluded her report with this statement, “There is no transparency, there is lack of accountability. Rather than supporting the internal oversight which is the sign of strong leadership and good governance, you have strived to undermine its position and to control it. I do not see any signs of reform in the Organization (2010, p. 48).”

This statement by the former director and the changes to the financial reporting is a red flag for what is happening financially at the UN and also identifies difficulties in understanding relations between finances and participation at the UN.

Similar issues surround understanding where the funding of the WHO comes from and how member-states and other NGOs receive it. The WHO has two main sources of funding: member-states pay assessed contributions and voluntary contributions. Approximately 25 percent of the funding from the WHO comes from member-states dues while 75 percent come from voluntary donations (Feig & Shah, 2011). While this might seem straightforward it is important to understand how voluntary donations differ from assessed donations and what that means in practice, and also who makes up the contributors of this other 75 percent. For the two-year budget period 2010-2011, 53 percent of the voluntary contributions came directly from governments that chose to donate money beyond what their annual dues require; 21 percent of the voluntary contributions to the WHO came from other UN bodies like UNICEF, UNDP, and UNAIDS (Feig & Shah, 2011). Another 18 percent of the voluntary donations came from
philanthropic foundations (the largest contributor being the Bill and Melinda gates foundation) and the remaining 7 percent of the voluntary contributions came from NGOs (Feig & Shah, 2011). So approximately eighty percent of the WHO’s budget in this period came from governments.

The WHO budget for 2010-2011 was US$ 4.5 billion and around 75 percent of that was voluntary contributions (Feig & Shah, 2011). This is important because voluntary donations are often specified, meaning that the WHO can’t do whatever it chooses with the money but must use it in ways or purposes outlined by the donor (Harmer, 2012). In short, voluntary contributions come with restrictions. Such restrictions influence available health approaches used by the WHO and its freedom to approach health issues according to its own discretion. To ensure, however, that donors don’t have too much power to direct WHO efforts there are guidelines in place surrounding who is allowed to donate. For example, the WHO has guidelines for working with “non-state” actors, especially in relation to accepting them from the private sector. Here are just a few of the highlights that seem pertinent to this discussion:

Funds may be accepted from commercial enterprises whose business is unrelated to that of WHO, provided they are not engaged in any activity that is incompatible with WHO’s work…Funds may not be sought or accepted from private sector entities that have themselves or through their affiliated companies a direct commercial interest in the outcome of the project toward which they would be contributing… Caution should be exercised in accepting financing from private sector entities that have even an indirect interest in the outcome of the project (WHO, 2014).

So here is where it gets a little tricky to understand who is funding the WHO and whether or not there is a conflict of interest between their donors and the work of the WHO. For example,
pharmaceutical companies regularly contribute to the WHO in cash and other ways. The pharmaceutical company GSK donated $1.3m in cash and $80 million worth of drugs as an “in-kind or in-service” donation during the 2010-2011 period (Harmer, 2012). It is unclear to me how the business of GSK is unrelated to that of WHO. Clearly, it seems like such close relations between the pharmaceutical industry and the WHO should be suspect. However, there are also more subtle ways this funding may be in competition with the ideals of the WHO.

The second biggest single donor to the WHO (the U.S. is the first) is the Bill and Melinda Gates Foundation (BMGF) which donated roughly US$ 466 million in the 2010-2011 period (Harmer, 2012). If you look at the BMGF’s stock portfolio they are heavily invested in Johnson & Johnson, Sanofi-Aventis, GlaxoSmithKline, Coca-Cola, McDonald’s, Nestle, Monsanto, and Kraft Foods (Stuckler, Basu, & McKee, 2011). The first three companies named are pharmaceutical companies whose product seem directly related to the work of the WHO and the last five companies’ products and services have been in the spotlight for contributing to obesity and heart disease through manufacturing/distributing foods high in salt, sugar, and fat with little nutritional value (Harmer, 2012). So while these companies may not directly fund the WHO, they are still closely connected. Donations from organizations like the BMGF make up close to 20 percent of the WHO’s budget and where they get their funding from is not always transparent, nor is understanding their motives for donating.

Voluntary contributions make up a majority of the funding of the WHO, however these contributions often cannot be used simply at the discretion of the WHO but can only be used in specific ways outlined by donors (Harmer, 2012). It is important to understand the consequences of such specifications in practice, yet the availability of such information is limited to a select few. Understanding the relations/connections between funding and programs, how these
donations are used/distributed in practice, and oversight in this process is important. Indeed the
WHO itself encourages that, “The larger the proportion of the contribution from any one source,
the greater the care that should be taken to avoid the possibility of a conflict of interest or
appearance of an inappropriate association with one contributor.” The UN and the WHO have
regulations and policies to do so but there seems to be a lack of accountability and enforcement
of them by leadership. One recommendation is that the current mechanisms in place that are
meant to hinder groups or companies from having an undue influence of the WHO should be
enforced. In addition, there needs to be transparency and multiple levels of analysis to
understand where funding comes from and the conflicting interests between donors and the
WHO. In short, there needs to be a money trail that can be scrutinized in order to have more
accountability.

The above suggestions to address power relations fundamentally come down to the
notion that unequal power relations limit participation and collaboration (Huesca, 2003). One
should consider how recommendations and policies allow everyone to participate in meaningful
ways. If you find that this is not the case, there is a privileging of people or unequal power
relations that may need addressed (Escobar, 1999). Now, power differences may not necessarily
be negative as there may be a need for balancing power in ways that privilege underrepresented
or less powerful groups to make up for historical oppression (Escobar, 1999). However, such
purposeful manipulation of power relations is less of a concern than lack of foresight for how
certain outcomes privilege groups and ideas and create unanticipated problems. Participatory
ideals do not just happen. Creating participatory spaces requires forethought and mechanisms are
needed that keep power relations in check throughout collaborative organizing processes
(Servaes, 2003).
Now that I have identified some mechanisms to make these meetings more participatory and collaborative in practice I shift my focus to how such meetings can speak to organizational communication research.

**A Space of Inquiry in Interorganizational Collaborations/Coordination**

The findings from this study can inform the concepts of interorganizational relationships and network organizations in organizational communication. Thirty years ago, Barbara Gray defined the collaboration of organizations as “the pooling of appreciations and/or tangible resources, e.g. information, money, labor, etc., by two or more stakeholders to solve a set of problems which neither of them can solve individually” (1985, p. 912). An important concept within this collaboration is interdependence or that organizations could reduce risk and uncertainty regarding salient problems and together create a shared interpretation and joint frameworks to structure, and eventually control, the situation (Gray, 1985). This notion of interdependence aligns closely with the rationale of the Summit and its “whole of society” approach. I believe this Summit provides a space to reconsider the concept of participation in inter-organizational relationships/collaborations and challenges our understanding of what it looks like in practice in today’s organizing forms.

The ways in which organizational literature has examined interorganizational relations has been largely from a traditional view of organizations and organizing as a kind of stable, consistent and long-term process that produces a product or service. Cheney, Christensen, Ganesh, and Zorn (2004) explain that the pinnacle of interorganizational relations is the network organization. They define a network organization as being comprised of “two or more organizational units from different organizations involved in a long-term, and more or less formalized, relationship” (Cheney et. al., p. 164). These relationships can be used to bolster
public acceptance or add legitimacy to an organization’s products and services (Cheney et. al, 2004, p. 162). Conceptualizing organizations as product or service-based and oriented towards unchanging and long-term relationships fails to account for alternative organizing forms whose structures are fluid with fleeting relations. While Summit attendees were asked to act collectively the Summit did not assume to create established long-term relationships. What brought attendees together was not that they were part of the same organization or part of a collaboration that was predicted to last for a long time but simply a shared motivation and interest in the issue of NCDs. The precarious and developing nature of these relations requires a different approach to understand interorganizational relations and their contemporary forms.

One concept that needs to be re-examined in inter-organizational literature is participation. This re-examination should focus attention upon the communicative activities and patterns that emerge through participation in organizing forms rather than upon prearranged or static structures of participation (Marshall & Stohl, 1993). In contemporary organizing forms, where relations are new and developing (and sometimes fleeting) approaches to participation that are more egalitarian rather than top-down must be used. The findings of the Summit can elucidate why such an approach to participation in necessary. Participation from a top-down approach functioned in the Summit among attendees who had established relations with the UN and the WHO as many government attendees were willing to address the NCDs issue in ways outlined by the WHO. However, the top-down approach to participation as a tool to have people participate in specific ways did not work well when these relations were lacking, limiting the overall collective potential of the Summit. Similarly, in order to make ad hoc organizing forms collaborative, participation processes should begin not by one group telling the other what the problem is but by providing a space that solicits the input and ideas and understanding of those
in attendance (Boyce, 2001). If one group, organization, or governing body ‘takes charge’ of the situation, identifies the problem or issue, what should be done about it, and makes assignments or orders for others to fix it, it fails not only to use the experience and wisdom of others to address the problem and responses to it, but also fails to create a collective response. The findings of this study provide an example of what this might look like in practice.

Some Summit attendees rejected the notion that the UN or the WHO should lead/direct efforts and recognized that one organization or group could not possibly be in charge of ‘all things, at all times to all people’. Instead, these individuals understood that all attendees could meaningfully contribute to reducing NCDs. A comparable approach would work well in ad hoc organizing forms, as it would allow groups that did not have long-term established relationships to start developing them while still providing them autonomy to direct their own efforts.

Stohl and Stohl (2005) illustrate the potential outcomes and benefits such an approach provided to the development of the UN within the global human rights regime. They argued that the UN was lacking in resources and expertise to adequately monitor and address human rights on a global scale. Stohl and Stohl (2005) labeled the inadequacies of the UN as “structural holes” in the system. In order to fill these holes, maintain their position and strengthen the global regime, the UN collaborated with NGOs. This collaboration had significant results for the UN and those they collaborated with, including: 1) NGOs positions within the global regime were strengthened. 2) The NGOs participation increased the strength of the UN human rights regime. 3) The NGOs increased the strength of the nation-state. The findings of Stohl and Stohl (2005) illustrate that transnational collaborations are not only possible but also provide potential benefits for everyone involved. Such findings are encouraging and offer motivation for developing collaborative ad hoc organizing forms.
The findings of this study also challenge assumptions surrounding why organizations or groups enter into interorganizational relations and create network organizing forms. Traditionally, such relations have occurred to create new products or services and there was a kind of mutual understanding of why these relations occurred (Monge & Fulk, 1999). “The typical goal of a network organization is to bring together the resources controlled by different organizations to create a new and stronger organizing form, one that is better equipped for a new market, a new technology, or a new service” (Cheney et al., 2004, p. 162). Ad-hoc organizing forms like the Summit, and their inter-organizational relations, are not as simple or straightforward as those in traditional network organizing forms. This Summit illustrates the idea that organizational scholars cannot take-for-granted the notion that there is one main or merely a few key reasons why inter-organizational relationships/collaborations occur and that those who participate are largely on the ‘same page’ in this process. The problem of NCDs incorporated a diverse array of factors and contexts across the social spectrum. For example, the statements of attendees illustrate a variety of purposes for the Summit and its outcomes. The Prime Minister from Nepal saw this Summit as an opportunity to create a “common understanding” and “vision” and “. . . for all leaders to express commitment and agree on the concrete actions at the global level in the fight against NCDs.” The Minister for Health for Jamaica viewed the Summit as a “good platform for ongoing consideration for the developmental and other impacts of NCDs by the general assembly”. Other identified reasons for this Summit were “consensus building”, “sensitizing policymakers”, “garnering political support”, “global unity and action”, “an imperative step at the global level to reduce health inequity”, to “create conditions that motivate and change attitudes and behaviors”, “raise awareness”, identify ‘challenges and opportunities when it comes to NCDs”, create “synergies”, be a “landmark for the international community” to
reduce NCDs, “strengthen international cooperation”, and for “the building of a genuine global partnership”. Attendees came to the Summit for many different reasons and viewed the Summit in a variety of ways. According to attendees, the organizing of the Summit was about much more than just coming up with a policy, but served a variety of material, ideological, behavioral, and environmental functions. This Summit was not simply about coming up with a product or service amongst one, two, or even ten organizations. However, I think the Summit represents what interorganizational relationships and collaborations are fundamentally about—addressing problems that are beyond the purview of any single organizing body (1985, p. 912). The alternative purposes for organizing and collaborating provide a space to expand the idea of interorganizational relations and network organizing forms, to take a theoretical ‘step back’ and re-examine why network organizations form for reasons other than creating new products or services or technologies, as well as, the reasons behind participation by those involved.

**Conclusion**

This study used the concept of participation, an idea that has been on the periphery of organizational studies and has been studied in traditional workplace conceptions of the organization, and expanded it to alternative organizing forms outside of the workplace (i.e. the Summit). This study challenged taken-for-granted ideas surrounding participation in organizations, and identified emergent purposes and approaches of individuals as they participate in organizing processes. Attendees discussed different rationales for holding the Summit and for their participation within it. In the findings, I demonstrated how approaches to participation influenced the organizing processes in substantial ways. This study identified connections between participation and organizing outcomes. By extending the concept of participation beyond the workplace and using development literature to supplement the process, this study
addresses Ashcraft’s (2006) argument for studies to develop grounded models of post-
bureaucratic forms that challenge our theorized assumptions about organizing. This study also
responds to the need identified by Stohl (2005) for organizational studies that examine
alternatives to traditional, mainstream organizing to temporary ad hoc forms and their emergent
communication systems.

Organizing forms and their outcomes have ideological, material, and relational
consequences. NCDs are a significant global problem that many individuals, communities,
nations, and sectors across society are struggling to address. Many in the Summit (and me)
believe that an all of society approach is necessary, but there were obstacles that kept this from
being achieved. I have identified some of the reasons why this occurred and potential ways to
respond to them. However, much more work needs to be done involving “demystifying”
participation as people organize generally, and for NCDs specifically. Future studies could focus
on organizing forms that exemplify more bottom-up approaches to participation and egalitarian
structures. In addition, it would be beneficial to find how participatory policies or outcomes of
such transnational organizing forms trickle down into national, state, and local levels. It is
important to understand how broader participatory policies and organizing outcomes are
‘translated’ into practice by organizations or communities. For example, I have a colleague who
is a health director for one sector of a state’s public health department. I asked him questions
regarding how U.S. Federal or UN policy influenced, in practice, how his department
approached health issues. During our conversation, he discussed that policy from the WHO and
Centers for Disease Control is used as a guide from which they create local health system
initiatives. This was largely done, he said, because they were given funding by doing so; yet this
funding came ‘with strings attached’. He often disagreed with these restrictions, as they were not
specific to his community’s needs, creating tensions between his department and federal officials. He also discussed how, in some instances, he would ignore these restrictions entirely. Understanding these tensions and related policy is another space for further research and is part of “demystifying participation” in multi-sectoral and multi-level organizing forms. It is my hope that this research can provide insight into this process.

I conclude with a statement from the Health Minister of Argentina during the seventh plenary meeting as his words sum up my feelings of where I hope we go from here and how, “The decisions we make here will be given a human face and it will change what we do on a day by day basis… ‘Men are like angels with one wing, in order to fly we must embrace each other.’”
REFERENCES


