

# Governing Public-Private Infectious Disease Partnerships

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GLOBALIZATION HAS FAR-REACHING IMPLICATIONS FOR health and for the manner in which health threats arise and are addressed.<sup>1</sup> Previous papers have focused on the manner in which increased global integration creates fertile ground for the rapid spread of infectious diseases and the considerable challenges it poses to their appropriate management.<sup>2</sup> Indeed, some countries may be facing life-expectancy levels as low as those in the medieval era as a consequence of infectious diseases. Globalization has also contributed to increasing global awareness of the growing burden of communicable diseases and has heightened concerns over the potential and actual threat of contagion to populations that had previously thought of themselves as largely immune.<sup>3</sup> The SARS outbreak has widely confirmed such vulnerability by traveling “more widely, swiftly, and lethally than any other recent new disease so far.”<sup>4</sup> Growing awareness has galvanized renewed interest, political commitment, and new resources for infectious disease control.

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It has also been argued that globalization has spawned a rash of public-private partnerships (PPP) at global, regional, and country levels, to mobilize and coordinate resources and institutions on specific health targets, particularly infectious diseases.<sup>5</sup> The number of health partnerships is unprecedented, the vast number of institutions party to some of the large Alliances is remarkable, and the amount of resources they have mobilized is impressive.

The most radical aspect of these initiatives might lie in their governance. After all, they are heralded for bringing together public, commercial, and civil society sectors through innovative organizational arrangements to achieve shared goals. In particular, in their governance, market-based authority, or the discipline of the market, meets hierarchical command and control mechanisms of state bureaucracies, creating hybrid organizations. Good governance promotes justice and is associated with positive outcomes.

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While some have argued that PPPs represent the only realistic option to address social problems such as infectious diseases, others have expressed concerns over their impact on decision-making in public sector organizations at the national and intergovernmental levels. Many have consequently called for improved safeguards, further research, and even a moratorium on certain interactions.<sup>6</sup> Whether or not PPPs realize their full potential and whether they impact negatively or positively on their public and civil society partners is, arguably, largely a function of their governing arrangements.

This paper analyzes a subset of partnerships from a larger study and aims to describe and compare the organizational and management arrangements of 17 global PPPs that address infectious diseases.<sup>7</sup> The paper begins by reviewing the meaning and dimensions of governance and enumerates the criteria by which governance tends to be judged. The paper then analyzes the governance of the partnerships, particularly with respect to their authority, representation, accountability, transparency, and oversight. In light of the findings, conclusions are drawn in relation to the need for major reforms to these global partnerships.

## METHODS

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Public-private interaction for health encompasses a wide range of organizational arrangements, from consultation between public and private sector actors to joint ownership of assets. We were interested in those initiatives that broadly conform to the following definition of global public-private partnerships:

Collaborative relationships which transcend national boundaries and bring together at least three parties, among them a corporation and an inter-governmental organisation, so as to achieve a shared health creating goal on the basis of a mutually agreed and explicitly defined division of labour.<sup>8</sup>

A sample of seventeen PPPs was selected on the basis of the likely accessibility of information on their governing arrangements (see Table 1). An attempt was made to include PPPs that focus on product development, product access, and coordination and advocacy. Given the underlying hypothesis, that organizational arrangements play a central role in the manner in which PPPs function,<sup>9</sup> PPPs were also selected to include those hosted by/in: (1) multilateral organizations, such as the World Health Organization (WHO); (2) non-governmental organizations (NGOs) such as Task Force for Child Survival and Development; (3) legally-established independent organizations, for example, 501(c); and (4) independent non-profit scientific organizations under U.S. law.

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**TABLE 1: ACRONYM, DATE ESTABLISHED, FUNCTIONAL FOCUS, LEGAL HOST AND LOCATION**

PPP acronym	Title	Start Date	Functional focus	Legal host Location of secretariat
AAI	Accelerated Access Initiative	2000	Broker price discounts Ultimately access	UNAIDS Geneva, Switzerland
Coartem	WHO-Novartis	2001	Access	WHO <sup>1</sup> Geneva, Switzerland
GAEL	Global Alliance to Eliminate Leprosy	1999	Access	WHO Geneva, Switzerland
GAELF	Global Alliance to Eliminate Lymphatic Filariasis	2000	Access	WHO Geneva, Switzerland
GATBDD	Global Alliance for TB Drug Development	2000	Drug Development	GATBDD, New York, USA
GAVI	Global Alliance for Vaccines and Immunizations	1999	Access	UNICEF Regional Office Geneva, Switzerland
GPEI	Global Polio Eradication Initiative	1988	Access	WHO Geneva, Switzerland
IAVI	International AIDS Vaccine Initiative	1996	Drug Development & Introduction	IAVI New York, USA
ITI	International Trachoma Initiative	1998	Access	ITI New York, USA
Malarone DP	Malarone Donation Programme	1997	Access	Task Force for Child Survival & Development. Georgia, USA
MDP	Mectizan Donation Programme	1987	Access	Task Force for Child Survival & Development Georgia, USA
MMV	Medicines for Malaria Venture	1999	Drug Development	MMV Geneva, Switzerland
MNT	Campaign to Eliminate Maternal and Neonatal Tetanus	1998	Access	U.S. Fund for UNICEF New York, USA
MVI	Malaria Vaccine Initiative	1999	Drug Development	PATH Maryland, USA
RBM	Roll Back Malaria Global Partnership	1998	Advocacy Coordination	WHO Geneva, Switzerland
Stop TB	Global Partnership to Stop TB	1999	Advocacy Coordination	WHO Geneva, Switzerland
WPESS	WHO Programme to Eliminate Sleeping Sickness	2001	Access	WHO Geneva, Switzerland

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No separate legal status: Housed in a multilateral organization

Separate legal status

No separate legal status: Housed in a non-profit organization

<sup>1</sup> Coartem does not officially have a Secretariat.

The cross-sectional comparative study was conducted from January 2002 to January 2003. The research strategy involved: (1) an analysis of documentary sources; (2) the development of draft organizational 'profiles' for each of the sample PPPs based on information in the public domain (which served in some respects as a questionnaire); (3) interviews with key informants in most of the PPP Secretariats to complete the missing information in the profile; (4) vetting of the draft PPP profiles by each of the PPP's Secretariats to ensure factual accuracy; and (5) content analysis.<sup>10</sup>

The relatively small sample, and its purposeful selection, may limit the ability to generalize the findings. Moreover, the interpretation of the findings is constrained because, due to resource limitations, it did not incorporate perspectives of key stakeholders outside the Secretariats, including respondents from public, private, and civil society partners, as well as non-partner organizations with an interest in the respective partnerships. A related limitation concerns the reliance of the research upon official documents and views from staff. These may often reflect the manner in which a PPP is supposed to function in theory rather than how it functions in practice, and consequently, we may have put a more positive spin on the partnerships than warranted. Finally, the cross-sectional-analysis may be misleading, as organizational arrangements in these initiatives are not static. Despite these limitations, the paper serves to document and analyze conditions prevailing at the time of research to an extent heretofore unprecedented.

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#### WHAT IS MEANT BY 'GOOD' GOVERNANCE?

Governance concerns the manner in which society, or an institution, 'steers' itself.<sup>11</sup> It comprises the formal and informal norms, rules, and decision-making procedures that bring order and structure co-operation. Governance relies on systems of command and control; through these systems, governors seek the compliance of the governed. Systems of rule can exist in the absence of formal legal authority – to which a raft of effective self-regulation in the commercial realm attests.<sup>12</sup> As noted above, it is their unique governance—the structuring of cooperation in the absence of either hierarchical legal authority or the discipline of market relations—that renders public-private partnerships particularly innovative and interesting. This paper seeks to reveal 'the who, how, and why of decision-making' in global infectious disease PPPs so as to better understand how governance occurs in these hybrid institutions.

The concept of governance has largely been applied to the nation-state. Organizations such as the World Bank have equated good governance with free and fair elections, universal protection of human rights, efficient and impartial judicial procedures, transparent official agencies, accountability for decisions by public officials, devolu-

tion of resources and authority, and meaningful participation of citizens in public debate among other things.<sup>13</sup> The World Bank and the International Monetary Fund have identified a large number of qualitative indicators, as well as a good number of quantitative indicators, to measure governance. The staff of these organizations have found positive relationships between good governance and favorable developmental outcomes.<sup>14</sup>

More recently, there has been an increasing interest in applying concepts of governance to non-territorial based systems of rule, particularly in the context of global governance.<sup>15</sup> Oran Young has described good global governance as “the sum total of institutions, laws, procedures and standards that allow people to express their concerns and seek to defend their interests in a relatively predictable and equitable context.”<sup>16</sup>

While a consensus may never be reached on the definitive manner in which to make the concept of governance operational in terms of its constituent parts and relevant indicators, the above discussion suggests some common themes. First, governance can be assessed in terms of legitimacy, or the extent to which its authority is considered valid by those affected by it. For example, if a given drug distribution PPP is developing norms and standards in relation to who is eligible for and who is not eligible for the drug, do those who are affected by the partnership’s decisions vest in it the right to govern, or in this case quite literally ‘the right to prescribe’? If not, the PPP’s legitimacy may be contested.

Second, representation and participation are concerned with both the extent to which and manner through which, those affected by the exercise of power are involved in decision-making. Meaningful participation (or representation) in decision-making will likely increase the perceived fairness and legitimacy of the governing arrangement. The nature of the decisions and whom the decisions affect ought, therefore, to dictate who is involved in decision-making. Most PPPs are likely to have more than one decision-making body reflecting the kinds of decisions that need to be taken (i.e., consultative, authoritative, technical, etc). In the case of global PPPs, in addition to the requirement for competence-based participation, one would expect to find public, private, and civic interests from both the global north and south represented in decision-making bodies and holding some degree of influence. Ensuring such broad representation, however, is likely to be challenging for logistical and political reasons.

A third criterion for assessing governance is the extent to which those with authority can be held responsible for their decisions and actions. Accountability in partnerships is complex and has at least three dimensions. First, to whom are Secretariats (i.e., the executive) accountable—governing bodies or host organizations? Second, to whom are governing bodies accountable, to funding organizations and partners, or to all those affected? Finally, how are partners held accountable to the partnership as a

whole for commitments that they have made?

Transparency, the extent to which information pertinent to decision- and rule-making is freely and readily available to those affected, marks the fourth widely accepted element of governance. Transparency provides the cornerstone for meaningful participation and facilitates accountability.

A fifth area concerns the effectiveness, efficiency, and sustainability of the governing arrangement. Governance is only worthwhile if the rules of the game are widely adhered to, if compliance leads to goal attainment, and if such compliance does not come at an excessive cost. Governance must also create systems of rule that have more than a fleeting existence.

As noted above, there are many other variables that could be used to assess governance, particularly those that have a normative basis, ranging, for example, from fairness and equity considerations to gender- and environment-based criteria.<sup>17</sup> The following section reports on select aspects of the governance of global health PPPs.

#### CONTEXTUAL CONSIDERATIONS

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Governing arrangements do not exist in a vacuum and some general knowledge of the PPPs aids the analysis. The majority of these initiatives were established during the past five years. Their governing arrangements were designed without the benefit of lessons from the past. Consequently, these arrangements should be treated as experimental; lessons must be drawn from them so as to improve practices.

Second, all the partnerships' Secretariats are either in Geneva or the United States. Due to the costs of travel, 'partners' or potential partners from developing countries may be at a disadvantage to those more proximate. Moreover, the symbolic importance of the locale (as well as the prevailing working cultures in these cities) may give the impression that these are not as 'global' as their names often suggest.

These partnerships tend to revolve around products to treat or prevent disease, as opposed to other public health approaches to health problems, which limits the range of potential partners. Those partnerships, which serve as coordination umbrellas, such as the Global Partnership to Stop TB and the Roll Back Malaria Global Partnership (RBM) tend to include more partners, which leads to more complex governing arrangements.

Fourth, although these partnerships were purposively selected, they reflect the systematic bias within global health partnerships to address infectious diseases. In so doing, global partnerships tend to pick the low hanging fruit by failing to address more difficult issues surrounding non-communicable diseases. Global health-related partnerships with the alcohol, food, and auto industries remain largely uncharted. Conflicts of interest

complicate the governance of these partnerships, but they are potentially rewarding.

Finally, these partnerships report adding value to the efforts of their individual partners in a number of ways. For example, skills such as commodity demand forecasting are transferred from private to public sector agencies. One remarkable finding is that approximately half of the partnerships report adding value through the development of 'norms and technical standards.' In other words, they are, to some extent, governing substantive issue areas which had in the past been the preserve of national policy or fallen under the remit of an intergovernmental organization, such as the WHO. Such shifts in global health authority carry important implications for global health governance, but also underscore the importance that ought to be attached to the governance of these novel endeavors.<sup>18</sup>

#### **THE GOVERNANCE ARRANGEMENTS—STEERING IN THE RIGHT DIRECTION?**

##### *Partners, members and constituencies – syntax or substance?*

The research reveals that few PPPs have formally defined what constitutes a 'partner' or a 'member,' and what membership rights and responsibilities entail. Some partnerships argue that to do so might reduce the number of organizations which take an interest in the initiative. The staff of RBM, for example, state that "categories of partnership or membership...have not been clearly defined."<sup>19</sup> Similarly, the former director of the Malaria Vaccine Initiative (MVI) reported that "MVI does not employ a formal definition of partner"<sup>20</sup> and the same is true of the International AIDS Vaccine Initiative (IAVI).<sup>21</sup> Many of the partnerships take a broad and inclusive approach in that the partnership is open to any organization that both shares its aims and can make a contribution in terms of skills or resources. For some of the PPPs, such as the Global Alliance for Vaccines and Immunizations (GAVI), the defining characteristic of a partner is the resource contribution that it makes to the partnership. In relation to the Campaign to Eliminate Maternal and Neonatal Tetanus (MNT), it was suggested that partners are those "entities that have economic, political and social investment in MNT." With this definition, MNT differentiates partners from "friends or part[s] of network[s]" who have not placed resources "on the table."<sup>22</sup> Others differentiate partners from members on the basis of whether or not organizations were involved in founding and sponsoring the initiative (e.g., the Global Alliance to Eliminate Leprosy - GAEL).

The widespread lack of specificity regarding partner status, rights, and obligations, as well as the rules and procedures for admitting new members, raises a number of governance questions. First, are some organizations systematically overlooked when it comes to gaining entry into global initiatives? Second, are some partner organizations more privileged than others in relation to having the distinction of belonging to

a core group of partners which bestows them with advantages in relation to decision-making? Differentiation of membership on the basis of certain criteria, such as discrepancy between spearheading, founding, and/or funding members and other partners

**The identification and mobilization of firms and industries beyond the pharmaceutical industry represents a major challenge but also a potentially rewarding area of future development in PPPs.**

may tip the balance to donor organizations over southern stakeholders in steering partnership activities. According to one informant, “If you don’t have some money on the table, some time, and expertise, you are not a partner.”<sup>23</sup> Ill-defined rights can lead to other problems, for

example, how to divest the partnership of a partner when differences are too difficult to reconcile. The International Association of Anti-Leprosy Associations was dispelled from the GAEL and an external evaluation found that the roles and responsibilities of partners were never sufficiently clarified, expectations were diverse and not clear to all, and “there was no clear understanding of what individual partners would receive or give to the Alliance.”<sup>24</sup> Third, how can accountability be ensured when the terms of the relationships remain ambiguous?

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The number of reported ‘partner’ organizations in the initiatives spans from two (the International Trachoma Initiative (ITI), which is a product access partnership) to over two hundred (Stop TB—an advocacy cum coordination initiative). Northern-based institutions were the most numerous partners across the sample. Differences observed between the categories of partnership occurred in relation to southern country governments. While all of the UN-hosted partnerships, with the exception of the Accelerated Access Initiative (AAI), include governments of developing countries as partners, many of the NGO-hosted and independent partnerships lacked these partners. A key challenge for all partnerships is to develop mechanisms for increasing the number of partners from the global south; transforming both rhetorically and substantively ‘beneficiaries’ into ‘partners.’ Moreover, mechanisms to engage the governments of developing countries as partners should be explored as a means of easing the constraints to implementation, increasing local ‘ownership,’ and improving the chances of sustaining partnership activities, including product development initiatives.

In relation to the involvement of northern governments as partners, the research found that the United States is the most active, followed by the United Kingdom, the Netherlands, Canada, Ireland, and the European Community.

Perhaps as a reflection of the overarching focus of these PPPs on product-oriented interventions, northern research and development pharmaceutical companies

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dominate over other industries and southern firms as commercial partners in these global partnerships. Their roles as partners are three-fold: product donation or price discounting, publicly subsidized research and development, and financial support for partnership management. Non-health-related industries are featured as partners in only three of the initiatives. These untapped industries offer a number of attractive capacities that could be exploited to address communicable diseases. For example, the UNAIDS/Coca Cola partnership utilizes the firm's vast distribution channels and marketing capacity for HIV/AIDS campaigns. These assets have also been deployed by the Global Polio Elimination Initiative (GPEI). The identification and mobilization of firms and industries beyond the pharmaceutical industry represents a major challenge but also a potentially rewarding area of future development in PPPs. Only four of the partnerships involve southern commercial firms as partners, which suggests further opportunities for innovation.

#### *Governing bodies*

Governing bodies give expression to the decision-making process and power relations in partnership initiatives. Ideally, they wield ultimate authority, have powers to amend governing articles, chart the broad direction of the partnership, elect or appoint the secretariat/executive, and broadly represent their stakeholders. Membership in governing bodies privileges certain organizations over others in decision-making, as do voting rights and other procedures. This paper mainly addresses the issue of representation.

There is likely some truth in the adage that 'form follows function.' Given the fact that the term 'partnership' suggests that one function of the organizational arrangement is to 'share decision-making,' collaborative initiatives should arguably include one or more mechanisms to enable shared decision-making between partners. Legally independent partnerships which have been established with the explicit aim of facilitating public-private collaboration on a given issue tend to provide for shared decision-making through their Boards of Directors (the exception is the ITI which does not have public sector representation). Deliberately structuring the governing body in such a way as to ensure that seats and voting rights are provided to both public and private sector partner organizations increases the chances that decisions are taken that reflect the interests, needs and concerns of both groups of stakeholders. Moreover, the Boards of these independent partnerships wield ultimate authority and are tasked with the responsibility of developing policies and principles for the partnership, reviewing and guiding the corporate strategy, appointing, monitoring and advising key executives, and assuring financial integrity by reviewing finance and budgets and undertaking fundraising.

In contrast, the 'governing bodies' of the 'hosted' partnerships raise questions

concerning the nature and meaning of their ‘public-private’ nature and of the extent to which they are ‘partnerships.’ For example, the notion of a ‘governing body’ in the case of most of the WHO-embedded initiatives is problematic. In some cases governing bodies are said not to exist (i.e., the Coartem partnership with Novartis), and in others purported governing bodies do not govern per se as they lack authority to provide oversight and fiduciary responsibility. In the latter cases, such as in GAELF and RBM, fiduciary and managerial responsibility for partnership activities is vested in a WHO staff member who is accountable to the WHO hierarchy as opposed to accountable to the other partners. Some of the other WHO-hosted partnerships do not provide seats on their governing bodies for commercial sector representation (e.g., RBM), raising the question of the ‘public-private’ nature of the partnership. The Board of the Global Alliance for Vaccines and Immunizations (GAVI), hosted by UNICEF, stands in marked contrast, as it has been structured in a similar manner to the independent partnerships – demonstrating that the UN can govern alongside the commercial sector. The governing bodies of the NGO-hosted partnerships resemble those typical of the UN.

In summary, the majority of the ‘hosted’ initiatives have ‘governing bodies’ which tend to have highly curtailed authority. Fiduciary responsibility in the hosted partnerships, in contrast to that in partnerships that are legally independent, rests with the hosts (i.e., NGO or multilateral organization).<sup>25</sup> Moreover, they typically fail to provide the means for both public and private sectors to participate.<sup>26</sup> Consequently, it would appear that other attributes must account for the public-private nature of these initiatives.

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The findings reveal that certain groups are systematically represented poorly in the governing bodies of the sample, particularly in southern governments and civil society organizations. Some Boards have no participants drawn from institutions based in low- and middle-income countries (let alone public sector institutions), and none of the governing bodies had even half of its membership drawn from this group.<sup>27</sup> A minority of the initiatives is proactive in this respect, with the Medicines for Malaria Venture (MMV), for example, seeking to ensure representation of endemic countries.

Widdus argues that “genuine deference to local decision-making would acknowledge that the elected governments of poorer countries are better placed than NGOs based in richer ones to decide what is in the interests of their populations.”<sup>28</sup> Presumably the same is true of northern-based foundations, firms, governments and academics.

Some PPPs have deliberately ensured southern representation on their Governing Bodies through a process of horizontal segmentation. For example, GAVI reserves three seats for southern governments on its Board, and the Global Alliance for Improved Nutrition (GAIN) has earmarked four seats for experts from developing countries. Clearly, representation of such diverse constituencies may not be straightforward.

Because procedures for electing, communicating with, and representing constituencies have not been well developed, it may be more accurate to think of the Board representatives as “reflecting the interests and perspectives” of similar interest groups as opposed to “representing” their constituencies. Representation may be difficult even where the universe of organizations in any one constituency is relatively small (e.g., southern governments as opposed to commercial sector) and homogeneous (e.g., UN vs. civil society). The representative of African developing countries on the GAVI Board, for example, is said to have remarked that “this is an impossible task to carry out effectively in relation to 36 countries” despite the provision of an assistant funded by GAVI.<sup>29</sup>

Another approach to providing opportunities for representation of constituencies lacking access to the governing body is to invite them to meetings of stakeholders—a strategy adopted by about a third of the sample. For example, NGOs and southern governments are excluded from the Meeting of UN-industry Partners but are invited to the annual Contact Group meetings. Other partnerships also use large stakeholder meetings to feed into the deliberations of the governing bodies, but only in the case of the Global Alliance for TB Drug Development (GATBDD) does this group hold much sway (e.g. nominate members to the Board and have power to call meetings of the Board).

#### *Accountability*

Accountability in partnerships is both complex and contested. It is complex in that it involves the accountability of the executive staff to a governing body (which may in fact fail to have the properties normally vested in such an organ), of the governing body to its stakeholders, and of the partners to the partnership for the commitments that they have made to it. This research did not explicitly collect data on the latter aspect of accountability but it did not reveal any evidence of formal sanctions for partners which do not comply with partnership decisions or which fail to deliver on their commitments to the partnership.

Not surprisingly, we found major differences between the accountability of the secretariats that serve independent partnerships and those who are embedded in host organizations. Senior management of the independents is appointed by and accountable to the Board. GAVI, hosted by UNICEF, conforms to this model in that GAVI staff are accountable to the GAVI Board, although UNICEF rules and regulations govern the staff and most activities of the secretariat. In the case of most WHO-hosted partnerships, senior management is accountable to the WHO hierarchy although attempts have been made to bifurcate accountability in one of these partnerships. In particular, the Executive Secretary of Stop TB is appointed by the WHO Director General and is a WHO staff member and has, therefore, to follow the administrative

procedures and rules of the organization. As head of the secretariat, however, the Executive Secretary prepares annual work plans and budgets for approval by the Board. In a sense, this is dual accountability. The outgoing Executive Director was of the opinion that this “has worked so far as the role of WHO is clearly defined and respected by all parties.”<sup>30</sup>

The other hosted partnerships, such as AAI hosted by UNAIDS, or the Malaria Vaccine Initiative (MVI) hosted by PATH, are structured in such a way that the executive is accountable, not to the governing body of the partnership, but to its host organization. These structures clearly limit the extent to which partners can hold the partnership’s secretariat to account.

The second area of accountability concerns the breadth and extent to which governing bodies are held accountable. This is a contested issue. There are those who argue that the governing body “should first and foremost be made accountable to funders and stakeholders directly involved in the specific R&D problem.”<sup>31</sup> Others adopt the ‘stakeholder’ approach to accountability. This approach grants an organization or person the right to hold to account “any group or individuals who can affect or is affected by . . . an organization.”<sup>32</sup> According to this view, in addition to funding agencies, other stakeholders such as peoples from low-income countries need to be in a position to hold PPPs accountable, and one mechanism for so doing involves systems of representation, together with access to information. Findings suggest that most PPPs adopt the narrow approach – denying the means for those affected to hold them to account. It appears that transparency does little in most partnerships to correct this governance flaw.

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### *Transparency*

Access to timely and relevant information about decision-making is essential to enable stakeholders to hold an organization accountable and to enable participants and representatives to make meaningful contributions to the deliberations. We were not in a position to assess the extent to which stakeholders perceive that transparency exists. Instead, we used a proxy measure, namely access to online information. With the exception of Coartem, all of the partnerships disseminate information pertaining to their respective activities through an Internet location. For those partnership initiatives embedded in multilateral organizations or NGOs, the partnership Internet site is usually accessible through the Internet address of the host organization. All partnership Internet websites provide information on mission/aims, partner/member organizations, and the roles and responsibilities of various partners, with varying levels of detail and specificity.

More germane to the issue of governance is the availability of information pertaining to the membership and deliberations of governing boards or technical advisory groups (TAGs). Thirteen of the partnerships provide a list of members of their governing boards, either directly or as appendices to publicly available meeting reports. Ap-

proximately half publicize the membership of their respective TAGs through the Internet. It is worth noting that none of the legally independent partnerships irrespective of whether they engage in

product development or access activities, make available the minutes of their deliberations. While GAVI is similar to those

partnerships in many respects, the minutes of its Board meetings, including teleconferences, are in the public domain. Although these publicly available documents contain information pertaining to administrative and operational matters, few of these nine partnerships provide detailed information regarding the parameters by which their governing bodies operate. For example, the information posted by AAI, GAELF, GATBDD, ITI, Malarone DP, and the WHO Programme to Eliminate Sleeping Sickness (WPRESS) on the Internet do not include information on the procedures related to the management of their respective governing bodies or the process by which decisions are made.

While the majority of the partnerships enumerate their respective sources of funding, only five of the partnerships publish annual budgets through their Internet sites. Among this minority, it is notable that two of the four legally independent partnerships provide this information (i.e., MMV and ITI).

**An external evaluation of IAVI drew attention to conflicts of interest between its science program and the Scientific Advisory Committee.**

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*Oversight*

Most, if not all, of these partnerships are premised on the understanding that each sector has assets that yield synergistic outcomes when combined. Yet, in pooling and exchanging assets, the risk arises that corporate partners will assert undue influence on critical processes in the public sector organization in order to further their business interests. Consequently, many multilateral organizations have developed policies to ensure that norm-setting in the context of partnership with the commercial sector remains driven largely by evidence and serves the public's interest. Such policies provide guidance on issues such as criteria for corporate partner selection and the terms of participation for norm setting exercises.<sup>33</sup>

We were able to gather information on conflict of interest procedures for only six of the 17 PPPs. This may suggest that the majority of PPPs do not have any procedures in place. Of the six with such procedures, only Stop TB relies on its host's procedures governing conflict of interest and expert groups. Four partnerships (AAI, ITI, MNT and WPRESS) ring fenced the development of norms and standards by excluding representatives of the commercial sector from technical decision-making bodies, which is

likely an effective if blunt instrument. GAELF, by contrast, guards against undue influence through the use of ‘consensus’ decision-making in its technical advisory group, which may not be entirely effective.<sup>34</sup> An external evaluation of IAVI drew attention to conflicts of interest between its science program and the Scientific Advisory Committee and recommended that the management of these conflicts be reconsidered so as to avoid them entirely.<sup>35</sup>

Another important area of oversight concerns the selection of corporate partners, and in particular, exercising due diligence in guarding against partnerships with firms that have poor records on corporate social responsibility and financial integrity. There are those who are inclined to view the ‘simple’ act of involvement of a firm in a public-private venture with social goals as evidence of its good corporate social responsibility. Others are less sanguine, drawing attention to the distinct differences in the motivations, resources and influence of for-profit organizations and public bodies. These differences can impact the ‘weaker’ partner positively and negatively if the collaborative process is ‘transformative’ or if the terms of engagement are inappropriate, poorly specified or not enforced.

Only four partnerships (AAI, ITI, MNT, and RBM) undertook a formal assessment of the background of their commercial partners. In each case, screening was conducted by a multilateral organization—including ITI and MNT which are not hosted by a multilateral. MVI, hosted by PATH, took a different approach. Lacking guidance from its host regarding partner appropriateness, MVI initiated an internal discussion regarding the acceptance of donor funds from ‘negligent’ firms. These discussions included staff from MMV, another drug development partnership. According to senior MVI staff, the informal MVI position is that the organization will accept donations from donors with poor social responsibility, “but we are going to be expensive.”<sup>36</sup>

In many of these partnerships, particularly those that focus on product access, the public sector has no alternative to the firm in question. The monopoly position the corporate partner occupies might account for the lack of scrutiny it is subjected to. We would argue that a lack of competition does not in itself reduce potential risks associated with partnering and consequently does not diminish the need for criteria and procedures for corporate selection.

The findings reveal that guidelines of the multilateral organizations governing corporate selection are not widely adhered to. Some WHO-hosted partnerships, including GAEL, GAELF, Stop TB and WPRESS, report that they have not screened commercial partners as stipulated in the organization’s guideline.<sup>37</sup> WHO staff may lack a thorough understanding of the organization’s policies. For example, Merck’s commitment to donate and ensure distribution of Mectizan® to control river blindness and lymphatic filariasis was understood by senior WHO staff as sufficient evidence of

the corporation's social responsibility.

Several of the partnerships employ positive criteria to evaluate the appropriateness of commercial sector partners. For example, GPEI screens for reliable and reputable companies, AAI selects companies that exhibit Good Manufacturing Process, and Coartem chose the drug maker Novartis due to its "strong reputation for sustainable development." In some cases, product donation by commercial entities was thought to serve as a proxy of good corporate social responsibility (i.e., Coartem and MDP).

The general neglect of company screening reflects a number of factors. First, the topic is highly polarized, which implies that it would be difficult to get a consensus across a number of organizations (let alone sectors) within a partnership to agree on selection criteria. The topic is polarized because it is value laden, for example, deriving revenue from sale of alcohol may be considered by some to be unacceptable but immaterial to others. It also reflects, to some degree, the relative power imbalance between public and private sectors. When the public sector is carrying an alms bowl it is not in a strong position to dictate principles of good corporate ethics. Despite these challenges, setting standards for entry into partnerships has at least two desirable features: (1) it diminishes a variety of risks for the partnership and its partners; and (2) it sends signals about ethical corporate behavior. Establishing and advocating a generic set of corporate screening standards and promoting their adaptation by new and established PPPs is an important but neglected task. While many of the multilateral organizations have made progress in this area, it is likely that leverage for widespread adoption and implementation in the PPPs will need to come from funding agencies and donors such as DFID and the Bill and Melinda Gates Foundation.

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Audits play an important oversight role in facilitating accountability of PPPs to partner organizations and stakeholders. The legally independent partnerships uniformly commissioned annual audits from specialized commercial auditing companies such as PriceWaterhouse Coopers. This stands in contrast to the practices of the NGO-hosted partnerships, which rely upon internal auditing services provided by the host agency (with the exception of the Malarone DP which had an audit conducted by its partner's staff.)

Audits of partnerships hosted by the multilateral organizations present a more mixed picture. The WHO-hosted partnerships have adopted a variety of mechanisms. Coartem provides for the WHO to contract a mutually agreed 3<sup>rd</sup> party to audit Novartis manufacturing costs (as the provision of drugs at cost represents the centerpiece of this partnership). The activities of GAELF are not audited per se, as the different partners each adopt their own audit rules. Agreements between RBM and its donors stipulated an evaluation which was conducted by an external team of experts.<sup>38</sup> GAEL and IAVI have been subject to external review as has GAVI where the evaluators encountered "strongly divided views about the need" for it with some stakeholders favoring an inter-

nal consideration of issues among partners.<sup>39</sup> Stop TB is audited by the standard WHO audit, a similar practice has been adopted by UNAIDS for the AAI.

In summary, the procedures for practicing oversight varied tremendously within the sample. What was relatively consistent was the infrequency of proactively managing potential conflict of interest and screening of commercial partners. Auditing is common practice among the independent partnerships but still curiously absent in many hosted ones.

#### CONCLUSIONS

These global infectious disease partnerships are relatively new, and there remains much to learn about how to structure interactions between public and private actors in multiparty arrangements so as to optimize benefits for public health. Nonetheless, this review has found certain deficiencies that require attention. The gross under-representation of southern stakeholders in the governance arrangements of PPPs, coupled with the northern location of PPP Secretariats, is reminiscent of imperial approaches to public health and suggests the need to develop innovative, cost-effective models for deeper southern and other stakeholder input. It was striking to note how few of the hosted partnerships have designed governing arrangements in which public and private sector partners are represented with significant fiduciary and decision-making autonomy. This design fault undermines the potential of these 'partnerships' by limiting partner support. Further elaboration of the meaning of 'partners' and explicit delineation of criteria for as well as rights, privileges and obligations associated with partner status might contribute to more appropriate representation on PPP governing bodies. It appears as though the development of technical norms and standards is widespread among the partnerships, but policies and practices to ensure that these are not subject to undue commercial influence have been largely overlooked, as have policies and procedures for screening corporate applicants. The focus of the PPP on products for the management of illness is likely to distract the international health community from prevention activities that are known to have greater leverage and impact.

On a more positive note, it is encouraging to witness the rise of PPPs, the manner in which they reconfigure assets from public and private sectors, sometimes mobilize different, additional resources for public health challenges, and appear to have raised the salience of some international health issues. Even more encouraging is the fact that there remains tremendous potential to push the PPP envelope even further by attracting non-conventional firms and industries into international health initiatives and mobilizing untapped assets in the commercial and civil society sectors. In so doing, the architects of PPPs should pay close attention to the arrangements for governing these new initiatives.

NOTES

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\*\* Please visit the [www.bjwa.org](http://www.bjwa.org) to read an unabridged version of this article.

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25. Many PPPs indicate that Technical Advisory Groups serve as their governing bodies—yet these groups have no fiduciary responsibility nor decision-taking authority.

26. The PPP profiles, which served as questionnaires and were vetted by the PPP secretariats, indicate that all, with the exception of RBM and WPRESS, state that their governing bodies have representation of both private and public partners. Nonetheless, further research reveals this not to be the case for Coartem, GAEL, GPEI which have no governing bodies, while Malarone and Mectizan lack private representation and ITI lacks public representatives, etc.

27. Being based at a southern institution may be a poor proxy for representing southern interests—particularly given the increasing number of ‘transpatriates’ working in international health—but at least these individuals will have greater understanding of local variables of relevance to the health issue. Their involvement may thus serve to improve both constituency-based and competence-based representation.

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