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Accountability of Global Public-Private Partnerships in Health

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Abstract:

This paper deals with the accountability of global public-private partnerships (GPPPs) in health and their legitimacy as actors of global health governance. It consists of a theoretical part in which the most important characteristics of the two concepts and the specifics of partnership accountability are discussed, and an empirical part in which the current landscape of global health partnerships is scrutinized. It is argued in the first part that accountability relationships of partnerships differ from those of other actors, as the multi-actor constellation of GPPPs complicates both the identification of the agent and its control through the principals. In order to create accountability adequate mechanisms in three core dimensions – information, participation, and sanctions – are required. In the second part of the paper different types of health GPPPs are investigated with regard to their performance in these three dimensions. It is shown that the degree of accountability differs considerably between advocacy, research&development, service support, and finance partnerships. Limited accountability, however, can undermine the legitimacy of GPPPs as actors of global governance processes and core requirements should be met to improve the current architecture of global health.

1. Introduction¹

The trend towards hybrid forms of regulation between state and non-state actors can be observed since the beginning of the 1990s and reached its peak around the turn of the millennium. In the context of a changing economic and political landscape, global public-private partnerships (GPPPs) were promoted both by the UN system and private actors as a means to correct political and market failures in international health and to better address globalization-related challenges.

In the health sector especially the challenge through the global spread of infectious diseases like HIV/AIDS, Tuberculosis or Malaria, and the risk of global insecurity due to a vicious circle of ill-health, poverty and political instability contributed to the advent of GPPPs. This was accompanied by the increasing perception of health as a global public good (Kaul et al. 1999, Smith et al. 2003) and the highly pronounced interdependence of public and private actors in the health sector, with pharmaceutical companies, public research institutes, international organizations, pharmacists, physicians and nurses, as well as international and local NGOs playing an important role in advocacy and the development, financing and provision of drugs and medical services.

Today we can find about 80 GPPPs in the health sector, differing in terms of legal status, disease focus and area of activity, ranging from small initiatives for single issues to large institutions for multiple diseases. They aim at using the comparative advantages of the participating actors, pooling resources, and sharing risks and benefits in order to address issues that could not be solved by a single actor alone. While they on the one hand can contribute to innovative and effective solutions to certain policy problems like for example R&D for poverty-related diseases, they are on the other hand associated with considerable challenges, as they allow private interests to gain significant influence on processes of agenda-setting and policy-making in global health. The fact that non-state actors are not authorized to do so in the same way state actors are – i.e. they are not elected and do not represent larger groups of people – challenges both the legitimacy of GPPPs and of the system of global health governance. This refers especially to the input dimension of legitimacy, but touches also on the output dimension and thus the effectiveness of global policy-making.

¹ This paper was originally prepared for the 2007 Wall Summer Institute of Research on 'Civil Society Organizations and Global Health Governance', Peter Wall Institute for Advanced Studies, University of British Columbia, June 25-28, 2007 (<http://www.wsir.pwias.ubc.ca/2007/>)

In order to address these legitimacy problems, the concept of accountability was introduced by a variety of authors (cf. Keohane/Nye 2001, Grant/Keohane 2005, Risse 2004, Zuern 2004, Held/Koenig-Archibugi 2005). It is argued that the delegative model of legitimacy - which works in the context of nation states - can not be just transferred to the international realm. Instead, participatory models of legitimacy and the development of accountability mechanisms are necessary to close the legitimacy gap in global politics. Broadly defined, accountability refers to a relationship „in which an individual, group or other entity makes demands on an agent to report on his or her activities, and has the ability to impose costs on the agent“ (Keohane 2002b: 12). So while legitimacy is a concept which applies to structures and institutions, accountability is an attribute of individual actors.

In the centre of this paper is the question of partnership accountability and its significance for both the input and output legitimacy of GPPPs as mechanism of global health governance. In a first step the concepts of legitimacy and accountability will be laid out more in detail and three central questions regarding accountability will be discussed: who is accountable?, to whom?, and through which mechanisms? In a next step the specifics of accountability relationships in hybrid forms of regulation will be scrutinized. It is argued that partnerships differ from other actors in global health, as it is often not clear who can be regarded as an agent and also the potential principals are numerous. In a third step criteria for the measurement of GPPP accountability in a number of core dimensions (information, participation, sanctions) will be developed. These criteria will then be applied to assess the accountability of different types of health GPPPs, active in the areas of advocacy, research&development, service support, and finance. Finally, the relationship between partnership accountability and legitimacy and the influence of partnerships on the effectiveness of global health architecture will be discussed. It is argued that even if single partnerships are both accountable and legitimate, this will not necessarily lead to a system of global health governance with the same attributes, as issues like partnership proliferation, verticalization of policies or fragmentation of activities have to be addressed.

2. The Concepts of Legitimacy and Accountability

The legitimacy of a political institution can be assessed from two different points of view. In a *normative* sense it is important that certain criteria are met which qualify for the attribute ‘democratic’. This encompasses the principle that the exercise of authority requires the consent of the governed (in order to prevent abuses of power), that there needs to be congruence between the rulers and the ruled (in order to allow for a just representation of interests) and that those affected by a rule should be able to sanction undesired behaviour of the rulers (in order to exercise control over their decisions). In an *empirical* sense legitimacy depends on the conviction of those subject to rules that they are valid, appropriate, and desirable and therefore ought to be followed. Compliance with the rules set by a political institution is highly dependent on the ‘belief in legitimacy’ (Weber 1921/1968) with regard to the institution itself, its norm-generating processes and the outcomes of these processes. This is especially the case in contexts where rule enforcement is not possible, like in the global realm.

So while the normative dimension of legitimacy refers to the general acceptability of rules and structures, the empirical dimension focuses on their actual acceptance by the rule-addressees. Processes of global governance are associated with considerable challenges in both dimensions. In the context of the nation state the normative validity of the order is established through delegative processes via elections, which makes states legitimate actors at global level, too. This is – to a lesser degree – also the case for International Organizations, which are comprised of nation states and can thus derive legitimacy from their members. The picture is different, however, for non-state actors both in the for-profit sector (transnational companies) and the non-profit-sector (civil society organizations), which are not legitimized through elections, and are not necessarily representative for larger groups of people, but often advocate for special interests or pursue individual aims. GPPPs also suffer from a legitimacy deficit for two reasons: they are not democratically legitimized themselves (unless they are hosted by an International Organization, which gives some delegated authority) and neither are large parts of their members (coming from the non-state sector).

Of course legitimacy can not only be generated on the input side, but also through the output of political processes², i.e. through effective and appropriate policy-making which meets the needs of the addressees. Acceptance of non-state actors – and thus their legitimacy in an empirical

² on the concept of input and output legitimacy see Scharpf 1999

sense – possibly will be higher if they produce results which benefit those affected by their decisions and contribute to global problem-solving. However, the fact that the rule-addressees often are not able to influence and control these decisions and that those who take the decisions are not properly authorized to do so, still constitutes a problem both in terms of empirical legitimacy (as it might negatively influence acceptance of decisions and compliance with rules) and in the normative sense.

The question then becomes how authorization and control could be organized, if representation and elections are not a suitable option for the global realm, where we find no delimited territories which allow for congruence between the rulers and the rule-addressees, no identifiable demos which could be represented and no central authority which is able to exercise power. To handle this question it makes sense to look at the essentials which lay behind the principle of democratic legitimization, namely the notion of an accountability relationship between the state and its citizens: “In democratic systems, a social order is legitimate, because the rulers are accountable to their citizens who can participate in rule-making through representations and can punish the rulers by voting them out of office.” (Risse 2004: 6). If we transfer these essentials to the global realm a number of issues arise which – if addressed properly – can contribute to an enhanced legitimacy of global policy-making. First, it has to be identified *who* the rulers are (if not the government), i.e. who can / should be hold accountable for what kind of activities. Second, it becomes crucial to identify *to whom* the rulers are accountable (if not to their citizens): to their respective constituencies (e.g. members, shareholders, internal stakeholders) and / or to the people who are affected by their decisions, but are not part of the decision-making processes themselves. Third, the *mechanisms* through which the rulers can be sanctioned (if not through elections) have to be identified, in order to allow for an appropriate control of their activities and avoid abuses of power.

Keohane brought these issues forward by conceptualizing accountability in principal-agent terms: “It is [...] essential, in thinking about accountability in a given situation, to distinguish between agents, individuals or organizations that make decisions, and their principals, who have authorized their actions.” (Keohane 2002b: 3). In order to be able to hold agents to account, principals must dispose of sufficient information on the agents’ activities and must possess the ability to impose sanctions on them, if their behavior is considered unsatisfactory. While the identification of the agent in most cases is relatively unproblematic (e.g. a specific International

Organization, transnational company, non-governmental organization), the second of the above mentioned questions – accountability to whom? – is more difficult. On the one hand, the activities of the agent depend on the authorization through and the support of its respective members and/or stakeholders, so the accountability of the agent is directed internally towards actors which are institutionally linked to him. On the other hand, the interests of groups outside the respective organizations – who are affected by their activities without being able to yield influence on them – need to be taken into account. The key challenge in that context is creating a form of accountability “in which the voices of those most affected by an organization’s activities are not overshadowed by the interests of the most powerful stakeholders“ (Blagescu/de las Casas/Llloyd 2005: 20). Creating that external accountability is practically more difficult, but normatively maybe even more important than internal accountability, as it not only influences the input but also the output dimension of legitimacy (Risse 2004, Keohane 2002a).

The third question on the mechanisms for creating accountability has been addressed by a variety of authors, both from a theoretical and a practical point of view.³ Although they depart from different assumptions, a number of common principles for creating accountability in world politics can be identified (cf. Grant/Keohane 2005). The first is hierarchical accountability, a characteristic of bureaucracies and other large organizations. Accountability in this mechanism is created through „superiors [that] can remove subordinates from office, constrain their tasks and room for discretion, and adjust their financial compensation.“ (Grant/Keohane 2005: 36). Supervisory accountability refers to relations between organizations where one collectivity is authorized to act as principal with respect to specified agents. It applies, for example, to the relationship between government and legislature (for nation states), between a Board of Directors and a (for-profit) company, between the Board of Trustees and a (non-profit) organization, or between an International Organization and its members states. A third mechanism is fiscal accountability, which describes „mechanisms through which funding agencies can demand reports from, and ultimately sanction, agencies that are recipients of funding“ (Keohane 2002b: 16). While that category is quite obvious for NGOs, GPPPs and International Organizations, it is also applicable to governments (who have to justify their budgets in parliament) and firms (who

³ for theoretical discussions on accountability see: Keohane 2002a+b, Newell/Bellour 2002, Benner/Reinicke/Witte 2004, Charnovitz 2005, Grant/Keohane 2005, Held/Koenig-Archibugi 2005; a more practical approach is followed by One World Trust which publishes a Global Accountability Report (on the concept: Blagescu/de las Casas/Lloyd 2005, Kovach/Neligan/Burall 2003) and the AccountAbility Project with its Accountability Rating of companies and its Framework for Partnership Governance and Accountability (www.accountability.org.uk)

have to report to their shareholders). Legal accountability is a fourth mechanism and refers to the requirement of the actors to obey national and international law, to follow formal rules in their activities, and to be prepared to justify their actions either in courts or in quasi-judicial arenas like e.g. the WTO Dispute Settlement Mechanism. Electoral accountability, the sixth mechanism, is limited to states and International Organizations, while the seventh mechanisms, market accountability refers mostly to companies and – to a lesser degree – to NGOs and GPPPs. The last two mechanisms again are applicable to all types of actors and are mainly directed towards people outside the acting entity and thus the creation of external accountability: peer accountability (which is applicable when agents are answerable to other actors which participate with them in decision-making processes, e.g. co-workers, clients or professional peers) and public reputational accountability (which refers to the fact that a negative reputation can seriously damage the ability of the actors to exercise their activities).

3. Specifics of Partnership Accountability

It is obvious that different types of organizations vary in terms of their functions, membership, governance structures, and thus accountability relationships. While governments are accountable towards their citizens who authorize them through elections and provide them with political support, companies are accountable towards their shareholders who provide them with financial resources, and international organizations have to justify their activities towards their member states that fund them and authorize their politics. NGOs differ from these three types of organizations – where the agent (the state, company, IO) is internally accountable mainly to one principal (the citizen, shareholder, member state) – as they have both an upward accountability towards their donors and a downward accountability towards their members, stakeholders and beneficiaries, and thus various principals. The case is even more complicated for GPPPs⁴ which are comprised of a variety of public and private actors with multiple chains of accountability. Here both the questions of agency and principalship require careful attention.

⁴ the literature specifically on partnership accountability is still quite limited; for theoretical approaches to GPPP accountability and practical considerations see: Steets 2005 a + b, Benner/Reinicke/Witte 2004, Radovich/Zadek/Sillanpää 2006

Who is accountable for the activities of a partnership (i.e. who can be considered an agent) depends on a number of factors. The first is the *legal status* of the partnership: is it an independent entity or is it hosted by another organization like an International Organization, a for-profit company, an NGO or an academic institute? In the first case the GPPP can be considered an actor with genuine accountability, while in the second case the final responsibility lies with the host organization. Of course also hosted GPPPs dispose of some autonomy in their activities (with the degree depending on the goals, interests and engagement of the host organization), but the agency here is less clearly defined than in the case of legally independent partnerships. In order to clarify on accountability relationships, *governance structures* play an important role. If a partnership disposes of own decision-making and administrative bodies (e.g. Board of Directors, Secretariat), these can be held to account for the partnership's activities. Corresponding structures can exist both in independent and hosted GPPPs and are necessary to link the general principle of partnership accountability to identifiable bodies which exercise this principle. However, even with own governance structures in place, one critical issue remains: how independent is the GPPP (and its bodies) from the organizations which build the partnership? This leads to the third point which influences the question of agency, the *partnership composition*. Partnerships are hybrid governance mechanisms which are comprised of a variety of public, for-profit and non-profit actors with specific institutional cultures, administrative procedures and accountability relationships. The participating actors also differ in terms of their (monetary and non-monetary) resources and the power they are able to exercise inside and outside the GPPP. It highly depends on the interests and the behaviour of the respective partners if a GPPP is able to act as corporate actor (with a certain autonomy over resources and decisions), or if it remains just a collective actor, which reflects to a large degree the preferences of its partners. Only in the first case the agency truly lies with the partnership (and its bodies), while in the second case the participating partners must be considered the ultimate agents which are behind the partnership's activities.

The question of agency also influences who can act as a principal, i.e. who has the right (and the power) to hold the GPPP to account. If it are mainly individual partners which drive the partnership, accountability will be directed mostly to the members and/or stakeholders of these partners. If the partnership is a strong corporate actor, however, accountability relationships will differ, with the GPPP's stakeholders (which are not necessarily the same than those of the individual partners) playing an important role as principals. Keohane (2002b) rightly points to the

fact that in many cases different actors compete to be regarded as principals and that power imbalances between them influence these processes. For GPPPs four main types of actors can be identified which could act as principals. The first group are the *donors*, which provide the partnership with the necessary funds to function as an organization and conduct its activities. They can be regarded as principals, as they can demand fiscal accountability from the GPPP and also have the ability to sanction undesired behaviour with cuts in funding. The second group, of course, are the *organizations* which participate in the partnership, i.e. the individual partners. The bodies of the GPPP have to justify their activities towards the different public and private actors which cooperate to build the partnership and have both the options of voice and exit to fulfill their role as principals. Delegated from these organizations is another group of potential principals, which plays an important role especially in GPPPs without strong governance structures of their own: the *partners' principals*. The organizations which form the GPPP have to justify their activities to the members/shareholders/voters who authorize them and provide them with support. The individual partners are thus first and foremost accountable to their own principals, which makes the latter important principals of the GPPP, too. The accountability relationship in this case is not as direct as in the first two cases, where the agency is institutionally designated, but the power of this type of secondary principals should not be underestimated. The fourth group, finally, are the *partnership's stakeholders*, which are affected by the GPPP's activities either positively or negatively, which gives them the right to hold the partnership to account. Who these actors are depends, of course, on the type of partnership and the functions it fulfills, and also their ability to impose costs on the GPPP (and thus sanction undesired behaviour) varies from case to case.

In practice all four groups of principals play a role for GPPPs and influence the way accountability is created and exercised. It is essential to take into account that the various principals dispose of different – and often competing or incompatible – notions of accountability (Newell/Bellour 2002, Steets 2005b). While e.g. donors may want the partnership to be more efficient in the use of its resources and thus focus on performance and outcome, stakeholders like NGOs may put emphasis on the input side and demand more equal participation. For the GPPP it is difficult – and often impossible – to respond to the various accountability claims at the same time or to the same degree, which leads to the need to prioritize among them. Whose claims are answered (and whose not) depends not only on the costs of the different options, but also on the ability of the respective principals to influence the partnership's policies. If the principals are

numerous and heterogeneous that ability might be only marginal, leading to a situation where the control of the GPPP is limited. ‘Multiple accountabilities’ (Newell/Bellour 2002: 2) can thus weaken the ability of the principals to effectively sanction the agent and give the partnership the possibility to avoid being held to account for its activities.

In order to avoid this kind of accountability gaps, adequate mechanisms are key. They can be analytically separated into mechanisms available to the agent and those in the hands of the principals, as accountability can be created and exercised from both sides. While Blagescu/Young (2005: 4) distinguish between two components of accountability (‘giving an account’ and ‘being held to account’), Radovich/Zadek/Sillanpää (2006: 7) add a third factor: ‘taking account’, i.e. responsiveness to the stakeholders. In the following their concept of accountability will be applied, as it includes an important element on the side of the agent that is missing if we only look at the way a partnership reports on what it does, namely to take into consideration how things are done.

The first component – ‘giving an account’ – refers to the mechanisms a GPPP has in place to provide *information* on its activities in three dimensions: input, throughput and output. On the input side transparency especially on sources and amounts of funding is key, as this allows a better picture on the actors and potential interests behind the partnership. The publication of annual reports and financial statements or audits is an important tool in that context. But also input of non-monetary resources should be considered, be it in-kind contributions of services or products, or the provision of knowledge and know-how. Information on the throughput dimension refers to the internal processes of a partnership: What kind of governance structures does it have (secretariat, executive board, consultative bodies, partnership forum, etc.)? How are its decision-making procedures? What are its operating policies? Who are the responsible people in the partnership (names, contact details)? This type of information can be provided either through the website of the GPPP, via flyers and brochures, or through the dissemination of core documents like a partnership’s By-Laws. With regard to the output dimension information is necessary on the use of financial resources, the performance of the partnership, the results of its activities and the degree of goal-attainment. Here again annual reports and financial statements play an important role, together with the publication of internal documents, evaluations (carried out either by the GPPP itself or by independent reviewers) and regularly progress reports.

In order to enhance accountability the information needs to be provided in a way which is *accessible* to the potential principals. If for example central documents or reports of the GPPP are only available in English or only in electronic form, a large number of stakeholders especially in Southern countries will be excluded (Blagescu/de las Casas/Lloyd 2005: 30). The information also needs to be *timely* – i.e. it needs to be provided within a timeframe which gives stakeholders the possibility to react before decisions are taken – and *useful* to the potential principals. If a partnership follows an information policy which aims more at a positive presentation of its activities to the general public and the creation of a good image than at truly sharing information (which includes transparency also on problems or negative effects), this will not be of much use to the stakeholders. The same can be the case if the GPPP publishes too much information, which makes it complicated especially for stakeholders which are not familiar with every detail of the partnership to distinguish between important and less important aspects and to find the kind of information they need. It also has to be seen that a high degree of transparency is associated with considerable costs for the partnership (e.g. for translations, printing, website maintenance) and binds resources which are then not available for other activities (Steets 2005a: 13). In some cases it might also be necessary to limit transparency for other reasons like the need to maintain privacy, to keep contractual confidentiality or to reduce the exposure to risk (Blagescu/de las Casas/Lloyd 2005: 31). So transparency and the provision of information – although the key aspects to ‘give an account’ – have to be seen in relation to the available resources and the requirements a partnership has to meet.

The second component of accountability – ‘taking account’ – refers to the mechanisms a partnership has in place to increase its responsiveness to the stakeholders. The core element here is *participation*, i.e. the inclusion of actors which are affected by the partnership’s activities in the policy-making processes. The degree of inclusion, of course, can vary and ranges from informal consultations to the participation in executive bodies. Two basic groups of mechanisms can be identified: the facilitation of communication processes and the integration into institutional structures of the partnership. In the first group are mechanisms like ad hoc contacts between partnership staff and individual stakeholders, the nomination of formalized focal points (e.g. for civil society, businesses), mailing lists or the establishment of early warning systems. Also workshops or meetings at regional, national or local level can play an important role in this context. The second group refers to stakeholder participation at the various bodies of a GPPP: Are there any local or national structures where stakeholders can bring in their interests and

influence decision-making? Does the partnership have bodies with consultative character (e.g. partnership forum) and what kind of stakeholders have access to it? How is the composition of administrative bodies like the secretariat in terms of geographic origin, organizational background or gender of its staff members? To what degree are the interests of the various types of stakeholders represented in the executive body of the partnership?

In this context it is important to take into account that participation is more than just representation. Even when formal representation of stakeholders is given, practical constraints can inhibit weaker actors from truly participating in partnership processes and articulating their interests. Travel costs, language barriers, lack of organization, scarce resources, information deficits, limited transparency or short-term planning in many cases are obstacles for the participation of non-state actors. Also the selection process influences who is able to participate. Are members of the consultative, administrative and executive bodies selected by the partnership itself or is the process of identifying and nominating candidates up to the respective constituencies? Does the partnership have a clear policy on this? In order to enhance the accountability of a partnership in terms of ‘taking account’, stakeholders must be provided with both the *ability* and the *possibility* to actively participate in the policy-making processes, which points to the need for capacity building and active stakeholder engagement. On the other side it must be seen, however, that participation of a large number of stakeholders can slow down the speed of decision-making, increase the operating costs and reduce the flexibility of the partnership. So also the pros and cons of a high degree of participation need to be evaluated carefully, depending on functions and activities of the partnership.

The third component of accountability – ‘being held to account’ – refers both to the mechanisms the principals have to *sanction* undesired activities of the partnership and the mechanisms the GPPP can establish to allow for control and sanctions. The latter group encompasses measures like the introduction of a complaint and response policy which regulates how to address complaints about the decisions and actions of the partnership (One World Trust 2006), or disciplinary measures for individual staff members (Steets 2005a: 16). More important, however, are the mechanisms in the former group and the question, under which circumstances the principals are able to use them in order to influence the policies of the GPPP. One possibility is the non-compliance with partnership rules and the refusal to participate in the respective activities. As partnerships depend on the voluntarily compliance of their partners and

stakeholders, this can be considered an important tool to induce a change in behaviour if the partners have enough weight in the internal governance structure. Another option is to reduce or withdraw support for the partnership, be it in terms of funding, political commitment, advocacy, or technology and know-how. This option is most obvious for donors who can considerably sanction the GPPP by cutting their funding, but can also be taken by NGOs or companies, which bring in important non-monetary resources. If core partners of a GPPP withdraw their resources or maybe entirely exit the partnership, the functioning of the partnership itself can be at stakes. While non-compliance and withdrawal of support are mechanisms which are mainly directed inwards, other options are more targeted at the environment of the partnership. Publicly criticising the GPPP, for example, can be an effective tool to sanction behaviour which is considered inappropriate. The criticism can be either directed at peer networks (via scientific publications) or at the general public (via newspapers, etc.), depending on the issue in question and the degree of access to the respective media. If the criticism does not only aim at making problems public in order to correct them, but at damaging the reputation of the partnership, this is connected to two other possibilities of creating accountability, namely public protests and ‘naming and shaming’ campaigns. These can be organized by strong coalitions of stakeholders if the issues at stake are fundamental enough to mobilize support of a large number of actors and gain attention also of a broader public.

If principals are able to make use of these various mechanisms to hold a GPPP to account, depends first and foremost on *power relationships*. Newell/Bellour (2002: 1) rightly point to the fact that “the ability to demand and exercise accountability implies power” and also Grant/Keohane (2005: 34) stress that “weak actors [...] lack the capacity systematically to hold powerful actors accountable”. So the core question is if the affected actors dispose of sufficient power resources to fulfill their role as principals. In this context it makes sense to distinguish between different types of power (Arts 2003, Barnett/Duvall 2005, Bartsch/Hein/Kohlmorgen 2007): discursive power (the ability to frame and influence discourses), decision-making power (the ability to be involved in decision-making and formal norm setting), legal power (the ability to exert power based on legal structures and laws) and resource-based power (the actors’ disposal over monetary and non-monetary resources and their ability to provide them). Discursive power plays a crucial role in creating and exercising accountability outside the partnership structures, while resource-based and decision-making power are key for the ability to sanction undesired behaviour internally and thus hold the partnership to account.

4. The Accountability of Health GPPPs

While the last section focused on theoretical considerations on partnership accountability, this section will give an overview on the accountability of health partnerships⁵ by investigating their performance in terms of ‘giving an account’ (information), ‘taking account’ (participation) and ‘being held to account’ (sanctions). As indicators for the first component serve: information on funding, publication of annual reports, financial audits and progress reports, information on governance structures, language of the website, access to internal documents and existence of evaluations. Indicators for the second component are the existence of stakeholder bodies and the composition of the executive body in terms of type and origin of the participating actors. The third component consists of mechanisms for both peer and public accountability like mailing lists, reporting activities, scientific articles or media mobilization. The focus of the analysis will be on the first two components, as these are the aspects the partnership itself can influence to enhance its accountability.

In order to structure the complex field of GPPPs in health and contribute to conceptual clarity in the discourse on partnerships a number of typologies have been developed.⁶ Distinguishing between different types of GPPPs is not only important for analytical reasons, but also because accountability relationships differ with the functions a partnership fulfills (Steets 2005b, Blagescu/Young 2005). If a partnership mainly focuses on global advocacy its principals will be others than in the case of a partnership active in R&D or service provision. As expectations of the principals influence the way accountability is created, also the mix of the corresponding mechanisms will vary with the type of partnership: “Different types of networks might choose different systems of accountability, placing different weight on individual elements and mechanisms of accountability” (Benner/Reinicke/Witte 2004: 205).

In the following the typology developed by DFID (Caines et al. 2004), which is based on the main area of partnership activity, will be applied. It distinguishes between health GPPPs active in Research & Development (product discovery, development of new diagnostics, drugs and vaccines), GPPPs in the area of technical assistance and service support (service access, provision of discounted or donated drugs), GPPPs that concentrate on advocacy activities at global and national level (including resource mobilization) and GPPPs in the area of financing (provision of

⁵ basis for the analysis are the websites of the partnerships and the information and documents provided there

⁶ different types of typologies can be found in: Buse/Walt 2000a+b, McKinsey 2002, Widdus 2002, Buse 2004, Caines et al. 2004, Boerzel/Risse 2004, Benner/Reinicke/Witte 2004, Kaul 2006

funds for specific disease programs). A review⁷ of the database of the Initiative on Public-Private Partnerships in Health (www.ippph.org) and the listings of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA 2007) shows that most of the health partnerships can be found in the first two groups (with R&D partnerships accounting for 40% and service partnerships for 37%), while advocacy and financing partnerships are less numerous (19% and 3%, respectively).

With regard to the information flows considerable differences can be found between the various types of partnerships. While for example information on *funding sources* is given by all partnerships in the areas of R&D and financing⁸, only half of the GPPPs active in advocacy and service provision provides that type of information. This relates to the fact that many of the partnerships in these areas are hosted either by WHO (for advocacy) or pharmaceutical companies (for drug donations), which seems – from the perspective of the agent – to reduce the need for financial information. From the perspective of the principals, however, this information is necessary in order to assess how much funds were invested for what kind of activities and how large that amount is compared to other activities of the host organization outside the GPPP. *Financial audits* are published by only 26% of all health partnerships, *annual reports* by 40% and *progress reports* or regularly updates (e.g. newsletters, fact sheets) by 48%. With regard to annual reports no significant differences between the four types of GPPPs can be found. It are more the larger and older GPPPs across all four areas which do publish annual reports and the smaller and newer ones which do not (yet). The publication of financial audits is least common in service provision partnerships, while the two financing partnerships both have such reports.

Information on the *governance structure* is limited especially in the case of service provision partnerships, where 47% do not make clear at all how the GPPP works (compared to 25% for advocacy GPPPs, 20% for R&D and 0% for financing). Detailed information (including responsibilities, names, CVs, and / or contact details) can be found most frequently in partnerships active in financing and advocacy, while in the group of R&D most partnerships

⁷ the basis for the following empirical data are 62 partnerships; excluded from the analysis were partnerships that are not active anymore, that are only active in one country, that do not provide sufficient information for empirical analysis (i.e. no website) and / or that are only comprised of one type of actor (and thus not qualify for the term ‘public-private’ partnership); the group of the financing partnerships consists of only two GPPPs: the GAVI Fund and the Global Fund to Fight AIDS, Tuberculosis and Malaria

⁸ although in most cases just the names of the funders are given, without providing any further information on the amounts contributed; notable exceptions are the Global Fund, the TB Alliance, the Global Coalition on Women and AIDS, the Medicines for Malaria Venture, and the Global Polio Eradication Initiative

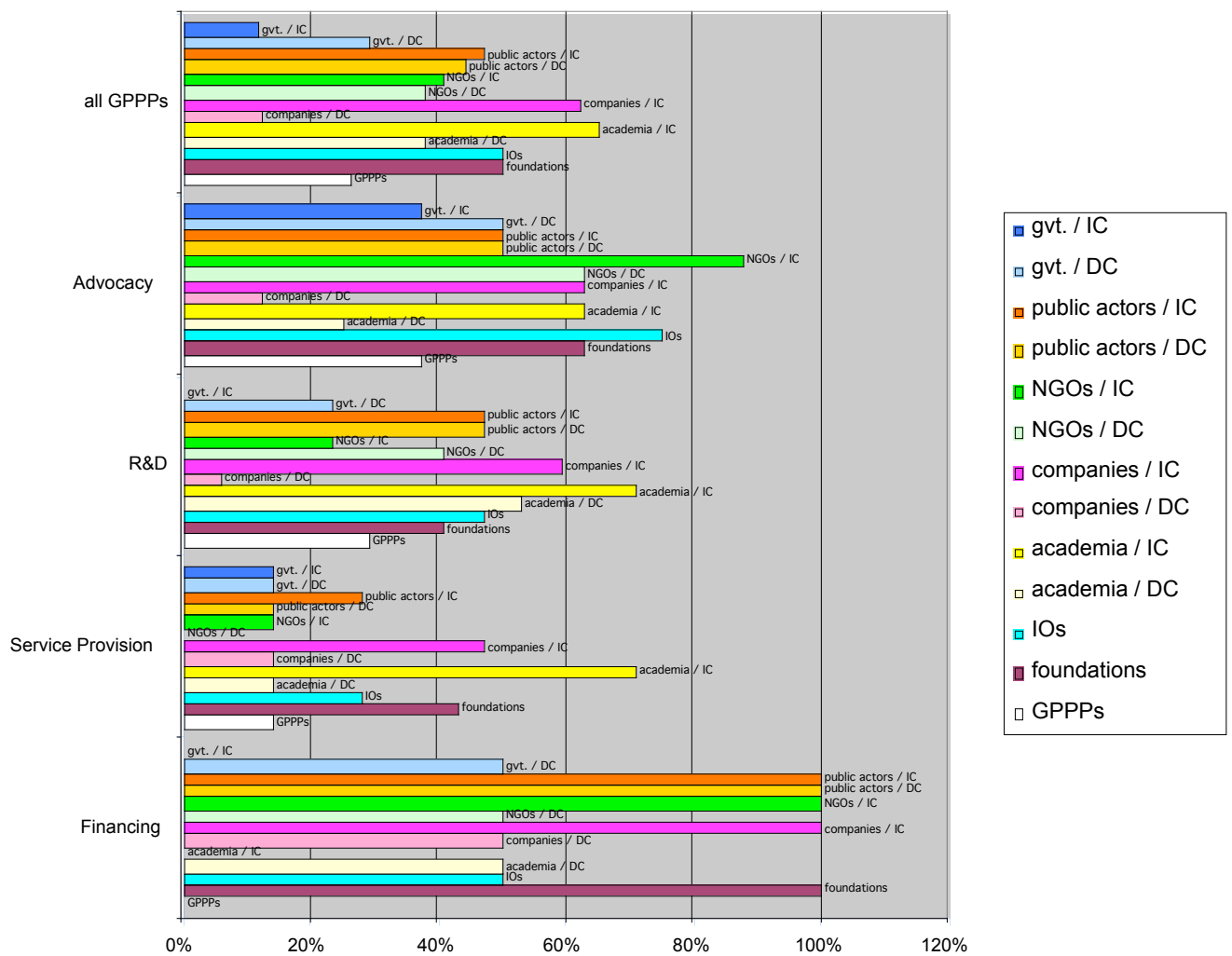
provide some information (e.g. on the different bodies of the GPPP), but refrain from going into detail in terms of secretariat staff and/or board members. This can be considered problematic, as for stakeholders to hold a partnership to account it is important to know who is responsible for what kind of activities and which organizations are behind the individuals that participate in the partnership. It also helps stakeholders to get a clearer picture on the policy-making processes of a partnership if *internal documents* (e.g. Board meeting reports, secretariat background papers, working group protocols) are published. This is only the case, however, in the two financing partnerships and in nearly half of the advocacy partnerships, while the vast majority of GPPPs active in R&D and service provision does not give access to this type of information and instead focuses on the publication of specific flyers or brochures for a broader public. Most of these documents are in English and also the *websites* of 84% of all GPPPs are not available in other languages.

Evaluations are an important mechanism for a partnership to become more accountable both towards its members and external stakeholders. While approximately half of the GPPPs conduct some M&E activities on certain aspects of the partnership's work, broader evaluations on partnership governance and performance (either by the GPPP itself or by independent reviewers) can only be found in 20% of all partnerships. While in some cases this is probably related to the fact that the respective partnerships have been founded only a few years ago and are still not mature enough to be evaluated in all aspects of their work, in other cases it can be assumed that the partnerships (or their host organizations or donors) either do not see the need for such an endeavour or are not open enough to the idea of creating that kind of transparency.

So in terms of the first component of accountability and the requirement to 'give an account' it can be said that especially information on funding is not sufficient in many partnerships. Where information is provided it is in most cases not detailed enough to allow a clear picture on the sources of funding and also the documentation of the use of resources through financial audits is not sufficient. The same is the case for the overall performance of health partnerships, which is only evaluated in a limited number of GPPPs, which leaves considerable room (and need) for improvement.

With regard to the second component – participation – the existence of different types of bodies and the composition of the executive body (if existent) were taken as criteria for the assessment of accountability. While nearly two thirds of all partnerships in the areas of advocacy, R&D and

financing dispose of both administrative and executive bodies (i.e. Secretariat, Board of Directors), less than one third of the service provision partnerships does so. *Stakeholder bodies* (e.g. Partnership Forum) exist in only 11% of all partnerships, with the areas of advocacy and financing being above the average with 25% and 50%, respectively. Also the composition of the *executive body* shows considerable differences among the four types of GPPPs, as the following figure illustrates. It is distinguished between 13 groups of actors: government members, other public actors, NGOs, companies, academic institutions (all both from industrialized and developed countries), International Organizations, foundations and GPPPs. The figure shows in how many percent of the GPPPs of each type⁹ (and of all GPPPs) the different actor groups are represented:



⁹ as in the category of financing partnerships the number of cases is very limited (with only two GPPPs), the data on this type have to be interpreted carefully

It can be observed that NGOs (both from industrialized and developing countries) and International Organizations are represented above-average in the executive bodies of advocacy partnerships, while they are under-represented in service provision partnerships. Developing countries' government members and public actors (both from the North and the South) are also under-represented in the latter, while they play a large role in the financing partnerships. This shows that the different functions the various partnerships have do not only influence their activities, but also their governance structures and the possibilities for stakeholder participation.

Academic institutes and for-profit companies can be found in most partnership boards across all categories, but here the difference in terms of geographic origin is striking. Both groups show a strong bias towards Northern representatives, which is not so much the case for other types of actors. That for-profit companies are under-represented in the group of service provision GPPPs, (where they are also clearly outweighed by academic institutes) at the first glance seems contradictory, as many drug donation partnerships can be found in this group. Most of them do not possess own executive bodies, however, while most of the partnerships founded by academic institutions do, which explains the uneven distribution.

The crucial question in terms of accountability is to what degree the different types of partnerships have created governance structures that allow the participation of stakeholders affected by their decisions and thus the creation of accountability in the sense of 'taking account'. It can be observed that most partnerships show a strong representation of those actors who were decisive in the process of establishing the partnership – i.e. of International Organizations and NGOs in the case of advocacy partnerships, companies and academic institutions in the case of R&D and service provision partnerships, and public actors and government members in the case of financing partnerships. Also the donors of the GPPPs (public actors and / or foundations) play a considerable role in most executive bodies. Northern and Southern NGOs both are represented in approximately 40% of all executive bodies, which gives them some influence on the partnership's decisions.¹⁰ If this is sufficient to become responsive to the needs of the people affected by the decisions of the partnership, depends on the power, capacity and preparedness of these NGOs to advocate for the interests of external stakeholders. Additional bodies like

¹⁰ it must be seen, however, that the data does not allow conclusions on the relative weight of NGOs in individual executive bodies, as the figure only gives information *if* a certain type of actor is part of a Board of Directors and not *how many* representatives each type of actor has

partnership fora would certainly contribute to the creation of broader stakeholder participation and thus enhance the accountability of health partnerships.

While the two components of accountability discussed so far are mostly in the hands of the partnerships themselves, the third component – sanctions – is largely up to the principals. Due to the large number of principals a detailed empirical analysis of the activities taken in order to hold the individual health partnerships to account would go beyond the scope of this paper.¹¹ Instead, some examples for one of the most influential partnerships, the Global Fund, will be given. In 2004 ‘The Lancet’ published an article, in which the Global Fund was accused of “medical malpractice in malaria treatment” (Attaran et al. 2004), as it was funding mainly malaria treatment based on two older drugs¹² to which the malaria parasite was increasingly becoming resistant and was not supporting newer, but more expansive, artemisin-based combination therapies. This critique was discussed among professional peers of the GFATM and contributed to the change in the partnership’s malaria policy, which shows its strength as an accountability mechanism. The second example is the case of the Uganda grant in 2005, where information from an ‘whistleblower’ in Uganda led to the temporarily suspension of all five GFATM grants. The responsible Project Management Unit within the Ministry of Health (which was acting as Principal Recipient) was accused of “serious mismanagement of the grants” (e.g. inadequate monitoring and accounting of grant expenditures) and until further clarification all grants were blocked. The initial information which forced the GFATM to act was published in the ‘Global Fund Observer’, a newsletter published by the NGO Aidspan, which acts as watchdog for the GFATM. While in this case stakeholders were acting as principals to hold the GFATM to account, in the last example it was a donor who influenced the Global Fund. In 2004 the GFATM encountered serious criticism during a briefing of Senate staff by US administration officials, that focused on the alleged poor performance of the GFATM, insufficient financial management, inadequate staffing of the secretariat and irresponsible disbursement to corrupt states. This critique was partly repeated in a GAO Report (Gootnick 2005) and finally the US pressure led a change in the GFATM’s institutional structure with the appointment of an Inspector General in November 2005, which demonstrates the ability of this principal to hold the Global Fund to account and to significantly influence the way the partnership works.

¹¹ although it can be considered a desideratum of research to systematically review e.g. mailing lists, scientific magazines or the general media for respective data

¹² chloroquine and sulfadoxine-pyrimethamine

5. Conclusions

This paper departed from the question under which conditions GPPPs can be considered legitimate actors in global governance processes. It was argued that partnerships, although not legitimized in the same way as nation states, can gain legitimacy both in a normative and an empirical dimension if they establish clear accountability relationships. Three central components of accountability were set out: ‘giving an account’ (through information), ‘taking account’ (through participation’) and ‘being held to account’ (through sanctions).

The empirical analysis, which focused on the first two components, gave a mixed picture in terms of the accountability of health GPPPs. While some individual partnerships perform well across all indicators, the aggregated data shows that the various mechanisms to create accountability both in the information and the participation dimension are only applied to some extent. The question is, however, if a high degree of accountability is always desirable or if other factors need to be considered in determining an adequate degree of accountability. Keohane (2002b: 7) emphasizes that “accountability is not a ‘pure good’, more of which is necessarily better than less” and points to the need to choose the type of mechanisms which are most effective with the least negative side effects. This is related to the fact that the creation of accountability is associated with considerable costs (in terms of finance, manpower and time) and thus binds resources which can not be used for other purposes.

It has to be considered carefully in each specific case if the respective mechanisms are necessary in order to enable the potential principals to hold the GPPP to account. If a partnership, for example, is active in the area of R&D, most of its principals will be familiar with English, so that there may be no need to translate the website or partnership documents, while an advocacy partnership that aims at reaching people at the local level will not be able to do so without material in the respective languages. Or consider the creation of partnership fora: they might be a necessary accountability mechanism in large partnerships where external stakeholders are not sufficiently represented in the other bodies and the need to enhance both the participation and compliance of external actors is high, but might lead to an unnecessary reduction in flexibility and speed of decision-making in smaller partnerships, where the relevant stakeholder are represented evenly in the existing partnership bodies. It also has to be taken into account that GPPPs over the time can change in character and scope of work, which requires an occasional adaptation of the accountability mechanisms.

On the other hand, to overcome their legitimacy deficit partnerships must meet some basic accountability requirements. It was argued in the theoretical section that non-state actors do not become legitimate participants in global governance unless they establish mechanisms to ensure both internal and external accountability. Only if it is clear who is accountable to whom and for what, GPPPs will be able to make that claim. This means that certain accountability mechanisms need to be in place, irrelevant of the type of partnership or the costs associated with the creation of accountability. This refers especially to the need to document sources and use of funding, to give information on governance structures, to publish regular progress reports and to be responsive to the needs and interests of the people affected by the partnership's activities. In that context maybe an agreement on basic principles for partnership accountability (comparable to the NGO Accountability Charter signed in 2006) would be useful.¹³

But even if single partnerships can successfully claim to be both accountable actors and legitimate participants in policy-making processes, the effectiveness of global health governance will not necessarily increase. This can be attributed to a number of factors. First of all, partnerships always focus on specific conditions and aim at producing goal-oriented policy outputs in a clearly defined issue area. The sum of these activities, however, does not necessarily lead to a coherent health policy but can contribute to a fragmentation both at global and national level. GPPPs, secondly, compete with each other and with other actors for scarce resources. As funding sources are limited, the proliferation of GPPPs might lead to a distortion of funding and a further verticalization of health policies instead of a strengthening of horizontal approaches to health system development. Thirdly, GPPPs can be used by powerful actors to circumvent established organizations like WHO what might weaken the influence of these organizations as actors of global health. So while an increased accountability of health partnerships can contribute to a stronger input legitimacy of the system of global health governance, the existence of accountability mechanisms is not sufficient to enhance also the effectiveness and thus the output legitimacy of that system. Of course, a stronger partnership accountability can increase the 'belief in legitimacy' among the different stakeholders and thus contribute to an increased compliance, but in order to strengthen the effectiveness of the architecture of global health issues like partnership proliferation, competing agendas or fragmentation of activities have to be addressed.

¹³ The best practice principles for global health partnerships developed by the High-Level Forum on the Health MDGs (HFL 2005) go into that direction. However, they only deal with accountability as one of 22 points and more specific guidelines could be imagined.

References:

- Arts, Bas 2003: Non-State Actors in Global Governance – Three Faces of Power; Working Paper, Max-Planck-Projektgruppe „Recht der Gemeinschaftsgüter“.
- Attaran et al. 2004: WHO, the Global Fund, and Medical Malpractice in Malaria Treatment; in: *The Lancet* 2004 (363): 237-240.
- Barnett, Michael / Duvall, Raymond 2005: *Power in Global Governance*, Cambridge.
- Bartsch, Sonja / Hein, Wolfgang / Kohlmorgen, Lars 2007: Interfaces: A Concept for the Analysis of Global Health Governance; in: Hein/Bartsch/Kohlmorgen (eds.) 2007: *Global Health Governance and the Fight Against HIV/AIDS*. Basingstoke.
- Benner, Thorsten / Reinicke, Wolfgang / Witte, Jan Martin 2004: Multisectoral Networks in Global Governance: Towards a Pluralistic System of Accountability; in: *Government and Opposition*, Vol. 39, Issue 2: 191-210.
- Blagescu, Monica / de las Casas, Lucy / Lloyd, Robert 2005: *Pathways to Accountability. The GAP Framework*; One World Trust, London.
- Boerzel, Tanja A. / Risse, Thomas 2005: Public-Private Partnerships. Effective and Legitimate Tools of International Governance?; in: Grande/Pauly (eds.) 2005: *Complex Sovereignty. Reconstituting Political Authority in the Twenty-First Century*. Toronto.
- Buse, Kent / Walt, Gill, 2000a: Global Public-Private Partnerships. Part I: A New Development in Health?; in: *Bulletin of the WHO* 2000, 78 (4): 549-561.
- Buse, Kent / Walt, Gill, 2000b: Global Public-Private Partnerships. Part II: What are the Health Issues for Global Governance?; in: *Bulletin of the WHO* 2000, 78 (5): 699-709.
- Buse, Kent 2004: *Global Health Partnerships. Increasing their Impact by Improved Governance*, DFID / GHP study paper 5. London.
- Caines, Karen et al. 2004: *Assessing the Impact of Global Health Partnerships. Synthesis of findings from the 2004 DFID Studies*; DFID Health Resource Center. London.
- Charnovitz, Steve 2005: *Accountability of Nongovernmental Organizations in Global Governance*; GWU Law School, Working Paper No. 145.
- Gootnick, David 2005: *The Global Fund to Fight AIDS, TB and Malaria is Responding to Challenges But Needs Better Information and Documentation for Performance-Based Funding*. Washington.
- Grant, Ruth W. / Keohane, Robert O. 2005: Accountability and Abuses of Power in World Politics; in: *American Political Science Review*, Vol. 99, No. 1 February 2005: 29-43.
- Held, David / Koenig-Archibugi, Mathias (eds.) 2005: *Global Governance and Public Accountability*. London.
- HFL 2005: *Best Practice Principles for Global Health Partnerships Activities at Country Level*; Paris, November 14-15, 2005.
- IFPMA 2007: *Partnerships to Build Healthier Societies in the Developing World*. Geneva.
- Kaul, Inge / Grunberg, Isabell / Stern, Marc A. 1999: *Global Public Goods. International Cooperation in the 21st Century*. New York, Oxford.

- Kaul, Inge 2006: Exploring the Policy Space between Markets and States: Global Public-Private Partnerships; in: Kaul/Conceicao 2006: The New Public Finance. Responding to Global Challenges. New York.
- Keohane, Robert O. / Nye, Joseph 2001: Democracy, Accountability and Global Governance; download from: www.ksg.harvard.edu/prg/nye/ggajune.pdf
- Keohane, Robert O. 2002a: Global Governance and Democratic Accountability; paper prepared for: Miliband Lectures, LSE, spring 2002.
- Keohane, Robert O. 2002b: Political Accountability; paper prepared for: Conference on Delegation to International Organizations, Park City, Utah, May 3-4, 2002.
- Kovach, Hetty / Neligan, Caroline / Burall, Simon, 2003: Power without Accountability? The Global Accountability Report 2003, London.
- McKinsey 2002: Developing Successful Global Health Alliances. Seattle.
- Newell, Peter / Bellour, Shaula 2002: Mapping Accountability: Origins, Contexts and Implications for Development; IDS Working Paper No. 168.
- One World Trust 2006: Global Accountability Report 2006. London.
- Radovich, Sasha / Zadek, Simon / Sillanpää, Maria 2006: Partnership Governance and Accountability. Reinventing Development Pathways: the PGA Framework. London.
- Risse, Thomas 2004: Transnational Governance and Legitimacy; paper presented at the ECPR Standing Group on International Relations Conference, The Hague, September 9-12, 2004
- Scharpf, Fritz W. 1999: Governing in Europe: Effective and Democratic?; Oxford.
- Smith, Richard / Beaglehole, Robert / Woodward, David / Drager, Nick (eds.) 2003: Global Public Goods for Health: Health, Economic, and Public Health Perspectives. Oxford.
- Steets 2005a: Developing a Framework: Concepts and Research Priorities for Partnership Accountability; GPPi Research Paper series No.1, Berlin.
- Steets 2005b: Form follows Function: How Partnership Functions Determine Accountability Requirements; paper presented at the 2005 Berlin Conference on the Human Dimensions of Global Environmental Change, December 2-3, 2005.
- Weber, Max 1921/1968: Economy and Society. Edited by Guenther Roth and Claus Wittich. New York.
- Widdus, Roy 2002: Public-Private Partnerships for Health; paper presented at the GOI-Workshop, Hamburg, June 7-8, 2002.
- Zuern, Michael 2004: Global Governance and Legitimacy Problems; in: Government and Opposition, vol. 39, no. 2: 260-287.