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The private foundations of global health partnerships
This paper broadly explores the influence of private foundations in the governance of global health. Such foundations, including Rockefeller and Ford, have historically played an important role in infectious disease control, providing seed finance to develop vaccines (e.g. yellow fever) and direct interventions to eradicate intestinal parasites (e.g. hookworm). More recently these actors have utilized their material resources to facilitate and broker strategic coalitions between pharmaceutical companies, civil society groups, international organizations (IOs) and states in “innovative” policy arrangements variously known in the literature as public-private, multi-sectoral and multi-stakeholder partnerships. Partnerships, such as the GAVI Alliance, the Institute for OneWorld Health and the Global Fund to Fight AIDS, Malaria and Tuberculosis, to name but a few high-profile cases, have been identified as appropriate policy responses to complex, and seemingly intractable, global health problems.

However while theorists and practitioners have devoted considerable attention to the implications of these instruments for health governance, applying policy analysis to assess the modality’s institutional effectiveness (cf. Buse and Harmer, 2007) as well as raising normative concerns around the consolidation of private sector power within IOs (cf. Utting and Zammit, 2006), there remains a relative paucity of empirical research on the role played by foundations in both financing partnerships and by inference influencing global health policy. While a number of key researchers recognize the importance of these actors to the emergence of the partnership model (Bull and McNeill, 2007; Buse and Lee, 2005; Widdus and White, 2004) there remains a fairly broad consensus among development actors, including most official agencies, that foundations remain a relatively benign source of development finance, as opposed to agents whose influence extends beyond the basic material and into the more subtle and complex ideational sphere of health policy and governance (and increasingly procedural areas which runs counter to more recent, although not historical, grant-making foundation activity which is deemed to be premised on a sanctified and partially regulated principle of non-interventionism).

The papers presented on this panel go a long way to redressing this oversight, by showing how, contra to earlier research on global health partnerships (GHPs) which tended to acknowledge yet not sufficiently explore these actors, foundations should be seen as key actors in health, as well as GHP configuration. This paper has three objectives. The first is to locate foundations within the dominant theoretical traditions in foundation studies, which have broadly been defined as the pluralist (liberal) and the critical (Gramscian) schools. Despite their initial application to other development sectors these offer some, albeit limited, conceptual pointers when examining GHPs, and more broadly, issues of power in global health governance (GHG). The second is to explore why this has taken place – that is, to show how new modes of philanthropy and new governance modalities are tightly wedded within a combination of domestic regulatory and political processes and broader governance discourses. The third is to show how foundations have been important in partnership formation. Using a select few examples from GHPs with substantive foundation participation this section forwards a conceptual framework that posits how foundations have shaped – and continue – shape the trajectory of global health policy.
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It is found that they do so in a number of ways but primarily through partnership *brokerage* where they act as *interlocutors* between the public, private and third sectors; retain rudimentary, yet nonetheless substantial, forms of *material* influence through the provision of seed funding and philanthropic risk capital (and increasingly supplementary injections); *procedural* influence through permanent representation on governing boards, secondment of employees, and less tangible *ideational* influence which serves to advance what are termed here *quasi-market* norms and private sector approaches to development. This is coupled with an emphasis on *technical development interventions*; a legacy of American philanthropy’s scientific and positivistic origins.

**Perspectives on foundations in (international) politics**

With few exceptions international relations (IR) scholars have tended to shy away from examining philanthropic foundations as discrete actors in world politics. Foundations have tended to be categorized alongside other civic actors such as NGOs, and therefore treated as such within the broader liberal institutionalist or constructivist literature, or branded as creatures of corporate power, and analyzed through a Gramscian lens (cf. Arnove, 1980; Utting, 2005). However while to some extent private foundations do fit within a generalized social actor typology, they also occupy a space that sits awkwardly between not-for-profit and market, and can arguably be labeled “private actors” (Bull and McNeill, 2007). In addition, while they may act as crude agents of dominant classes – after all as Crocker (cited in Berndtson, 2007, 581) notes ‘[w]e could hardly expect large private fortunes to be donated in ways that are socially redistributive and politically transforming’ – it is nonetheless improbable, as those such as Arnove and Pinede (2007) have argued, that liberal foundations consciously set-out to maintain structural continuity in the international system.

In this section I first examine the two dominant perspectives on foundations. I then link this to the literature on private governance.

*The critical approach*

The first serious treatment of foundations as ‘transnational actors’ occurred relatively early on in the debates regarding transnational relations, non-state actors and interdependence. Writing in the influential journal *International Organization*, Bell (1971) noted that the Ford Foundation displayed many of the features of a transnational actor. Worthy of scholarship Bell contended, foundations were important ‘not only because of the direct outcome of their grants but also because of their direct and indirect influence on other actors in world politics’ (Bell, 1971, 466). His insights, appearing as they did at a crucial time in the evolution of the study of IOs, acted as a primer to

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1 While IOs, including the United Nations and its agencies classify foundations in a separate class to corporations Bull and McNeill (2007, 6-7) have made a convincing case to label them as private actors due to their predilection with market-oriented approaches to development, a view loosely shared by Buse and Lee (2005, 8) who regard many foundations as sufficiently close to the origins of their endowments – the private sector – to remain in this grouping.
foundation studies and appear to be the first instance where they began to infiltrate the nascent sub-discipline of international political economy (IPE).

However despite this early promising foray foundations retreated from theoretical interest and have largely remained the preserve of historians, public health scholars and sociologists. There are two reasons for this. First, research on foundations has historically focused on domestic activities and the role of foundations in influencing domestic policy outcomes. Foundations have historically channeled the bulk of their resources towards addressing domestic social problems which has naturally led to scholarship with a localized or inward orientation. That research which has focused on the international dimensions of philanthropy has also tended to be directed at the role of foundations in fostering, what Parmar (2002, 13) has termed, ‘international knowledge networks’, viewing these agents as an extension of a broader US hegemonic project. From this perspective much post-war philanthropy sought not to advance ‘liberal internationalism’ but rather to disseminate ‘pro-US values, methods and research institutions’ in an attempt to remake the Third World in the US’s image (Parmar, 2002, 13). As these theorists (cf. Seybold, 1980) have argued, this ultimately advanced behavioralism and other positivistic social sciences, including the developing sub-discipline of IR.2

This disciplinary turn provided critical and humanist scholars with significant fodder, the views of which were first represented in the edited volume Philanthropy and Cultural Imperialism, leading to the birth of an academic movement which saw foundations as regressive actors (Arnove, 1980). These theorists have argued that foundations were, and continue to be, the instruments of a wealthy cultural elite who ‘mask’ their activities in liberal ‘pluralism’ (Roelefs, 2003). Appropriating Gramscian ideas to theorize the rise of philanthropic foundations scholars in this school, such as Arnove (1980, 1), have asserted that foundations ‘have a corrosive influence on democratic society’ and have been employed to promote ‘stability and orderly change’ at the expense of radicalism.

Public health scholars and historians coming from a critical standpoint have come to similar conclusions. Particular attention has been accorded to the activities of the Rockefeller Foundation which until the post-war mainstreaming of official development

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2 This trend has been reinforced by the prominent role that foundations have played in nurturing social science research through grants, think-tanks and the establishment of universities in the US (cf. Carnegie Mellon University, Johns Hopkins University, University of Chicago), and to lesser extent, abroad (cf. Central European University). In contrast to other Anglo-American societies, such as Britain and Australia which have traditionally been more dependent on public provision, American foundations regularly undertook explicit interventions into the tertiary sector and actively nurtured research communities across a broad array of disciplines, particularly in political science and the developing sub-discipline of IR (Bulmer, 1995, 1999). Much has been written in this area and foundations have been identified as the chief protagonists in the shift toward behavioralism in American political science that took place throughout the 1960s (Seybold 1980). Behaviouralism is a strand of political thought that posits that the discipline can replicate the core foundational principles of the natural sciences and as such build universal laws that can be utilized to explain political and social phenomena as well as institutional and individual action. While behavioralism has largely been superseded by other positivistic traditions, notably public choice theory, it had a strong influence and challenged the interpretivist and historicist approaches grounded in legal and historical traditions that until the 1960s retained dominance in political studies.
assistance was the world’s largest development actor, whose outlays surpassed state transfers. Much of the Foundation’s early grants were oriented toward international health. Through the International Health Board – later renamed the International Health Division (IHD) – the Foundation extended a series of programs formulated, tested and promulgated in the US South to what would later become known as the global South. Such programs were typified by large, state-sponsored, technical health interventions, targeting specific tropical and communicable diseases, for example, hookworm and yellow fever.

Historians of public health have been the most prolific commentators on early foundation health programs. Birn and Solórzano (1999, 1197), channeling critical approaches, have linked the Progressive Era’s ‘faith in science’ to the design of Rockefeller’s hookworm program. They have argued that the project, which was a complex and highly coordinated public health campaign, served as a conduit for the dissemination of American conceptualizations of public health to the developing world (Birn and Solórzano, 1999, 1204). By engaging a number of key actors across the policy process – from technocrats based in the US, university and Foundation researchers and fellows, medical practitioners in Mexico, high-level policy makers, as well as key political figures they contend that this ultimately contributed to the transformation of Mexico into ‘a commercially valuable neighbor’ and for the ‘Mexican government, the campaign supported a modern state-building endeavor and a tool to consolidate power’ (Birn and Solórzano, 1999, 1209). They have shown that these were, despite the presentation and veneer of ‘neutrality’ consistent with Progressive Era principles, in fact highly political processes – with political objectives at the fore including nurturing favorable ‘relations between the US and Mexico’ (Birn and Solórzano, 1999, 1197).

Like Parmar (2002), therefore, these commentators see the Rockefeller Foundation’s inter-war and post-war activities as part of wider push to integrate the newly liberated colonies and developing nations into the international economic system. The Foundation acting on behalf of an often silent partner, the US government, acted to produce an environment conducive to an American – and expressly capitalist – worldview. However while offering some insights into an important period in the development of international health philanthropy this perspective has not been without its critics.

*The pluralist approach*

The liberal school, by contrast, which includes theorists such Anheier and Toepler (1999), Bulmer (1995, 1999) and Karl and Katz (1987), has expended much energy defending these institutions against Marxian critiques, perhaps on occasion at the expense of sustained international empirical investigation, by framing foundation activities in pluralist terms (Berndtson, 2007). These commentators (cf. Anheier and Toepler, 1999; Lagemann, 1999) do not uncritically accept foundations as inherently just institutions, recognizing that their unique legal status, archaic and sometimes myopic governance structures and impact on public policy raises obvious questions of accountability. Nonetheless they also argue that ‘studies of foundation influence need to progress beyond
arguments about whether foundations [are] the tools of capitalism to…understand to what extent they independently influence contemporary developments’ (Bulmer 1999, 46).

Indeed, while a case can be made that foundations do play an important role in strengthening existing institutions, both within civil society and state apparatuses, and thus by extension play a role in maintaining “consent”, it could also be argued as Karl and Katz (1987) observed over twenty years ago, that by merely cultivating relationships between policy elites, one cannot fully grasp the nature of this relationship, nor does it sufficiently recognize agency within institutional cultures. That is, it has been observed that foundations remain practically autonomous entities – after endowment they are often vested with significant freedom from interference from the individuals, institutions and families, which – sometimes for ostensibly self-interested reasons such as tax minimization – endowed them (Bulmer, 1999, 44). As such their grant-making practices represent an expression of a broader collection of interests, which while generally representing a consensus worldview based on liberal principles, cannot be characterized as intrinsically regressive – or equally should not be seen as benign.

Offering a counter perspective to the critical school some commentators have also examined how this played out during the early phase of the expansion of the international health architecture. Weindling (1997), has highlighted an apparently little known, or least rarely examined facet of the Rockefeller Foundation’s contribution to international health cooperation: its substantial financial support for the League of Nations Health Organization (LNHO) and subsequent backing of its successor, the World Health Organization (WHO). The Foundation via the IHD provided for almost half the LNHO’s fiscal needs, while also providing technical assistance and making ‘its own staff available for special purposes’ (Loughlin and Berridge, 2002) – a harbinger to its latter activities, as we will see below.

In keeping with Birn and Solórzano (1999) Weindling (1997) has argued that the model of public health promoted by the short-lived LNHO (and later WHO) was explicitly Western, scientific and coupled with a suite of statistical measures designed to monitor, quantify and standardize data collection on disease. Yet rather than portraying the Foundation as compromising state sovereignty by stealth and consolidating US hegemony by proxy he has argued that in strengthening the institutional architecture the Foundation played a vital role in linking weak domestic health systems with rapidly improving international standards. He recognizes significant flaws with this program including the conflict between the need to balance the autonomy of state systems with the innately ‘elitist’ character of the LNHO as an international, expert-driven organ (Weindling, 1997, 280). But Weindling (1997) also remains open to the possibility that foundations can offer ‘crucial humanitarian assistance’, safeguarding against dysfunctional domestic health policies and ‘the vagaries of national and international power politics’ (Weindling, 1997, 281). This stands in opposition to how the Foundation (and philanthropy) is portrayed under reflexively critical conceptual frameworks.

In sum it can be seen that there are two seemingly stark visions of philanthropy. At least two lessons can be drawn from these approaches for GHG. First, while the partnership
modality is a relatively recent phenomenon, as shown below, it has antecedents in early foundation programs that united actors from across sectoral as well as geographic boundaries. Second, the Rockefeller Foundation’s support for a nascent IO had a direct bearing on the institutional architecture that came to govern international health relations in the aftermath of the Second World War, illustrating how philanthropy has exerted influence on the political and social structures of international health. However, despite offering some useful conceptual pointers these paradigms are still somewhat compromised, particularly when one examines the incipient growth of private governance to which I now turn.

Private foundations and private governance

While periodic contests between the two schools occurred in the 1980s and 1990s, primarily between sociologists and historians, the disciplines where foundationally many scholars of philanthropy are situated, this has not generally spilled over into IPE, and, in particular, the burgeoning literature on non-state activity that has occupied sections of the sub-discipline over the past decade. There are nonetheless exceptions, and also evidence that this is changing. Early constructivist analysis such as Keck and Sikkink (1998) noted that foundations remain important funders of non-governmental activity and have facilitated transnational advocacy networks (TANs) in key issue areas such as human rights. In contrast to earlier Gramscian interpretations, they also recognize that foundations remain comparatively autonomous agents that are not bound by the same financial limitations as NGOs or bureaucratic constraints of governmental and inter-governmental bodies.

However, while Keck and Sikkink (1998, 98), following Bell (1971), accept foundation’s significance as ‘entrepreneurs of ideas’ they also arguably underplay their influence, seeing them as almost wholly dependent on ‘other organizations’ as implementers. In fact recent foundation activity which is directed at operational partnerships such as GHPs, as opposed to loose networks established through less restrictive grants, suggests that this appraisal may underestimate contemporary foundation input in programmatic design, execution, and by extension, policy-making. This can be attributed to the target of their study – ephemeral social movements – but also to the changed environment since Keck and Sikkink (1998) released their seminal study in which collaborative arrangements, a favored instrument of foundations, have graduated to a more central position within GHG.

It also remains clear that since then we have seen the intensification of a shift which Keck and Sikkink (1998) presciently identified in their study of TANs: a deepening of non-state authority. While there has been a steady stream of research over the past decade which builds on their conceptual framework and examines social actors, particularly NGOs (cf. Edwards, 2001; O’Brien et al, 2000; Yanacopulos, 2005), more recently we have seen a burgeoning in the literature on private governance (cf. Bull et al, 2004; Cutler et al, 1999; Fuchs, 2007; Hall and Biersteker, 2002; Haufner 2001; Pattberg, 2005). This literature attempts to differentiate itself from the former by also focusing on what are perceived to be market actors and in doing so seeks to shed light on how they act as a
function of governance by setting rules, standards, norms and policies and acting as regulators, co-regulators and as institutional partners (Scholte, 2005, 214-217). This can be seen across a broad array of issue areas from the provision of environmental standards to derivative market regulation, to the direct provision of services (Pattberg, 2005). ‘In short, they do many things traditionally, and exclusively, associated with the state’ (Hall and Biersteker, 2002, 4).

As a consequence, recent studies such as Bull and McNeill’s (2007, 89-90) examination of GHPs in global governance have accorded greater attention to foundations and recognize that these agents, particularly the more reflexive second generation foundations such as the Gates Foundation, assume a more instrumental role that extends beyond mere financing and network facilitation toward active engagement in decision-making processes and resource allocation. This is not simply because large-scale foundations have (re)emerged as more active players on the international scene – and it should be noted that foundations in Bull and McNeill’s (2007) study are seen as only one factor in the rise of what they term ‘market multilateralism’ – but rather recognition that a whole concert of actors including transnational corporations and business associations, not usually allied with the functional side of international affairs but with lobbying (Fuchs, 2007, 71-73), have become more deeply embedded in rule-making and even the more normative dimensions of governance (Pattberg, 2005).

**New governance modalities and new modes of philanthropy**

There is a case to be made that not all that much has changed – after all private actors, particularly foundations, have historically played a significant role in international affairs as their early interventions in health attest (Dodgson et al, 2002). There has nonetheless been a marked ‘qualitative’ shift in global governance (Bull et al, 2004) – a turn that manifests most patently in GHPs. This is evident in three trends that can be associated with, or traced back to, large-scale philanthropic activity which I now examine.

First, as Ruggie (2004) has pointed out, it is not necessarily a case of the private sector replacing the public sector (although arguably this has occurred on occasion). Rather private actors have stepped in to fill resource gaps or undertaken development interventions where there is limited state involvement or insufficient resource commitments by traditional intergovernmental bureaucratic forms such as IOs. Most obviously this can be observed among private foundations with an interest in health. Foundations have intervened to address market and state failures in vaccine access, product development for neglected diseases or service provision and acted to promote resource mobilization.

Thus there remains a correlation between on the one hand, the pluralist accounts of foundation activity in the US, which suggests that private foundations perform an ancillary function, and on the other, the concomitant growth in internationally oriented philanthropy, where foundations partner with resource constrained multilateral institutions to establish new organizational forms, namely GHPs. This also replicates the mutual resource dependency evident domestically between foundations and civil society
actors, but represents an augmented variation that operates transnationally or on a globally-stratified scale.

Second, this hollowing of the state, or perhaps more appropriately, a reconfiguration of its principal function from steering toward enabling, has had an affect on the trajectory of philanthropy: from the behavior of firms to the individual actions of benefactors, who have, as the state has retreated from an overly interventionist role, responded by not just scaling-up their humanitarian activities but reacted to the signifiers of the dominant policy philosophy. To be sure, scholars of civil society, such as Anheier and Salamon (2006), have long argued that trends in philanthropy are intricately tied up in transformative changes at the governmental level. That is, ‘today’s renaissance in philanthropic foundations [like activity in earlier epochs]…has some obvious links with the general re-appraisal of the role of the state in modern society and a refocus on private and corporate responsibility’ (Anheier and Leat 2006, 11).

Nonetheless, this renewed emphasis on philanthropy also comes at a time when neo-liberal governance undoubtedly remains hegemonic. Yet fatigue with its more orthodox forms, particularly in international development but also in some aspects of public administration in developed states (cf. Salamon, 2002), has grown. This follows what many (Stiglitz, 2002) believe to be a failed experiment with the unadulterated market, likely only heightened by ructions recently besetting the global economy. In domestic governance, therefore, which has undergone a series of radical redefinitions over the past three decades – with substantial structural implications – there has been a partial turn away from orthodox neo-liberalism, toward more measured models, at least in social policy circles, typified by new governance approaches (Salamon, 2002).

At the international level this has been reflected in partnerships framed with a market-orientation, particularly in areas associated with health such as HIV and AIDS, vaccine access and neglected diseases (Buse and Walt, 2000); the environment, particularly climate change, forest stewardship and preservation (Bäckstrand, 2008), and more recently, agricultural development, which have been partially financed by private foundations and other private actors such as firms through corporate philanthropic programs. Rather than offering a program that radically challenges the dominant governance paradigm, however, most calls for change have been consistent with the broad tenets of liberalism and aim to facilitate more robust institutional and policy settings in developing states (Leftwich, 2006, 590-91) or utilize markets for broadly social ends (Kaul, 2006). GHPs remain perhaps the most cogent manifestation of this consensus.

‘Health brokers’: How foundations have partially funded, negotiated and steered global health policy through partnership brokerage

Most of the early academic and policy research on partnerships, as noted above, paid at least at some consideration to the role of foundations. Widdus and White (2004, 4) in particular highlighted the important role that the Rockefeller and Gates Foundations played in ‘start-up and funding of various [Product Development] PPPs’. Other notable
commentators including Buse and Lee (2005, 8) expressly linked the growing interest of business in GHG to foundations. Drawing parallels between the emergence of a pervasive ‘mindset of industry and commerce into global health activities’ and foundations they argued that foundations not only ‘incubated many of these ventures’ but ‘in many cases, also underwrote and subsidized private sector participation’ (Buse and Lee, 2005, 8).

Like Bull and McNeil (2007) they saw foundations as residing in the private sphere of global governance – at least where interests, preferences and ideas are concerned, a real, if only implicit, contrast to the more socially-oriented preferences of NGOs and other social actors. In doing so, they thus highlighted a connection between the diffusion of private sector practices and growing resource mobilization either through private foundations and corporate philanthropic entities operating at ‘arms length’ as part of a broader pattern of private sector influence in global health (Buse and Walt 2005, 8-9).

Some of this research, as with most partnerships, was funded by foundations (cf. Widdus and White, 2004) keen to inject a new professionalism into health through consultants. Nonetheless despite the sophistication of this literature – both academic and policy-based – it has generally not focused narrowly on foundations or attempted to isolate these actors influence, beyond broader reference to their participation in the incubation stage.

Building on the broader structural and ideational trends that show why foundations have become more important players in global health, outlined in the previous sections, this section shows how they have become more important players by forwarding a broad conceptual framework that seeks to partially explain foundation influence. It draws on some examples from GHPs with substantive foundation participation to illustrate these points.

*Foundations and partnership brokerage*

The principal mechanism by which foundations have shaped global health over the last decade is through partnership brokerage – particularly what are termed Product Development Partnerships (PDPs) but also financing partnerships such as the GAVI Alliance to borrow from Buse and Walt’s (2000) now widely accepted typology (see chapter 1 of this volume). Partnership brokerage is best conceptualized as a multifaceted process in which foundations deploy a mix of material (for example, seed finance) and in-kind resources (for example, management advice) to structure relations between (sometimes adversarial) actors. There are a number of complementary layers to the brokerage process that are particularly well suited to intermediary institutions such as foundations.

The ability of private foundations to act as partnership brokers is best illustrated by way of example of PDPs which were one of the first generation of GHPs to gain mainstream traction. In some respects these also set a precedent – or blueprint – for the patterns of cooperation that have characterized global health policy in the succeeding period. PDPs are partnerships directed at ‘product discovery and development of new diagnostics, drugs and vaccines’, primarily for neglected diseases such as malaria, tuberculosis and
HIV and AIDS which disproportionately affect communities in low and lower-middle income countries (Caines et al, 2004, 9).

However PDPs did not materialize from within a vacuum. Putting aside the powerful structural drivers that led to take-up of this model, outlined above, at the network level the Rockefeller Foundation played a central role – one that the Foundation, was somewhat uniquely, although not exclusively, placed to perform. There is not space in this paper to provide an exhaustive narrative of network formation (for a more detailed account see Moran (2009) on the formation of the International AIDS Vaccine Initiative (IAVI)). But a brief explanation of the problem is warranted as this acted as a powerful incentive for policy change both internally, within the Rockefeller Foundation, and externally, in the broader context of global health.

The 1990s marked a partial, if in hindsight somewhat marginal, turning point for financing of neglected diseases. While tropical diseases research had been pursued with vigor in the post-war era, by the 1970s western scientists and the pharmaceutical industry began to reallocate resources to rich country ailments such as heart disease and cancer. The Rockefeller Foundation, via its Great Neglected Diseases of Mankind program, played a role in maintaining some semblance of a research agenda on diseases associated primarily with the South, but by the late 1980s R&D on communicable diseases such as malaria and research on a HIV and AIDS vaccine had slowed and funding had all but dried up (Evans, 2002).

This prompted agents within the nascent global health community to assess alternative financing mechanisms and product development arrangements to tackle diseases associated poverty. What ensued was the emergence of policy community with a multitude of actors and agencies offering solutions to the seemingly intractable regulatory and financing issues that were hindering product development. Nonetheless a cursory examination of available documentation as well as interviews with network participants reveals that what emerged was a tight-knit policy community which ultimately led to significant policy and resource coordination between actors, with the Rockefeller Foundation playing ‘catalytic’ role (Interviewee). This can be observed on a number of levels.

First, the network surfaced in a largely organic fashion and was not formalized by any overarching organizational structure. It was populated by a core group of agents who coalesced around a range of IOs, foundations and NGOs including WHO, the World Bank, Médecins Sans Frontières, International Federation of Pharmaceutical Manufacturers and Associations, various European and North American ODA agencies and the Rockefeller Foundation who relied on a host of formal and informal relationships in developing and nurturing their ideas. Yet in order to bring these ideas to fruition the network required some fundamental, albeit basic, supporting infrastructure including a meeting place in which to conduct negotiations and nut out the way forward. The Rockefeller Foundation had the capacity to fill this role. It subsequently arranged a series of meetings at the Foundation’s Bellagio Centre in the northern Italian province of Lombardy and further Rockefeller supported follow-up meetings that occurred
throughout the decade on topics ranging from the feasibility of an HIV and AIDS vaccine to methods to promote tuberculosis drug development. It was during these meetings that what would later became known as the PDP was largely born and its unique characteristics – that is, emulation of the R&D practices of for-profit pharmaceutical companies, the adoption of a portfolio approach to product development and a market-orientation – began take shape.

Second, while these meetings brought together actors in an already budding policy community the Rockefeller Foundation, as a private foundation with a long association with health was able to draw on its reputational capital to unite a diverse set of agents from the international public and private sectors. These players could bring complementary skill sets and knowledge to map out possible modalities that could overcome – or at least attempt to overcome – the seemingly insurmountable barriers to revitalizing research into neglected diseases. In the case of IAVI, which was largely championed by Foundation employee Seth Berkley, this included experts in international finance, law, the pharmaceutical sector and public health (Rockefeller Foundation, 1995). As such the Foundation, as well as key agents within the Foundation, acted as interlocutors. It exploited its intermediary position at the cusp of the public-private divide, alluded to by Buse and Lee (2005), to nurture dialogue between (antagonistic) actors (e.g. pharmaceutical companies, non-governmental organizations).

Third, a networking function is clearly not a trait exclusive to foundations – and many state and non-state actors deploy such strategies to leverage support for policy change. Nonetheless it was not purely Rockefeller’s effort to bring together disparate actors. Rather the ability of the Foundation to provide philanthropic risk capital, a product of its perpetual endowment, to incubate the PDPs was its principal contribution to partnership brokerage. Such seed funds can be deployed without the bureaucratic restrictions associated with public finance or the accountabilities that are characteristic of member-driven and/or donor-driven organizational forms such as NGOs who must satisfy the requirements of their multiple stakeholders. The provision of risk capital could also be seen to reassure other contributors that projects were both financially viable and likely to achieve measurable outcomes, a core of objective of public and private donors increasingly focused on metrics and evaluation.

Five such PDPs were ultimately brokered by Rockefeller including the IAVI, the Global Alliance for TB Drug Development, the International Partnership for Microbicides, the Paediatric Dengue Vaccine Initiative, and the Centre for the Management of Intellectual Property in Health R&D (Rockefeller Foundation, 2007). More recently the Rockefeller Foundation lent its support to the Global Call to Stop Cervical Cancer, which aimed to promote access to the newly developed cervical cancer vaccine in Latin America, and eventually, to other Southern regions (Rockefeller Foundation, 2007). As these entities matured, and the Foundation entered a period of restructure, it reduced or ceased funding for these partnerships.

*Foundations and procedural power*
The retreat from substantive engagement with the PDPs incubated by the Rockefeller Foundation appears to affirm two commonly held assumptions about foundations. First, it appears to validate the entrenched perception that grant-makers are largely passive principals, even if a process of grant allocation subtly guides the way and to whom grants are made, thereby through a process of iteration excluding certain players through grantee selection. This is often identified as one the primary mechanisms by which foundations shape GHG. McCoy et al (2009) have for example examined patterns of grant-making at the Gates Foundation showing that this appears to consolidate the influence of a relatively narrow selection of actors, primarily Northern, developed or multilateral, in GHG. This offers a compelling example how material power is employed to guide policy and governance. Second, that more traditional foundations must, as (Anheier and Daly 2004) have observed, ‘work through third parties to achieve greater multiplier effects through grant-making, thus becoming facilitators rather than operators’. As a consequence it can be argued the foundation, as a discrete development actor, is limited by its primary modus operandi, partially enshrined in various domestic regulatory obligations, to limit its role to interlocutor, albeit a function that brings with it a magnitude of suasion.

However in contrast to the Rockefeller Foundation, which has also adjusted its practices somewhat since 2002 when it exited the majority of PDPs, the Gates Foundation has maintained stronger linkages with GHPs – long after they have been incubated and assumed a more substantive institutional form. For example, one of the Gates Foundation’s earliest significant grants, which in many respects signaled that a powerful new development actor was entering the health landscape, was a $750 million grant to the GAVI Alliance. The initial grant, later increased to $1.5 billion had an immediate pull effect and bilateral donors, led by Norway and the United Kingdom quickly following the Foundation’s lead by committing matching funds – a process similar to that which occurred with Rockefeller funded PDPs but on a wider scale. Yet rather than retreating, as is historically commonplace among grant-makers, the Foundation continued to retain linkages which have persisted and become enshrined in its governance structures.

A notable feature of the GAVI Alliance’s decision-making processes, for example, is that it formally incorporates non-state actors into deliberations and vests these agents with significant procedural power. While this is by no means a unique arrangement it is significant as Bull and McNeill (2007) note that industry is accorded two permanent seats on the principal board – the GAVI Board – while the Gates Foundation is accorded a renewable position, alongside intergovernmental agencies the WHO, UNICEF and the World Bank. As a consequence it differs from other corporatist arrangements, and

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3 McCoy et al (2009) have examined the grant-making patterns of the Gates Foundation and found a broad-based bias to Northern-based research institutes and multilateral institutions (McCoy et al, 2009). The Lancet (2009, 1585) subsequently editorialised, in the issue in which the study was published, that this bias illuminates ‘that the list of grantees is striking in its dominance of funding to international agencies and partnerships’ at the expense of ‘direct funding to’ low-income countries.

4 Recently this has been highlighted by the Gates Foundation’s inclusion in the informal grouping, the Health 8 (H8), which assembles the Foundation alongside a mix of traditional UN agencies and programmes (i.e. the World Bank; WHO; UNICEF; UNFPA; UNAIDS) and hybrid-entities (i.e. the Global...
indeed earlier GHPs, in that it privileges private actors above civil society and on par with states/IOs. In addition, while steps have been taken to include civil society actors and there is a rotating post reserved for an NGO representative on the GAVI Board, this contrasts with the relative weight accorded to private actors.

This points to a secondary, and often underplayed, element of foundation influence, procedural power – or the ability to shape partnership direction through the presence of foundation representatives on partnership governing boards. It is obviously difficult to ascertain how this plays out in a practical terms. GAVI Alliance and Gates Foundations representatives, for example, are careful to deflect suggestions that the Gates Foundation has disproportionate influence within the GHP. It is accepted that the Gates Foundation’s association with GAVI ultimately led to a greater emphasis on technology in programmatic design (Interviewee), managerial practices such as a focus on efficiency and performance and ultimately made the entity attractive to potential private sector parties averse to partnering traditional multilateral entities such as IOs, that were perceived to be too cumbersome and bureaucratic (Bull and McNeill, 2007, 89).

But beyond the emphasis on technology and managerialism, arguably present among all public sector entities post the new public management revolution of the late 1980s, the Gates Foundation’s contribution is assumed to be one that is still primarily material. There is no reason to doubt such claims and GAVI’s intricate and multi-tiered organizational structure would suggest that there are numerous voices that affect the institutions policies, practices and programmatic decisions. Nonetheless the fact that the foundation is embedded within the organizational structure at board level – as well as holding positions on the various Task Teams and Advisory Boards that inform decision-making – runs counter with the previously accepted wisdom that foundations take flight when modalities are established.

Embedding staff, and former staff, in these institutions through secondment also arguably has a similar affect. It may bring into the new organizational forms that sprout from foundation grants the values, interests and preferences of foundations, should the foundation retreat, or preserve the relationship with the foundation once the entity has matured, should formalized linkages continue. The strength of these ties has been enhanced by the move to more engaged forms of philanthropy, particularly among foundations and foundation-type entities, that adopt the venture capital approach – or venture philanthropy – in which there is highly augmented pattern of interaction between the donor (or investor) and the recipient (or investee).

While foundations like Gates and Rockefeller generally operate within the traditional foundation mould such an approach can be observed in the way the Gates Foundation has managed its interaction with the GAVI Alliance and the Global Fund to Fight AIDS, Malaria and Tuberculosis as well as to a lesser extent the Rockefeller’s Foundation’s coupling of management advice with seed funding in PDPs. However, the “engaged” approach has been more commonly utilized by newer foundations and foundation-type entities such as the Acumen Fund – a “non-profit global venture fund that uses
entrepreneurial approaches to solve problems of global poverty’ (Acumen Fund, 2009). Such organizations, aim to accord capital and in equal measure managerial advice. The rationale behind such a strategy is that the skills and resources of individuals can achieve more in terms of capacity building than pure capital transfers. While there is not space in this paper to explore the implications of the “new” philanthropy for GHG it does show scope for a future research agenda.

**Conclusion: Foundations and the diffusion of quasi-market norms**

So if private foundations have been key actors in securing the GHP, as a discrete and distinctive policy paradigm, and are increasingly active once partnerships have achieved maturation, then what have been the implications of this for GHG? What does this tell us about the power of foundations as actors that have, at least this juncture, received comparatively limited coverage in the increasingly sophisticated and theoretically rich body of work on private global governance that has evolved over the past decade – particularly in the health sphere?

Recalling the two traditional perspectives on foundations – the critical and pluralist schools – it is tempting to accord significant weight to these conceptual and normative frameworks, given that these have both forwarded sound rationales for past foundation interventions in international health. Moreover this bifurcation has not previously been applied to foundations and global health so would seemingly offer a clear map to understanding foundation power. Yet scholars of GHPs, particularly those emanating from the political and policy sciences, have both explicitly and implicitly proffered similar explanations to explain patterns of cooperation and contestation. Consequently a secondary aim has been to explore the nexus between the two dominant conceptual frameworks and the literature on GHPs, revealing where synergies are prevalent. The objective of this has been to reveal how and why a few select large foundations have scaled-up their activities in global health and why they have found the partnership approach attractive.

Nonetheless the paper has also attempted move beyond previous analyses of GHPs, showing how foundations have been important to partnership formation. As such a conceptual framework, albeit a rudimentary one, has been proposed. This suggests that foundations operate on a number of levels the first two being primarily intermediary and procedural (process driven). By way of example I first examined the Rockefeller Foundation and PDPs. It was argued that the pattern of interaction within the PDP network structure cogently demonstrates how private foundations are important facilitators within such networks. Indeed where PDPs are concerned private foundations may have been the most important actors due to their ability to provide philanthropic risk capital. Start-up finance was augmented by other tangible forms of in-kind provision, including regular meetings at Rockefeller owned facilities (e.g. New York and the Bellagio Centre) in which participants could discuss, plan, negotiate and begin to ultimately operationalise the partnerships. This was supplemented by the provision of ‘management advice’ to build capacity. While a scientific network – or rudimentary epistemic community – in which the Foundation was dependent on external expertise, it
could also to some extent shape the network structure particularly in its nascent stages through subtle means such as participant inclusion and exclusion. In this case, the Foundation relied heavily on a selection of experts with particular interests and preferences.

In principle, states and IOs could perform these functions – and often do. However for reasons of resource constraints and/or bureaucratic inertia they were unwilling or unable to, a position that was clearly informed by the broader political and cultural milieu of collaboration and the propensity to rely on private actors that is now characteristic of domestic and international public policy. The outcome was a particular dynamic of policy formulation – that advanced a then novel mix of ‘virtual’ venture capital and multi-sectoral collaboration. The effectiveness of these PDPs has been less than optimal and this paper has not attempted to assess their impact – nor has it investigated the utility of the GAVI Alliance which was also used as an example to show how procedural and other subtle forms of influence guide GHPs.

However to conclude it is worth returning to the questions raised above and offering some final suggestions, however tentative, as to the impact of foundations. First, without inferring too far beyond the foundations discussed here – that is, the Rockefeller and Gates Foundations – it possible to observe a discernable trend that cuts across foundation contributions to health – an enduring penchant for technical development interventions as a vehicle to advance social and economic change. This has occurred historically, for instance during the early Rockefeller IHD discussed above, and has latterly found expression in both PDPs and financing type partnerships such as the GAVI Alliance. Behind this lies a conspicuous positivism that permeates foundation programs and is marked in the selection of grantees. This can be traced to the evolution of foundations as institutions in American public life and in particular their emergence in the Progressive Era where conviction was placed in the transformative properties of science and technology.

Second, after a perceptible humanistic turn in the 1970s, the late 1990s and early 2000s, saw an added dimension to the practices of key private foundations – one that is exposed in the predilection for GHPs. Responding to the signifiers of the dominant policy philosophy, foundations, like many other actors in world politics, began to encourage interventions that moved beyond unmitigated markets toward the promotion of sound regulatory frameworks, a commitment to institution-building, and functional markets. These were seen as the required ingredients of an equitable developmental recipe. Despite earlier historical antecedents, networked forms of organization, such as partnerships, have become the new norm of GHG by incorporating a market-oriented element to health that builds on previous principles of collaboration. At the same, as will hopefully be apparent from the above discussion, foundations have actively disseminated these ideas, serving, along with the other key development actors, as conduits for an emerging development consensus premised on a new institutionalism plus markets.

These can be labeled quasi-market norms and can be defined as those that seek to synthesize the equity elements of public administration with the efficiency gains of
markets. While such norms, neatly encapsulated in the GHP modality, would no doubt have gained traction in GHG independently of private foundations, the Rockefeller and Gates Foundations, have, at least in part, played a central role in altering the policy trajectory of GHG through partnership brokerage.

References


