University of Southampton,
Faculty of Law, Arts, and Social Sciences,

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Understanding the Rise of Health GPPPs: The Role of Discourse and Ideas.

By Andrew Martin Harmer.

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Abstract

This thesis attempts to answer the following question: How was it possible for Global Public-Private Partnerships (GPPPs) to rise to prominence as a key mechanism of global health governance (GHG)? I argue that in order to understand this development, it is important to take into account the role of discourse and ideas. Most studies of GHG, which I categorise as either power-based or interest-based, do not take discourse and ideas seriously. I propose an alternative, constructivist approach to GHG that does take them seriously. I do not argue that constructivism provides a better account of GHG than either power-based or interest-based analyses, but I do argue that it provides additional and important insights into the dynamics of GHG.

From the initial claim that discourse and ideas are important to understand the rise of GPPPs, I show in my thesis how, where, and when they are important. In response to the question of *how* ideas and discourse are important, I argue that they constituted and constructed the practice of GPPP. To show this, I develop a discursive framework that examines four functions of discourse: the cognitive, the normative, the coordinative, and the communicative. I apply this framework to three neglected disease GPPPs: the Stop TB partnership, the Drugs for Neglected Disease Initiative, and the Global Alliance for TB Drug Development. I show that even though these GPPPs had quite different institutional structures, they were discursively constructed in the same way.

In response to the question of *where* ideas and discourse are important, I distinguish between micro and macro levels. At the micro level, I show that the four functions of discourse did not operate equally across each of the three GPPPs. At the macro level, I show that the key architects of the three GPPPs comprised a network of global health actors. I argue that the relationship between the actors that comprised the network, and the ideas that structured it, can be conceived in structurationalist terms.

In response to the question of *when* ideas and discourse are important, I argue that ideas and discourse 'truly matter' when they reconfigure actors' interests, and do more than simply reflect institutional path dependence and cultural norms. The evidence for this in my study of the rise of GPPPs is, however, scant. I show that the ideas and discourse of GPPP actually took place against four 'background conditions' that themselves were crucial for the change from public and private global health provision to global public-private partnerships. When these conditions pertained, it was possible for the discourse and ideas of GPPP to flourish.

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Abbreviations and Acronyms.

ACHAP	African Comprehensive HIV/AIDS Program
AIDS	Acquired Immune Deficiency Syndrome
APM	Ariel Pablos-Mendez
ASEAN	Association of South-East Asian Nations
CCA	Corporate Council on Africa
CEO	Chief Executive Officer
CDC	Centre for Disease Control
CTD	Centre for Disease Control
DfID	Department for International Development
DNDi	Drugs for Neglected Diseases Initiative
DNDWG	Drugs for Neglected Diseases Working Group
DOTS	Directly Observed Treatment Short course
ECSC	European Coal and Steel Community
EMU	European Monetary Union
EU	European Union
G7	Group of Seven
GAIN	Global Alliance for Improved Nutrition
GATBDD	Global Alliance for TB Drug Development
GAVI	Global Alliance for Vaccines and Immunisation
GBC	Global Business Coalition on HIV and AIDS
GDF	Global Drug Facility
GET	Global Elimination of Trachoma
GFHR	Global Forum for Health Research
GG	Global Governance
GHG	Global Health Governance
GPEI	Global Program to Eliminate Filiarisis
GPG	Global Public Good
GPPP	Global Public-Private Partnership
GRI	Global Reporting Initiative

GSDF	Global Sustainable Development Facility
GSK	Glaxo Smith-Kline
HBC	Heavily Burdened Country
HCF	Health Care Financing
HIV	Human Immunodeficiency Virus
HST	Hegemonic Stability Theory
IAVI	International AIDS Vaccine Initiative
IBFAN	International Baby Food Action Network
ICH	International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use
IFI	International Financial Institutions
ILO	International Labour Organisation
IMF	International Monetary Fund
INGO	International Non-Government Organisation
IO	International Organisation
IP	Intellectual Property
IPPPH	Initiative on Public-Private Partnerships for Health
IR	International Relations
ITI	International Trachoma Initiative
MDG	Millennium Development Goals
MDP	Microbicides Development Program
MDRTB	Multidrug-Resistant Tuberculosis
MNC	Multi-National Corporation
MSF	Medecins Sans Frontieres
MVI	Malaria Vaccine Initiative
NAFTA	North American Free Trade Agreement
NCE	New Chemical Entity
NGO	Non-Government Organisation
NIAID	National Institute of Allergy and Infectious Disease
NIH	National Institute for Health
NLI	Neoliberal Institutionalism

OECD	Organisation for Economic Cooperation and Development
PHC	Primary Health Care
PhRMA	Pharmaceutical Manufacturers Association
PIH	Partners In Health
PPM	Public-Private Mix
PPP	Public-Private Partnership
PRSP	Poverty Reduction Strategy Paper
R&D	Research and Development
RBM	Roll Back Malaria
SAC	Scientific Advisory Committee
SARS	Severe Acute Respiratory Syndrome
SGN	South Group Network
SMART	Specific, Measurable, Achievable, Realistic, and Time-bound
TBA	Tuberculosis Alliance
TDR	Training in Tropical Disease
TINA	There Is No Alternative
TNC	Transnational Corporation
UN	United Nations
UNCTAD	United Nations Conference on Trade and Development
UNDP	United National Development Program
UNESCO	United Nations Educational, Scientific, and Cultural Organisation
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHA	World Health Assembly
WHO	World Health Organisation
WTO	World Trade Organisation

1. Global Governance, Global *Health* Governance, and Global Public-Private Partnerships: Concepts, Methods, and Cases.

Introduction.

The rise to prominence of global health public-private partnerships (GPPPs) as a key mechanism of global health provision has been meteoric (Figure, 1.1). In this thesis, I define a GPPP as:

> A collaborative relationship which transcends national boundaries and brings together at least three parties, among them a corporation (and/or industry association) and an intergovernmental organisation, so as to achieve a shared health-creating goal on the basis of a mutually agreed division of labour (Buse and Walt 2000a: 550).

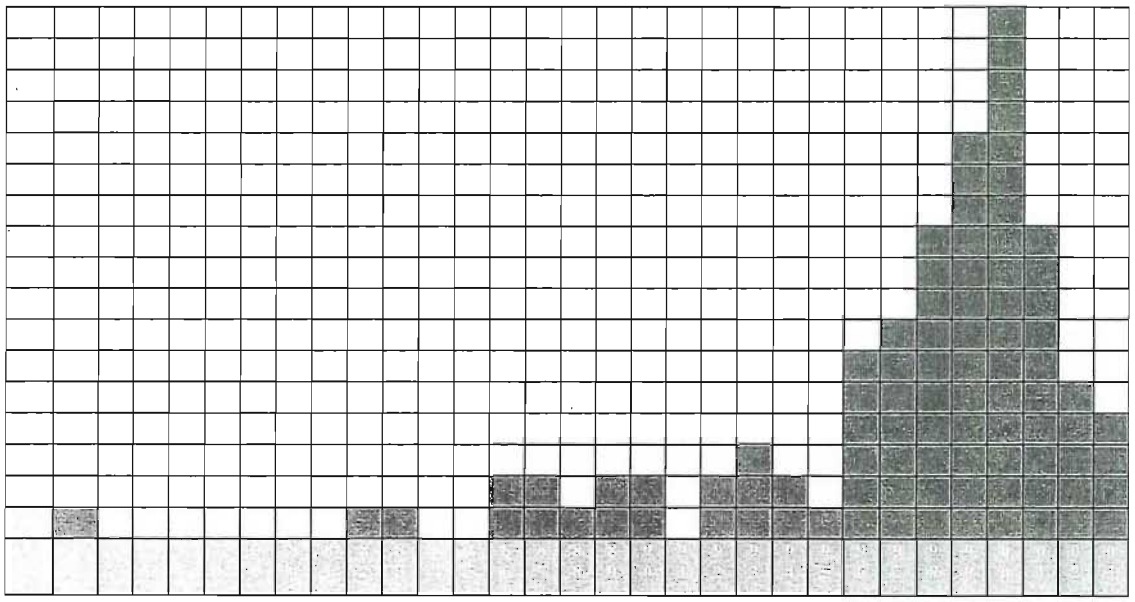


Figure 1.1. Number of health GPPPs from 1974-2003[1].

Whilst acknowledging that the relationship between GPPPs and global governance is contested (Hancock 1998; Karliner and Bruno 2000; Richter 2001), some proponents of global governance argue that GPPPs have two clear advantages. On the one hand they appear to promote cooperation between the various actors involved, and facilitate coordination of policies across different levels, from local to global. On the other, GPPPs provide a means of "weaving universal values and principles into global corporate behaviour" (Ruggie 2000). GPPPs are presented as a means of encouraging corporate social responsibility, whilst preserving core neo-liberal economic principles such as open markets. By introducing elements of informal and voluntary regulation through GPPPs, public institutions are able to 'steer' corporate power for mutual benefit. GPPPs, therefore, are important because they enable common participation among multiple actors to resolve global problems collectively.

GPPPs are a recent phenomenon. During the 1970s, relations between international public and private health providers could best be described as "abrasive" (Buse and Walt 2000a: 550). At the beginning of the twenty-first century, there are more than 90 health-related GPPPs[2]. Arguably, GPPPs represent a transformation in global public and private relations and interactions – a change that has occurred in a relatively short period of time. What is remarkable, however, is that no study has attempted either to explain or understand this novel development in global health governance (GHG). One of the aims of my thesis is to redress this deficit.

Public, private, and public-private relations: Two criticisms.

The argument that GPPPs represent a transformation in global public and private relations faces two fundamental criticisms. The first is that the distinction between public and private is a false distinction. The second is that the distinction between public and private is an 'ideal' distinction that does not exist in reality: *all* interaction involves some combination of public/private mix, and thus to say that public-private partnership is something new is misleading at best. Each of these objections are considered in turn below.

The distinction between public and private goes to the heart of liberal political philosophy (Locke 1689; Constant 1814; Rorty 1989; Habermas 1984). Put crudely, private existence refers to the family, the spheres of individual work and the consumption of goods, and the realm of individual beliefs and preferences, whereas public existence designates action in the world of politics (Geuss 2001). This distinction has been the subject of extensive criticism (Montiero 2003). Pateman, for example, writes:

> [T]he social movements of the last hundred or so years have taught us to see the power-laden and therefore political character of interactions which classical liberalism considered private. . . [F]inal vocabularies do not neatly divide into public and private sectors; nor do actions neatly divide into private or public (Pateman 1989: 312-3)

For feminists, the public/private dichotomy entrenches gender divisions. In addition, the private realm is not a realm of freedom for all: for women, argues Cochran, the private realm "represents a limit on who is actually able to speak" (Cochran 1999:164). Marxists also dismiss the distinction between public and private, arguing that it is a social construction that has its roots in the economic relations of production (Walzer 1984). Common to both perspectives is the general observation that the private / public distinction is untenable because it disregards the deep interrelations between both spheres. The result is a conservative politics that simply preserves an unacceptable status quo.

The argument that GPPPs are novel is met by the oft-cited counter-argument that actually they are not fundamentally new. The private sector has long donated funds, and participated in various health initiatives for decades. If the private sector is defined as to include charitable foundations, then one could argue that non-governmental (private) actors such as mission hospitals have been providing health care since the19th century in the colonies. In addition, the United Nations and the World Health Organisation have both had relations with business since their inception, and both have clear guidelines for interaction with the business community[3]. True, the majority of public-private

partnerships are not fundamentally novel (Richter 2004b). In the field of health, for example, they include interactions between the public and private sector such as:

- fundraising;
- negotiations or public tenders for lower product prices (for example, of pharmaceuticals and vaccines);
- research collaborations;
- negotiations, consultations and discussions with corporations and their business associations about public health matters (for instance, salt manufacturers iodising salt);
- co-regulatory arrangements to agree and implement 'voluntary' (that is, legally non-binding) codes of conduct;
- corporate social responsibility projects (many of which are, in fact, cause-related marketing- or other strategic sponsorship projects);
- and contracting out of public services, such as water supplies (Richter 2004b).

Subsuming such widely different issues as fundraising from transnational corporations and privatising water supplies under the common label of public-private partnerships causes several problems. It obscures important distinctions between different types of interactions and conveys a false impression about the novelty of the PPP approach.

I respond to these two criticisms in the following way. First, whilst not wishing to understate the importance of the public/private dichotomy debate, there is only limited space here in which to discuss its intricate nuances. In Chapter Two, I consider in more detail Marxist analysis of global health governance and GPPPs, though not the feminist critique noted above, and in my analysis of social constructivism, I explicitly address the question of whether GPPPs are social constructions. Responding to the argument that GPPPs are not new because private actors such as Foundations have been involved in health care since the 19th century, it is important to be clear from the outset what I mean by public and private actors in the context of GPPPs. By public I simply refer to international and/or governmental agencies that are publicly mandated – typically,

Ministries of Health and/or the United Nations and its various agencies (for example, the World Health Organisation). By private, I adopt the definition provided by the UN secretary-general in his Report to the General Assembly 2001: "all individual, for-profit, commercial enterprises or businesses, business associations and coalitions and corporate philanthropic foundations" (UN 2001:45-46).

In response to the argument that International Organisations have always had relations with the private sector, and that therefore there is nothing new about GPPPs, I do not deny that historically the public and private sectors have enjoyed a long period of formal and informal relations. But, as Widdus notes, the division of labour between public and private actors constituted "a poorly defined partnership in which the outcomes desired by different parties ha[d] never been explicitly negotiated" [Widdus, 2001 #387: 713]. The modern conditions of global health have necessitated a re-examination of public-private relations and the result *is* something new: a novel model of interaction between public, private, and civil society actors. I concur with Richter's argument that what is novel about public-private partnerships is the framework of thought underlying the approach (Richter 2004b). As Jane Nelson suggests, a key feature distinguishing partnerships from other interactions with the private for-profit sector is what she calls the "*shared process of decision making.*" This is the critical and novel characteristic of this new policy paradigm. According to Nelson:

> "In most strategic partnerships, the partners will work together at all levels and stages, from the design and governance of the initiative, to implementation and evaluation." (Nelson 2002: 47)

Indeed, the notion of shared decision-making between public and private business actors is the single most unifying feature of public-private 'partnerships.' Researcher Ann Zammit, who made an extensive review of UN-business partnerships for the United Nations Research Institute for Social Development (UNRISD) and the South Centre, remarks: "The term [partnership] covers a multitude of activities and relationships, perhaps best conceptualised as a special case of 'close' rather than 'arms-length'

relationships between government and business." (Zammit 2003: xxv). GPPPs are something new in relations between public and private actors. They indicate a move away from what earlier commentators have described as the 'private-public cycle', where relations oscillate "between periods of intense occupation with public issues and of almost total concentration on individual improvement and private welfare goals" (Hirschman 1982:3).

Explaining or understanding the rise of GPPPs?

The distinction I make between explaining and understanding the rise of GPPP is deliberate. The distinction is a familiar one in the Social Sciences, and was introduced to the study of International Relations by Hollis and Smith in their seminal 1990 study [Hollis, 1990 #466]. The distinction is important because it goes to the heart of a familiar debate in the Social Sciences concerning the ontological, epistemological, and methodological assumptions one makes about the world [Marsh, 2002 #514]. In ontological terms the debate centres on whether the world is made up of ideas and/or material factors, and whether there is a 'real' world 'out there' that exists independent of our knowledge of it. In epistemological terms, the question is whether we can objectively know the world, and know it through direct observation (positivism), or whether we can only interpret it. Finally, in methodological terms 'explaining' the world typically involves adopting a 'scientific' approach to analysis that "looks for causal relationships, tends to prefer quantitative analysis...and wants to produce 'objective' and generalisable findings" [Marsh, 2002 #513: 19]. Understanding the world, on the other hand, adopts a hermeneutic (interpretive) approach, focuses on 'meaning' rather than 'reality', looks for constitutive rather than causal relationships, and tends toward qualitative analysis.

Following Marsh and Furlong's advice that "all students of political science should recognise and acknowledge their own ontological and epistemological positions", I freely confess to adopting an ontology which assumes that ideational factors such as ideas and discourse have the potential to matter at least as much as material factors. Epistemologically, I assume that there is no 'real' world that exists independently of the meaning that we attach to it, and that the world is not waiting patiently for us to observe

it. This anti-foundationalist view suggests a qualitative methodology that assumes that the world is interpreted by actors (rather than observed by them) and that their interpretation is in turn interpreted by the researcher. Thus, as I note in Section 1.2 below in my discussion of methods, my empirical study (literature review and interviews) is derivative of the epistemological assumptions I make about knowledge, which in turn are derivative of the ontological assumptions I make about the world [Blyth, 2002 #564].

Understanding change in GHG: Cognitive evolution, communication, and crisis.

The concept of change is important in my analysis of the rise of GPPPs. As I outline below, and develop further in later Chapters the concept of change in the study of global health governance is contested. Broadly-speaking, however, existing approaches explain change in terms of either stasis (where the underlying structure – anarchy – that governs interaction between actors does not change) or reform (where the underlying structure is mediated, and thus change is possible). I argue that neither approach is satisfactory because they both understate the role of ideas and discourse. I suggest that a different approach to change is required that takes ideas and discourse seriously. On the one hand it is important to recognise that the ideas that informed the present, dominant, understanding of GPPPs did not simply materialise out of thin air; rather, they evolved over time.

To help understand this process, I employ the concept of *cognitive evolution*. I take my inspiration for this approach from Emmanuel Adler, who first applied it to constructivism in an influential 1997 article (Adler 1997). Adler describes cognitive evolution in the following way:

> Cognitive evolution means that at any point in time and place of a historical process, institutional or social facts may be socially constructed by collective understandings of the physical and social world that are subject to authoritative (political) selection processes and thus to evolutionary change (Adler 1997: 339).

From a constructivist perspective, the evolution of ideas is not simply a result of the most powerful economic actors satisfying their interests, and it is more than just a rational response by self-interested actors to ensure more legitimate and effective global health governance. The evolution of ideas is also about the way that social actors form intersubjective understandings about this or that mechanism of global health governance – in the present context the mechanism of GPPPs. If the ideas that inform our understanding of GPPPs have evolved over time, then the questions to ask are surely: where did these ideas come from; how have they evolved; and whose ideas are they? I address these questions in Chapter Three.

An important aspect of Adler's conception of cognitive evolution is the relationship between discourse and 'reality'. Adler argues:

> Cognitive evolution is a theory of international learning, if by learning we understand the adoption by policy-makers of new interpretations of reality, as they are created and introduced to the political system by individuals and social actors...The political importance of these premises lies not in their being 'true', but in their being intersubjectively shared across institutions and nation-states.

This is an important observation because it illustrates an ontological position that is critical of claims to 'truth' and 'reality' put forward by rationalist and positivist world-views. I discuss this in much more detail later in this Chapter and in Chapter Two. The point, however, is that what is presented as 'real' is, for constructivists, a social construction. Ideas about 'need' (e.g., the necessity for GPPPs), the spread of 'values' such as equity, fairness, and justice, are, constructivists argue, intersubjective understandings that can change over time. Constructivist research projects, therefore, would focus on how these ideas and values are spread, *not* on whether these values are genuinely held, or 'real', or might be better achieved.

Adler argues: "an evolutionary approach requires that new or changed ideas be communicated and diffused" (Adler 1997:339). How this is done is the subject of Chapter

Four, where I explore the role that discourse plays in communicating and coordinating the ideas that informed the practice of GPPP. To do this, I employ a discursive framework provided by Vivien Schmidt. I outline her approach later in this Chapter, but the key point to emphasise is that in order to fully understand the dynamics of change, it is necessary to go beyond just an understanding of the interplay of interests and institutions. These represent the "background conditions to change". To understand how ideas are communicated and diffused, as Adler puts it, requires us to explore the role of discourse. I employ Schmidt's framework as a tool with which to explore how discourse communicated and co-ordinated the ideas that informed the practice of GPPP.

It is important to emphasise that in my analysis of change I do not argue that discourse and ideas are the *only* factors that are important. Indeed, the rise of GPPPs has occurred in a period of economic, financial, and institutional *crisis*, in which a series of "precipitating events" also played a significant role. The thesis does, however, assert that discourse and ideas are important factors to be considered. Of course, the crucial question then becomes *how much*; if ideas and discourse are important, how important are they?

The rise of GPPPs: How was it possible?

Numerous studies of GPPPs have attempted to explain *why* this change has occurred, citing shifts in ideology; lost legitimacy in international institutions; the monopolistic position of transnational pharmaceutical industries; the growth of NGOs; new technologies; increased support from private foundations; and globalisation as causes (Buse and Walt 2000a; Reich, 2002; Widdus, 2004)[4]. This thesis asks a different, *how-possible*, question. How was it possible for such a radical institutional innovation as GPPP to be adopted and embraced by the international health community during this period, overcoming entrenched interests, institutional obstacles and cultural barriers in the process? As Doty observes, answering how-possible questions involves examining:

> How meanings are produced and attached to various social subjects/objects, thus constituting particular interpretive dispositions which create certain possibilities and preclude others. What is explained is

> not *why* a particular outcome obtained, but rather *how* the subjects, objects, and interpretive dispositions were socially constructed such that certain practices were made possible (Doty 1993: 298).

To answer the how-possible question posed in this thesis, I proceed from the principal assertion that: 'discourse and ideas are important in understanding the rise of GPPPs'. This generates three subsidiary questions, which I use to structure my thesis: *how* are discourse and ideas important; *where* are they important; and *when* are they important? Answering these questions is the primary aim of this thesis, and I present a discursive framework in Chapter Two that will help me to do this.

The aims of Chapter One:

There are two aims to this Chapter. First, I clarify the key concepts I employ in my thesis. The main focus of the thesis is on ideas and discourse, and how they help us to understand change in global health governance. I start, therefore, by outlining what I mean by global governance *per se*, and then move on to a brief summary of the literature on global health governance. I then briefly outline different conceptions of change and, finally, provide a definition of ideas and discourse. To aid clarification, and in recognition of the 'essentially contested' nature of these concepts, I explicate three approaches to the study of global governance: power-based, interest-based, and constructivist approaches. The second aim is to explicate the methodology I employ in my thesis, and to consider the methodological challenges that arise from adopting such an approach. Here, I justify why I adopt a case study approach to GPPP, and I justify my choice of three sample GPPPs selected for my empirical analysis.

1.1. Concepts.

1.1.1. Governance and Global Governance:

A decade ago, Lawrence Finkelstein suggested that "we say 'governance' because we don't really know what to call what is going on" (Finkelstein 1995: 368). Ten years on,

the study of global governance has become "something of an intellectual cottage industry" for students of global politics (Weiss 2000: 796). If, as a result, scholars have a deeper understanding of global governance, the concept nevertheless remains highly contested. In this section, I briefly outline the key features of the global governance 'debate', and indicate what conception of global governance I adopt in this thesis.

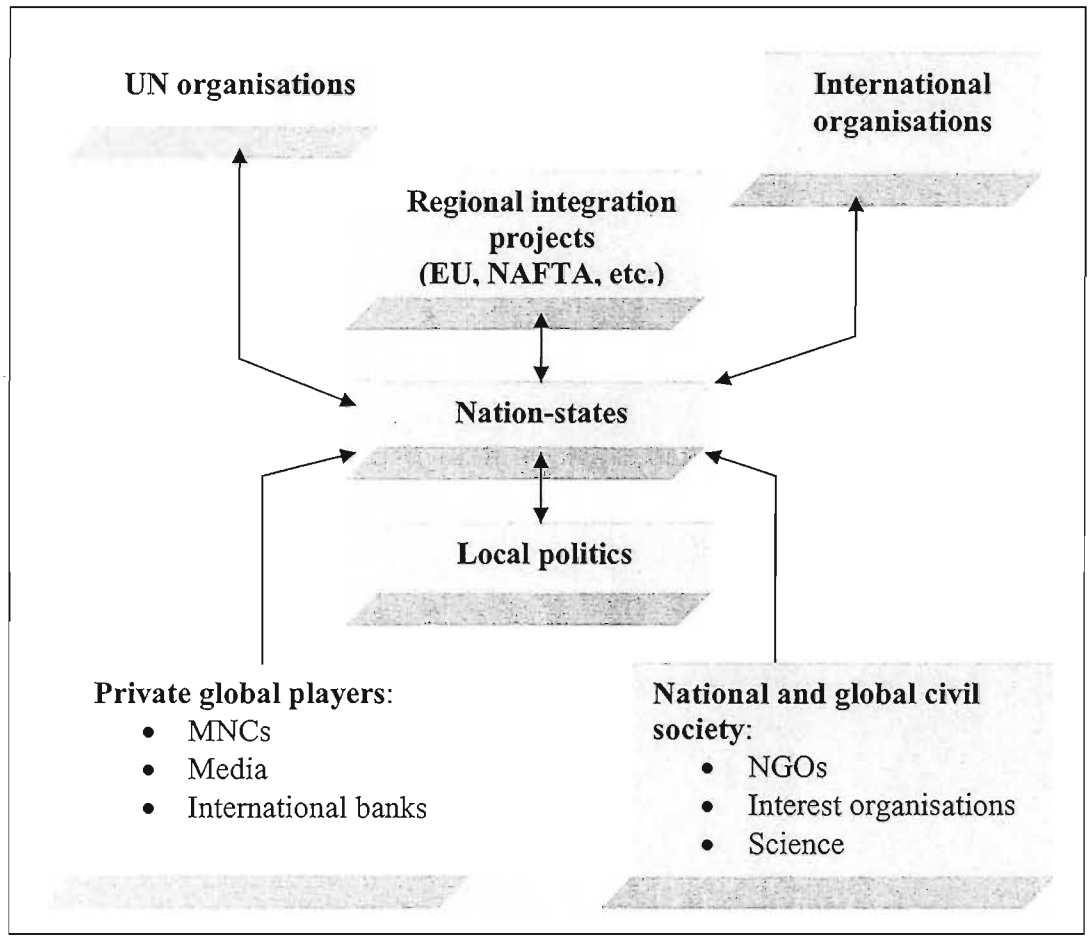


Figure 1.2: Levels of action in global governance (adapted from Held, 2002a).

If there is one thing that the concept of governance is not short of, it is definitions. Weiss, for example, cites eight different definitions from various international institutions (Weiss 2000). A commonly cited definition of governance, however, is that taken from the report of the Commission on Global Governance:

> Governance is the sum of the many ways individuals and institutions, public and private, manage their common affairs. It is a continuing process through which conflicting or diverse interests may be accommodated and co-operative action taken (Commission on Global Governance 1995: 5).

James Rosenau also describes governance as a process: governance is "the process whereby an organisation or society steers itself" (Rosenau 1995: 14). Implicit in both the Commission's and Rosenau's definitions is the idea that govern*ance* is distinct from govern*ment* because it is neither backed by formal authority nor enforced through a system of hierarchy.

In the absence of a single organising principle, such as hierarchy, Rosenau argues that it is the dynamics of "communication and control" that are central to the process of governance. These dynamics include intersubjective consensus, the possession of information and knowledge, public pressure, manipulation and hard bargaining (Rosenau 1995: 15).How do these insights into governance apply at the *global* level? Held and McGrew provide the following explanation:

> As an analytical approach, global governance rejects the conventional state-centric conception of world politics and world order. The principal unit of analysis is taken to be global, regional or transnational systems of authoritative rule making and implementation (Held and McGrew 2002b: 9).

Global governance is distinct from both global government and post-war multilateralism. Whilst global govern*ment* implies a hierarchic power structure with formalised sites of authority, global gover*nance* is conducted through multiple, formal and informal, authority structures at the global, regional and transnational levels. Whilst multilateralism refers to coordinative relations between three or more *states* (Ruggie 1998b: 107), global governance is multilayered, pluralistic, and structurally complex (Held and McGrew

2002b). Figure 1.2 illustrates the different layers, or levels, of global governance, from the suprastate level (e.g., the UN) to regional levels (e.g., ASEAN), and substate levels

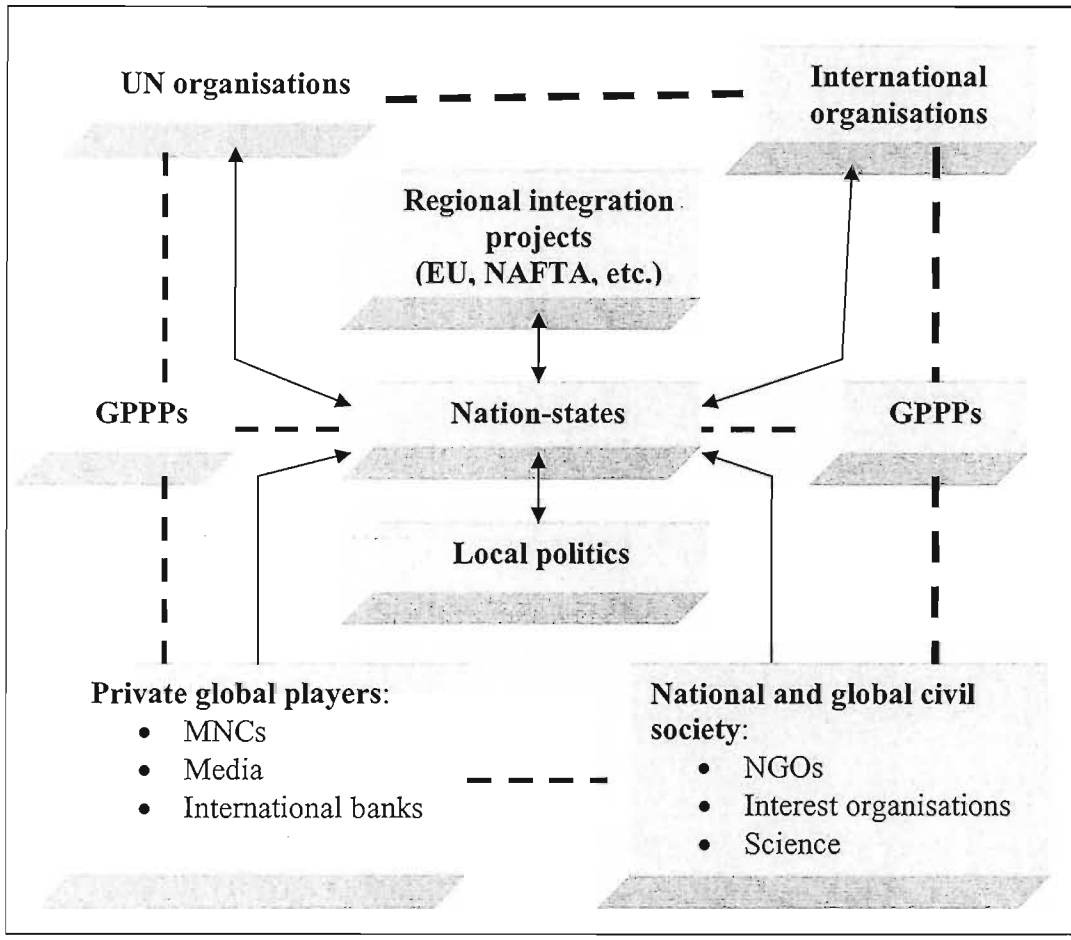


Figure 1.3. Modified levels of action in global governance to include GPPPs.

(e.g., civil society groups). It also gives an indication of the multiple actors involved in global governance. The nation-state remains a central actor, but it is one actor in an increasingly complex 'web' of interconnected relations between multiple actors.

In Fig.1.3, I modify the diagrammatic representation to include GPPPs in the 'architecture' of global governance. GPPPs are important sites of multiple-level interaction between actors and agencies. Crucially, however, this interaction does not focus on the state as the central actor. In this respect, the diagram reflects a greater degree of interconnectedness (IOs are connected to NGOs and the media); it also encourages us

to move away from the idea that these interconnections require moderation through nation-states.

Three theoretical approaches to global governance: Power-based, Interest-based, and Constructivist approaches.

Extending governance to the global level is a contested move. As noted above, one way of distinguishing between the different accounts of global governance is to distinguish between power-based, interest-based, and constructivist approaches to global governance[5]. I present two examples of power-based approaches – neorealism and orthodox Marxism; two examples of interest-based approaches – neoliberal institutionalism and neomarxism; and two examples of constructivist approaches – 'thin' and 'thick' constructivisms. I recognise that there are various 'realisms' and 'liberalisms', and I justify my choice of perspectives at the beginning of Chapter Two. Here, I outline the key features of each of the three approaches to global governance.

1) Power-based approaches to global governance: Neorealism, and orthodox Marxism:

Broadly speaking, power-based analyses share three common features: they are sceptical of the concept of global governance; they explain the world in terms of power (military or economic power); and these explanations are informed by materialist rather than idealist philosophical assumptions. I explain these three points briefly below.

Neorealists can be described as sceptics because, for them, the term 'geopolitics' rather than 'global governance' better describes and explains world affairs[6]. Defined in terms of anarchy, geopolitics is a fundamentally malign and permanent condition. Within this environment, states are the dominant actors. States are rational actors that seek to maximise their power in order to maintain their security *vis a vis* other states. Because states operate under conditions of global anarchy, cooperation is problematic. Nevertheless, cooperation *does* occur, and neorealists employ hegemonic stability theory (HST) to explain how this is possible. HST asserts that a powerful, hegemonic, state can promote cooperation by establishing, through pressure and coercion, cooperative

mechanisms such as international institutions and regimes (Gilpin 1987; Grieco 1988; Keohane 1989; Hasenclever, Mayer et al. 1997).

Orthodox Marxists can be described as sceptics because they describe globalisation and global governance as the conscious political projects of a transnational capitalist class, which serve and advance its own economic interests (Petras and Veltmeyer 2001). This class is formed on a complex of institutions and planning forums which include TNCs, the World Bank and the IMF, the Trilateral Commission and the World Economic Forum. Terms such as globalisation and global governance 'mask' the reality of the endeavour by transnational elites to shape and control world affairs. A more accurate description, argue orthodox Marxists, would be *imperialism* (*ibid*, p12, 62).
Neorealist explanations of state action focus on power. There are differences between the different realist approaches, but neorealists understand power in terms of relative and absolute gains. Mearsheimer, for example, argues that:

> States in the international system aim to maximise their relative power positions over other states. The reason is simple: the greater the military advantage one state has over other states, the more secure it is" (Mearsheimer 1994: 11-12).

Power is understood as both material (it can be measured and, typically, measured in terms of military capability) and *relative*. For neorealists, cooperation is described as a zero-sum 'game' (one state's gain is another state's loss) where states enter into cooperative agreements to increase their power and influence relative to other states (Grieco, 1988). Under these conditions, the possibility that some states, through cooperation, will gain more than others (the 'problem of relative power') is a major obstacle to cooperative endeavour.

Orthodox Marxists shift the emphasis of their analysis from military power to economic power, which they describe in terms of global capitalist expansion. They argue that the US has established hegemonic control over the global capitalist accumulation process

through its TNCs and dominance of international economic institutions, and is thus able to extend its imperial designs in various regions of the world, most notably Latin America (*ibid*, p74ff). Orthodox Marxism, therefore, is categorised in this thesis as power-based because it reduces explanations of state behaviour and global governance to economic power. By virtue of its enormous economic power, a transnational class of capitalists is able to exert its influence globally to ensure that its own interests are satisfied.

Both neorealism and orthodox Marxism provide materialist rather than idealist accounts of world politics. I explicate the distinction in detail in Chapter Two, but in brief materialist accounts argue that the most fundamental feature of world politics is the organisation of material forces. Material forces include natural resources, geography, military power, and technology. By contrast, idealist accounts argue that social consciousness is the most fundamental feature of world politics. As Barnett notes: "Ideas shape how we see ourselves and our interests" (Barnett 2005: 267). For neorealists, as outlined above, the importance of military power for preserving states' security is paramount; for orthodox Marxists, the brute fact of economic power shapes all other forms of social and political interaction.

2) Interest-based approaches to global governance: Neoliberal institutionalism and neomarxism.

Neoliberal institutionalism (NLI) and neomarxism present a less sceptical account of the concept of global governance. They provide quite different answers, however, to questions about whose rules underpin global governance, whose interests are being served by it, and to what ends. Both perspectives identify global governance with a particular form of *liberal* global governance (Duffield, 2001). For NLI this is a positive development, although there is an increasing recognition that unrestrained free-market economic policy will not ensure 'good' global governance. Consequently, reform is a key theme for neoliberal institutional analysis (McGrew 2002: 277-279).

Proponents of GPPPs fall into this reformist category. On the one hand, they recognise that embedded liberal tenets – the so-called 'Washington Consensus' – have become unsustainable (Thomas 2000). On the other, they defend capitalist socio-economic relations. In his defence of a prominent UN-hosted GPPP – the Global Compact – John Ruggie gave a stern warning to 'radical' elements of the NGO community who opposed the partnership: "If you reject globalisation, global corporations or even the system of capitalism itself, then you won't like what we're doing at all" (Ruggie 2000). In this thesis, I categorise NLI and neomarxism as examples of interest-based approaches to global governance. As I outline below, neither of these perspectives is accurately described as power-based because they do not subsume analysis of global governance to power.

Neoliberal institutionalism is 'new' (in the sense that it departs from the liberal internationalism of the inter-war and post-1945 period) to the extent that it attempts to explain cooperation without appealing to altruism on the part of the actors involved, and without assuming that a harmony of interests exists between them. In addition, NLI adopts a more positivistic (and less normative) approach to social-scientific analysis. Finally, whilst states remain central actors in global governance, NLI recognises that they operate within a global constellation of networks comprised of multiple actors operating at multiple levels of interaction (Fig 2). NLI does not assume that global governance is a benign environment; indeed, the 'governance dilemma' (that institutions are dangerous as well as necessary for cooperation) presents a formidable challenge for neoliberal proponents of 'good' global governance (Keohane 2002; McGrew 2002)[7].

In his influential work *International Institutions and State Power*, Robert Keohane provides an important qualification to the realist assumption that states seek power and calculate their interests accordingly:

> Power and influence would still be regarded as important state interests (as ends or necessary means), but the implication that the search for power

> constitutes an overriding interest in all cases, or that it always takes the same form, would be rejected (Keohane 1989: 62).

I describe Keohane's statement as a qualification to neorealist assumptions about state power because the NLI theory he develops preserves a number of important realist tenets. Both NLI and neorealism take the existence of anarchy for granted; both situate states at the centre of their analysis of global governance; both maintain that state interests are *a priori* and exogenous (a point I return to in more detail in Chapter 2); and both assume that states are rational actors that maximise their anticipated gains, which they define in material terms such as power, security, and welfare (Ruggie 1998a: 9).

Nevertheless, Keohane's NLI departs from neorealism in two important respects. The first is a fundamental shift away from the realist assumption that interests are synonymous with power (Morgenthau 1954). Under 'malign' conditions (such as periods of conflict) states' interests will be best served by increasing their material gains. But in 'benign' conditions (such as periods of cooperation), constellations of interests are not readily reduced to configurations of power (Hasenclever, Mayer et al. 1997: 26; Keohane 1998b: 88). Under these conditions the realist logic that equates interests with power does not provide a convincing explanation of state behaviour; in particular, it does not help us to explain how, where, and when states exercise their power. To answer these questions, NLI looks first to interests and how they are best served.

The second departure by NLI from neorealist assumptions about geopolitics combines arguments about state motivation, conceptions of power, and the status of cooperative mechanisms such as institutions and regimes. Keohane assumes that states are rational egoists (Keohane 1984)[8]. Neorealists disagree fundamentally with this assumption about state motivation, and with the analysis of power that follows from it[9]. If, as NLI argues, states are egoists to the extent that they are "simply indifferent to how well others do" (Hasenclever, Mayer et al. 1997: 29), then it follows that an explanation of power that focuses solely on *relative gains* (which assumes explicitly that states *are* concerned with

the gains that other states make through cooperation) will be incomplete. A more complete explanation would focus on states' pursuit of long-term, *absolute gains*.

That states can, and do, pursue absolute gains in certain circumstances is possible for two reasons. First, NLI analysis of game theory has shown that as states repeat cooperative arrangements with other states, they *learn* of the benefits of cooperation. As Hobson points out, "this leads states to think in terms of future (absolute) cooperative gains rather than following short-term relative gains through defection" (Hobson 2000: 98). Second, institutions can alter states' perceptions of how their self-interests might be best satisfied. Crucially, "institutions can discourage states from calculating self-interest on the basis of how every move affects their relative power positions" (Mearsheimer 1994: 7). The role of institutions will be considered in more detail in the following Chapter. The important point to emphasise, however, is that they do this *not* by changing states' interests or values (to repeat, both power-based and interest-based approaches treat these variables as exogenous to social interaction) but by altering their 'incentives' for action, and thus changing "the calculations of advantage that governments make" (Keohane, 1984:26, quoted in Hasenclever et al, 1997:32). Or as Hasenclever et al put it: "the means that states employ to help them realise [their] common interests do not (or need not) change those interests" (*ibid*). For NLI, the effect of encouraging states to calculate self-interest in absolute terms is profound: it mitigates power-based assumptions of power politics or, to put it another way, it mitigates the condition of anarchy in the international system. As long as certain conditions are satisfied, states can satisfy their interests *without* having to engage in relative power calculations[10]. Consequently, one of the principal obstacles to cooperation put forward by realists – the problem of relative gains – is circumvented.

In contrast to NLI, neomarxism shares orthodox Marxism's sceptical stance towards liberal global governance. The problem is that:

> Liberal global governance sutures together the divergent interests of corporate, national, technocratic, and cosmopolitan elites, crystallising in the process a nascent transnational capitalist class whose principal

objective is the widening and deepening of the global capitalist project (Held and McGrew 2002a: 63).

Neomarxism offers a less state-centric, and more contingent, analysis of global governance than orthodox Marxism[11]. Robert Cox, for example, argues that the current hegemonic structure of global governance is the product of a complex relationship between forms of state, social forces, and world orders (Cox and Sinclair 1996: 101). States remain important actors in neomarxist analysis, but transnational actors play a much more important role. Cox, for example, describes how a 'nebuleuse' or "loose elite network of influentials and agencies" share a common set of ideas and, collectively, perform the global governance function (Cox 1997: 60). A pessimistic neomarxist reading of global governance might conclude that through such agencies, this elite transnational class does indeed 'rule the world', and subordinate classes of people are powerless to resist their global domination (Korten 2001). More optimistic readings, such as those evident at non-governmental forums such as the World Social Forum, perceive liberal global governance as both an arena for contesting the current capital-driven 'new world order', and for attempting to establish alternative modes of social cooperation and coordination (Held and McGrew 2002a). For neomarxists (in contrast to NLI), reform is insufficient to redress the inequities of liberal global governance. What is required is nothing less than a "transformation or restructuring of the global political economy" (McGrew 1997a:9).

Neomarxism is often associated with Critical Theory (Hobden and Jones 2002). In the field of International Relations, writers such as Cox, Stephen Gill, and Andrew Linklater have been particularly influential (Devetak 2001a). Central to their particular neomarxist brand of critical theory is an exploration of the conditions and possibilities of an emancipatory politics (Cox 1981; Gill 1993; Linklater 1996). Critical theory has developed in direct opposition to the positivistic, problem-solving approach evident in NLI and neorealist theorising (Neufeld 1995; Devetak 2001a: 159ff). Rather than 'taking the world as they find it' (as problem-solving theorists do), critical theorists argue that "theory is always for someone and for some purpose" (Cox 1996: 87). Here I focus on

the neomarxist writing of Robert Cox. He has written extensively on global governance, and his work continues to influence much contemporary neomarxist critique of liberal 'world order' (Cox 1996).

Neomarxism is not accurately described as a power-based approach to global governance because, unlike realism and orthodox Marxist analysis, it is as much concerned with the importance of a 'legitimising ideology' as it is about material power (Hasenclever, Mayer et al. 1997: 200). Coercion *and* consent are necessary in order to ensure that elites are socialised to accept dominant class interests. Neomarxists, therefore, focus as much on the role of ideas as they do material factors in their explanations of world order. I describe neomarxism as an interest-based approach to global governance because its analysis is primarily concerned with explaining how the interests of a dominant class of capitalist elites achieve global hegemonic status. At no point, however, do neomarxists problematise the question of interest-formation. For neomarxists, the challenge for the ruling class is to control the interest-formation of other classes, which is achieved through coercion and consent. Implicit in this analysis is the assumption that a particular set of interests can be ascribed to a particular class (class-consciousness). Further, if that class deviates from its prescribed interests, it must be expressing 'false consciousness'.

Describing neomarxism as interest-based is a controversial move. In Hasenclever et al's analysis of international regimes, for example, neomarxism is *distinguished* from interest-based approaches. Instead, the authors place Cox's neomarxism into a different category, which they describe as 'knowledge-based' (Hasenclever, Mayer et al. 1997: 192). Examples of knowledge-based approaches include the critical theory of Habermas and Cox, but also constructivism. The question then, is why I choose to distinguish between constructivist approaches and the neomarxism of Cox, when other authors are happy to sit them together in the same category? The answer is, perhaps, a question of emphasis. As I indicate in the next section the main difference lies in the emphasis that constructivists give to the constitutive nature of ideas and discourse, but also in the more diffuse conception of power implicit in constructivist analyses.

3) Constructivist approaches to global governance: 'thin and 'thick' variants:

In this section I outline the key features of constructivism and what constructivism has to say about global governance, and I highlight the different constructivist positions by distinguishing between 'thin' and 'thick' variants. Constructivism is described as occupying 'the middle ground' between what are considered to be opposing perspectives on the world: between rationalism and reflectivism; philosophical realism and idealism; and between explanatory and verstehen (understanding) methodologies (Adler 1997; Checkel 2000; Wendt 2000). According to this positioning, constructivism is *not* rationalist (to the extent that power-based and interest-based approaches are), and it is *not* reflexivist (to the extent that postmodernism is). However, some constructivists are more rationalist ('thin' constructivism), and some more reflexivist ('thick' constructivism), than others (Christiansen, Jorgensen et al. 2001; Jorgensen 2001). It is important to emphasise that it is not clear which, if either, of these variants better accounts for the rise of GPPPs as a mechanism of GHG. This remains to be determined through the analysis of my sample GPPPs.

How does constructivism differ from power-based and interest-based approaches to global governance? Constructivism has a different conception of power and a different conception of interest-formation than power-based and interest-based approaches. Constructivists are interested in power because power plays a crucial role in the construction of social reality (Adler 1997; Baldwin 2002). Unlike power-based and interest-based approaches, however, constructivists argue that there is more to power than the distribution of material capacity. Constructivists argue that ideas and discourse are also a form of power. But neomarxists recognise that ideas are an important factor in understanding power, so what distinguishes constructivism from neomarxism? The difference lies in the constitutive nature of ideas and discourse, and in the more diffuse conception of power implicit in constructivist analyses. For example, Hopf argues that constructivists: "share the idea that power is everywhere, because they believe that *social practices* reproduce underlying power relations" (Hopf 1998: 185, emphasis added). Hopf describes this 'reproduction' as the "power of practice", and argues that "the power

of social practices lies in [actors'] capacity to reproduce the intersubjective meanings that constitute social structures and actors alike" (*ibid*, p178).

Constructivism also offers a quite different account of interests to power-based and interest-based approaches. The principal difference is that constructivists problematise the question of interest-formation, whereas power-based and interest-based analyses do not. Put more formally, constructivists argue that interests are endogenous rather than exogenous. What this means is that actors' interests are not 'fixed' or 'given' prior to social interaction with other actors. On the contrary, actors' interests are constituted through social interaction.

Most reviews of constructivism recognise the plurality of constructivist perspectives (Smith 1999; Christiansen, Jorgensen et al. 2001; Jorgensen 2001). Smith, for example, argues that "there is no such thing as *a* social constructivist approach" (Smith 1999: 682). He does, however, countenance the notion of "social constructivism*s*" and, by implication, common ground between them. One way of understanding the difference between these different – thin and thick – constructivisms is to consider Christiansen et al's diagrammatic representation of constructivist positions (Figure 1.4.). These authors illustrate the diversity of constructivist perspectives by situating them on the arc of a semi-circle. The arc is formed by points representing the relative distance of each constructivism from a rationalist → reflectivist base line. For the purposes of this thesis 'thin' constructivists are those positions situated at the rationalist end of the spectrum; 'thick' constructivists are those positions situated at the reflectivist end of the spectrum.

Smith argues that what unites all constructivists is their rejection of rationalism. In particular, they reject rationalist accounts of knowledge construction and interest-formation. Rationalists understand actors as rational calculating units that bargain and enter cooperative arrangements in order to maximise their self-interest. Constructivists are not rationalists. However, some constructivisms are 'more rationalist' than others. Thus, constructivist analysis at the rationalist end of the rationalist → reflexivist

spectrum might propose a 'synthesis' of rational choice and sociological institutionalist approaches (Christiansen, Jorgensen et al. 2001:16).

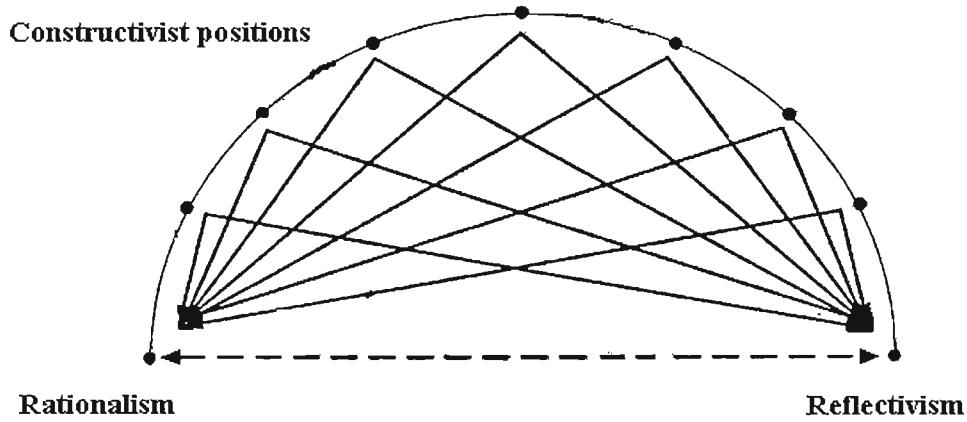


Figure 1.4. Different constructivisms (Christiansen, Jorgensen et al. 2001: 10).

At the rationalist end of the spectrum, constructivist epistemological assumptions tend to adopt a scientific approach to knowledge construction (epistemology). Finnemore's methodology, for example, is informed by a scientific/positivist epistemology. Finnemore argues that the role of international organisations as 'teacher' "implies a more active and causal character than most theories currently allow" (Finnemore 1996:13). Finnemore also argues that a constructivist research programme should involve elaborating testable hypotheses based on empirical evidence (Finnemore 1996:130)

Checkel follows a similar argument, stating that "constructivists do not reject science or causal explanation" (Checkel 1998:326). Checkel is simply mistaken here; *some* constructivists *do* reject a scientific epistemological approach. Compare, for example, Checkel's scientific and rationalist epistemology with the epistemological approach of constructivists at the 'reflectivist end' of the spectrum, such as Thomas Diez. Focusing on the sociological ontology of discourse, not surprisingly Diez's approach is epistemologically different to Checkel's (Diez 2001). Diez endorses an interpretive

epistemology rather than an approach based on the logic of scientific explanation (Christiansen, Jorgensen et al. 2001:18). Ultimately, whether one's constructivism lies further towards the rationalist end or the reflectivist end of the spectrum is determined by the ontological characteristics of one's chosen subject of study. For example, constructivists studying national security (Katzenstein, 1996) or epistemic communities (Haas, 2000) tend to be placed further towards the rationalist end, whereas constructivists studying, for example, discourses of globalisation would be placed further towards the reflectivist end of the spectrum (Hay and Watson, 1998; Rosamond, 1999).

Constructivism	Philosophical assumptions	Ontology	Epistemology
Thick (radical) → 'reflectivist'	idealism	ideas 'all the way down'.	deconstruction
Thin (mainstream) → 'rationalist'	realism	ideas part way down + 'brute' material facts	interpretation

Table 1.1. Different constructivist ontologies and epistemologies.

Comparing constructivism with power-based and interest-based approaches.

As with all comparative study, it is important to compare 'like with like' (Fearon and Wendt 2002). Comparative studies of the various conceptual 'approaches' to global governance should be no exception. However, reviewing the few studies that have applied constructivist insights to global governance indicate that this first principle of comparative analysis has been ignored (Makinda 2000). Makinda, for example, attempts to 'recast' global governance by employing "a pluralist theoretical approach" (Makinda 2000: 4). He proceeds by comparing realist, liberal, and constructivist theory. Studies that compare IR theories in this way should be treated with caution. In order to avoid confusion it is important to recognise that there are different levels of constructivist

analysis. Jorgensen, for example, identifies four levels of constructivist analysis (Table 1.2).

1st	philosophical constructivism
	↑
2nd	metatheoretical constructivism
	↑
3rd	constructivist theorising
	↑
4th	constructivist empirical research

Table 1.2. Different levels of constructivist analysis (Jorgensen 2001:37).

Confusion, and thus hasty assertion, arises when studies conflate these different levels. This is particularly the case when scholars from different I.R disciplines 'compare', for example, realism and neoliberal institutionalism with constructivism, as Makinda does. But sparks fly, and insults are hurled freely, *within* constructivism as well as between constructivists and other IR disciplines. In his analysis of constructivism and the EMU, for example, Gofas describes 1st and 2nd level constructivist scholars as "ontological extremists", and 3rd and 4th level constructivist scholars as "methodological opportunists". His own integrationist agenda, of course, remains unimpeachable!

However, as Jorgensen asserts, "it simply does not make sense to compare substantive IR theories, say, neorealism and neoliberal institutionalism to constructivism". He provides the following reason for this assertion:

> In my view, the proper procedure is comparison at similar levels of abstraction, that is, comparing constructivism to, say, materialism or rationalism, and, more specifically, constructivist theories of international institutions with materialist or rationalist theories of international institutions (Jorgensen 2001:42).

As a philosophical category constructivism is comparable with materialism and rationalism, but also philosophical realism and idealism (Jorgensen 1997), and reflectivism (Smith 2002). At this level of abstraction constructivism "is empty as far as assumptions, propositions, or hypotheses about international relations are concerned" (Jorgensen 2001:41). Constructivists go to great pains to reiterate the point that constructivism is *not* a substantive theory of world politics[12]. Fearon and Wendt, for example, give the following warning: "let there be no mistake up front when it comes to the content and nature of international politics, constructivism is not a 'theory' at all, any more than is rationalism" (Fearon and Wendt 2002:56). Rather, IR scholars are left to 'translate' constructivism's abstract philosophy and apply it to their own particular theoretical perspective. Jorgensen goes so far as to argue that "every possible paradigm in IR can be cast in constructivist terms, to a degree" (Jorgensen 2001:46).

The current dominant trend in I.R constructivist analysis is to concentrate on theorising constructivism and provide constructivist empirical research – i.e., the third and fourth 'level' analysis identified by Jorgensen (Table 1.2.) (Checkel 1998; Checkel 2000). Philosophical and meta-theoretical analysis of constructivism in the field of I.R is decidedly unfashionable. For reasons outlined below, this thesis concentrates on developing 1st level constructivist analysis. Side-stepping accusations of 'ontological extremism', this thesis unashamedly focuses on questions of ontology: "what *are* GPPPs", and "why does ontology matter" are important questions to ask of mechanisms of GHG. As I document in detail in Chapters 4-6, GPPPs are presented by heads of international health organisations, and other key architects of global health policy, as though they were immutable and inevitable entities; and they are described in terms of there being 'no alternative'. Jorgensen argues that 'reconceptualisation' rather than theory building is what constructivism is all about, and this thesis attempts to reconceptualise GPPPs. In particular, the thesis considers the extent to which GPPPs are socially constructed through discourse. In this respect it takes up the challenge laid down by Christiansen et al who suggest that "a discursive construct such as the 'partnership principle' [is a] target for future discourse analysis" (Christiansen, Jorgensen et al. 2001: 15).

1.1.2. Global Health Governance.

There is nothing conceptually novel about global *health* governance (GHG); it is simply an expression that refers to the global governance of health-related issues. Having said that, although GHG is presented in the literature and in academic study as a distinct issue-area (Dodgson and Lee 2002; Fidler 2002; Loughlin and Berridge 2002), as an area of research the concept of GHG remains relatively unexplored (Buse and Walt 2000c; Dodgson, Lee et al. 2002; Lee 2003). In this section I briefly outline the key features of GHG, and then introduce the specific global health issue – neglected diseases – from which I have selected my sample GPPPs. Finally, I summarise power-based, interest-based, and constructivist analysis of GPPPs.

Health governance involves the actions and means adopted by society to promote and protect the health of its people (Lee, 2000:2). *Global* health governance involves cooperative efforts by a range of actors, from local to global, to promote and protect the health of the global society. GHG has developed in response to changes in "health issues with global dimensions", and changes in "the quantity and quality of participation by state and non-state actors" (*ibid*). Not surprisingly, such changes have attracted extensive research into globalisation and health (Hong, 2000; Lee, 2003); cooperation between the various actors engaged in global health provision (Walt, 2001); and the various mechanisms of GHG, most notably GPPPs (Kickbusch and Buse, 2001).

The link between individual lives and the global context of health development is often forgotten. Yach and Bettcher argue that: "Global health futures are directly or indirectly associated with the transnational economic, social, and technological changes taking place in the world" (Yach and Bettcher, 1998: 735). Returning to the distinction made above between power-based, interest-based, and constructivist approaches to global governance, it should not be surprising to find quite different assessments in the global health literature of the impact of globalisation on 'global health futures'. This, in turn, leads to different assessments of the prospects for GHG.

Power-based approaches to global health governance:

Neorealist analyses have little to say about GHG. Neorealists may be persuaded to include public health as an important element in the power calculations of states on the grounds that poor health affects economic and military power. In addition, poor health could undermine a state's economic productivity, or emaciate its armed forces (Fidler 1997). Indeed, in the wake of the SARS virus and the possible threat of bioterrorism, a number of studies have begun to identify the extent to which global health problems do represent a threat to state security (Shine 2002; McInnes 2004). Despite this recent foray, neorealism's state-centric and internationalist analysis does not appear to provide a particularly useful framework for understanding GHG. However, as Fidler notes, the strength of realism may lie precisely in its scepticism about overly optimistic and ambitious assessments of global governance. Realists would warn against an ill-defined global health strategy that ignored the realities of an anarchical international system, and propose instead a focused internationalisation that would ensure a convergence of real national interests (Fidler 1997).

Orthodox Marxism has more to say about global health issues than neorealism, and examples of analysis from this perspective can be found in various prominent international health journals[13]. A cursory review of the literature indicates that orthodox Marxist analysis of health focuses on a number of key issues. These include the central importance of the national welfare state in the context of globalisation (Navarro 1998b; Navarro, Schmitt et al. 2004); the continued importance of class analysis in explaining health inequality (Navarro 2004b); the role of the U.S as an imperial hegemon (Basu 2004; Navarro 2004a); and the propagation of neoliberal ideology (the 'Washington Consensus') through international organisations such as the WHO (Berlinguer 1999; Navarro 2000; Banerji 2002). A review of the literature on GPPPs failed to identify any critique from an orthodox Marxist perspective, although, as I note below, many of the critical studies of GPPPs do adopt some of the arguments that inform orthodox Marxist analysis.

Interest-based approaches to global health governance:

For many neoliberal institutionalists, there are good reasons to be optimistic about GHG. As national health systems become transnationalised, so the ease and rapidity of communications will facilitate, "the diffusion of ideas, ideologies, and policy concerns relating to health care, thereby fostering a global culture of reform" (Yach and Bettcher 1998: 736). Such positive trends in global communications have led some commentators to conclude, "we are on the verge of a 'global health village'" (*ibid*). Some liberal commentators, however, whilst acknowledging the complex array of global health actors, are nevertheless sceptical of the global-ness of so-called 'global' governance. In an interview for this thesis, for example, the director of IPPPH (a prominent organisation that charts the development of international health public-private partnerships) Roy Widdus argued against the existence of a coherent *global* system of decision-making:

> Decisions are made, but within institutions. There are these frameworks that get put up amongst international governmental organisations, but in a way they're just constructs that are done after the fact to make it appear rational decisions that were already taken. I really don't think – decisions are taken, yes, but they're taken much more at an individual institution level or an individual organisation level. I don't buy the idea that there is a framework through which the decisions are always made.

For Widdus, decisions made in response to global health crises are developed at the international level, and primarily through international governmental organisations. He doesn't deny that we live in an increasingly pluralist society, but when it comes to making key decisions about important health initiatives (such as establishing the Millennium Development Goals), only a very few actors actually hold sway, as he points out:

> Lots of decisions get taken in different fora, or with different collections of people. The pharmaceutical industry has an enormous impact on health, as does the generic manufacturing industry, but neither of those

companies, groups, were involved at all in the question of developing the health components of the Millennium Development Goals[14].

Less optimistic liberal voices also sound a cautionary note regarding the mechanisms of GHG (markets, communities, networks, public and private associations, and the state). These have either failed to meet global health challenges (Orbinski, 2000); are in need of reform (Buse and Waxman, 2001; Ruggie, 2000); or are exacerbating global heath iniquities (Balasubramaniam, 1995; Pollock and Price, 1999). Although there is a broad consensus for greater pluralism (Lee, 2000), as one commentator observes "pluralism in the absence of an overarching system for leadership...of global health concerns has degenerated into an unruly melange of initiatives" (Buse, 2000). For liberal institutionalists, significant reform is necessary before 'good' GHG can be achieved.

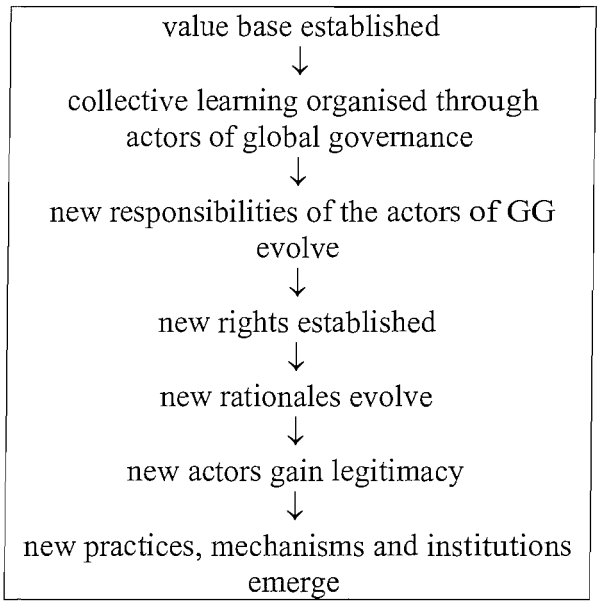
Few studies of GHG adopt an explicitly neomarxist perspective. There are, however, a number of studies that have been influenced by the critical theory of Robert Cox (Lee and Zwi 1996; Farmer 1999; Lee and Goodman 2002; Farmer 2003), and the neo-Gramscian analysis developed by Gill (Weiss and Gordenker 1996). Such 'critical' approaches to GHG have focused on the influence of transnational elites in global health policy discussions (Lee and Goodman 2002); the dominance of a 'bio-medical' GHG discourse (Lee and Goodman 2002; Thomas and Weber 2004); and the negative impact that neoliberal economic globalisation has had on global health (Berlinguer 1999; Bond 2000)[15]. For these critical theorists, only a transformation of existing economic, social, and political structures will ensure more equitable GHG.

Constructivist approaches to global health governance:

Very few studies to date have applied constructivist insights to the study of GHG. Ilona Kickbusch is perhaps the only scholar to address this deficit in the literature. Kickbusch argues that, "a social constructivist framework offers the best theoretical starting point to help understand the dynamics of global health governance (Kickbusch 2003: 195). Her analysis focuses on the role of the WHO in teaching states the importance of providing a 'modern' national health policy. She argues that the WHO defined the problem facing,

and then provided the solution for, states' provision of primary health care. Kickbusch hints at the role norms, rules, and social institutions play in constituting actors' identities and interests, enabling these actors to "go beyond self-interest towards a global agenda and a global system" (Kickbusch 2003: 193). Kickbusch's analysis hints at the potential utility of constructivism for understanding the dynamics of GHG – crucially, by emphasising the problematic nature of interest-formation, and the importance of 'soft' variables (norms, rules) rather than 'hard' variables (material capability).

To demonstrate social constructivism as an analytical tool Kickbusch outlines the various stages that constitute the social construction of HIV/AIDS global health policy (Box 1.1). Unfortunately, her "illustration" of the analytical utility of constructivism reads more like the description of a process, but without any explanation of how each moment of the process came about. It is not particularly enlightening to list the steps in a global governance 'sequence' and then to simply attach a constructivist label.



Box 1.1. Constructivism as an analytical tool (Kickbusch, 2003:196-7).

Box 1.1 begs the question 'how-possible': how, with each step in the sequence, was it possible for *x* to "evolve" or *y* to become "established" in the way that they did? And

why do certain rationales evolve, or certain mechanisms emerge rather than others? In the example of GPPPs, for example, the questions to ask are: why did the idea of 'partnership' emerge when it did; why was it accepted so quickly and completely; how was this possible; why 'partnership'; why this or that conception of partnership rather than another conception? Kickbusch leaves to one side this line of questioning. Constructivism is well suited to tackling such questions, as the analysis of the discursive construction of the idea of partnership presented here hopes to make clear. Kickbusch, however, does nothing more than *assert* the utility of a constructivist approach to global health governance.

Global health governance and GPPPs:

Given the different conceptions of, and assumptions about, global governance and global health governance presented through power-based, interest-based, and constructivist approaches, it would not be surprising to find that they provide different accounts of GPPP. As the review of the GPPP literature in Chapter Four makes clear, most of the analysis of GPPPs presents an interest-based explanation of these mechanisms of GHG. Overwhelmingly, the analysis of GPPPs in the global health literature adopts a neoliberal institutional perspective: there is no power-based and only one constructivist analysis of GPPPs (Buse and Harmer 2004). NLI explanations present GPPPs as a solution to the 'problems' associated with GHG. These include facilitating cooperation between the various public and private actors involved in global health provision; the ethics of public-private mechanisms of GHG; ensuring 'good' GHG – measured in terms of liberal values such as fairness, and democracy (WHO 1998; Patomaki 1999; Weiss 2000; Kaul and Faust 2001; Reich 2002). These analyses of GPPPs are predominantly 'problem-solving' rather than 'critical' (in a neomarxist critical theory sense). The literature review also indicates that an increasing number of liberal studies are highly sceptical of the prospects for achieving 'good' GHG through GPPPs (Buse and Walt 2000a; Buse and Walt 2000b; Buse and Harmer 2004).

A few studies have adopted a critical-theoretical (if not overtly neomarxist) stance towards GPPPs. Judith Richter, for example, argues that, "High level PPP [global]

interactions...are in fact instruments of elite governance which advance the corporate-led neoliberal restructuring of the world (Richter 2003: 8). According to Richter, and other 'critical' GPPP scholars, corporate elites dominate partnerships, and will inevitably subvert the public service of international organisations such as the UN or the WHO (Karliner 1999; Utting 2000). Through partnership with the commercial sector, "the UN and its agencies have set loose a force over which they now have little control" (Richter 2003: 7). For Richter, the solution is clear: UN agencies should abandon the public-private partnership paradigm altogether (Buse and Harmer 2004).

Global health governance and Neglected Diseases:

To appreciate what can happen when global health provision is left to individual states or the market, one need look no further than the current crisis facing 'neglected' diseases such as tuberculosis, sleeping sickness, leishmaniasis, and Chagas disease. Recent studies by Oxfam and Medecins sans Frontieres show that governments have consistently failed to honour their financial commitments to global health initiatives aimed at combating neglected diseases (Oxfam 2002), *and* the market has proven to be stubbornly unresponsive to calls for increased research and development into new drugs (Medecins Sans Frontieres, 2001). Consequently, millions of people continue to die each year from diseases that are curable or preventable with existing knowledge and technology.

In this thesis, I focus specifically on the problem of neglected diseases, and the GHG response to it. Neglected diseases are seriously disabling or life-threatening diseases for which treatment options are inadequate or do not exist. They are diseases that could be cured or prevented with existing knowledge and technology were it not for the fact that R&D was either minimal or had completely ceased. They are diseases that do not constitute a valuable enough market for investment by the private sector. And they are diseases that have received insufficient national government intervention (Medecins sans Frontieres 2001). The three sample public-private partnerships considered in this thesis are concerned with four neglected diseases: tuberculosis, sleeping sickness, Chagas diseases, and leishmaniasis.

1.1.3. Discourse and ideas.

As noted above, James Rosenau argues that the dynamics of 'communication and control' are central to understanding the process of global governance. Missing from Rosenau's list of examples are the *discursive components* of communication and control – namely, ideas and discourse. Following Rosenau's observation that "governance does not just suddenly happen" (Rosenau 1995:17), I propose that ideas and discourse are important to understand global health governance (GHG) . First, the GHG 'problem' must be defined, and thus made meaningful. Second, the global policy 'solution' must be justified and, third, legitimised. Ideas and discourse are crucial in these respects: they give meaning to GHG problems, and they justify and legitimise changes in global policies designed to address those problems. I describe this three-step process as the *discursive construction* of GHG. In this section, I summarise how power-based, interest-based, and constructivist approaches incorporate ideas and discourse into their analyses. I argue that neither power-based nor interest-based approaches take ideas and discourse 'seriously', and they are thus ill equipped to shed light on their role in the process of GHG. I argue that constructivism *does* take ideas and discourse 'seriously', and thus (potentially, at least) has something to add to our understanding of GHG. More specifically,, focusing on discourse and ideas helps us to understand how it was possible for GPPPs to rise to prominence when they did.

Although the study of discourse and ideas are distinct, study of discourse inevitably leads to analysis of ideas (Chadwick 2000). I note the contested nature of both discourse and ideas, and summarise the key points of contestation, in Chapter Two. To be clear from the outset, however, in this thesis I follow a widely held view that discourses are sets of ideas (Hay 2002; Schmidt and Radaelli 2004). Schmidt and Radaelli's definition is particularly clear:

> Discourse represents both the policy ideas that speak to the soundness and appropriateness of policy programmes, and the interactive processes of

> policy formulation and communication that serve to generate and disseminate those policy ideas (Schmidt and Radaelli 2004:193).

The definition is deliberately broad and inclusive; it is not a 'loaded' definition that privileges one approach to GHG over another. Although I propose that constructivism does have something to add to our understanding of the dynamics of global governance, I do not assume that this will be the conclusion of the thesis. Providing a broad definition also helps avoid the danger of circular or tautological reasoning (where the argument is pre-defined such that certain conclusions will inevitably follow).

Power-based approaches to the role of discourse and ideas:

Power-based analyses do not deny ideas and discourse *any* role whatsoever in explaining and understanding GHG, but that role is limited (Philpott 2001; Gilpin 2002). Gilpin, for example, argues that "the idea that all realists are unaware of ideas or intellectual constructs is patently false" (Gilpin 2002: 238). But as Philpott notes, "what all realists insist upon are the strong limitations upon the influence of ideas" (Philpott 2001: 62). Ideas become "impotent" if they detract states from their pursuit of self-interest defined in terms of material power. For neorealists, then, ideas and discourse are simply a function of the nation-state in its quest for power.

Orthodox Marxism also presents a limited explanation of ideas and discourse. Although Marx did not develop a general explanation of how social ideas worked, from the various theses he advanced in his writings it is possible to identify the key features of orthodox Marxist accounts of ideas. Hall identifies three premises: first, that ideas arise from and reflect the material conditions in which they are generated. Thus, in the preface to his 'Contribution to the Critique of Political Economy', Marx states that "the mode of production of material life *conditions* the social, political and intellectual life processes in general". The second premise is that socio-economic relations determine ideas. The third is that ruling ideas correspond to the ideas of the ruling class (Hall 1996:29). From these three statements classical Marxist theory explains how social ideas arise. Orthodox Marxism, then, presents an overtly materialist conception of ideas (where ideas are

materially dependent); explanations of ideas, ultimately, are reduced to explanations of economics; and ideas are principally an expression of class power.

Interest-based approaches to discourse and ideas:

In their influential study of ideas, Goldstein and Keohane argue:

> Ideas influence policy when the principled beliefs they embody provide road maps that increase actors' clarity about goals or ends-means relationships, when they affect outcomes of strategic situations in which there is no unique equilibrium, and when they become embedded in political institutions (Goldstein and Keohane 1993: 3).

Thus, ideas are more than just functional 'hooks' used by elites to propagate and legitimise their interests (as orthodox Marxists would argue), and they are more than just functions of states seeking to maximise their relative power (as neorealists argue). For NLI scholars such as Goldstein and Keohane, ideas "have causal weight in explanations of human action". They are 'variables' that explain some proportion of behaviour "beyond the effects of power, interests, and institutions alone" (Wendt 1999:93). Underlying NLI is a predominantly rationalist conception of ideas. Blyth, for example, argues that NLI's principal interest in ideas is because they help actors overcome collective action problems; they are a rational response by actors to engage in cooperative endeavour (Blyth 2002: 304).

In addition to their causal properties, ideas also constitute subjects (Goldstein and Keohane 1993: 5). As an abstract assertion, argue Goldstein and Keohane, the argument that ideas constitute subjects is "irrefutable"[16]. For NLI, the key issue is not whether ideas matter but *how* they matter, and how their effects can be systematically studied (Goldstein and Keohane 1993: 6). To help explain how ideas matter, Goldstein and Keohane cite Weber's analogy of the switchman (Weber 1916):

> Insofar as ideas put blinders on people, reducing the number of conceivable alternatives, they serve as invisible switchmen, not only by turning action onto certain tracks rather than others...but also by obscuring the other tracks from the agent's view" (Goldstein and Keohane 1993:12).

In other words, ideas are capable of shaping actors' preferences by directing them along particular paths *and* by closing-off or obscuring other potential routes. In this respect, ideas are presented as instrumental constructs that help actors achieve their ends (Blyth 2002). This approach to ideas is contested, not least from within the liberal historical institutionalist camp (Hall and Taylor 1996; Blyth 2002). Historical institutionalists are critical of Goldstein and Keohane's conception of ideas as "beliefs held by individuals" (Goldstein and Keohane 1993:3) because it does not take account of where ideas came from, or how they have developed over time. As Woods argues, "by separating ideas from 'other factors' in this way, scholars are left free to ignore where ideas come from" (Woods 1995:166). Historical institutionalists argue that ideas are not instruments designed by individuals to help secure their interests; rather, "individuals are born into systems of ideas" which give meaning and content to their preferences (Blyth 1997:239). Blyth argues that, by treating ideas as instruments of international actors, NLIs reduce ideas to "filler" to "shore up" their theoretical assumptions rather than treat ideas as objects of investigation in their own right (Blyth 1997:229).

Critical theory neomarxists such as Cox and Gill argue that particular historical structures (such as the current unipolar configuration of US world hegemony) can be explained through an appreciation of the complex relationship between ideas, institutions, and material capabilities (Cox and Sinclair 1996: 98). Cox argues that the interaction between these three forces (or 'potentials' to use Cox's term) "constitute the context of habits, pressures, expectations and constraints within which action takes place" (Cox and Sinclair 1996: 97). In common with NLI, Cox acknowledges the constitutive as well as the causal nature of ideas. In addition, however, and in keeping with the broad tenor of neomarxism, Cox hints at the *emancipatory* potential of ideas. Cox argues that ideas are

"collective images of social order held by different groups of people" and reflect "differing views as to both the nature and the legitimacy of prevailing power relations, the meaning of justice and public good, and so on" (Cox and Sinclair 1996: 99). Crucially, ideas constitute the common ground of social discourse, *but also conflict*. As Cox argues: "The clash of rival collective images provides evidence of the potential for alternative paths of development and raises questions as to the possible material and institutional basis for the emergence of an alternative structure" (*ibid*).

Constructivist approaches to discourse and ideas:

Constructivist accounts of ideas and discourse are distinct from power-based approaches because they do not subsume explanations of ideas and discourse to functions of power, either as functions of power-seeking states (neorealism), or an economically powerful capitalist ruling class (orthodox Marxism). The distinction between constructivist approaches and interest-based approaches, however, is more refined: a matter of degree and emphasis rather than radical departure. Constructivists such as Wendt state the role of ideas in the following terms:

> The structures of human association are determined primarily by shared ideas rather than material forces, and...the identities and interests of purposive actors are constructed by these shared ideas rather than given by nature (Wendt 1999: 1).

For constructivists, then, ideas construct actors' interests and identities. 'Thin' constructivists argue that these structures are primarily ideational (it is 'ideas part way down'); whereas 'thick' constructivists (radical, post-modern variants) argue that it is ideas 'all the way down'. Constructivists make great play of the constitutive and intersubjective nature of ideas, but they do not have a monopoly on such claims. As noted above, Goldstein and Keohane recognise that ideas have constitutive as well as causal effects, but they bracket-off these effects, preferring to restrict their explanation of ideas to causal logic and rational choice calculations (Goldstein and Keohane 1993).

A more substantive difference between constructivist approaches and interest-based approaches is the effect that ideas have on interest formation. For NLI, ideas shape actors' preferences (i.e., they inform the choices that actors make about how best to secure their self-interest). But ideas do not shape how actors perceive self-interest *per se*. Actors' self-interest is bracketed-off from NLI analysis; it is treated as exogenous to social interaction. In neomarxist analysis, ideas are explained as both a means of securing the consent of those classes potentially hostile to the expansionist designs of a ruling hegemonic class, *and* as a means of achieving emancipation from dominant historical structures: ideas have a liberatory potential. However, because neomarxists (in keeping with more orthodox Marxist analysis) continue to identify particular classes with particular material interests, (which too are treated as exogenous or *a priori*) in their analyses ideas *are* ultimately subsumed to material interests. Constructivists, by contrast, place the constitutive effect that ideas and discourse have on interest-formation at the centre of their analysis. Unlike NLI, constructivism does not restrict ideas to rational-choice calculations. In this respect constructivism is not rationalist, and ideas and discourse are not understood in rationalist terms (although, as Figure 1.4 showed, some constructivists such as Checkel are 'more rationalist' than others). Unlike neomarxists, constructivists argue that ideas are not, in the final analysis, explained in terms of material interests. Consequently, and it is an important point to emphasise, constructivism adds value to our understanding of ideas and discourse not because it offers a *better* account of their role but because it provides a more complex and layered analysis than either power-based or interest-based approaches.

As the review in Chapter Two makes clear, the significance of discourse has received insufficient attention in the constructivist literature. Checkel has outlined "argumentative persuasion" (Checkel 2000), and Onuf emphasises that our world is made by what actors do and say to one another (Onuf 1998). Neither elaborates on how discourse or communication 'constructs' our world. This appears to be an important omission in constructivist study. However, recent studies of globalisation have begun to explore the importance of constructivism and discourse in more detail (Hay and Watson 1998; Rosamond 1999; Rosamond 2000; Rosamond 2001; Hay and Rosamond 2002). 'Thin'

constructivists argue that discourse is relatively autonomous from the world it describes. 'Thick' constructivists, in contrast, argue that "discourse itself alters the a priori ideas and perceptions which people have of the empirical phenomena which they encounter" (Cerny 1996). Rosamond argues that the distinction between thin and thick variants (or as he describes them, 'soft' and 'hard') also extends to whether constructivists consider their project to be a 'critical' intervention. A critical intervention "would not necessarily be to develop an alternative form of knowledge to the orthodoxies of economic liberalism, but to show how such an alternative could be discursively constructed and made meaningful through systems of rule" (Rosamond 2001,215).

As I note in Chapter Two, constructivist analysis of GHG and GPPPs is sparse. In this thesis I combine a 'common sense' analysis of constructivism provided by Ian Hacking with a discursive analysis inspired by Vivien Schmidt in an attempt to remedy this deficit in the literature (Hacking 1999; Schmidt 2002). The result is a constructivist framework that I then use to help understand the rise of GPPPs. I provide more detail about both Hacking and Schmidt's work in Chapter Two. In brief, though, Hacking's analysis attempts to identify the 'essence' of constructivism. He argues that all constructivisms begin with the assertion that reality is socially constructed. Hacking puts it in the following way: "*X* need not have existed, or need not be as it is. *X*, or *X* as it is at present, is not determined by the nature of things; it is not inevitable". For the purposes of this thesis, *X* is GPPP. Vivien Schmidt, on the other hand, has provided a complex framework for explaining the role of discourse in world politics. Again in brief, Schmidt argues that discourse justifies, legitimises, coordinates, and communicates policies to a range of actors. I adapt this framework to the study of GPPPs.

1.2. Methods.

In order to explore how, when, and where discourse is influential in the process of GHG, I begin in Chapter Three by providing a historical account of the development of global health policy for neglected diseases, focusing specifically on the introduction of GPPPs as a response to the problem. I then use Schmidt' discursive framework to compare

discourses operating within three distinct GPPPs: the Stop TB partnership (Stop TB), Medecins Sans Frontieres' Drugs for Neglected Diseases Initiative (DNDi), and the Global Alliance for TB Drug Development (the TB Alliance).

In order to understand how it was possible for GPPPs to rise to prominence as a mechanism of GHG, it is important to be clear how the international health community responded to neglected diseases such as leishmaniasis, sleeping sickness, Chagas disease and TB prior to the introduction of GPPPs. It should also be possible to identify key moments in the history of these diseases when GPPPs first became mooted as potential mechanisms of GHG. The practice of GPPP is controversial. Therefore, it is reasonable to expect that the idea of GPPP met initial resistance from within those global institutions responsible for diseases. To understand this change, therefore, it is necessary to understand how such dissent was overcome. It is also reasonable to propose that particular interests favoured the introduction of GPPPs but also that certain interests did not. In addition, public-private *partnership* might be said to represent a cultural shift away from familiar public *or* private responses to global health problems. How, then, were interests hostile to GPPPs and cultural obstacles to the implementation of GPPPs overcome? A central claim of this thesis is that explanations that focus only on interests or institutions are not sufficient: Discourse also has an important role to play by justifying and legitimising the practice of GPPPs.

An additional reason for the historical comparison is to determine whether the discursive interaction between actors, facilitated by GPPPs, altered actors' perceptions of their interests. As noted above, one question might be whether the discourse of GPPP has had/has any effect on the behaviour of actors involved in the partnerships – international institutions, pharmaceutical corporations, civil society actors – or on the way they perceive their self-interests? To answer this question it is important to be able to determine where the GPPP discourse originated. In other words, what were the dominant sources for the discourse of GPPP? Who were the key actors involved in generating discourse? Where were the key sites of the discourse? What were the dominant ideas informing the discourse?

To collect the data needed to answer these questions, I will employ two methods. First, I will conduct a systematic literature search of published and unpublished material on the historical development of global health policy aimed at the core neglected diseases. Second, I will conduct a series of open-ended and semi-structured interviews with key individuals involved in the conception and promotion of three neglected disease GPPPs. With this information it should be possible to 'map' the network of actors, institutions, and ideas that developed GPPP discourse. I consider the strengths and limits to both methods below.

During my research I made extensive use of internet resources, and secondary literature such as articles, evaluations, and reports. Internet sources can be of dubious quality, and therefore I assessed each source using a recognised checklist for information quality. This checklist included assessing the accuracy, authority, objectivity, currency (is the source current or dated), and coverage of the source (is the source referenced, for example)[17].

The Interviews: A Qualitative analysis.

An important component of my research will be a series of interviews with key actors involved in the 'early days' of my three neglected disease GPPPs. I hope to conduct both face-to-face and telephone interviews, and it is my intention to transcribe each of the interviews. I will then conduct a thematic analysis of the interviews in order to generate data that may help to explicate the role of discourse and ideas in the rise of GPPPs.

A number of questions need to be addressed here: why interview (rather than adopt quantitative methods such as closed-set questionnaires); why interview only a small sample of people; why interview the particular respondents chosen and not other respondents; and finally how will the sample be generated? These question are important because by answering them I hope to alleviate concerns that may be raised about the representativeness, reliability, and validity of my interview data.

The question 'why interview?' is important because, as Silverman observes, we may interview simply because it is perceived to be what researchers 'do', irrespective of

whether or not interviewing is appropriate to the research problem being investigated [Silverman, 2001 #807: 22][18]. As noted above, my decision to conduct a qualitative analysis is informed by my ontological and epistemological assumptions about the world. As Mason points out:

> If you choose qualitative interviewing it may be because your *ontological* position suggests that people's knowledge, views, understandings, interpretations...are meaningful properties of the social reality which your research questions are designed to explore...If you have chosen qualitative interviewing you should have an *epistemological* position which allows that a legitimate or meaningful way to generate data on those ontological properties is to talk interactively with people, to ask them questions, to listen to them...or to analyse their use of language and construction of discourse [Mason, 2002 #806: 64].

The aims of the interviews are two-fold: first, to collect (excavate) data that may otherwise not be available from primary and secondary textual sources; and second, to generate (construct) new data. The second aim is possible because I do not regard my respondents as "epistemologically passive" and "mere vessels of answers" [Elliot, 2005 #808: 22]. The interviews are based on the assumption that interviewee's possess interpretive capacities. Consequently, if the interviews are conducted using appropriate methods, they can become sites for "the production of knowledge" as well as "pipelines for transmitting knowledge" [Elliot, 2005 #808:24].

In the context of my thesis what I hope to gain from my interviews is a description of the rise of GPPPs, and the meanings that my respondents attached to global public-private partnership. The aim is not to provide a measurement of how important ideas and discourse were *vis a vis* other factors; rather, I hope that the interviews will allow me to make meaningful interpretations about the role of ideas and discourse. In Chapter Four I provide a close analysis of the narratives produced by my respondents. The aim will be to determine whether they produce any evidence that may provide an understanding of the

role of ideas and discourse, and also of the intersubjective meaning attached to GPPP by the respondents in my sample.

My interviews combine open-ended 'tell me your story' questions and semi-structured questioning. Taken together my interviews can be more accurately described as "conversations with a purpose" [Mason, 2002 #806: 67]. The challenge is to prepare in advance a form of semi-structured questions but which are not leading and do not limit or suppress respondents' descriptions [Elliot, 2005 #808: 21]. To help overcome these challenges I adopt a recognised procedure for preparing qualitative interviews [Mason, 2002 #806]. I will start by assembling the 'key' research questions that my thesis is exploring; subdivide these question into mini-research questions or issue-areas; develop ideas about how to best get at these issues during the interview; formulate a loose structure for the interviews; and finally incorporate standardised questions that I will ask each of my interviewees (ibid).

My sample is likely to consist of a small number of interviewees. Although small-size samples are a common feature of qualitative analysis, it is necessary to try and address a number of criticisms that may follow from this small number of respondents. These criticisms may include questions about representativeness, generalisability, validity, and bias. I try to answer these possible objections below.

In answer to the objection that my sample is unrepresentative, I justify my sample selection by employing insights from 'grounded theory'. In grounded theory the key guiding tenet is that respondents are selected according to their relevance to the research topic rather than their representativeness [Flick, 2002 #811: 41]. In addition, I will begin selection of suitable respondents by adopting the principles of 'purposive sampling'. Denzin and Lincoln provide the following description of this method:

> Many qualitative researchers employ...purposive, and not random, sampling methods. They seek out groups, settings and individuals where

> the processes being studied are most likely to occur [quoted in Silverman, 2001 #807: 250].

Thus, I will begin by identifying from primary and secondary texts key players involved in the 'early days' of the three neglected disease GPPPs. I will then conduct 'snowball sampling' through my interviews [Devine, 2002 #809]. Here, I will ask my interviewees to nominate potential informants and thus build my sample as my research progresses. There is still a danger that my sample will be 'exclusive' and so I will endeavour to identify interviewees from different sectors (for example, from respondents working in the pharmaceutical industry as well as from NGOs and public institutions such as the WHO).

The charge that a small sample size will not generate 'externally' valid data because it is not possible to make generalisations from it about the wider world is a serious charge. Qualitative researchers are as concerned about making generalisations as quantitative researchers, as Williams points out:

> Almost every classic interpretivist study, while acknowledging the subjectivity of the researcher and the uniqueness of the repertoire of interactions studied, nevertheless wishes to persuade us that there is something to be learned from that situation that has a wider currency [Williams (1998), quoted in Elliot, 2005 #808].

Through my interviews, I hope to better understand the intersubjective understandings that constituted a community of global health GPPP policy-makers. This is important because, as noted above, intersubjectivity goes to the heart of the concept of cognitive evolution that I employ in this thesis. I hope that the narratives and life-stories that emerge from my small interview sample, and the thematic analysis of these narratives in conjunction with the textual analysis of key primary and secondary texts, will enable me to better understand the intersubjective meanings attached to GPPPs that are shared by

the wider GPPP community. Inevitably, however, qualitative analysis means a trade-off between depth and breadth. As Elliot notes:

> Researchers must make a decision about whether to prioritise detailed descriptions and contextualised data or whether to aim for breadth in the form of large samples of cases which yield more generalisable findings [Elliot, 2005 #808: 26].

But by purposive sampling, and by comparative methods (such as comparing answers by all my respondents to semi-structured questions), it is possible to defend making tentative generalisations about the wider world from a small sample of interviews [Silverman, 2001 #807: 248].

If the question of generalisability underpins claims to the *external* validity of data, problems associated with interpretation underpin claims to the *internal* validity of data. Put simply, the concern here is why we should believe the interpretations of data provided by the researcher? Or, as Divine asks: "Is the interpretation placed on the material merely a personal reading?" Another problem associated with internally valid data concerns the charge of anecdotalism. Bryman expresses the problem clearly in the following observation:

> There is a tendency towards an anecdotal approach to the use of data in relation to conclusions or explanations in qualitative research. Brief conversations, snippets from unstructured interviews...are used to provide evidence of a particular contention. There are grounds for disquiet in that the representativeness or generality of these fragments is rarely addressed [Bryman, 1988 #810: 77].

Solutions to these two problems are not easy. However, thematic analysis of the interview transcripts will, to a degree, guide the interpretation of data. It also provides a check against which the coherence of the interpretation can be gauged. It should be noted,

however, that all empirical material (both qualitative and quantitative) is subject to different interpretations, and that there is no 'true' reading or definitive interpretation.

1.3. Cases.

Three sample GPPPs: A comparative approach:

In this section I briefly state the rationale behind my case study approach and choice of partnerships[19]. I provide a much more detailed analysis in Chapter 3.3. One major problem facing studies of GPPPs is their lack of specificity and resistance to clear definition. For this reason, I have chosen three neglected disease GPPPs: the Stop TB Partnership, the Global Alliance for TB Drug Development (the TB Alliance), and the Drugs for Neglected Diseases Initiative (DNDi)[20]. As noted earlier in this Chapter, I also employ a well-established and accepted definition of GPPP (Buse and Walt 2002: 44). In addition, I adopt a specific typology developed by Buse and Ouseph. According to this typology, GPPPs can be categorised according to their hosting arrangements. Thus, GPPPs are either hosted by multilateral organisation, managed by NGOs, or legally independent partnerships that are managed separately from public and private partners (Buse and Ouseph 2002). I have chosen one GPPP from each of these three categories (Table 1.3).

TYPE OF GPPP	CASE STUDY
Multilateral host	Stop TB
NGO host	DNDi
Legally Independent	TB Alliance

Table 1.3. GPPP case studies.

The reason for adopting the Buse and Ouseph typology is because their categories reflect distinct institutional settings – multilateral, NGO, and legally independent settings. They also represent actors from quite different backgrounds and institutional settings. Given these differences, one might reasonably expect different discourses to develop from these partnerships. By selecting GPPPs with different institutional structures, I am able to conduct an analysis of these partnerships in which institutional setting as an explanatory variable is 'controlled'. If the discourse of each of the GPPPs is the same, but their institutional setting is different, then one might conclude that institutional setting has minimal impact on the discourse of GPPP.

In addition, by comparing the discourses about GPPP that emerge from each of the sample partnerships, I hope to identify points of similarity but also points of departure. Where there are discrepancies between them, this may indicate that individual GPPPs facilitate the development of alternative discourses of neglected disease global health provision, or perpetuate an existing 'dominant' discourse. This may provide a means of demonstrating the relative influence and potential of private actors such as pharmaceutical corporations, or civil society actors such as NGOs to contribute to global policy formation.

1.4. Conclusion

In this final section I re-state the principal and subsidiary questions of my thesis, and I summarise its key aims and objectives. I end this Chapter by outlining the structure of the thesis. I very briefly summarise each of the Chapters, and I indicate how they address the aims of the thesis.

The aims of the thesis are relatively modest, but they combine substantive and theoretical objectives (Table 1.4). There are two substantive aims. The first is to advance the study of GPPPs by asking how it was possible for them to rise to prominence. By asking a *how-possible* question, I focus on the role that ideas and discourse have in *enabling* the practice of GPPPs. This line of questioning marks a significant departure in the literature

on GPPPs because it encourages a 'critical' enquiry rather than a problem-solving analysis of GPPPs. The focus of the thesis is not on how, whether or why GPPPs 'work' or are effective, or can be made more democratic, or representative, etc (in other words, the analysis does not attempt to resolve problems about the operation of GPPPs). Rather, this study 'problematises' GPPPs; it does not assume GPPPs but rather seeks to determine what GPPPs *are*; and how they are understood (or 'known') by the various partners involved.

Primary research question driving thesis	How was it possible for GPPPs to rise to prominence as a key mechanism of GHG?
Principal assertion of thesis	Discourse and ideas are important in understanding the rise of GPPPs.
Subsidiary questions to be addressed by thesis	How, where, and when are discourse and ideas important?
Substantive contribution to the literature on GPPPs and GHG.	Advances understanding of GPPPs, and extends understanding of GHG through an analysis of discourse and ideas.
Theoretical contribution to the literature on GPPPs and GHG.	Provides a distinction between power-based, interest-based, and constructivist approaches to GHG. Develops a constructivist framework to evaluate role of discourse and ideas in GHG.

Table 1.4. Substantive and theoretical contributions to the existing literature on GHG and GPPPs.

The second substantive aim is to advance the study of global health governance. Various attempts have been made to clarify and develop the concept (Dodgson, Lee et al. 2002), including studies that specifically apply theories derived from the academic discipline of International Relations (Fidler 1997; Thomas and Weber 2004). The results, whilst

informative, have not been entirely satisfactory. As with studies of GPPPs, the most obvious omission in studies of GHG (and in studies of global governance more generally) is the failure to examine satisfactorily the role of ideas and discourse.

To remedy this deficit, the thesis has two theoretical aims. The first aim is to provide a more comprehensive conceptual understanding of GHG – i.e., one that considers the possibility that discourse and ideas *are* important components of GHG. One possible way forward is to employ insights provided by constructivism. Again, a few studies have made tentative attempts at providing constructivist analysis of GHG, but these studies are half-hearted at best (Kickbusch 2000; Kickbusch 2003). What is needed is a more concerted and rigorous evaluation of constructivism as a conceptual tool for understanding GHG. This, in turn, requires a concerted and rigorous critique of constructivism *per se*, which is the second theoretical aim of the thesis. Drawing on insights from various discourse analyses (Laffey and Weldes 1997; Rosamond 1999; Hay 2001; Hay 2002; Schmidt 2002; Schmidt and Radaelli 2004), the thesis develops a constructivist framework to help explicate the role of discourse and ideas in GHG.

The structure of the thesis.

In Chapter Two I start by addressing the first of the two theoretical aims of my thesis: to provide a more comprehensive conceptual understanding of GHG. I begin with a literature review of the existing literature on GHG. I do this to substantiate the distinction I make between power-based and interest-based approaches to GHG, but also to illustrate the gap that exists in the literature with regard to constructivist analysis of GHG. The conclusion that I draw from my literature review is that ideas and discourse are not taken seriously in current studies of GHG; neither by power-based and interest-based approaches, which accord ideas and discourse a minor role; nor by the few existing constructivist studies of GHG, which lack a rigorous framework for the analysis of ideas and discourse.

At the end of Chapter Two (Section 2.3) I propose and explicate a conceptual framework for understanding ideas and discourse, which I employ in my subsequent analysis of

GPPPs. I introduce this framework at the end of Chapter Two because it structures my analysis in Chapter Four of the three case study GPPPs; but also because it provides a means of bringing ideas and discourse 'back-in' to constructivist analysis of GHG. It provides, potentially at least, a useful framework for constructivist analysis of GHG. I therefore lay the foundations for the second theoretical aim of my thesis: to rigorously critique constructivism as a conceptual approach to GHG.

In Chapter Three I introduce the substantive element of my thesis: neglected disease GPPPs. I begin by providing a literature review of existing studies of GPPPs. I do this to show how these studies correspond to the power-based and interest-based approaches to GHG identified in Chapter Two, but also to show that there is a corresponding gap in constructivist analysis of GPPPs. Having done that, I then discuss the nature and significance of neglected diseases (Section 3.2) to provide a more detailed justification for my three case study GPPPs (Section 3.3).

In Chapter Four, I address empirically the two substantive aims of my thesis: to advance the study of GPPPs by considering how it was possible for them to rise to prominence, and to advance the study of GHG by bringing ideas and discourse 'back-in' to the analysis. Chapter Four is structured around the three subsidiary questions that I summarised in Table 1.4 above: how, where, and when are ideas and discourse important? To answer these questions, I apply my theoretical framework (detailed in Chapter Two) to the three case study GPPPs, drawing on primary and secondary research. Finally, in Chapter Five I conclude by addressing the principal research question driving the thesis: How was it possible for GPPPs to rise to prominence as a key mechanism of GHG? In doing so, I assess critically the principal assertion of my thesis – that ideas and discourse are important in understanding the rise of GPPPs – in the light of the empirical research discussed in the preceding Chapters.

2. Three Theoretical approaches to Global Health Governance, and a Framework for the Analysis of Global Public-Private Partnerships.

Introduction.

In Chapter One I outlined three theoretical approaches to global health governance (GHG): power-based, interest-based, and constructivist approaches. In this Chapter I consider each of the three approaches in more detail. The claim being made is that power-based and interest-based accounts of global governance do not get us very far in understanding how it was possible for global public-private partnerships (GPPPs) to rise to prominence, and that constructivism may begin to address this issue.

As the critique I present in this Chapter makes clear power-based and interest-based approaches either fail to account, or inadequately account for key features of GHG. As noted in Chapter One, this thesis focuses on five 'key elements' of the analysis of GHG: ontology, power, interests, change, and ideas and discourse. In terms of ontology, power-based and interest-based approaches are inadequate because they are materialist and foundationalist – in other words, they understate or exclude ideas in their analysis of GHG. In addition, both approaches are fundamentally state-centric.

In terms of power, power-based approaches subsume all other variables that might explain GHG to power calculations. Interests, institutions, ideas, and discourse are understood primarily as instruments of the most powerful actors in world politics. Echoes of Morgenthau's memorable and influential statement that states pursue their self-interest "defined in terms of power" continue to resonate in power-based studies. Interest-based approaches, however, turn the power-based power→interest logic on its head, arguing that in order to understand how, where and when power is exercised one must first understand interests. In addition, interest-based approaches emphasise the importance of 'soft' as well as 'hard' power. However, interest-based approaches have a limited conception of power to the extent that although power can help actors achieve their interests, power does not change actors' perceptions of self-interest. To clarify this point,

and to address a limitation explicit in both power-based *and* interest-based perspectives, in terms of interest-formation both approaches treat interest-formation as exogenous to social interaction.

Finally, power-based and interest-based approaches may not fully capture the dynamics of change in GHG. In the case of GPPPs, for example, powerful actors from the pharmaceutical industry and public sector were able to overcome competing interests, institutional constraints, and cultural obstacles to enthusiastically engage in public-private partnerships. How was such a radical change in public-private interaction possible? Power-based and interest-based approaches explain *why* such global partnerships arise. Neorealists are silent on the issue, but for orthodox Marxists the answer lies in the economic priorities of a powerful pharmaceutical industry. Neoliberal institutionalists might explain the change from public and private provision of GHG in terms of the benefits that accrue to all partners through the institution of GPPP. To apply a familiar NLI argument, GPPPs have arisen because they reduce costs and uncertainty, and they are an innovative and rational means of resolving the problem of collective action. Both approaches may help us to understand why GPPPs have come about; they do not, however, address the question of how such a change was possible.

The conclusion I draw from these deficits in power-based and interest-based approaches is that they do not take ideas and discourse 'seriously' in their explanations of GHG. As noted in Chapter One, the principal assertion made in this thesis is that ideas and discourse are an important factor in understanding the rise of mechanisms of GHG such as GPPPs. If this is the case, the problem then becomes how to bring ideas 'back in' to the analysis of GHG. If power-based and interest-based approaches understate the significance of ideas and discourse, what conceptual framework can help explain their role? Constructivism is put-forward as a potential candidate for the job. As I indicated in Chapter One, and as I argue in more detail in this Chapter, constructivism elevates the status of ideas and discourse through its more nuanced approach to ontology, power, interest-formation, and its conception of change. In terms of ontology, constructivism is principally ideational rather than materialist[21]. In terms of power, constructivism provides

a more diffuse perspective where ideas have the power to alter perceptions of self-interest. In terms of interest-formation, constructivism develops the concept of intersubjectivity to show that interest-formation is endogenous rather than exogenous to social interaction. In terms of change, constructivism considers the role of ideas and discourse as both a *process* of and a *structure* for change. In these respects, I argue that constructivism has the potential to add value to our understanding of GHG.

To be clear, the argument that I put forward in this thesis is that constructivism is not so much an *alternative* approach to understanding GHG than a *supplement* to it. Constructivism has the potential to enrich our understanding of GHG, but I am not suggesting that it supplants either power-based or interest-based approaches as the best, or even better, perspective to adopt. Constructivism simply has the potential to fill important 'gaps' in our overall understanding of GHG; namely, the role of ideas and discourse.

The structure of this Chapter is as follows. I start by building on the brief overview of GHG I provided in Chapter One, as seen from the perspective of each of the three approaches. I then consider five key features – ontology, power, interests, change, and ideas and discourse – of these accounts of GHG, providing a detailed elucidation and critique of power-based and interest-based perspectives. Finally, I explore constructivism, demonstrating how it is different from power-based and interest-based analyses in relation to these five key features of GHG, and to indicate how it might supplement our understanding of GHG.

Having established the theoretical groundwork, the next step is to show how a constructivist approach can be applied to the study of GPPPs and GHG. In the final section of this Chapter I illustrate how in this study I intend to do this. I outline a conceptual framework for analysing ideas and discourse originally provided by Vivien Schmidt and I show how, when combined with constructivist insights, it can be applied to my case study GPPPs and help us understand how it was possible for them to rise to prominence. Specifically, the framework will be used to show how, when and where

ideas and discourse 'matter'. The final section of this Chapter, therefore, provides an important 'bridge' between the 'theoretical' Chapters (Chapters One and Two) and the 'substantive' Chapters (Chapters Three to Five) of my thesis.

2.1. A review of global health governance: Three theoretical approaches.

Power-based approaches to GHG: An overview.

As I show in this section, although there are clear differences between neorealist and orthodox Marxist approaches to GHG, there are sufficient similarities between them to justify categorising them as power-based perspectives. In brief, both neorealism and orthodox Marxism reject global governance *per se*: global governance is both a liberal conceit and illusory that masks the underlying structures of anarchy (neorealism), or it is global capitalism/imperialism (orthodox Marxism). I categorise both perspectives as power-based because, ultimately, their accounts of inter-state relations privilege material power structures over other explanatory variables.

Neorealism:

Neorealists do not talk in global governance terms. For them, power politics, national interest, and anarchy are the core dynamics of state interaction (Mingst 1998:248). For neorealists, anarchy is a permanent structure. Within this structure a system of state interaction has developed, the characteristics of which are determined by the rational and egoistic choices of states seeking to increase their relative power vis a vis other states, and thereby improving their chances of survival. As rational actors, states take steps to ensure that no one actor becomes too powerful. Consequently, alliances are made between states in an attempt to ensure that a balance of power endures (King and Kendall 2004: 167-8). Although balance of power may be described as introducing some element of 'order' in an otherwise anarchic world, neorealists adopt a sceptical attitude towards global governance that is shared by all realist perspectives. For example, in a recent review of realism and international governance, Robert Gilpin argues that: "The idea of a realist theory of international governance is a contradiction in terms" (Gilpin 2002:237). Neorealists describe the international states system as anarchic. Anarchy implies the

absence of any legitimate authority to which states are subordinate. If such an authority (i.e., global governance) were to emerge, argues Gilpin, then the defining feature of international affairs would disappear and neorealism would cease to have any relevance.

In the context of global infectious diseases, David Fidler concludes, "realism seems irrelevant in helping to describe the globalisation of public health" (Fidler 1997). Neorealism adds value to the debate, however, because of its trenchant critique of GHG. Rather than rely on ineffective and undesirable mechanisms of GHG, realists emphasise the need to improve national health infrastructures; to move away from multilateralism at the WHO to unilateral and bilateral efforts to strengthen states' public health security; and to focus on international cooperation "to ensure a convergence of real national interests" (Fidler 1997). Neorealists might be persuaded to include public health as an important element in the power calculations of states on the grounds that poor health affects economic and military power; could undermine a state's economic productivity; or emaciate a state's armed forces (Fidler 1997). Indeed, in the wake of the AIDS crisis or the recent SARS virus and the possible threat of bioterrorism, a number of studies have begun to identify the extent to which global health problems do represent a threat to state security (Ostergard 2002; Shine 2002; Altman 2003; McInnes 2004). In the final analysis, however, poor health is a 'problem' because it diminishes states' relative power vis a vis other states.

Orthodox Marxism:

Orthodox Marxist explanations of GHG have had to take account of two apparently contradictory aspects of contemporary world politics: first, the existence of a hegemon that stubbornly refuses to decline in power and authority; and second, the increasingly prominent role of multinational organisations and transnational institutions in policy-making (Callinicos, 2002: 258; Rupert, 2003: 191; Bond, 1999; Bond, 2000). Responding to these two phenomena, Marxist studies are divided between orthodox accounts that explain GHG in terms of American hegemony, where the US is a unipolar force seeking to expand its global influence (Gowan 1999; Bond, 1999), and neomarxist accounts that present a decentred and deterritorialized global governance in which no

nation-state constitutes "the centre of an imperialist project" (Hardt and Negri, quoted in Callinicos 2002:260; Bond, 2001).

Orthodox Marxists such as Callinicos and Gowan argue that it is more accurate to describe world politics in terms such as 'hegemony' and 'imperialism' than 'global governance' (Gowan 1999; Callinicos 2002). The point to emphasise here is that the terms hegemony and empire are being used in a specific sense to mean domination by a single hegemonic state – which in the modern context means the United States (Desai 2004). In his analysis of globalisation, for example, Gowan argues that globalisation: "has been not in the least a spontaneous outcome of organic economic or technological processes, but a deeply political result of political choices made by successive governments of one state: the United States" (Gowan 1999:4). In addition, as Gowan argues, "the biggest powers, or perhaps one single big power" create the regimes that govern global economic interaction (Gowan 1999:16). Soederberg adds that the US is currently in the process of restructuring its imperial project in response to the perception that neoliberal governance 'at home' is in crisis, and neoliberal governance abroad, particularly in excluded states, is also failing. The US response, argues Soederberg, is a 'pre-emptive development programme' that rewards with aid and funding only those states that comply with its own neoliberal agenda – i.e., open their economies to foreign investment (Soederberg 2004).

Examples of orthodox Marxist analysis of global health issues are scant. Analysis tends to focus on the 'underlying realities' of global socio-economics in order to explain health inequities such as famine and starvation (Navarro, 2004), but also emphasise "the larger structures of society outside which systems of health care cannot be understood" (Zaidi, 1994: 1388). For these analyses, states operate as agents of the ruling class within the economic structure of global capitalism. There are also examples of studies of corporate hegemony in the global health literature (Bond 1999; Millen, Lyon et al. 2000; Millen and Holtz 2000). Millen and Hotz, for example, have conducted a two-part study that shows how TNCs in the health sector use political power to expand their influence and limit their legal and financial obligations to states and society. Their study concludes:

"the expansion, consolidation, and rising power of TNCs are a major – in many contexts *the chief* – obstacle to improving health among the poor" (Millen and Holtz 2000: 222).

Interest-based approaches to GHG: An overview.

In this section I detail the key features of interest-based approaches to GHG. I consider in more detail the two perspectives I introduced in Chapter One – neoliberal institutionalism (NLI) and neomarxism – and note their differences and similarities. Both NLI and neomarxist approaches to global governance begin with actors' interests, rather than with power. As noted in Chapter One, NLI argues that in order to understand state behaviour (i.e., how, when and where states exercise their power), one first needs to understand their interests. In the case of neomarxism, the governance function is performed by an elite group of economically and politically influential men who share a common set of ideas and interests (Cox 1997: 60). Crucially, however, neither NLI nor neomarxism problematises how these actors' interests are formed. In interest-based approaches, interests are treated as external or exogenous to explanations of global governance.

Although cautious, interest-based approaches are more 'open' to the potential of global governance than power-based approaches. For NLI, global health governance has the potential to provide effective and equitable solutions to global health problems, and provide global public goods. For neomarxists, global governance in its current form is dominated by the interests of a transnational class of elites operating under conditions of global capitalism, but this system must be replaced with an alternative system of global governance that privileges people over profits. The point is well-made by Murphy:

> The global polity is not simply a superstructure responding to the interests of an already differentiated global ruling class. Global governance is more a site, one of many sites, in which struggles over wealth, power, and knowledge are taking place (Murphy 2000: 799).

Both NLI and neomarxist perspectives highlight the inequity, inequality, and lack of accountability endemic in global governance in its current form (Galbraith 2002;

Terzakis, 2002). Their 'solutions' to these deficits in global governance, however, are quite different: NLI argues for reform of existing institutions of liberal global governance, whilst neomarxism argues for nothing short of complete transformation of the existing system. For NLI, the institutions of global governance should not be completely dismantled, as some radical critics argue, because they provide crucial "sites of struggle that embody the potential for mitigating, if not transforming, the exploitative nature of the current world order" (Held and McGrew 2002a: 63-64)[22]. Neomarxists argue that it is to suprastate organisation, coordinated through transnational social movements such as the World and European Social Forums, which one should look towards to provide the conditions for global emancipation and a more equitable system of global governance (Cox 1997; Van der Pijl 1998; Robinson and Harris 2000).

Neoliberal Institutionalism:

With the end of the cold war, unprecedented globalisation, and the global spread of democracy, the explanatory utility of neoliberal-institutionalism (NLI) has led some scholars to regard it as "the principal liberal theory of why and how governance beyond the state is such a dominant feature of the current global political landscape" (McGrew 2002:275). Neoliberal Institutionalists are cautious about the prospects for global governance. In a recent study of NLI, for example, Robert Keohane argues that "effective governance is not inevitable. If it occurs, it is more likely to take place through interstate cooperation and transnational networks than through a world state" (Keohane 2002:325). For NLI, states remain the key institution in most parts of the world, but supranational and intergovernmental institutions also play a significant role (Keohane 2003:154). It is not global because some regions of the world are "zones of peace" – regions such as the OECD where "pluralistic conflict management" is successfully institutionalised. Other regions, such as parts of Africa, the Middle East and Asia, are "zones of conflict" where "traditional security risks...remain paramount". In these regions, "neither domestic institutions nor prospects of economic gain are likely to provide sufficient incentives for international cooperation" (Keohane 2003:156-7). For NLI, then, the world is only partially globalised and complex interdependence between states will not necessarily prevail globally.

Complex interdependence is a form of relationship between actors, and it is concomitant with globalisation. Under conditions of complex interdependence "security and force matter less and countries are connected by multiple social and political relationships" (Keohane and Nye 1998a). One of its primary characteristics is "continual discord within and between countries" where "the interests of individuals, groups, and firms are often at odds with one another" (Keohane 2003:154). Consequently, it is simply misleading to describe global interaction between actors and institutions as world *order*. The classic problem of political order, therefore, is as pertinent for NLI as it is for realism: how can a stable and mutually acceptable system of relations be established between strong and weak states? Where mutual interests exist between actors, NLI argues that institutions can promote cooperation and help resolve conflict (Keohane 2002).

As the name indicates, NLI focuses on the role of institutions in global governance. As I note below, it is in their analysis of institutions that NLI and power-based analyses most clearly part company. However, it is helpful to start with a definition. Keohane defines institutions as "a set of persistent and connected rules prescribing behavioural roles, constraining activity, and shaping expectations" (Keohane 2003:148). Institutions can reduce uncertainty; lower transaction costs, and solve collective action problems. Thus, for NLI, institutions are "explained in terms of the problems they solve; they are constructs that can be traced to the actions of self-interested individuals or groups" (Ikenberry 2001:15). The institution of sovereign statehood, for example, serves the interests of states by restraining intervention. For self-interested states it *makes sense* for them not to intervene as long as other states likewise refrain from intervening. In other words, non-intervention is a *rational* response by states to the security dilemma facing them in an anarchic system. Institutions, therefore, are employed by states "as strategies to mitigate a range of opportunistic incentives that states will otherwise respond to under conditions of anarchy" (*ibid*). In this respect, NLI provides a rationalist *and* functionalist explanation of institutions.

NLI also argues that under conditions of complex interdependence, the meaning of sovereignty changes. As Keohane argues, sovereignty becomes "less a territorially defined barrier than a bargaining resource for a politics characterised by complex

transnational networks" (Keohane 2003:155). In this respect, institutions "significantly modify the Hobbesian notion of anarchy", which equated sovereignty with autonomy (Keohane 2003:148). Further, as states begin to accept institutional change, and begin to interpret their behaviour in the light of these changes, the 'modified' anarchic system becomes *institutionalised.* Thus, cooperation becomes possible without the need for coercion – that is, without the need for a global Leviathan. Institutions, therefore, provide a means of governing or transcending realist conceptions of power politics – a first, and necessary, step towards promoting and realising human freedom (McGrew 2002:268).

As noted above, NLI privileges states over other actors in international politics (Keohane and Nye 1977; Keohane 1989). Keohane, for example, argues that "states are at the centre of our interpretation of world politics, as they are for realists" (Keohane 1989:2). Institutions matter, argues Keohane because they "make it possible for states to take actions that would otherwise be inconceivable" – i.e., cooperate (Keohane 1989:5). It is this instrumental quality, argues Keohane, that explains why institutions endure (and why global order is possible) 'after hegemony'. Liberal analyses of institutions, however, are diverse. For Keohane, institutions can facilitate cooperation between states. Ikenberry, on the other hand, argues that institutions have a more independent or "sticky" role than that given to them in Keohane's analysis.

Ikenberry argues that the neoliberal approaches "sees institutions as agreements or contracts between actors that function to reduce uncertainty, lower transaction costs, and solve collective action problems" (Ikenberry 2001:15). For Ikenberry, institutions have the capability to 'lock in' a particular order that arises at a particular moment in history. Because institutions can do this, democracies can employ them to "create an order that mutes the importance of power asymmetries within international relations" (ibid). The political order that results from this takes on constitutional characteristics. Thus institutions can be used to form constitutional orders that "limit the returns to power" (Ikenberry 2001:6). Ikenberry also raises the important point of determining *when* institutions matter. NLI, argues Ikenberry, agues that institutions matter most after hegemony: "when hegemony declines, institutions sustain order and cooperation". But

Ikenberry contends that "institutions are also critical at the beginning of hegemony – or 'after victory' – in establishing order and securing cooperation between unequal states" (Ikenberry 2001:17). Ikenberry, more than most liberal scholars, has provided a series of arguments against the Marxist notion of American empire, and the argument that global governance is simply a euphemism for American imperialism (Ikenberry 2004a; Ikenberry 2004b). Ikenberry concedes that "we have entered the American unipolar age" but argues that the concept of empire does not capture key features of the current political order. For Ikenberry, the political order that has emerged from relations between the US and Europe is built on: "liberal hegemonic bargains; diffuse reciprocity; public goods provision; and an unprecedented array of intergovernmental institutions and working relationships". Ikenberry's conclusion is: "This is not empire – it is an American-led, open-democratic political order that has no name or historical antecedent" (Ikenberry 2004a: 611).

Recent analyses of GHG share many of the key features of NLI identified above. In a conceptual review of the term, Dodgson and Lee define governance in terms of 'collective action' and the pursuit of 'common goals'. Defined as such, they regard governance as a broad term that "encompasses the many ways in which human beings, as individuals and groups, organise themselves to achieve *agreed goals*" (Dodgson and Lee 2002: 93, emphasis added). Here, GHG is presented as a collective action problem, in which common interests pertain prior to cooperation. However, much of the liberal analysis of GHG departs significantly from the NLI emphasis on the continued central role of the state. These studies of GHG note the negative impact that globalisation has had on states' capacity to deliver effective health provision. Dodgson and Lee, for example, argue that the first step in conceptualising GHG is "to 'deterritorialise' health in a sense, by going beyond the primary focus on the state" (Dodgson and Lee 2002: 99). Both NLI and the GHG analysis typified through Dodgson and Lee's work emphasise the importance of non-state actors. The principal difference is the importance given to the state's role relative to other actors engaged in global health provision. For Keohane, the state remains the principal actor; for Dodgson and Lee, the state (and state structure of

international health governance) won't disappear but "will need to become part of a wider system of GHG" (ibid, p100).

Neomarxism:

It should not be surprising that neomarxism shares common ground with orthodox Marxism. As with orthodox Marxism, neomarxists argue that global governance is a façade that masks the covert and exclusive nature of decision-making in world affairs. Echoing orthodox Marxist analysis, neomarxism explains global governance in the context of economic globalisation. More specifically, neomarxism shares orthodox Marxist explanations that site global governance within a global capitalist mode of production. Economic globalisation impacts negatively upon state sovereignty, and has led to an 'internationalising of the state'. The policies that have emerged from this process – the neoliberal tenets of reducing inflation 'at all costs', deregulation, privatisation, compression of social services, antipathy towards trades' unions – have in turn led to often violent civil society dissent (Cox 1997). Neomarxist and orthodox Marxists argue that these tensions and disjunctures are evidence that liberal global governance is in crisis. As noted above, however, orthodox and neomarxists disagree on how to conceptualise 'Empire'.

For neomarxists such as Hardt and Negri, global governance is explained not in terms of a single hegemonic state but in terms of a "transnational capitalist social system" (Rupert 2003: 190), or to use their term, 'empire'. Empire constitutes the latest form taken by capitalist exploitation, and comprises a three-tier pyramid with the US and G7 at the apex, TNCs and nation-states below them, and a constellation of bodies comprising the UN, NGOs, churches etc, at the base (Hardt and Negri 2000). A recent study by Basu has attempted to apply, if somewhat tentatively, Hardt and Negri's conception of empire to the AIDS crisis in Africa (Basu 2004). Basu argues: "AIDS is effectively a symptom of Empire, which operates by producing inequalities everywhere, keeping resources inequitably distributed so that they may be accumulated by a few, and rendering problems like disease a side-effect of capital accumulation" (Basu 2004: 162).

For Justin Rosenberg, civil society is particularly important for explanations of empire. Rosenberg argues that "if political functions which used to be in state hands are now assigned to a private political sphere fronted by a set of exchange relations, then these political functions will travel" (Rosenberg 1994:129)[23]. Imperialist expansion, therefore, is not simply carried out through the political actions of a superpower; rather, a range of sub-state private actors is increasingly carrying out the political function of international relations. For Rosenberg, this "means the rise of a new kind of empire: the empire of civil society" (Rosenberg 1994:131).

If there is some common ground between the orthodox and neomarxism, why describe the former as power-based and the latter as interest-based? Moore makes an important point in his distinction between the various Marxists 'schools': "neo-Marxism is not really any distinct school of Marxism but rather a loose collection of thinkers (and thoughts) who have attempted...to marry traditional Marxist concerns about class and class struggle with other theories about domination and identity politics" (Moore 2000). In this thesis I focus on the neomarxist 'critical theory' of Robert Cox – primarily because he is the most influential thinker in this field, and has written extensively on global governance (Cox and Sinclair 1996). The 'neo' in Cox's neomarxist analysis comes in his 'marrying' of orthodox Marxist terms of reference (class, empire, imperialism) with 'other theories of domination and identity' (as Moore puts it). In Cox's case, he takes Gramscian insights into power and ideas and applies them to global governance (Cox 1981; Cox 1983).

Cox's neomarxism is also indicative of a more nuanced analysis of the inter-relationship between ideas, material capabilities, and institutions. This analysis moves Marxism away from the often crude analysis of power, ideas and interests associated with power-based approaches to global governance. At the heart of Cox's conception of global governance is what he calls 'frameworks for action' or 'historical structures' (Cox and Sinclair 1996: 97). Global governance is just such a framework for action, and as such is a particular combination of thought patterns, material conditions, and human institutions [that have] a certain coherence among [their] elements" (ibid, and Figure 2.1). The point for Cox is

that liberal global governance is only its *current* form: it has not always taken this form, and need not be so constituted in the future. Thus, the framework for action changes over time and a principal goal of Cox's critical theory is to understand these changes.

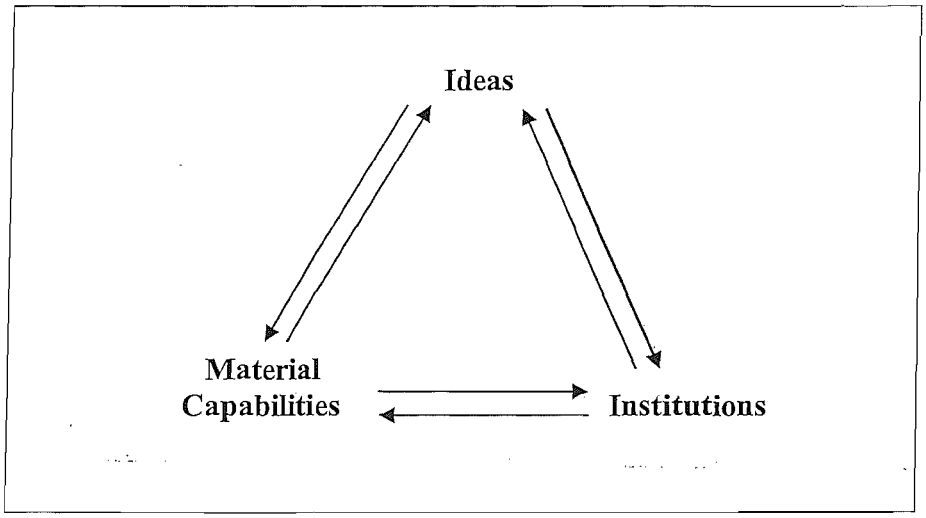


Figure 2.1: Framework for Action (Cox, 1996).

Neomarxist analysis question many of the tenets of orthodox Marxism; tenets such as the belief that the social world should be analysed as a totality (as opposed to simply an economic, or political, or sociological concern), and the positioning of *class* as a primary category of socio-economic relations (McLennan 1995; Hall 1996). The 'critical theory' of neo-Marxists such as Cox and Gill continues to focus on class analysis, but it has revised orthodox Marxist conceptions of class to take into account the transnational dimensions of contemporary social and economic relations. Cox, for example, has described the appearance of global governance as a "nebuleuse", or:

> A loose elite network of influentials and agencies, sharing a common set of ideas, that collectively perform the governance function...In other words, there is no formal decision-making process; but there is a complex set of interrelated networks that evolve a common economic ideology and inject this consensual outcome into national processes of decision-making (Cox 1997: 60-61).

Cox's analysis of transnational class has provided theoretical support for recent analysis of health care financing reform (Lee and Goodman 2002). Lee and Goodman argue that their analysis of HCF reform "supports Cox's concept of a transnational managerial class with policies strongly shaped by elites involved in research and policy development (Lee and Goodman 2002: 117). The critical theory approach that Cox develops encourages a 'critical' perspective that does not take existing structures as permanent and unchanging. Critical theory, argues Cox, is critical "in the sense that it stands apart from the prevailing order of the world and asks how that order came about" (Cox 1981). Again, there is evidence in the global health literature of Cox's critical theoretical approach. Farmer, for example develops a 'critical' analysis to explain how existing socio-economic structures impact upon our understanding of tuberculosis and how best to treat the disease (Farmer, 1996). He argues that, in the context of GHG: "A critical (and self-critical) approach would ask how existing frameworks might limit our ability to discern trends that can be linked to the emergence of diseases" (Farmer 1996: 261).

Constructivist approaches to GHG: An overview.

In his study of global governance, Makinda makes the following observation: "As constructivism focuses on the roles of norms, ideas and culture in constructing international structures, it should have plenty to say about how global governance is constituted" (Makinda 2000:4). It is curious, then, that constructivist analysis of global governance is conspicuous by its absence. Certainly, there have been various edited texts published in the past five years that have introduced a range of constructivist approaches to the study of international relations (Jorgensen 1997; Kubalkova, Kowert et al. 1998; Fierke and Jorgensen 2001; Carlsnaes, Risse et al. 2002). With very few exceptions, however, the analyses within these texts have not engaged directly with the phenomena of global governance. Indeed, one is pushed to find *any* constructivist analysis of the *concept* of global governance (Palan 1999; Makinda 2000; Kickbusch 2003; Halabi, 2004).

Constructivists *have* focused on multilevel governance institutions such as the European Union (Christiansen, Jorgensen et al. 2001; Aalberts 2002), but the focus of the analysis

is firmly on state-interaction and 'primary' institutional analysis (for example, the construction of 'sovereignty' or global markets). 'Secondary' institutions such as the United Nations have not concerned constructivists very much. Guzzini provides two reasons for this. First, institutions reflect more fundamental changes such as international 'legitimacy', and constructivists are more interested in how such norms are constructed over long periods of time. Second, the function of institutions remains constant even through such profound shifts in world affairs as the end of the cold war (Guzzini, forthcoming). 'Classic' constructivist texts from Finnemore (1996), Katzenstein (1996) and Wendt (1999) have set the agenda for what have become 'the big three' subjects for constructivist analysis: anarchy, states, and sovereignty. An interesting departure, however, is recent work by Hay and Rosamond, who have begun to explore the *discursive* construction of globalisation (Rosamond 1999; Rosamond 2000; Hay and Rosamond 2002). No study to date has explored the discursive construction of global governance.

Where studies of global governance have explicitly made reference to constructivist 'theory', the results have been disappointing. Putting aside the question of whether constructivism *is* a theory at all (in the way that realism or liberal neoliberal institutionalism are theories[24]), both Makinda and Halabi struggle to defend the utility of constructivism in explanations of global governance (Makinda 2000; Halabi 2004). Makinda flirts with 'the usual subjects' of constructivist analysis: sovereignty, power and social interaction. However, he asserts constructivist aphorisms rather than explain or apply them. For example, he asserts that "global governance is about norms and power" without explicating the intersubjective development of norms or the nature of ideational power (Makinda 2000:4). He describes the UN as "an agent of transformation" and "a very important norm-setting organisation" without indicating how it does this other than by asserting that the organisation has a "constitutive and transformative character" (Makinda 2000:20). If the UN "is both a product, and a producer, of ideas, norms, and state interests and identities", it would be helpful to know how and why this is the case (ibid). Makinda does not offer further insights on the matter.

Halabi employs constructivist insights "to explain the expansion of global governance into the Third World" (Halabi 2004: 35). At the heart of his analysis is the contention that: "new regulations arise not merely as a reflection of material interests, but also in the context of new ideas or consciousness" (ibid, p36). This is a clear 'thin' constructivist statement about the ontological nature of global regulation: it is a mix of ideas and material interests. Halabi identifies global governance with global regulation, and presents an analysis of how these regulations are constructed. He contends that: "the creation of internal institutions compatible with global governance has been achieved only when developing countries have become convinced that global regulations will benefit them, not just the more developed states" (Halabi 2004: 21).

The argument is a familiar one to constructivists seeking to understand how states' interests are formed in international society (Finnemore 1996), but Halabi's study is one of the few studies to explicitly address the formation of actors' interests in the context of global governance. Put simply, the argument is that states do not know what they want and are socialised into accepting certain practices through exposure to global institutions such as the free market. In a global context, states are caught-up in interdependent relations with a wide range of state and non-state actors, and thus "cannot define their interests, shape their comparative advantage, or pursue a development model individually" (Halabi 2004:36). It is left to global institutions to "regulate the behaviour of states and the institutionalisation of the ideas they propagate within states" (ibid). Constructivists, therefore, present a different account of institutions from NLI. Ikenberry makes the distinction clearly, arguing that NLI "sees institutions as agreements or contracts between actors that function to reduce uncertainty, lower transaction costs, and solve collective action problems", whereas constructivism "sees institutions as diffuse and socially constructed worldviews that bound and shape the strategic behaviour of individuals and states" (Ikenberry 2001:15).

Halabi's analysis, then, presents a constructivist account of global governance that focuses on institutions, global regulations, and interdependent relations between states

and other actors. It is a significant departure from power-based and interest-based approaches because it elevates the role of ideas, as he explains:

> The generation of a new set of ideas gives rise to the construction of new institutions, changes the agenda of the state, and can even be reflected in the curricula of its education system. In short, interests of states are not exogenously given but are defined by the actors themselves (Halabi 2004: 36)

However, his analysis is not without its problems. For example, he asserts that constructivists: "argue that ideas *backed by power* distinguish the normal from the abnormal" (my emphasis), and adds that "powerful ideas" such as deregulation and free market reform are used by developed countries to usurp alternative ideas about development (such as state-oriented reform) that inform third-world countries' development policies (Halabi 2004: 36). Leaving aside the strong suspicion that constructivists *do not* put forward the argument that ideas "backed by power" determine what is or is not normal, Halabi's argument appears to be that ideas matter to the extent that they are the ideas favoured by the most powerful states.

An additional problem arises from the assertion by Halabi that I quote above, namely that global regulations arise in the context of both material interests and new ideas. The argument can be made that this is a trivial observation: what *doesn't* arise in the context of material interests and new ideas'? The crucial point, surely, is to determine *how* these ideas impact upon actors' interests, from *where* they originate, and *when* they matter. It is fine to assert that ideas are 'taught' to states in a top-down process through institutions, but to then claim that it is those ideas that are 'backed by power' that are adopted by developing states begs the question: isn't power rather than ideas the explanatory variable here? Ultimately, there is a contradiction in Halabi's argument. On the one hand he argues that western states, international organisations and other actors must 'convince' and 'persuade' developing states to adopt western models of development. Here the emphasis is on argument and reason not coercion: developing states realise for

themselves that their interests are best served by adopting western models of development. On the other hand, Halabi provides the following conclusion:

> Global governance has...become a channel to tame Third World states by pushing them to abide by universal regulations through the establishment of domestic institutions that are compatible with Western rules of order (Halabi 2004: 34).

The use of pejorative words such as 'tame' suggests that Halabi sees global governance as an oppressive system; that the institutions and regulations of global governance originate from powerful Western states and are imposed upon weaker developing states. It is not force of argument or the power of ideas that is important. In reality, the reason why developing states adopt western development models is because it is "the only guarantee for receiving investments and loans at a low interest rate" (ibid). Halabi uses the word 'induced' to describe this process; a more accurate description is 'coercion'.

It is clear from the above review of constructivist literature that global governance per se (and even more so global health governance) has been largely ignored by constructivists. The studies that are available reflect a 'thin' constructivist approach; in other words, they tend towards the 'rationalist' end of the rationalist→reflexivist spectrum that I outlined in Chapter One. Thin constructivists hold realist philosophical assumptions about the world (i.e., there is a real world that exists independent of our knowledge of it); and they re-interpret rather than deconstruct the mechanisms, institutions, rules and norms that constitute global governance.

In Table 2.1, I summarise how each of the three approaches presents GHG. In the left-hand column I note the key concepts that each uses to explain or understand GHG[25]. In the following section, I focus on the remaining columns of the table. At the end of my analysis of each of the five features of GHG – ontology, power, interests, change, and ideas and discourse – I summarise my findings in the same tabular format as Table 2.1. The tables, therefore, provide a means of succinctly clarifying the key differences

between the three approaches to GHG, but also give the reader a sense of progression through each step of the analysis.

	GHG	Ontology	Power	Interests	Change	Ideas and discourse
Power-based						
	Hegemony; distribution of power					
	Hegemony; Imperialism; 'Empire'.					
Interest-based						
	Complex inter-dependence					
	Nebuleuse; Frameworks for action; transnational class					
Constructivist						
	Distribution of ideas; states are 'socialised'					
	Dominant discourse					

Table 2.1: Elements of GHG.

2.2. Comparing and contrasting power-based, interest-based, and constructivist approaches to GHG.

At the end of section 2.1, I showed how Halabi's study offered valuable insights into the construction of global governance. However, his analysis was state-centric and it focused specifically on the role that institutions play in ensuring convergence towards universal (read Western) rules and regulations. The question remains how constructivism, by

comparison with power-based and interest-based approaches, might help us to understand how it was possible for particular mechanisms of global health governance (in particular, global public-private partnerships) to rise to prominence when they did. To do this, I compare and contrast the three approaches to GHG by looking in more detail at what they tell us about five key elements of global health governance: ontology, power, interests, change, and ideas and discourse[26]. This will help highlight, and also clarify, what is distinctive about the constructivist approach to GHG.

2.2.1. Ontological assumptions of GHG.

Ontology is literally the theory of 'being'. It refers to "the broad assumptions people make about the nature of reality" or, when applied to world politics, "the broad assumptions people make about the realities of global affairs" (Rosenau 1999: 289). Ontology is concerned with questions about 'reality': is there a 'real' material world that exists independent of our knowledge of it or is the world made of ideas, and thus dependent on and shaped by our knowledge of it; perhaps it is a mix of both material and ideational 'stuff'? What is the world made of, and do the ontological assumptions implicit in power-based, interest-based and constructivist approaches provide a convincing view of the dynamics of GHG?

In the following section, I consider the ontological assumptions implicit in power-based and interest-based approaches, and then constructivist approaches to GHG. Although there are subtle differences between power-based and interest-based approaches in terms of the units of analysis (i.e., modern realists focus primarily on states, whereas NLI elevate the importance of institutions vis a vis states), both approaches fundamentally share the same ontological foundations. Constructivism, however, does not share the same ontological position as power-based and interest-based approaches, and this difference may provide further insight into the rise of GPPPs.

Power-based and interest-based ontological assumptions about GHG.

> Neorealism is an archetype of physicalist social science, and institutions, along with ideas and norms, are factors it does not fully grasp and whose roles, therefore, it downgrades or distorts. But the atomistic premises of neoliberal institutionalism are not much better suited for the analysis of intersubjective phenomenon (Ruggie 1998b: 90).

In terms of units of analysis, neorealist ontology privileges the state over other actors in international affairs. In an increasingly interconnected world where non-state actors have proliferated exponentially, realists may still be able to explain "certain big and important things" (Waltz, quoted in Halliday, 1998: 384). However, realists are beginning to concede that what *they* consider 'big and important' are becoming less relevant to understanding world politics. Buzan, for example, concedes that in areas where states have become interconnected, such as the E.U, "a good part of realist theory no longer tells us very much...the whole realist model is hard put to deal with that kind of development" (Buzan, Held et al. 1998: 390). Consequently, realism is 'hard put' to account for spheres of authority such as GPPPs where states are only one actor amongst many, and where there is a high level of interconnectedness.

Neorealism is informed by a foundationalist ontology that maintains that the material world exists independently of our knowledge of it (Marsh and Stoker 2002: 11). Neorealists are 'realists' in a philosophical sense, therefore, because they assume that there is a 'real' world 'out there' that requires explanation. Waltz's neorealist account of international politics, for example, is realist in the sense that states operate within a fixed and eternal anarchic structure: a 'real' structure that exists independently of states' knowledge of it (Waltz 1979). The philosophical 'realist' underpinnings of neorealism (and power-based approaches generally) are quite different from the anti-foundationalist and interpretivist underpinnings of constructivist approaches. In the foundationalist literature ideas play a minimal role in explaining international politics, primarily because they do not affect material structures such as anarchy. For neorealists, anarchy *constrains* the agency of states, and ideas have no impact in mitigating this effect (Wendt 1987:342).

As will be made clear later in this section, constructivists argue that structures such as anarchy are ideational, and so ideas *do* have a key role to play in affecting state behaviour (Wendt 1992).

Orthodox Marxism shares the same ontological assumptions that neorealism adopts. Marxist analyses of global health, for example, focus on the 'underlying realities' of global socio-economics in order to explain health inequities such as famine and starvation (Navarro 2004a), and the "larger structures of society outside which systems of health care cannot be understood (Zaidi 1994: 1388). For these analyses, states operate as agents of the ruling class within the economic structure of global capitalism. As with realism, orthodox Marxism is also foundationalist – in the sense that it provides a world-view that is economically determined (Marsh and Furlong 2002: 155). Marsh assures his readers that most 'modern Marxism' "rejects materialism, acknowledging an independent role for ideas", but provides no evidence for this assertion in his article (Marsh and Furlong 2002:161).

Of the two interest-based approaches to global health governance considered for this thesis, neoliberal institutionalism shares a similar ontological position to power-based approaches. Neoliberal institutionalism (NLI) recognises the functional utility of institutions for facilitating cooperation in circumstances where there are shared interests between states. Non-state actors have a role to play in international relations, but they exist primarily to serve the interests of states. NLI does recognise the importance of ideas but, as evident in Goldstein and Keohane's study, ideas are understood within a rationalist framework of international interaction (Goldstein and Keohane 1993; Blyth 2002). For rationalist theories "the social world, ideologies, culture, and values can be seen only as instrumental products that are reducible to individuals' attempts to maximise their respective utilities" (Blyth 1997:230). In Goldstein and Keohane's study, for example, ideas are understood as a means of facilitating stability between self-interested egoists (Blyth 2002:304). In other words, ideas are not treated as having a life of their own (Blyth 1997:240). One consequence of regarding ideas "as 'out there' things", is that

no attempt is made to explore either how ideas are disseminated or developed; another is that no attempt is made to determine their historical origins.

In contrast to power-based approaches and NLI, neomarxism is influenced by 'critical' realist ontological assumptions (Hay and Marsh, 2000). One reason for this is because of neo-Marxist interest in critical theory (Cox, 1996) and its questioning of 'natural' explanations of social relations (for example, gender divisions). A second reason is because neomarxist analysis incorporates a core element of critical realism – namely, the "emancipatory potential" of the social sciences" (Sayer 2000:18). Critical realists assert that there is a 'real' world (structures) but that world is not presented to us as it really is – there is no *direct* access to the 'hard facts' (Archer, quoted in Hay, 2002:122). Rather, the way that structures affect outcomes is mediated by agents' discursive construction of these processes (Marsh and Furlong 2002:35). Critical realism, then, occupies middle ground between positivist and interpretivist ontology. On the one hand there is a real world that can be 'observed' (positivism), but on the other there is an emphasis on discursive construction of that world (interpretivism).

Constructivist ontological assumptions about GHG.

> How, then to update our perspectives so that they can more fully and accurately account for the world in which the dynamics of governance are undergoing profound and enduring transformations?...The answers lie, I believe, in the need to develop a new ontology for understanding the deepest foundations of governance (Rosenau, 1999:288)

Constructivist analysis in the field of I.R is typically statist. In a recent study of globalisation, Ben Rosamond argues that much work conducted by constructivists "confronts conventional IR on its own terms insofar as it deals with states and the relations between states. Constructivists have not, in general, embraced 'post-international' understandings of international politics" (Rosamond 2001). In the context of globalisation, and global governance, statism as an analytical premise would seem deeply misconceived. However, some constructivists are explicit about their preoccupation with states. Wendt for example argues that "since states are the dominant

form of subjectivity in contemporary world politics this means that they should be the primary unit of analysis for thinking about the global regulation of violence" (Wendt 1999: 9). Adler suggests that this reification of the state is peculiar to Wendt, and that his approach can be distinguished from other constructivists that take the actors of IR as "emergent features rather than reified categories" (Adler 1997: 335). It may be the case, as Hobson argues, that Wendt's state-centric constructivism (Wendt 1999: 8) is better described as 'statism' (Hobson 2000), but this does not obscure the fact that most constructivist studies pay little, if any, attention to non-state actors. Or rather, it *does* obscure the fact. Hobson, for example, reviews Martha Finnemore's 'society-centric' constructivist studies – which, as noted above, explores how international organisations construct state-identities, i.e. it is ultimately a study of states – and Cynthia Weber's post-modern analysis of state sovereignty (i.e., ultimately, it too is a study of states), and then contrasts them with the "state-centric constructivism" of Peter Katzenstein! (Hobson 2000: 154-173).

Some Constructivist studies have, however, begun to move beyond the state. Fierke captures the reasoning behind this move in the following summary:

> If states were trapped in the logic of the Cold War game, then it is necessary to look at other actors, in addition to states, who may have been in a position to challenge the public parameters within which states acted. Subsequently, the point of departure cannot be an assumption that certain actors are more relevant than others, a practice which often leads to the exclusion of non-state actors from the start. The important thing is to look for relationships; who is interacting with whom or who is the source of concern for whom, and begin to piece together a map of identities and practices (Fierke 2001: 129).

Some non-statist constructivist analysis has focused on NGOs and their role in the construction of the 1997 Mine Ban Treaty (Rutherford 2000), and NGOs in the context of development studies (Hilhorst 2003); but also multilateral environmental governance

(Haas 2000), markets (MacEwan 1999), human rights (Sikkink 1993; Keck and Sikkink 1998), apartheid (Klotz 1995), 'secondary' institutions (Simmons and Martin 2002), and transnational advocacy networks (Risse 2002). These studies indicate a welcome move away from constructivists' preoccupation with states. However, they remain the exception, *and* they do not situate their analyses within the broader context of global governance.

Ontologically, constructivism appears to represent an "ideational/material problematic" (Smith 2000). The 'ontology problem' is typically presented as a 'debate' between rationalists (power-based and interest-based approaches) and constructivists "about what kind of 'stuff' the international system is made of" (Wendt 1999: 35). As noted in Chapter One, the problematic is also played out within constructivism itself, between 'thin' and 'thick' variants (Baylis and Smith 2001: 244). 'Thin' constructivists concede that sometimes material factors take precedence over social influences – in other words, that "it is not ideas *all* the way down" (Wendt 2000). 'Thick' constructivists argue that even such apparently 'material facts' as nuclear missiles and chemical artillery require social construction before they have any meaning (Price and Tannenwald 1996) – in other words, it *is* ideas all the way down.

Most constructivist analyses are consistent with the tenets of realist philosophy. In particular, the foundationalist principle that there is a 'real' world of 'brute material facts' that exists independent of our knowledge and ideas about it. Wendt, for example, argues that "it cannot be ideas all the way down because scientific realism shows that ideas are based on and regulated by an independently existing physical reality" (Wendt 1999:110). Zehfus adds that for most constructivists "when constructivist analysis starts, some reality has already been made and is taken as given" (Zehfus 2002: 10). Constructivist idealists, however, are anti-realist and anti-foundationalist (Doty 1993; Weldes 1996; Zehfus 2002). They reject realism's 'different worlds' hypothesis, arguing instead that "claiming a reality to start from, be it one of states, norms, or natural raw materials, already involves a political act" (Zehfus 2002:36). Ontologically, the so-called 'real' world *is* what we know, and thus does not exist independent of us. Thus idealist constructivists

accord agents an autonomous role, arguing that they have epistemological *and* ontological status (Jorgensen 2001:40).

At the extreme reflexivist end of the rationalist-reflexivist spectrum lie linguistic analyses that advocate an idealist ontology where nothing exists independent of discourse. Various post-modern and post-structuralist analyses are representative of this ontological position, which can be described as anti-Realist (Doty 1993; George 1994; Campbell 1996; Weldes 1996). *All* constructivists argue that constructivism is reflexivist – it adopts a more sociological perspective than rationalism, and emphasises a less deliberative process of social interaction, than one associates with the purely rational calculation ascribed to individual actors by rationalists. But most constructivisms are not reflexivist to the extent that variants of post-modernism and poststructuralism are reflexivist. For most constructivists, the building blocks of international 'reality' are both ideational *and* material (Ruggie 1998b:33; Wendt 1999:193), and to that extent constructivism is distinguishable from some variants of post-modern reflectivism that reject the material basis of 'reality' (Christiansen, Jorgensen et al. 2001:4).

Recent 'thick' constructivist analyses (i.e., those constructivisms at the reflexivist end of Chistiansen et al's rationalist → reflexivist spectrum) are critical of the idealism/realism ontological *mix* ascribed to constructivism (Ben-Ze'ev 1995; Jorgensen 2001; Zehfus 2002). Zehfus, for example, argues that mainstream constructivists (i.e., those constructivists that *do* contend that constructivism is ontologically placed between rationalism and reflectivism) have consciously attempted to 'seize' constructivism from reflectivist scholars (Zehfus 2002). For Zehfus, synthesising projects by constructivists (Checkel 2000), and neoliberal institutionalists (Keohane 1988), are simply a deliberate strategy "to exclude more radical perspectives from consideration" (Zehfus 2002:6). The implication behind proposing a synthesis of ideas is that neutral or impartial or balanced theory result. But as Smith points out, Keohane's synthesis requires reflectivists to adopt the very positivist practices they reject (Smith 2000).

Smith makes the following conclusion:

> This shared view of social constructivism as the 'middle way' is in fact deeply misleading. In my view, most social constructivism is far more 'rationalist' in character than 'reflectivist'; indeed, I would go so far as to say that social constructivism in its dominant (mainly North American) form is very close to the neoliberalist wing of the rationalist paradigm (Smith 1999: 683-4).

Smith argues that a split is required between rationalist and reflexivist (between thin and thick variants) because of their fundamentally different epistemological and ontological positions. For 'radical' constructivists, synthesis closes down thinking space because of its appeal to 'reality', and thus the imposition of realist philosophical assumptions. "This is problematic" argues Zehfus, "because there is no indisputable knowledge about what this 'reality' is" (Zehfus 2002:36). For reflectivist constructivists such as Zehfus, the ideas/material mix is *not*, therefore, a necessary ontological condition for constructivism. Consequently, it *is* possible to posit a post-modern 'radical' constructivist approach without fear of contradiction (Hopf 1998:180; Adler 2002:98)[27]. Following Ben-Ze'ev's analysis, for example, it is possible to argue that the positioning of constructivism as occupying the middle ground is not an accurate presentation of the ontological characteristics of constructivism because, at a philosophical level, it is possible to conceive of a constructivist idealism where, in the final analysis, *everything* is socially constructed (Ben-Ze'ev 1995; Jorgensen 2001).

In Table 2.2, I summarise the key ontological features of the three approaches to GHG. The table shows that, in terms of ontology, power-based approaches to GHG are materialist and state-centric. In contrast, interest-based ontology is a mix of material and ideational elements, although whilst NLI is state-centric, neomarxism is transnationalist. The contrast between interest-based and constructivist ontology is clearest for 'thick' constructivists. Here, the distinction is between a material/ideation mix and an ontology that is purely ideational. However, as I noted in my analysis of Goldstein and Keohane's study of ideas, the distinction between NLI and 'thin' constructivism is less clear.

	GHG	Ontology	Power	Interests	Change	Ideas and discourse
Power-based						
	Hegemony; distribution of power	Materialist; State-centric				
	Hegemony; Imperialism; 'Empire'.	Materialist; State-centric				
Interest-based						
	Complex inter-dependence	Materialist/ Ideational; State-centric				
	Nebuleuse; Frameworks for action; transnational class	Materialist/ Ideational; Trans-nationalist				
Constructivist						
	Distribution of ideas; states are 'socialised'	Materialist/ Ideational; statist				
	Dominant discourse	Ideational				

Table 2.2: Elements of GHG: Ontology.

2.2.2. Power, interests, and GHG.

As outlined in Chapter One, all three theoretical perspectives provide differing accounts of power and interests. In this section I detail these different accounts. The main point that I make is that whilst there are clear differences between power-based and interest-based explanations of power and interests, both perspectives either exclude ideas and discourse from states' analysis of power calculations, or limit the significance of ideas and discourse in their accounts of interest-formation.

Power-based approaches to power and interests.

Neorealist accounts of global politics emphasise how states use power to maximise their national interests. Accordingly, GHG is ultimately an expression of power politics (Makinda 2000). Power is important because it is the means by which nation-states can ensure their security. Waltz captures the neorealist position thus: states "at a minimum seek their own preservation and, at a maximum, drive for universal domination" (Waltz 1979:129). As noted in the previous subsection, Waltz invokes the logic of anarchy to explain states' behaviour rather than basing his explanation on an account of human nature as classical realists have argued[28].

Neorealists assume that the workings of the international system can be explained through the underlying distribution of power between states (Guzzini 1993:448). They make two points about the concept of power: it is *relational*, and it is *relative*. Dunne and Schmidt provide the following explanation of this distinction:

> First, power is a relational concept; one does not exercise power in a vacuum, but in relation to another entity. Second, power is a relative concept; calculations need to be made not only about one's own power capabilities, but about the power that other state actors possess (Dunne and Schmidt 2005: 173).

Although power calculations are complex, typically they are "reduced to counting the number of troops, tanks, aircraft, and naval ships a country possesses" (ibid). In this respect, realists provide a 'one-dimensional' account of power, whereby power is simply the ability to get other actors to do something they would not otherwise do (Lukes 1974).

Orthodox Marxists have been influenced by what Lukes describes as the 'third face of power' (Heywood 1999: 128). From this 'radical' perspective, power is not manifest through coercion or agenda-setting (the first and second 'faces' of power), rather it is manifest when it influences, shapes and determines actors' *wants*. Orthodox Marxists distinguish between wants and needs. They argue that the exploited (working) class are

"deluded by the weight of bourgeois ideas and theories" and thus come to exhibit what Engels described as 'false consciousness' (Heywood 1999: 129). Gowan's account of U.S hegemony suggests a conception of power more in line with neorealism: power is wielded through the state, and is an indication of states' material capabilities.

Neorealists share a conviction that states do what they do because it is in their national self-interest. At the root of states' egoistic concern for self-interest is a concern for survival. Thus, security (political autonomy, territorial integrity) is always fundamental to the national interest: without it, no other goals are possible. States also seek to maximise their relative power (capabilities, influence). This is because, for realists, power is fungible: it can be used to accomplish other goals, including security. Modern realists also argue that states' interests are pre-social (exogenous to social interaction): they are neither taught nor learnt through their association with other states. As Reus-Smit argues: "states are thought to enter social relations with their interests already formed" (Reus-Smit 2001:213). Finally, modern realists hypothesise that national interests "have a material rather than a social basis, being rooted in some combination of human nature, anarchy, and/or brute material capabilities" (Wendt 1999:114).

For Marx and Engels the key to understanding social relations was class structure (Held 1996:122). Class relations, they argued, were necessarily exploitative and implied divisions of interest between ruling and subordinate classes (*ibid*). However, pluralist interpretations of orthodox Marxism are critical of its class-based discourse, describing it as monistic (i.e., a theory that analyses phenomena according to one singular and primary logic above all others). Feminist studies in particular argue that class analyses "render invisible the gendered nature of production and reproduction in the social economy" (McLennan 1995:11). However, as will be explored in more detail in the section below on ideas and discourse, the possibility of a more pluralist Marxism (post-*Marxism*) which incorporates a range of insights from various academic disciplines – such as feminism – remains contested (McLennan 1995:12).

For orthodox Marxists, interests are understood as economic interests, and little attention is given to how such interests are constituted. In this respect, Marxist studies that focus on the imperial characteristics of U.S hegemony share much in common with realist accounts of world politics. Thus, Callinicos notes that Gowan's account of the United States' attempt to maintain its dominant position with respect to the E.U and Japan, implies "a robustly realist view of political globalisation" (Callinicos 2002: 259).

Interest-based approaches to power and interests.

In terms of power, interest-based approaches are different from other approaches in two important respects. First, power is not the primary explanatory variable of state behaviour. Second, the conception of power is different: it incorporates 'soft' power as well as 'hard' power, and power is understood in terms of absolute gains as well as relative gains. Whilst acknowledging the realist understanding of 'hard' power in terms of military capability, NLI distinguishes it from 'soft' power. Thus, Joseph Nye argues that whereas hard power is basically coercive, soft power refers to "cultural, ideological and institutional forces" (Nye 2002). Central to soft power are the "beliefs and values that set the agenda and determine the framework of debate". Importantly, soft power appeals more to people than to governments, but it can be brought to bear on governments through peoples' desires and actions (*ibid*). Other studies contextualise the analysis of power in terms of interdependence, and by specifying the issue-areas being studied (Keohane and Nye 1989; Guzzini 1993). In the context of interdependence, defined as "situations characterised by reciprocal effects among countries or among actors in different countries" (Keohane and Nye 1989: 8), "the resources that produce power capabilities have become more complex" (Keohane and Nye 1989:11). Under these conditions power can still be understood as the ability of an actor to get others to do something they wouldn't otherwise do, but "power can also be conceived in terms of control over outcomes" (*ibid*). By setting the agenda and framework for debate, states are able to exert power without resort to military intervention or the threat of military intervention

For NLI, power presents a series of problems (Baldwin 1993). In situations of complex interdependence, for example, "judgement and measurement are even more complicated", and such measurements must also take into account political bargaining (Keohane and Nye 1989:225). For NLIs, conditions of complexity and bargaining suggest that balance of power theory may have less explanatory utility than realists give it credit. An NLI research programme on studies of power would focus on identifying the actors over whom power (as capability) is exerted, or on whether more power for one actor means less power for another, or in determining whether power crosses-over issue-areas (i.e., is fungible) (Baldwin 1993:16-21).

Neomarxism, however, provides a more nuanced account of power than orthodox Marxists, and they present a less state-centric account of world order. Robert Cox, for example, applies Gramsci's conception of hegemony – "a necessary combination of consent and coercion" (Cox 1996:127) – to explain world order, arguing that "the hegemonic concept of world order is founded not only upon the regulation of inter-state conflict but also upon a globally conceived civil society" (Cox 1996:136). Civil society, and also international institutions, play a key role in "co-opting potential leaders of subaltern social groups", and can assimilate and domesticate "potentially dangerous ideas by adjusting them to the policies of the dominant coalition" (Cox 1996:130). Gramsci identifies this process – "*trasformismo*" – as a key feature of passive revolution. Cox's contribution is to incorporate this process of trasformismo into his account of global governance.

Neomarxist scholars have also applied Gramsci's conception of *blocco storico* (historic bloc) to explain global governance (Cox 1993; Rupert 2003). The concept of historic bloc refers to, "a historical congruence between material forces, institutions and ideologies, or broadly, an alliance of different class forces" (Gill and Law 1993:94). It is comprised of various structural elements, including the configuration of global social forces, its economic basis, its ideological expression, and its form of political authority (Cox 1993: 259). Taken together, these elements constitute the structural expression of the global

capitalist system. Their function is to regulate the system and ensure that it remains cohesive.

Neomarxists have applied Gramscian insights about the coercive *and* consensual characteristics of power to world politics. Although they do recognise the material characteristics of power (Cox and Jacobson 1973: 437), they also acknowledge that "power relations arise conceptually outside the sphere of the state, in the realm of society. This is the level of social power or of the dominant and subordinate relationship of classes and social groups" (Cox and Jacobson 1977: 358). Applying this analysis to world society, neomarxists conceive of power as social relations between actors that include, but are not restricted to, states. In this respect power is more diffuse, in terms of actors involved and spheres of influence (economic, political, *and* social spheres).

Power-based and interest-based approaches disagree about how states' interests are formed. Waltz, for example, argues that states are concerned with 'relative gains' – where gains are assessed in comparative terms – whereas neoliberals such as Keohane argue that states are concerned to maximise their self-interest by pursuing 'absolute gains' irrespective of whether other states gain more (Burchill 2001:40). Both Neorealism and NLI, however, are rationalist theories. As such, they assume states to be atomistic, self-interested, and rational. In respect to interest-formation, states "are assumed to be exogenous to social interaction" (Reus-Smit 2001:213).

Kubalkova, for example, distinguishes NLI from constructivism by identifying NLI with exogenous (pre-given), independent, state interest-formation. Constructivism, on the other hand, proposes endogenous, dependent, state interest-formation (Kubalkova 2001). Wendt distinguishes NLI from constructivism by arguing that NLI refers to power and interest as 'material' (again the implication being that they are 'solid' and pre-given), whilst constructivism refers to them in 'ideational' terms (Wendt 1999: 92). However, the characterisation of NLI and interest-formation is not as clear-cut as these studies suggest. For example, according to one neoliberal institutional theorist,

> Institutions may...affect the understandings that leaders of states have of the roles they should play and their assumptions about others' motivations. That is, international institutions have constitutive as well as regulative aspects: they help define how interests are defined and how actions are interpreted (Keohane 1989:6).

For Keohane, then, institutions define actors' interests and affect actors' understandings of their interests. Neither is it entirely accurate to characterise NLI as a 'rationalist' theory. Keohane, for example, considers the merits of two distinct methodological approaches: 'substantive' rationalism and reflectivism (Keohane 1988). Rationalist approaches to institutions assume that institutions are the product of rational calculation and bargaining. Rationalistic methods of knowledge construction, argues Keohane, are "heuristically powerful" because they generate "hypotheses that could be submitted to systematic, even quantitative, examination" (*ibid*, p387). Reflective approaches adopt a more sociological perspective on institutions, arguing that "institutions are not created consciously by human beings but rather emerge slowly through a less deliberative process" (ibid, p389). Further, the rationalist assumption of utility-maximisation "often does not take us very far in understanding the variations in institutional arrangements in different...political systems" (*ibid*, p387). Keohane concludes that neither approach on their own is likely to produce the knowledge necessary to understand how institutions work, and that both require substantial theoretical development (*ibid*, p393). Rationalist approaches to international institutions need to be "historically contextualised", whilst reflectivist approaches "need to develop testable theories" (*ibid*). Keohane suggests a "synthesis" of rationalist and reflectivists approaches (Keohane, 1988) that would "fashion a rich version of institutionalist theory" by utilising "the power of the rationality assumption without being hobbled by a crude psychology of material self-interest" (Keohane 2002:328)

Describing neomarxism as an interest-based approach to GHG is a controversial move. In Chapter One I argued that the reason for describing neomarxism as interest-based is because it does not problematise how actors' interests are formed. Ultimately,

neomarxists (as with all variants of Marxism) reduce interests to analysis of capital, and to relations of production. Take Cox's Critical Theory, for example. Cox bases his critical theory on historical materialism and argues that it 'corrects' neorealism in various respects. One correction is that it provides a more sophisticated account of the relationship between the state and civil society than neorealism (Cox and Sinclair 1996: 96). The relationship between states and civil society is also contested within the Marxist literature, as Cox notes:

> Marxists, like non-Marxists, are divided between those who see the state as the mere expression of the particular interests in civil society and those who see the state as an autonomous force expressing some kind of general interest. This, for Marxists, would be the general interest of capital as distinct from the particular interests of capitalists (Cox and Sinclair 1996: 96).

Drawing on insights from Gramsci, Cox contrasts historical materialism with the historical economism evident in orthodox Marxism – an approach that he describes as "the reduction of everything to technological and material interests" (ibid). Historical materialism is different from historical economism because "it recognises the efficacy of ethical and cultural sources of political action" (ibid). However, the point I am making here is that historical materialism continues to *assume* interests rather than problematise them. It makes reference to ethics and culture (although they are "always relate[d] to the economic sphere"), but in no way are these factors constitutive of interests. Indeed, there is no indication of how actors' interests are formed at all, other than by implicit reference to capital and the relations of production.

Constructivist approaches to power and interests:

Power plays a crucial role in the construction of social reality (Adler 1997: 339; Baldwin 2002). Constructivist studies argue that power is not *just* about material power and the distribution of capabilities – as power-based and interest-based approaches argue[29]. For constructivists, ideas and discourse are also a form of power. With the exception of its

most radical post-modern variants, constructivism perceives a relationship between material and ideational power. Wendt, for example, distinguishes between 'brute material forces' as providing the base for power, and power constituted primarily by ideas and cultural contexts (Wendt 1999).

The argument that power is *relational* rather than structural – in the Neorealist and Marxist, *material-structural* sense (Baldwin 2002:184-5) – is neither new, nor novel to constructivism. Foucault's power/knowledge nexus and Gramsci's theory of ideological hegemony clearly pre-date constructivism's contribution to the debate (Hopf 1998:177). The constructivist 'take' lies in what Hopf calls the "power of practice" (*ibid*). Hopf argues that "the power of social practices lies in their capacity to reproduce the intersubjective meanings that constitute social structures and actors alike" (Hopf 1998:178). It follows from this that constructivists have a very diffuse conception of power. As Hopf points out, constructivists "share the idea that power is everywhere, because they believe that social practices reproduce underlying power relations", or to put it another way – actors reproduce daily their own constraints through ordinary practice (Hopf 1998:185). Conventional constructivists are not too concerned to explore or 'unmask' such power relations. Critical constructivists, on the other hand, consider it a central element of their research agenda (Hopf 1998:184).

Constructivist studies of global governance have not adequately addressed the issues that arise from conceptualising power as practice. Makinda's study, for example, begins with three bland statements about power and global governance. First, he states that global governance is characterised by "tolerance and a willingness to manage differences and reconcile self/other, us/them and inside/outside". Second, that "it is power that determines whose interests, rules, and standards become 'global'; and third, that "it is often the preferences of the most powerful actors that are accommodated" (Makinda 2000:2). If global governance is characterised by tolerance, why are the preferences of those actors with the most power (material, ideational, material and ideational?) the preferences that are accommodated? A more significant question to ask, however, is why the most powerful actors don't *always* 'get their way'? If they were the most powerful

actors, one would expect them to have their preferences accommodated *all the time*. That they do not suggests possibilities for transformative change in global governance.

On the one hand this is an optimistic observation because it suggests that undesirable aspects of global governance can be overcome through social interaction. On the other, it raises concerns about *who* is doing the constructing, and the recognition that change may be for the worse not necessarily for the better. The question of who constructs global governance has been the principal motivation behind recent studies of private authority and global governance (Hall and Biersteker 2003). The concept of authority is important to many constructivist studies of power. Adler, for example, notes that "power, in short, means not only the resources required to impose one's view on others, but also the authority to determine the shared meanings that constitute...interests and practices..." (Adler 1997:336). Such studies emphasise the strong relationship between knowledge and power (Cutler, Haufler et al. 1999a; Hall and Biersteker 2003). Constructivists recognise that knowledge is not value-neutral. Rather, "it frequently enters into the creation and reproduction of a particular social order that benefits some at the expense of others" (Adler 1997: 336). If power is the authority to determine shared meanings – the underlying rules of the game, and definitions of what constitutes acceptable 'play' – *and* a significant source of authority comes from control over knowledge and resources, then it is possible to appreciate not only how global governance could be constructed through private actors, but also the potentially pervasive nature of the power that private authority could wield.

As indicated in Chapter One, power-based and interest-based approaches to GHG are informed by rationalist assumptions about interest-formation. As noted above, rationalism presents an individualist account of international cooperation, where actors such as states are atomistic and self-interested. Constructivists argue that "the human world is not simply given and/or natural but...one of artifice: it is 'constructed' through the actions of the actors themselves" (Kratochwil 2001: 16-17). For all constructivists, meaningful behaviour and action is only possible within a *social* context. All constructivists agree that actors' interests are 'made' rather than 'given', and they are

constituted through intersubjective, social practice (Zehfus 2002: 12). It is this endogenous characteristic of interest-formation that most clearly distinguishes constructivists from rationalists (Hobson 2000). Constructivists argue that it is *perceptions* of actors' interests that are important rather than material interests per se. Consequently, constructivists explore the means and mechanisms by which actors identify, act upon and revise their perceptions of their interests (Hay 2002:20-21). For constructivists, then, interest-formation is not pre-social or exogenous to social interaction.

Of course, it could be argued that power-based and interest-based approaches to GHG *do* present states as social actors. NLI perspectives, for example, place great emphasis on describing complex interdependent relations between a plurality of actors: surely this is an example of actors cooperating through social interaction? The key difference here is the *nature* of the social interaction. For rationalists, the world is a "strategic realm" where individual actors (people or states) come together to pursue their pre-defined interests (Reus-Smit 2001: 213). They cooperate, but they engage in cooperation from a position of *subjective* knowledge. By way of contrast, constructivists argue that knowledge is formed *intersubjectively* (Neufeld 1995).

The concept of intersubjective meaning is crucial to understanding mechanisms of GHG – in particular, GPPPs. It is important to be clear, therefore, what the concept means. According to Kim, "intersubjectivity is a shared understanding among individuals whose interaction is based on common interests and assumptions that form the ground for their communication" (Kim 2001:1). Communications and interactions entail socially agreed-upon ideas of the world and the social patterns and rules of language use (Ernest 1999). Construction of social meanings, therefore, involves intersubjectivity among individuals. Social meanings and knowledge are shaped and evolve through negotiation within the communicating groups (Prawat and Floden 1994; Gredler 1997). Any personal meanings shaped through these experiences are thus affected by the intersubjectivity of the community to which the individuals belong (Kim 2001).

A good example of intersubjectivity is given by Charles Taylor (Taylor 1987). Taylor explains the concept of intersubjectivity through the example of actors' shared understanding of the concept of 'negotiation':

> The actors may have all sorts of beliefs and attitudes which may be rightly thought of as their individual beliefs and attitudes, even if others share them; they may subscribe to certain policy goals or certain forms of theory about the polity, or feel resentment at certain things, and so on. They bring these with them into their negotiations, and strive to satisfy them. But what they do not bring into the negotiation is the set of ideas and norms constitutive of negotiations themselves. These must be the common property of the society before there can be any question of anyone entering into negotiation or not. *Hence they are not subjective meanings, the property of one or some individuals, but rather intersubjective meanings, which are constitutive of the social matrix in which individuals find themselves and act* (Taylor 1987, quoted in Neufeld, 1995: 79, emphasis added)

In the case of GPPPs, the question is whether the concept of public-private partnership has become 'common property' or whether we are witnessing a struggle between various groups of actors over how public-private interaction is, and should be, understood. Indeed, in GPPPs, are we witnessing the transition of a concept from subjective to intersubjective status? These are questions to return to in the concluding chapter of this thesis.

In Table 2.3, I summarise the key points that I have made in this subsection, comparing each of the three approaches to GHG in terms of their analysis of power and interests. In terms of power, the main distinction that I highlight is that between structural and relational power. Power-based and interest-based approaches all have a structural component to their conceptions of power, whilst constructivism focuses exclusively on the relational nature of power. In terms of interests, power-based and interest-based

approaches to GHG present interest-formation as exogenous, whilst constructivism presents it as endogenous.

	GHG	Ontology	Power	Interests	Change	Ideas and discourse
Power-based						
	Hegemony; distribution of power	Materialist; State-centric	Structural/ Relational	Exogenous; Rationalist;		
	Hegemony; Imperialism; 'Empire'.	Materialist; State-centric	Structural	Exogenous; Rationalist;		
Interest-based						
	Complex inter-dependence	Materialist/ Ideational; State-centric	Structural/ Relational	Exogenous; Rationalist/ reflexive		
	Nebuleuse; Frameworks for action; transnational class	Materialist/ Ideational; transnational actors	Structural	Exogenous; reflexive		
Constructivist						
	Distribution of ideas; states are 'socialised'	Materialist/ Ideational; statist	Relational	Endogenous; reflexive		
	Dominant discourse	Ideational	Relational	Endogenous; reflexive		

Table 2.3: Elements of GHG: Ontology, power, and interests.

2.2.3. Change and GHG.

Mechanisms of global health governance have changed dramatically, and very quickly, in the past twenty-five years. The rise of global public-private partnerships (GPPPs) is particularly significant because it reflects a radical shift from public *and* private global health provision (where there was a clear demarcation between the public and private realms) to public-private *partnership* (where the boundaries between public and private

are blurred). Understanding this change is an integral part of my thesis. This section looks in more detail at how power-based, interest-based, and constructivist approaches account for change in GHG. The argument is that power-based and interest-based approaches cannot adequately account for changes such as the rise of GPPPs. If they cannot, then a constructivist account can be considered as a potentially more useful heuristic tool for understanding this change.

The problem of change is a perennial subject of analysis for International Relations scholars (Buzan, 1981; Holsti, 1998). However, ten years after Ruggie first noted that "no shared vocabulary exists in the literature to depict change and continuity" (Ruggie 1993:140), some advances have been made in establishing a conceptual framework to help explain change in world affairs. Holsti, for example, identifies four markers of change: historical events such as the destruction of the World Trade Centre in New York in 2001; global trends such as globalisation; structural change such as the move from medievalism to a system of states that operate under conditions of anarchy, or changes in the power relations between states; and, finally, institutional change such as sovereignty, territoriality, nationalism, and war (Holsti 2002a; Buzan 2004). For Holsti, only international institutions can be described as *significant* markers of change, as he argues:

> If the institutions of international politics do not change significantly as a result of some 'Big Bang' sociological or technological trend, or shift in power relations, then I would argue that the texture of diplomatic and other forms of interaction remain essentially the same (Holsti 2002a:3).

In addition to these four markers of change, Holsti identifies different conceptions of change: change as novelty or replacement (e.g., the prospect of a 'new world order' following the end of the Cold War and the demise of communism); change as addition or subtraction (e.g., those increases in volume and speed of financial transactions associated with the global economy and technological advances); change as increased complexity (e.g., multilateral conferences); change as transformation; change as reversion; and, finally, change as obsolescence (e.g., slavery in most parts of the world) (Holsti 2004: 12-

17). Of course, Holsti does not approach the study of change as a 'neutral observer', and his approach is informed by particular assumptions and arguments about international society (most notably the 'English School' variant of realism, which I consider later in this section). Consequently, although Holsti's studies provide a useful starting point for clarifying what is meant by change, the different approaches to GHG that I have detailed in this Chapter interpret change in quite different ways – from each other, and from Holsti.

One distinguishing characteristic of the three approaches is the extent to which each emphasises and interprets the significance of structure, agency, and ideas as explanatory factors in their analysis of change (Hay 2002: 163-167). I consider these factors in more detail below, but it is possible to make a few initial observations here. Crudely put, power-based approaches emphasise structures – anarchy (neorealism), and capitalism (orthodox Marxism). Interest-based approaches do not deny the significance of structure, but they emphasise the importance of agents – international institutions/organisation (NLI), and transnational elites and social movements (neomarxism). Constructivists do not deny the importance of either structures or agents; indeed, they have developed a sophisticated account of how structure and agency interact (Wendt 1987; Wendt 1999). However, constructivists emphasise more than the other two approaches the role of ideational factors in understanding change. Thin constructivists highlight ideational factors to explain how states are socialised into accepting certain practices through their interaction with other international actors (Wendt 1992; Hall 1993; Finnemore and Sikkink 1998). Thick constructivists take the role of ideational factors in understanding change much further, arguing that discourse itself makes certain practices possible by constructing subjects' identities and positioning these subjects vis a vis other subjects (Doty 1993).

Power based approaches to change.

Neorealist studies either cannot explain change, or treat change as epiphenomenal to explanations of international relations (Vasquez 1998: 192). Waltz, for example, assumes

an unchanging structure (anarchy) and an eternal regularity in the behaviour of states (Waltz, 1979). He makes the following observations about change in world affairs:

> Changes in, and transformation of, systems originate not in the structure of a system but in its parts. Through selection, structures promote the continuity of systems in form; through variation, unit-level forces contain the possibilities of systemic change...Systems change, or are transformed, depending on the resources and aims of their units and on the fates that befall them (Waltz 1986: 343).

For Waltz, then, the focus is upon systemic change. Change within the system is dependent on changes to the units (i.e., states) of that system, which in turn are dependent on changes in their resources or power relative to other states. Neorealism, therefore, has what Holsti calls an "essentially materialist and monochromatic view of change" (Holsti 2004:3). The only change that really matters is the relative capabilities of states. According to this view, patterns of change (which are accounted solely from national level analysis) result in balances and imbalances of power. The consequence of this is that system-wide war is either more or less probable – the greater the imbalance, the more probable system-wide war becomes (Gilpin 1981; Holsti 2004). Holsti provides the following critique of neorealist conceptions of change:

> Critics rightly point out that such a narrow conception of change fails to acknowledge the importance of other sources of change (such as ideas and revolutions, other types of change (such as the growth of non-state actors and international civil society), and other consequences of change (such as global governance) (Holsti 2004: 3-4).

Marx's famous dictum: "The philosophers have only interpreted the world, in various ways; the point is to change is" captures something of the distinction Marx made between 'appearance' and 'reality'. What I mean by this is that, for Marx, people are products of their material conditions. If these material conditions remain the same, any change that

takes place is merely 'appearance'; it is, to use Maclean's terminology "ubiquitous change". Real or "significant" change occurs only when our material conditions change, and for this to happen a change of the entire structure of social and economic relations is required; or as Maclean puts it:

> Significant change only takes place when there is a change of a wholesale kind, such that the structures of society which themselves condition the form of relations between people, change to produce a new, distinctive structure/mode of production (Maclean 1981: 60).

Unlike neorealism, which looks at systemic change within an anarchic structure, orthodox Marxism critiques social relations within a capitalist structure (determined by the capitalist mode of production). The structure of capitalism is an indicator of 'significant' change. If that structure remains, then existing social and economic relations will continue to be reproduced, and any claims that significant change has taken place (the interpretations of philosophers) will be mistaken. The state, of course, will act to defend the existing economic structure of society with force; therefore, significant change will only come about through violent revolution and class war.

To summarise, then, power-based explanations of change are structural in the sense that they emphasise change as operating within structures of anarchy or capitalism. These structures do not change (neorealism) or only change after violent revolution (orthodox Marxism). Within these structures, at the systems level, change reflects shifts in power-relations between states (neorealism) or classes (orthodox Marxism). The following statements can be made about power-based approaches to change: ultimately, change is either treated as an exogenous variable or, when it is considered, it is explained in terms of power; there is no change in how states' interests are formed (which is also an exogenous variable); ideational factors have no bearing on 'significant' change in international politics.

Interest-based approaches to change.

Interest-based approaches do not deny the significance of structures in their explanations of change. NLI explains state interaction within the same anarchic structure as neorealism, although NLI argues that institutions can mitigate the worst excesses of anarchy. Neomarxism explains change as occurring within the same capitalist economic structure as orthodox Marxism, but extends and deepens its analysis by explaining change at the global/transnational level, and by incorporating a subtle analysis of ideas, interests and material capabilities into its explanation of change.

Like neorealism, therefore, NLI provides a limited conception of change. NLI limits its analyses to explaining changes in the relative position of states within the international system of states. Whereas neorealism explains change in terms of power relations, NLI looks to the role of institutions and regimes to account for change. For NLI, international institutions offer states different structural constraints and opportunities to pursue their interests (Katzenstein 1990:15).

As noted above in the discussion of interest-formation, NLI provides a parsimonious theory of state behaviour to the extent that it treats states' interests as exogenous. This inevitably means that NLI can provide only a limited conception of change in international politics. This is problematic for constructivist analysts because, as I note in the following section on constructivism and change, constructivists argue that a conception of change is incomplete if (a) it does not recognise that state identities and states' conceptions of their self-interest change, (b) provide an explanation of how this is possible, and (c) understates the role that ideas play in understanding change (Katzenstein, 1990).

Cox's neomarxism provides a subtle and complex account of change in global governance. Cox notes how his neomarxist analysis departs from orthodox Marxism: his work is representative of a variant of Marxism that "reasons historically and seeks to explain, as well as to promote, changes in social relations" (Cox and Sinclair 1996: 94). This approach is informed by the principles of historical materialism, and is contrasted

with "the so-called structural Marxism" of orthodox Marxists such as Althusser and Poulantzas. This latter approach, Cox argues, provides "a framework for the analysis of the capitalist state and society which turns its back on historical knowledge in favour of a more static and abstract conceptualisation of the mode of production" (ibid). Whereas orthodox Marxism "shares some of the features of the neorealist problem-solving approach, such as its ahistorical, essentialist epistemology...historical materialism is, however, a foremost source of critical theory and corrects neorealism in four important respects" (ibid). I outline these 'corrections' below.

The first correction refers to the dialectical logic that runs through historical materialism. Dialecticism is a mode of reasoning that continually confronts concepts with the reality they are supposed to represent, and it adjusts this reality as it continually changes (Cox and Sinclair 1996: 95). Put another way: a thesis is presented, an antithesis is put forward, and a new synthesis is produced. A further element of this dialectic is the potential for alternative forms of development that arise from such confrontation. Cox summarises his argument thus:

> "Historical materialism sees in conflict the process of a continual remaking of human nature and the creation of new patterns of social relations which change the rules of the game and out of which...new forms of conflict may be expected ultimately to arise" (Cox and Sinclair 1996: 95).

The other three corrections can be dealt with more briefly. They concern first, a focus on imperialism; second, a concern with the relationship between the state and civil society; third, a focus on the production process as a critical element of explanations of particular historical forms (ibid, pp95-97). Neorealist conceptions of change focus on the horizontal relationship between states; historical materialism allows neomarxism (in keeping with its Marxist credentials) to introduce a vertical dimension to change by focusing on imperialism. Neorealist theory presents civil society as a constraint upon the state, or as Cox puts it: "a limitation imposed by particular interests upon raison d'etat" (ibid). In

contrast, drawing on Gramsci's work Cox argues that state/society relations (complexes) can be considered "the constituent entities of a world order". Change the relations between them, and the contours of world order change accordingly. Finally, conceptions of change must take into account the production process. Political conflict and the actions of the state, Cox argues, bring about changes in the power relations between those who control the means (owners) and those who execute the tasks (workers) of production (Cox and Sinclair 1996: 96).

Constructivist approaches to change:

It is curious, and misconceived, to describe constructivism as being "agnostic" towards change in world politics (Hopf 1998:180). As Adler points out, "it may be only a slight exaggeration to say that if constructivism is about anything, it is about change" (Adler 2002:102). 'Thin' constructivists are concerned with accounting for *how* change may occur – by, for example, collective learning (Finnemore and Sikkink 1998), cognitive evolution (Ruggie 1998b), discursive transformation (Schmidt 2002); and *where* change may occur – through, for example, intersubjective structures such as epistemic communities (Haas 1992), transnational policy networks (Keck and Sikkink 1998), and global public-private partnerships (Buse and Walt 2000a). 'Thick' constructivists are less concerned with the 'how' and 'where' of change, and more interested in explaining how change is possible (Doty 1993). To address these kinds of how-possible questions, thick constructivists look to ideas and discourse. As noted in Chapter One, thick constructivists consider how subjects, objects, and interpretive dispositions are socially constructed so that certain practices are made possible. To explain change, they look at what ideas and discourse *do*.

Thick constructivists also argue that to the extent that constructivism "surfaces diversity, difference, and particularity" it "opens up at least potential alternatives to the current prevailing structures" (Walker 1987). The point is that "so long as there is difference, there is a potential for change" (Hopf 1998:180). How is this 'thick' constructivism different from power-based and interest-based approaches to change? Doty makes the

distinction clearly, and I quote her in full because it captures precisely the point I wish to make:

> Neorealism, despite its conception of the international realm as anarchical, sees states linked to one another hierarchically based upon power differentials. Marxist-oriented approaches to international relations begin with the assumption that capitalist relations of production and/or exchange result in a hierarchical world consisting of both classes and nation-states. All of these approaches exhibit an unspoken agreement *not* to problematise the construction of the subjects that constitute the world and the categories through which these subjects and objects are constructed. I suggest that we need to denaturalise hierarchy. We need to examine the content(s) of hierarchy...the practices that produced them and the practices they make possible (Doty 1993: 304)

A point of departure, then, from power-based and interest-based accounts of global governance, is that for constructivists the world is changeable because the past present and future are *constructed* through our practices (Fierke 2001). Consider an example from the 'thin' constructivist literature. In response to Waltz's classic neorealist theory of state behaviour within the constraints of anarchy, Wendt provided the damning constructivist retort: 'Anarchy is what states make of it' – thereby problematising a structure neorealists argue is fixed and immutable. On the contrary, argued Wendt, anarchy is a social construction (Wendt 1992). Thick constructivists argue that practice is possible because of what language and discourse *does*. The dominant discourses that inform our understanding of GHG are themselves constructions, and therefore should be problematised and denaturalised as Doty indicates.

	GHG	Ontology	Power	Interests	Change	Ideas and discourse
Power-based						
[illegible]	Hegemony; distribution of power	Materialist; State-centric	Structural/ Relational	Exogenous; Rationalist; objective	Systemic change as balances in power shift; anarchic structure unaffected	
[illegible]	Hegemony; Imperialism; 'Empire'.	Materialist; State-centric	Structural	Exogenous; Rationalist; objective	'Significant' (structural) change v 'appearance' of change. Achieved by revolution/ class war.	
Interest-based						
[illegible]	Complex inter-dependence	Materialist/ Ideational; State-centric	Relational	Exogenous; Rationalist/ reflexive	Systemic; Reform through international institutions	
[illegible]	Nebuleuse; Frameworks for action; transnational class	Materialist/ Ideational; transnational actors	Structural	Exogenous; reflexive	Systemic and structural; transformist; historical materialism	
Constructivist						
[illegible]	Distribution of ideas; states are 'socialised'	Materialist/ Ideational; statist	Relational	Endogenous; reflexive	Structures of GHG are constructed through ideas, and therefore mutable	
[illegible]	Dominant discourse	Ideational;	Relational	Endogenous; reflexive	Discourse 'makes-possible' Practice	

Table 2.4: Elements of GHG: Ontology, power, interests, and change.

In Table 2.4, I summarise the above discussion of change and GHG. In the column on change I show that there are different accounts of change both across the three approaches to GHG and within them. What is significant in the comparison across the three approaches is that constructivism places ideas and discourse at the heart of its analysis of change. Thin constructivists argue that structures of GHG are constructed through a mix of ideas and material factors, and are therefore mutable not fixed. Thick constructivists argue that change is possible by virtue of the relationship between discourse and practice: discourse makes practice possible. Thus, if the discourse changes, the practice will change accordingly.

2.2.4. Discourse, ideas and GHG.

Power-based approaches to discourse and ideas.

Power-based approaches are concerned with explaining the world *as it is*. Neorealism, for example, assumes that there is an objective, material – 'real' – world that can be studied through the application of social-scientific methods. Materialism – the belief that the world can be explained through material causes – lies at the core of neorealist accounts of state interaction. For example, Waltz argues that the distribution of material capabilities under anarchy defines the structure of the international system (Wendt 1999:16-17).

This does not mean that neorealists perceive ideas and other non-material factors such as discourse, norms, and values to have no importance in interstate affairs. As Gilpin notes, "The idea that all realists are unaware of the role of ideas or intellectual constructs in international affairs is patently false" (Gilpin 2002:238). The classical realist Morgenthau recognised the importance of "ideas and representations" in obscuring the true character of international politics, and neorealists continue to hold this broad realist position. International interaction, they argue, *is* the struggle for power, but this characteristic is often concealed by "ideological justifications and rationalisations" (Morgenthau 1948:92). A nation that dispensed with ideologies, preferring to baldly state its intention to secure power over others, would "at once find itself at a great and perhaps decisive

disadvantage in the struggle for power" (Morgenthau 1948:95). In this respect, ideas are a function of the nation-state in its quest for power.

For neorealists, then, non-material factors have a minor role in explanations of state behaviour. As Philpott notes, "what all realists insist upon are the strong limitations upon the influence of ideas. Ideas will be impotent if they depart from the interest that polities have in power" (Philpott 2001:62). For Waltz, non-material factors may be a factor to consider in state-level (second 'image') explanations of international phenomena (Waltz 1959). At international-level (third 'image') explanations, discourse is better described as irrelevant "background noise" (Donnelly 2000:51)

Although Marx did not develop a general explanation of how social ideas worked, from the various theses he advanced in his writings it is possible to identify the key features of an orthodox Marxist account of ideas. Hall identifies three premises: first, that ideas arise from and reflect the material conditions in which they are generated. Thus, in the preface to his 'Contribution to the Critique of Political Economy', Marx states that "the mode of production of material life *conditions* the social, political and intellectual life processes in general". The second premise is that socio-economic relations determine ideas. The third is that ruling ideas correspond to the ideas of the ruling class (Hall 1996:29). From these three statements orthodox Marxist theory explains how social ideas arise. In this respect, they provide an answer to what Hall calls the "problem of ideology", where ideology refers to:

> The mental frameworks – the languages, the concepts, categories, imagery of thought, and the systems of representation – which different classes and social groups deploy in order to make sense of, define, figure out and render intelligible the way society works (Hall 1996:26).

Interest-based approaches to discourse and ideas.

In their influential analysis, Goldstein and Keohane provide a clear NLI account of the significance of ideas in international politics (Goldstein and Keohane 1993: 8). They

distinguish between ideas as worldviews, ideas as principled beliefs, and ideas as causal beliefs. *Worldviews* (e.g., those ideas associated with major religions, or ideas of sovereignty) "define the universe of possibilities for action". *Principled beliefs* "consist of normative ideas that specify criteria for distinguishing right from wrong, and just from unjust", and *causal beliefs* are beliefs about cause-effect relationships which derive authority from the shared consensus of recognised elites (*ibid*). Goldstein and Keohane provide a succinct summary of their study of ideas and foreign policy:

> Our argument is that ideas influence policy when the principled or causal beliefs they embody provide road maps that increase actors' clarity about goals or ends-means relationships, when they affect outcomes of strategic situations in which there is no unique equilibrium, and when they become embedded in political institutions (Goldstein and Keohane 1993:3)

Thus, ideas are more than just functional 'hooks' used by elites to propagate and legitimise their interests, as rationalists would argue. For Goldstein and Keohane, ideas "have causal weight in explanations of human action". They are 'variables' that explain some proportion of behaviour "beyond the effects of power, interests, and institutions alone" (Wendt 1999:93). Furthermore, they are a central element of research because, as reflectivists argue, ideas constitute subjects (*ibid*, p5). As an abstract assertion, argue Goldstein and Keohane, the reflectivist position that ideas constitute subjects is "irrefutable". However, in practice the key issue is not whether ideas matter but *how* they matter, and how their effects can be systematically studied (*ibid*, p6).

To help explain how ideas matter, Goldstein and Keohane cite Weber's analogy of the switchman (Weber 1916): "Insofar as ideas put blinders on people, reducing the number of conceivable alternatives, they serve as invisible switchmen, not only by turning action onto certain tracks rather than others...but also by obscuring the other tracks from the agent's view" (Goldstein and Keohane 1993:12). As quoted above they suggest three causal 'pathways' through which ideas may influence policy outcomes:

1. *Road maps* – once an idea or interpretation of reality has been accepted (i.e., the 'route' has been selected), it logically excludes other interpretations or at least suggests that other interpretations are not worth exploring.
2. *Strategic interaction* – ideas help or hinder joint efforts to attain 'more efficient' outcomes in circumstances where there is no unique equilibrium. Ideas help/hinder cooperative solutions, or help keep cooperative groups together
3. *Institutions* – once ideas are institutionalised (i.e., they become embedded in rules and norms), they constrain public policy [Goldstein, *ibid*].

Goldstein and Keohane provide a rationalist account of ideas whereby "ideas are seen as instrumental constructs designed to help actors achieve their ends" (Blyth 2002:303). This approach to ideas has been criticised by historical institutionalists for not taking the role of ideas seriously. The problem is evident in their definition of ideas: "beliefs held by individuals" (Goldstein and Keohane 1993:3). Historical institutionalists are critical of this definition because it does not take account of where ideas came from, or how they have developed over time. As Woods argues, "by separating ideas from 'other factors' in this way, scholars are left free to ignore where ideas come from" (Woods 1995:166). For historicists, argues Blyth, "ideas (and institutions) have an ontological priority over the individual" (Blyth 1997:239). Ideas are not instruments designed by individuals to help secure their interests; rather, "individuals are born into systems of ideas" which give meaning and content to their preferences (*ibid*). Historical institutionalists argue that by treating ideas as instruments of international actors, NLI reduces ideas to "filler" to "shore up" its theoretical assumptions rather than treat ideas as objects of investigation in their own right (Blyth 1997:229)

Neomarxism provides a trenchant critique of orthodox Marxist accounts of the role of ideas and discourse. Although most modern Marxists have all but universally rejected the main tenets of orthodox Marxism (Marsh 2002), it is worth reviewing the principal criticisms. Fundamental criticism has been levelled at the orthodox Marxist formulation of ideology. The formulation is criticised for its materialism – it explains ideas as 'mere reflexes' of material conditions that therefore have no specific effects of their own: ideas

are materially dependent. Neo-Marxist studies attach a more independent role for ideas. In his study of world orders Cox describes a "framework for action" comprised of ideas, institutions and material capabilities. The framework has "the form of a historical structure" but it does "not determine people's actions in any mechanical sense". Rather, the interaction between the three forces (ideas, institutions, and material capabilities) "constitute the context of habits, pressures, expectations and constraints within which action takes place" (Cox and Sinclair 1996:97). For Cox, then, ideas take on an *intersubjective* ontology, where ideas consist of "shared notions of the nature of social relations which tend to perpetuate habits and expectations of behaviour" (Cox and Sinclair 1996:98).

For Cox and Gill global governance is a key part of a historic bloc. A successful bloc, however, would be one that was politically organised around a set of hegemonic ideas that give some strategic direction and coherence to the constituent elements. Crucially, as Gill argues:

> Any new historic bloc must have not only power within the civil society and economy, it also needs *persuasive ideas and arguments* which build on and catalyse its political networks and organisation (Gill and Law 1993:94, emphasis added).

Orthodox Marxism is also criticised for its clear expression of economic reductionism – ideas are reduced, ultimately, to their economic content (Hall 1996:29). Few Marxist studies of I.R are prepared to countenance such an economically determined role for ideas. Halliday, for example, describes this interpretation as 'vulgar' Marxism: whilst *not* arguing that ideas and discourse are determined, ultimately, by the material relations of production, Halliday does restate the common Marxist position that ideas and discourse have to be understood within a socio-economic context (Halliday 1994: 60).

Finally, the formulation is criticised for its class-determined description of ideas – the implication that there is a direct correspondence between 'ruling ideas' and 'ruling

classes'. Laclau, for example, argues that ideas and concepts do not occur in a single, isolated way. Further, the propositions of language which, taken together, create chains of connected meaning, are not permanently secured or 'fixed' – they do not 'belong' – to one particular class (Laclau 1977). Rather, language is 'multi-accentual', and better described as "a field of intersecting accents' and the 'intersecting of differently oriented social interests'" (Hall 1996:40). Laclau and Mouffe developed their critique of orthodox Marxist analysis of class by reiterating their charge that orthodox Marxism presents an essentialist explanation of class (Laclau and Mouffe 1985). Orthodox Marxism, they argue, is premised on the belief that there are fixed identities of notions such as 'individual', 'class', and 'society' (Bowman 2002). Contra this position, Laclau and Mouffe argue that it is quite possible for a person who at times qualifies as being 'working class' to occupy a contradictory 'subject position' – one not consistent with being a 'working class subject (Bowman 2002). In other words, it is possible to have "consciously unified" groups that are not class-bound.

Orthodox Marxist belief in the fixed identity of class is fundamental to the distinction it makes between base and superstructure[30], and also fundamental to Marx's conception of 'distortion' and 'false consciousness'. Talk of distortion, as Hall points out, raises a range of questions. Why, for example, can't some people recognise the distortion? If the 'distortion' is simply a synonym for 'falsehood', who is responsible for it? (Hall 1996:31). Orthodox Marxism identifies capitalist ideology as the perpetrator, and false consciousness as the blinkers preventing the realisation of 'the truth'. But it is precisely this positivist distinction between 'true' and 'false' that lies at the heart of pluralist criticism of orthodox Marxism.

The role of discourse in Marxist analysis is contested, not least because discourse analysis is so characteristic of post-Marxism. Laclau and Mouffe make a distinction between post-*Marxist* – an intellectual position which rejects the principles of Marxism – and *post*-Marxism – an intellectual position which attempts to graft elements of feminism, postmodernism and other theoretical insights onto Marxism in order to make it relevant to modern life (Sim 1998b: 2). The emergence of post-Marxism is contentious,

and its relationship with Marxism *per se* deeply contested (Laclau and Mouffe 1985; Mouzelis 1988; Geras 1998; Lafferty 2000; Bowman 2002). Nevertheless, discourse analysis has attempted to move away from a 'false consciousness' approach to ideology. The result, for some scholars, has been a *post*-Marxism that retains elements of classical Marxism such as a commitment to emancipation (Sim 1998b). Stuart Hall's response, for example, focuses on the different 'ways', or discourses, in which the same set of capitalist relations is represented. He identifies three different systems of discourse that represent the same "capitalist circuit": the discourse of bourgeois 'common sense; the sophisticated theoretical representation of classical political economists such as Ricardo; and Marx's own theoretical discourse – the discourse of *Capital* (Hall 1996:28). Hall's re-reading of Marx's account of false consciousness argues that when Marx describes bourgeois political economy as *false*, it makes more sense to regard this as synonymous with *incomplete*. Thus, Hall argues:

> The falseness therefore arises, not from the fact that the market is an illusion, a trick, a sleight-of-hand, but only in the sense that it is an inadequate explanation of a process (Hall 1996:37).

Recent studies of global health governance sympathetic to neomarxism have juxtaposed competing global health discourses (Thomas, 2002b; Soderholm, 1997; Lee, 1996). Biomedical discourse is juxtaposed with a discourse of global health that gives greater prominence to human rights and social justice. Operating within the biomedical discourse, argue Thomas and Weber, is a 'disembedding' logic that excludes the possibility of even expressing solutions to global health governance that are not primarily market-based. In this respect, discourse can be understood as a component of Luke's 'third face' of power. Discourse does not coerce, or set agendas, although it may facilitate such activities. More importantly discourse sets parameters for conceptions of global health solutions.

Neomarxist analysis interprets global governance as a discourse of power, or as a rhetorical strategy associated with particular material interests in the global political

economy. In this respect, global governance discourse is treated as superstructural – an ideological expression of factors rooted in the material substructure. Thus, in this respect, global governance discourse is dismissed by neomarxists as 'mythic'. They argue that ideologically charged expressions such as global governance may mask the genuine possibilities for progressive political agency that lie immanent within the real fabric of the political economy (Rosamond 2001)

Constructivist approaches to discourse and ideas:

> Regardless of whether one looks at norms, discourse, rules, representations, or other labels for intersubjective understandings, we all seek to understand how certain ideas get taken for granted or dominate while others remain unspoken or marginalised. We also try to discern the consequences of prevailing assumptions and the reasons why some get challenged but others do not. (Klotz 2001:232).

Just as mainstream constructivist ontologies and epistemologies can be positioned along a rationalist → reflexivist spectrum, in discussion of ideas and discourse most constructivists fall somewhere between materialism and idealism. Idealists argue that there is no distinction between the material realm and the realm of ideas. Materialists argue that either ideas are simply irrelevant, or argue that although political outcomes are dependent on ideas, ideas themselves are shaped by material circumstances (Hay 2002: 205-207). This latter, materialist, conception of ideas is evident in power-based and interest-based approaches (Laffey and Weldes 1997; Hay 2002).

A thin constructivist account of the role of ideas in IR is provided by Wendt:

> The structures of human association are determined primarily by shared ideas rather than material forces, and...the identities and interests of purposive actors are constructed by these shared ideas rather than given by nature (Wendt 1999: 1).

The word 'determined' is somewhat ambiguous, and hides a contentious debate within the social sciences about the nature of the effects that ideas have on actors' understandings of their social interactions: do ideas have causal or constitutive effects? Wendt explains the distinction between causal and constitutive relationships in the following way:

> In a causal relationship an antecedent condition X generates an effect Y. This assumes that X is temporally prior to and thus exists independently of Y. In a constitutive relationship X is what it is in virtue of its relation to Y. X presupposes Y, and as such there is no temporal disjunction; their relationship is necessary rather than contingent (Wendt 1999: 25).

For Wendt, ideas have causal *and* constitutive effects:

> Ideas have constitutive effects insofar as they make social kinds possible; masters and slaves do not exist apart from the shared understandings that constitute their identities as such. But those shared understandings also have causal effects on masters and slaves, functioning as independently existing and temporally prior mechanisms motivating and generating their behaviour (Wendt 1998).

Thin constructivism, therefore, offers a more complex account of the effects of ideas than either materialism or idealism. Ideas are not ultimately reducible to material factors, and consequently have an independent causal role. At the same time, however, political outcomes are not simply the result of actors' desires, motivations and understandings. For constructivists such as Wendt, the material world does place constraints on actors. For 'thick' constructivists, however, this is an unacceptable concession to materialism. The problem for thick constructivists is that they do not accept a *causal* relationship between ideas and material factors because this suggests that ideas and material factors are distinct – that they occupy 'different worlds' (Smith 1999). Constructivists are not always clear about whether ideas are causal or constitutive. At the extreme idealist end of the

spectrum, thick constructivists argue that the problem with 'thin' constructivism is that it supplants a realist material causal logic with an ideational causal logic (Campbell 1998).

The importance of discourse to constructivism has not received significant attention. Checkel has outlined "argumentative persuasion" (Checkel 2000), and Onuf emphasises that our world is made by what actors do and say to one another (Onuf 1998). Neither elaborates on how discourse or communication 'constructs' our world. This appears to be an important omission in constructivist study. However, recent studies of globalisation have begun to explore the importance of constructivism and discourse in more detail (Hay and Watson 1998; Rosamond 1999; Rosamond 2000; Rosamond 2001; Hay and Rosamond 2002). 'Thin' constructivists argue that discourse is relatively autonomous from the world it describes.

'Thick' constructivists, in contrast, argue that, "discourse itself alters the a priori ideas and perceptions which people have of the empirical phenomena which they encounter" (Cerny 1996). A good example of this taken from the global health literature is Farmer's observations about the relationship between ideas and knowledge construction. In his study of social medicine and bio-medical discourse, Farmer argues:

> Nor is protection of public health the paramount concern. It is, rather, the reduction of public health expenditures that figure prominently in the era of 'cost effectiveness'. In this situation, ideology is shaping not only the dissemination of knowledge through the officially condoned treatment strategies for tuberculosis – but also the very construction of our categories of evidence (Farmer 2003).

In addition, Rosamond argues that the distinction between thin and thick variants of constructivism (or as he describes them, 'soft' and 'hard' constructivisms) also extends to whether constructivists consider their project to be a 'critical' intervention. A critical intervention "would not necessarily be to develop an alternative form of knowledge to the orthodoxies of economic liberalism, but to show how such an alternative could be

discursively constructed and made meaningful through systems of rule" (Rosamond 2001,215).

Which constructivism?

Having provided an overview of the different variants of constructivism, it is important to be clear which constructivism I adopt in this thesis, and why. I employ Ian Hacking's 'common sense' formulation of constructivism (Hacking 1999). I do this because his analysis focuses on what is the essence of constructivism; namely, the denaturalisation of 'reality'. As Hopf explains:

> Conventional and critical constructivisms do share theoretical fundamentals. Both aim to 'denaturalise' the social world, that is, to empirically discover and reveal how the institutions and practices and identities that people take as natural, or matter of fact, are, in fact, the product of human agency, of social construction (Hopf 1998: 182).

Social construction work is critical of the status quo. Social constructivists about *X* tend to hold that:

[1] *X* need not have existed, or need not be at all as it is. *X*, or *X* as it is at present, is not determined by the nature of things; it is not inevitable.

A thesis of type [1] is the starting point: the existence or character of *X* is not determined by the nature of things. *X* is not inevitable. *X* was brought into existence or shaped by social events, forces, history, all of which could well have been different.

(Hacking 1999: 7)

Box: 2.1: Hacking's 'common sense' constructivism.

Hacking's analysis is particularly useful in this regard because he provides a succinct constructivist formulae that can be applied to 'naturalised' objects (Box 2.1). As Box 2.1 illustrates, Hacking begins his analysis of constructivism by arguing that a precondition of constructivist analysis is that "In the present state of affairs, X is taken for granted" (Hacking 1999: 6). For the purposes of this thesis, X = GPPP. A cursory review of the literature on GPPPs indicates that a dominant or 'master' discourse *does* take GPPP for granted, and treats it as inevitable. For example, Director General of the WHO Dr Jong Wook Lee stated in a recent address that "Partnership with private and public sector actors is not simply a choice. It is *the only possible* way forward" (emphasis added)[31]. Applying Hacking's formulae generates the following statement: GPPP need not have existed, or need not be as it is, and, therefore, that GPPP is not inevitable. As Hay observes, "What [Hacking's] account serves to emphasise...is the stress placed by constructivists upon the *contingent* or *open-ended* nature of social and political processes and dynamics – especially those conventionally seen as fixed" (Hay 2002:201).

2.2.5. The elements of GHG: A summary

The Chapter thus far has explicated five variables, or elements, of global health governance – ontology, power, interests, change, and ideas and discourse. For each of these elements I have interpreted their significance from three different theoretical perspectives: power-based, interest-based, and constructivist perspectives. I provide a summary of the comparison across and within the three approaches in Table 2.5. At each stage I have tried to show in what respect power-based and interest-based approaches are deficient (in the sense that they only provide a partial account of GHG), and made clear how constructivism is different. The underlying assumption is that because constructivism is different, it has the potential to add value to our understanding of GHG. Of particular interest is the role that constructivism accords to ideational variables in GHG. In Chapter One I stated that ideas and discourse are important in understanding the rise of GPPPs. In this Chapter I have provided an alternative conceptual approach for understanding what ideas and discourse do. What remains to be done in the following

	GHG	Ontology	Power	Interests	Change	Ideas and discourse
Power-based						
Neo-realism	Hegemony; distribution of power	Material; State-centric	Structural/ Relational	Exogenous; Rationalist; objective	Systemic change as balances in power shift; anarchic structure unaffected	Functional
World Systems Theory	Hegemony; Imperialism; 'Empire'.	Material; State-centric	Structural	Exogenous; Rationalist; objective	'Significant' (structural) change v 'appearance' of change, achieved by revolution/ class war.	Functional
Interest-based						
Neoliberal Institutionalism	Complex inter-dependence	Material/ Ideational; State-centric	Structural/ Relational	Exogenous; Rationalist/ reflexive	Systemic; Reform through international institutions	Instrumental
Neogramscian	Nebuleuse; Frameworks for action; transnational class	Material/ Ideational; pluralist	Structural	Exogenous; reflexive	Systemic and structural; transformist; historical materialism	Instrumental; Causal
Constructivist						
Thin constructivism	Distribution of ideas; states are 'socialised'	Material/ Ideational mix; statist	Relational	Endogenous; reflexive	Structures of GHG are constructed through ideas, and therefore mutable	Causal / Constitutive
Critical Constructivism	Dominant discourse	Ideational, ideas 'all the way down'; pluralist	Relational	Endogenous; reflexive	Discourse 'makes-possible' practice	Constitutive

Table 2.5: Elements of GHG: Ontology, power, interests, change, ideas and discourse.

Section is to operationalise the analysis: in other words, to *show* what ideas and discourse *do*.

2.3. A framework for analysis.

Rationalist critiques of constructivism, and critiques within constructivism from those at the more rationalist end of the constructivist spectrum, have focused on what they perceive to be weaknesses in constructivist methodology (Goldstein and Keohane 1993; Checkel 1998). For Goldstein and Keohane, the problem is that reflectivist critique is fine *in the abstract* but less convincing when it comes to showing *how* ideas matter in practice. As they state:

> Unfortunately, reflectivist scholars have been slow to articulate or test hypotheses. Without either a well-defined set of propositions about behaviour or a rich empirical analysis, the reflectivist critique remains more an expression of understandable frustration than a working research programme (Goldstein and Keohane 1993: 6).

Checkel also identifies weaknesses in constructivist theory-building. On Finnemore's work, Checkel comments:

> It is not clear what one does with her argument, with so much resting on contingencies and idiosyncratic variables. While Finnemore has demonstrated that social construction is causally important, she has failed to specify systematically when, how, and why this occurs (Checkel 1998: 332).

Constructivist theory, for Goldstein and Keohane, and Checkel at least, suffers from an ill-defined and vague research programme: in other words, it lacks methodological structure. This leads to problems when it comes to operationalising the analysis: how, in other words, do constructivists show that ideas and discourse matter? Here, I attempt to

redress Goldstein and Keohane's concerns by providing a clearly defined research programme. I also directly address Checkel's concerns about lack of specificity in constructivist theorising. I do this by looking in detail at how, when, and where ideas and discourse matter. To do this I provide a conceptual framework that gives structure to my analysis. I use it to help understand how it was possible for GPPPs to rise to prominence. The hypothesis of the thesis is that ideas and discourse are an important part of the answer to this question. Specifically, I develop the framework to help show how, where, and when ideas and discourse are important in the emergence of GPPPs as a mechanism of GHG.

2.3.1. A Schmidtian framework for the analysis of discourse and ideas.

In her analysis of European capitalism, Vivien Schmidt develops a particularly useful framework for analysing the role of discourse in public policy making (Schmidt 2002). Schmidt explores the role of discourse as "an ideational and interactive component of change", and thus an important explanatory factor in "the politics of adjustment" (Schmidt 2002:209). The problem for Schmidt is that explanations of change in public policy have tended to focus primarily on power, interests, institutions, and culture and identity. However, these approaches do not explain how agreement for change is secured. How, for example, are entrenched interests, institutional obstacles, and cultural differences overcome? Schmidt's line of questioning is very apposite to help us understand how GPPPs have risen to prominence. How, for example, were interests and institutions hostile to the idea of GPPP, and cultural differences between public and private sectors, overcome? To answer these questions I adapt and apply Schmidt's framework to illustrate how discourse and ideas enable the practice of GPPPs.

At the heart of Schmidt's analysis is an attempt to explain the dynamics of political change. Explaining change – here the change from public and private provision of GHG to public-private partnership – is a primary concern of this thesis. In particular, following Schmidt's line of inquiry, this thesis asks how it was possible to overcome institutional and cultural obstacles, and interests hostile to the development of GPPPs. Schmidt's

framework provides an opportunity to determine how, where, and when discourse had (and continues to have) a role to play in this important transition. Schmidt's analysis is also attractive because it is open to the possibility that discourse has a *transformative* potential. By transformative I mean that discourse, "can be an impetus to change in the ideas and values of the polity" (Schmidt 2002: 216). Rather than regard discourse as simply a function of state or economic power (power-based approaches), or as an instrumental device used by states or economic elites to maximise their interests (interest-based approaches), Schmidt's analysis suggests that discourse can, "change the underlying structures of perception and belief as it influences the course of events through words as well as through the actions those words promote" (ibid). In the following sections, I outline the structure of Schmidt's framework, which concerns how, where, and when ideas and discourse are important.

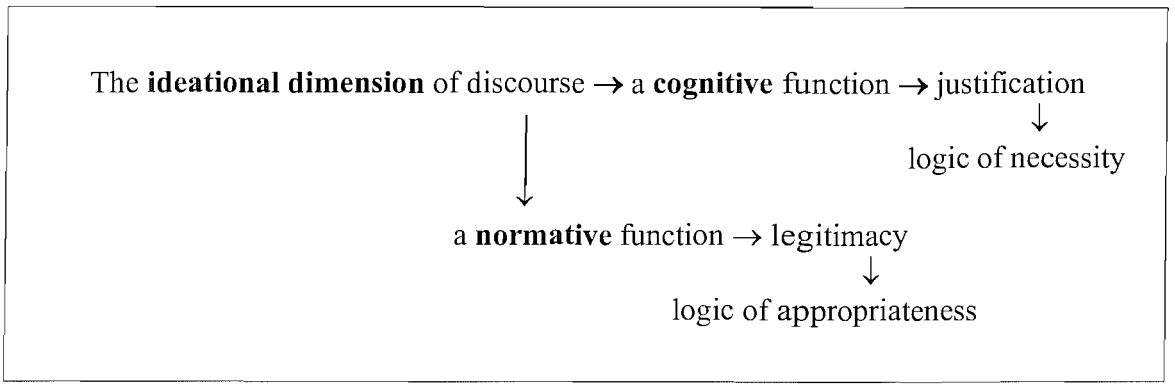
2.3.2. How discourse and ideas are important.

Schmidt argues that discourse has two dimensions: an **ideational** and an **interactive** dimension. The ideational dimension of discourse incorporates those ideas that justify a particular policy, which Schmidt refers to as the *cognitive* function of discourse, and those ideas that legitimise a particular policy, which is referred to as the *normative* function of discourse. The interactive dimension of discourse is responsible for coordinating and communicating the ideas that inform a particular policy. The *coordinative* function provides a common language and framework for conceptualising the policy, whilst the *communicative* function of discourse is to persuade the general public, through discussion and deliberation, to adopt certain policies. I outline these two dimensions and four functions of discourse below.

The Ideational Dimension of discourse:

In its ideational dimension, Schmidt argues that discourse is "the conveyor of a set of ideas and values" (Schmidt 2002:213). More formally, discourse has a cognitive and a normative function. As Schmidt argues:

Discourse performs both a cognitive function by elaborating on the logic and necessity of a policy programme, and a normative function by demonstrating the policy program's appropriateness (Schmidt 2002:210).



Box 2.2: The ideational dimension of discourse

Cognitive function.

Part of the cognitive function of discourse is to justify a policy idea. Discourse justifies a policy idea by demonstrating its superiority in providing effective solutions to current problems: in this thesis, the problem of neglected diseases. Thus, the idea of GPPP as a response to neglected diseases may be justified in terms of economic necessity: the only cost-effective means of 'getting the drugs to the bugs'. Or it may be justified in terms of socio-economic necessity: GPPP is a necessary response to conditions of poverty.

As a conveyor of ideas and values, Schmidt identifies four ways in which policy discourse constitutes a policy programme. In addition, she identifies three "cognitive standards of success...through which the discourse could be expected to justify the policy programme: relevance, applicability, and coherence" (Schmidt 2002:219). These seven criteria are presented in Box 2.3 below. Chapter Five will consider the extent to which these seven criteria are evident in three sample GPPPs.

Constitutive criteria
1. Introduces technical and scientific arguments, 2. Depicts paradigms and frames of reference that define causal reality, 3. Reduces policy complexity through use of evocative phrases, 4. Appeals to a deeper core of organising principles and norms.
Cognitive criteria
5. Demonstrates the relevance of the idea, 6. Demonstrates the applicability of the idea, 7. Demonstrates the coherence of the idea.

Box 2.3: The constitutive and cognitive criteria of discourse.

Normative function.

Demonstrating the cognitive function of discourse, however, is not sufficient to account for the successful adoption of the idea of GPPP. Schmidt argues that discourse must also,

> show how the policy programme serves to build on long standing values and identity while creating something new, better suited to the new realities and more appropriate than the old 'public' philosophy (Schmidt 2002:221).

In other words, discourse, by appealing to values, also performs a normative function. As part of this normative function discourse serves to legitimise policy by demonstrating its appropriateness.

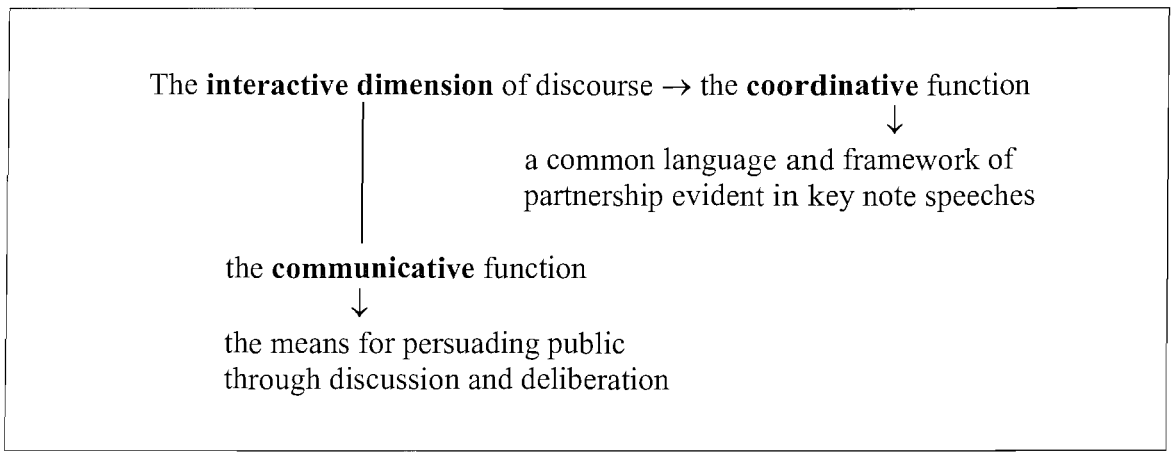
In Schmidt's analysis, discourse legitimises a policy prescription by reference to a country's long-standing adherence to particular economic principles and their basis in deep-seated national values. The ideational success of British Prime Minister Thatcher's policy programme, for example, was due in part to a discourse that legitimised policy by reference to liberal economic principles and British values favouring individualism (ibid). In the context of the legitimising function of the discourse of GPPP, two questions

present themselves: 'to what extent does the discourse present GPPP as reinforcing long-established values', and 'to what extent does the discourse present GPPP as something new; something that is better suited to the new realities of global governance, and that is more appropriate than the old 'public' or 'private' approaches'?

The Interactive Dimension of discourse:

In its interactive dimension,

> Discourse performs a coordinative function by providing a common language and framework for the construction of a policy programme and a communicative function through the public presentation and deliberation of the policy programme (Schmidt 2002:210).



Box 2.4: The Interactive Dimension of Discourse.

Applying Schmidt's argument, the interactive dimension of discourse involves coordinating and communicating the idea of GPPP to other actors involved in the global governance of neglected diseases. In Chapter Five, the thesis will compare the discourse of the sample GPPPs in order to determine the extent to which discourse performs a coordinative and communicative function.

Coordinative function:

Schmidt argues that the coordinative function of discourse provides policy actors with "a common language through which they can together construct a policy programme, debate is merits, refine it, and come to agreement about its implementation" (Schmidt 2002:230). The coordinative discourse also provides the frame within which policies can be elaborated by key policy actors involved in the construction of the policy programme The two functions of the interactive dimension of discourse are interdependent: the coordinative discourse constructs the policy programme which the communicative discourse then conveys to the public. Responses by the public to this then feed back into the coordinative discourse (Schmidt 2002:232).

Schmidt states that the ideas informing the discourse come from different communities. At the coordinative stage, policy experts, social scientists, university academics, think tanks, research institutions, the press, and social movements and interests groups may form epistemic communities – loosely connected individuals united by a common set of ideas – and generate the ideas which inform the discourse. However, ideas may also be promoted through advocacy coalitions or discourse coalitions, or even taken by individual entrepreneurs who draw on and articulate the policy ideas developed by discursive communities and coalitions (Schmidt 2002: 233). At the coordinative stage, policy actors are the key actors involved. And as Schmidt argues,

> The parties to the coordinative discourse...need not share all the same ideas, beliefs, and goals in order to promote a common policy programme. Instead, they may be united by agreement on certain policy objectives or the use of certain policy instruments, despite differing core ideals (Schmidt 2002:234).

Communicative function.

Schmidt argues that a different set of actors communicate the idea of GPPP to the general public. The communicative function of discourse is two-fold: it provides a common language for the policy programme, and it provides the frame for elaborating the policy

programme. In combination the interactive and ideational dimensions of discourse provide an analytical framework for understanding how ideas about GPPP are justified and legitimised.

2.3.3. Where discourse and ideas are important.

In order to determine where discourse and ideas are influential, I distinguish between micro and macro levels of analysis. I explain what I mean by these terms in more detail in Chapter 4.3. It is sufficient to note here that at the micro level I compare three neglected disease GPPPs. As indicated in Chapter 1.3, the primary reason for my choice of GPPPs was that they reflected different institutional contexts: the Stop TB Partnership is hosted in an international organisation (the World Health Organisation); the Drugs for Neglected Disease Initiative has close relations with an NGO (Medecins sans Frontieres); and the TB Alliance is legally independent[32]. The argument I put forward is simply that if these GPPPs have different institutional features, then one would expect the discourses that come out of them to reflect those differences. If the discourses are the same, then one may conclude that discourse, broadly speaking, performs a similar role across the GPPPs. What discourse does is, of course, of central concern to my thesis. Thus, the phrase 'broadly speaking' is not satisfactory. In order to provide a more detailed account of what discourse does, I apply the Schmidtian framework to each of the GPPPs. This will enable me to determine where the four functions of discourse that I identified above (cognitive, normative, coordinative, and communicative) operate.

In Schmidt's analysis, she concludes:

> Generally speaking, the degree of concentration or dispersion of power and authority affects how restricted or extensive is the set of policy actors involved in coordinating the construction of the policy programme and whether the focus of policy actors is more on communicating with the public than with one another (Schmidt 2002: 239).

In single-actor systems (where the concentration of power is high) there is a tendency, argues Schmidt, for the coordinative discourse to be thin and for the communicative discourse to be more elaborate (*ibid*). In multi-actor systems, the reverse is true: the concentration of power is more diffuse, and therefore the coordinative discourse is elaborate and the communicative discourse thin. Neglected disease GPPPs are clearly multi-actor systems, but it is evident from descriptions of each of the sample partnerships (which I give in later Chapters of this thesis) that they vary in the degree of complexity of their interactions.

	Coordinative function	**Communicative function**	**Cognitive function**	**Normative function**
DNDi				
TB Alliance				
Stop TB				

Table 2.6: Distribution of functions of discourse across 3 sample GPPPs.

Table 2.6 gives an indication of how I structure the analysis of where discourse is influential. In each of the sample GPPPs, I hope to determine whether each of the functions of the interactive and ideational dimensions of discourse is weak or strong.

At the macro level I map a network of global health specialists that were involved in the early stages of the three case study GPPPs (see figure 4.3), and I show that there were clear links between all three of the partnerships. In order to understand the significance of these linkages for ideas and discourse, I return in Chapter 4.3 to the power-based, interest-based, and constructivist distinction that I have detailed in this Chapter.

2.3.4. When discourse and ideas are important.

There are different ways to answer the question 'when is discourse influential'. There are answers that focus on the preconditions necessary before discourse can be influential. For example, discourse can be influential when there is:

- a precipitating event (or crisis) that creates enough uncertainty to make people amenable to new ideas that challenge predominant ones,
- erosion of state or economic interests as a result of the crisis
- loosening institutional constraints to change in the face of the crisis (Schmidt 2002:250)

According to this type of answer, discourse won't be influential unless there is an opening for a new discourse to establish itself. Was there a "precipitating event" that provided a catalyst for the move to GPPP? In the case of TB, for example, it may have been the declaration by the WHO in 1993 that TB was a 'global emergency' (Walt 1999:72). But 1993 was also the year when the World Bank published its Development Report 'Investing in Health'. This report encouraged governments to reconceptualise health in terms of cost-effectiveness, and "encourage[d] suppliers (both public and private) to compete both to deliver clinical services and to provide services, such as drugs, to publicly and privately financed health services" (World Bank 1993:6). In other words, a moment of crisis in the governance of TB coincided with a report that advocated moves toward more extensive public-private mechanisms in national health policy.

Discourse can also be influential at key moments in *cycles* of collective behaviour. Hirschman, for example, argues that the shift from public to private and from private to public is cyclical and can be explained by outside (endogenous) factors. He identifies high and low levels of disappointment as the crucial external factor that accounts for change (Hirschman 1982). Applying Hirschman's insights, it could be argued that at moments of high disappointment with public policy, discourse may be more influential in facilitating the move towards private interventions (and vice versa). Broadly speaking, as

Schmidt, points out "changes in policy discourse occur in times of political, economic, and/or social crisis and are generated by the perceived inability of the old policy programme to solve the problems of the moment" (Schmidt 2002:225-6). These are moments when discourse *can* be influential. Whether they *are* influential, however, depends on whether the ideational and interactive dimensions of discourse considered earlier are successful (i.e., gain acceptance) or not. And according to Schmidt, discourse is successful when "the story the discourse tells and the information it provides...appear sound, the actions it recommends doable, the solutions to the problems it identifies workable, and the overall outcomes appropriate" (Schmidt 2002:217). When the general cognitive arguments of the discourse appear to be logically inconsistent or conflict with the normative arguments, then the dominant discourse is likely to collapse and a new discourse can emerge.

The Schmidtian framework: A summary

This section has outlined the discursive framework that I will use in Chapter Four to explore how it was possible for the practice of global public-private partnership to rise to prominence. Schmidt's framework may be a useful tool with which to explore how, where, and when discourse was important in the rise of this mechanism of global health governance.

To be clear, to show *how* discourse is important, I use the framework to identify how the different functions of discourse operated in justifying, legitimising, communicating and coordinating the ideas that informed the practice of GPPP. I then use the framework to compare the discourse that operates across and through three different neglected disease GPPPs. To explore *where* discourse is important I look at the different policy communities and different networks that these GPPPs represent, and determine whether a similar discourse of GPPP has emerged. In addition, I consider whether the different functions of discourse are evident in equal measure across each of the GPPPs, or whether some functions are more evident in one or another of the partnerships. By selecting GPPPs that exhibit different institutional features, one effect of my comparative analysis is that it 'controls' for institutional difference. In other words, I can determine whether

ideas and discourse really are important in understanding the rise of GPPPs, or whether institutional context is the more important explanatory factor. To show *when* discourse is important, as noted above, I place the emergence of GPPPs in the context of a range of 'background conditions'. These include 'precipitating events' or crises that made people amenable to radical ideas; but they also include the eroding interests of key actors, and also loosening institutional constraints. Taken together, then, the framework I employ provides a potentially useful tool for exploring how, where and when discourse is important in understanding the rise of GPPPs.

2.4. Conclusion.

This is a complex Chapter, and it covers a number of key points. First I considered the conceptual issues that underpin three approaches to global health governance: power-based, interest-based, and constructivist approaches. I argue that the first two approaches are deficient in their analysis of ideas and discourse, and I suggest that because constructivism takes ideas and discourse more seriously than either power-based or interest-based approaches it has the potential to add-value to our understanding of global health governance. Having explored the conceptual challenges that face our understanding of GHG, I then consider the practical issue of operationalising a study of ideas and discourse. I note that this issue is particularly problematic for constructivism. To remedy this difficulty, I provide a framework that will be used to show how, where, and when discourse *constructed* the practice of GPPP.

This Chapter, therefore, builds on Chapter One, which introduced the concepts, cases and methods I employ. This Chapter has provided a more detailed exposition of the three theoretical approaches I advance as a means of addressing the principle argument of my thesis that ideas and discourse are important in understanding the rise of GPPPs. This Chapter has provided a conceptual framework for exploring this argument, and I will apply this framework to my three sample partnership in Chapter Four.

In the following Chapter I provide a detailed analysis of the literature on GPPPs. I do this in order to determine the extent to which ideas and discourse have already been identified in the literature as a key variable in explaining GPPPs. The literature review I provide in Chapter Three shows quite clearly that ideational factors are largely absent from analyses of GPPPs. In addition, in Chapter Three I contextualise the thesis by providing some necessary background information. I outline what neglected diseases are, which neglected diseases are being studied, and why. These are subsidiary questions, admittedly, but they provide an important backdrop to the thesis. The following Chapter, therefore, is a necessary link between the conceptual analysis that I have provided in this Chapter and the substantive analysis of my sample GPPPs that I conduct in Chapter Four.

3. Global Public-Private Partnerships for Neglected Diseases

Introduction:

This Chapter begins with a review of the literature on GPPPs. The primary reason for this is to illustrate how ideas and discourse are presented in analyses of global health public-private partnerships (GPPPs). The main findings of the review are that discourse and ideas are given a cursory treatment in studies of these GPPPs. In addition, it is clear from the review that no study to date has attempted to understand how the rise of this mechanism of GHG was possible. Consequently, my thesis traverses uncharted territory. On the one hand it attempts to take ideas seriously in its analysis of GPPPs, but it also asks a novel question of GPPPs, *how was it possible* for them to rise to prominence as a key mechanism of GHG?

As explained in Chapter One, the concept of change is an integral part of my thesis; specifically, I explore change in the context of the move from international public and private health initiatives to global public-private partnership. The rise of GPPPs has an important historical context: ideas for GPPP do not 'float freely' to coin a phrase, and thus it is important to understand how these ideas evolved, where they came from, and from whom. As I indicated in Chapter One, I employ the concept of *cognitive evolution* to show how ideas about public and private interaction have evolved to the present model of public-private partnership. Adler describes this concept in the following way:

> Cognitive evolution is a theory of international learning, if by learning we understand the adoption by policy makers of new interpretations of reality as they are created and introduced to the political system by individuals and social actors (Adler 1997: 339).

As outlined in Chapter Two, the concept of change in international and global politics is contested. For constructivists such as Adler, change is an evolutionary rather than a revolutionary process. This places him in opposition to Marxist conceptions of change

that emphasise the importance of revolution, and in opposition to Neorealists, who emphasise the importance of shifts in the balance of power. Adler also emphasises the importance of learning through intersubjective understanding. As noted in Chapter Two, constructivists argue that actors do not have pre-formed ideas about their self-interest. Rather, they are learned through social interaction and through the development of norms. Below, I trace the evolution of ideas about public and private interaction. I start with an historical analysis that begins in the mid-1850s and note key moments when shifts in ideas were clearly evident. I argue that these ideas were expressed through four distinct discourses of health care: economic, technological, sociological, and globalisation discourses. In each discourse it is possible to trace the evolution of ideas from public to private, and ultimately to public-private health care.

The literature on health GPPPs is extensive, and covers a wide-range of sub-categories. Rather than provide a comprehensive overview of all these sub-categories, I focus on those most pertinent to this thesis. Thus, I focus on literature that considers the historical emergence of GPPPs, the different definitions and typologies of partnerships, and the relationship between GPPPs and GHG. In doing so, I inevitably touch on issues of legitimacy (Borzel and Risse 2002; Hayek 2002) and the ethics of partnership (Roberts, Breitenstein et al. 2002), although this is not a primary concern of my thesis. Neither is it the purpose of this thesis to review literature on operational issues such as the determinants of successful and effective partnerships (Gillies 1998; McKinsey and Company 2002; Dowling, Powell et al. 2004; Wildridge, Childs et al. 2004; Caines 2005), or on GPPPs and coordination of national health policy (Caines, 2003; Buse, 1997; Moore, 2003; Brugha, 2003; Erikson, 2001; WHO, 1995). Whilst important, these issues fall outside the ambit of my thesis. I start the review by looking at the historical context within which ideas and discourse about GPPP evolved.

Chapter Three then continues with an explanation of neglected diseases, and it provides background information on the specific neglected diseases targeted by the sample GPPPs: sleeping sickness, Chagas disease, leishmaniasis and tuberculosis. I then introduce my sample GPPPs: the Drugs for Neglected Disease Initiative (DNDi), the Global Alliance

for TB Drug Development (the 'TB Alliance'), and the Stop TB partnership. In Chapter One, I provided a typology for GPPPs and indicated why I chose these particular partnerships. In this Chapter I emphasise the importance of a coherent comparative analysis, and reinforce the rationale for my choice of GPPPs. Having done that, I focus in detail on each of my sample partnerships and describe them in terms of their historical development, and their aims and objectives.

3.1. A Review of the GPPP literature.

I begin the review by tracing the cognitive evolution of the ideas that have shaped our current understanding of GPPPs. I identify the principal actors, and sources from which these ideas have emerged. I then outline how the global health discourse has shifted since the 1850s from public to private, to the current discourse of global public-private partnership. Having done that, I then summarise the different definitions and categories of GPPP, before moving to a review of the different perceptions of GPPP expressed by proponents, reformists, and sceptics.

3.1.1. The cognitive evolution of GPPP.

Historical development:

The relative roles of public and private sectors in international health care have changed considerably over the past century. Although GPPPs are a recent phenomenon, a number of key developments in the relationship between the state and the market were important precursors to this new model of public-private interaction. According to Lyons there were more than 450 private or international NGOs and over 30 governmental organisations established between 1815 and 1914 [Lyons, 1963 #824]. States, then, were not the only actors involved in international health initiatives. Private Foundations made their mark during the inter-war period (1919-39), most notably the Rockefeller foundation [Loughlin, 2002 #312]. Despite the proliferation of non-state actors during this period, international health responses remained firmly state-oriented through the League of Nations.

During the 1940s, however, a school of thought emerged that was deeply sceptical of the ability of the nation-state to perform certain *functions* on either an international or world scale. In particular, the nation-state was not able to provide peace and order, or provide public welfare outside its territorially defined borders. Functionalists such as David Mitrany argued that novel international institutions were required to perform these functions (Mitrany 1946). Mitrany had a clear idea of the kind of institutions required: they would be, "executive agencies with autonomous tasks and powers; they would not merely discuss but would do things jointly, and that would be in keeping with the needs of the time" (Mitrany 1975: 125). Mitrany envisioned a panoply of institutions whose form would reflect the different functions that each institution performed. The result would be "a cobweb of diverse and overlapping institutions of governance...that would help to cement processes of growing interdependence among states and societies" (Rosamond 2000: 35, 36).

The idea of 'partnership' at an intergovernmental level was mooted by some functionalists as a necessary precursor to world peace. Mitrany, for example, argued: "If for instance the immediate problem is how to bring power under some common control, it is as well to admit that it cannot be done without the willing partnership of the Great Powers themselves (quote by David Mitrany in 1943, reprinted in Mitrany 1975: 132). And there is evidence of this form of intergovernmental cooperation in the field of international development since the 1960s and early 1970s (Fowler, 2000). For example, in the sphere of development assistance two international commissions reported their findings during this period: the 1969 Pearson Commission report on aid entitled 'Partners in Development', and the later Brandt Commission report 'North-South: A Programme for Survival' (Maxwell and Riddell 1998). Despite the geopolitical climate of the Cold War, international cooperation in the form of 'partnership' was still mooted. One of the founding principles of the Lomé Convention, for example, was "equality between partners, respect for their sovereignty, mutual interest and inter-dependence" (Lomé I, Art II). Despite this apparent commitment to partnership, however, the Lomé Convention has been characterised by increasing economic and political conditionality and the 'decline of partnership' (Raffer 2001).

The main point to make about the functionalist, inter-governmental, idea of partnership was that it was not public-private partnership. It wasn't until the mid 1970s that the idea of PPP at the international level began to gather momentum. The creation of the UN's Development Programme/World Bank/World Health Organisation Special Programme for Research and Training in Tropical Diseases (WHO/TDR) in 1975 made important links between development and health. Crucially, the Programme enabled a public-private partnership approach to drug discovery and development between public-sector organisations and private companies to be established (Nwaka and Ridley 2003).

The public-private partnership approach to sustainable development was formally presented as an innovative alternative to traditional bilateral and concession-style development arrangements in the influential 'Agenda 21' guiding document, penned during the 1992 Earth Summit in Rio de Janeiro[33]. In 1996, the OECD Development Assistance Committee produced a report entitled: 'Shaping the 21st Century: the Contribution of Development Cooperation'[34]. The Report put forward the 'basic principle': "locally-owned country development strategies...should emerge from an open and collaborative dialogue by local authorities with civil society and with external partners" (OECD 1996:14). This 'principle' has subsequently been adopted by a host of bilateral and multilateral agencies and organisations such as DfID in the UK, and the World Bank (Crawford 2003: 141). 1996 also saw the Habitat II United Nations Conference on Human Settlements. This conference was the first time that the UN expressed its commitment to public-private partnership as a guiding principle of future action (Warah 1997; Veon 1998). Directly following the Conference, Dr Wally N'Dow, Secretary General of the Conference, stated, "We have got to a point where we cannot not partner with the private sector, as governments, as the civil society, as NGOs, but also as people active in international development such as the UN" (Quoted in Veon, 1998).

It is possible, then, to trace the roots of the idea of GPPP back to Mitrany's functionalism. GPPPs are a response to failings on the part of states to provide welfare at an international and world level; GPPPs are important non-state mechanisms for facilitating cooperation between public and private actors; GPPPs reflect an organic

response to satisfying a need; GPPPs provide technocratic solutions to a problem rather than political solutions, which Mitrany argued constrained state action[35]; GPPPs do not have a fixed form, rather their individual structures reflect the different functions that each performs; and GPPPs fit comfortably with the 'cobweb' description of international politics that emerged from the liberal writings of the 1970s (Burton 1972; Keohane and Nye 1972; Keohane and Nye 1977). However, a number of caveats should be emphasised. For example, Mitrany was concerned with establishing a 'working peace system' that would provide global order; GPPPs have rather less ambitious goals. Mitrany also placed his functional account in the context of the market; GPPPs are a response to a failure of the free-market to respond to global needs. Further, the kind of international organisation used as examples to illustrate the arguments of functionalism included organisations such as the International Labour Organisation (ILO), the European Coal and Steel Community (ECSC), and Euratom (Rosamond 2000: 38). These are structurally and conceptually quite different actors to GPPPs.

Like many other UN agencies, WHO has also interacted with the business sector for a long time. Buse and Waxman suggest that this move towards PPP began in 1993 when the "World Health Assembly called on WHO to mobilize and encourage the support of all partners in health development, including nongovernmental organizations and institutions in the private sector, in the implementation of national strategies for health for all" (Buse and Waxman 2001:748). However, this is slightly misleading because the relevant WHA Resolution 49.17 referred to 'developing countries', not the WHO Secretariat. As Richter argues, "the Assembly's 1993 *Call for Collective Action* was not asking for more partnership interactions with business at global level" (Richter 2004b: 11). In fact, it was primarily a call to step-up implementation of the *Global Strategy for Health for All by the Year 2000* – the WHO's guiding strategy since 1978 when the Organization, together with UNICEF, had advanced the Alma Ata Declaration on primary health care. The main emphasis of the *Call for Collective Action* was the importance of strengthening technical cooperation among developing countries (TCDC). There is just one sentence in the 1993 Resolution that uses the word 'partners', and it is difficult to see how this could be interpreted as a call for fundamental shift towards

'partnerships' with the private sector. Indeed, it wasn't until 1996 that a WHO internal Working Group on Partnerships examined the promotion of 'partnerships for health' as part of overall WHO reflections on how to renew the Health for All Strategy for the 21st Century. A report from this working group contained the first suggestions of principles that should govern WHO's interactions with the corporate sector and with NGOs (WHO 1997), and the findings of the Report were first published the following year (Kickbusch and Quick 1998). The election of Gro Harlem Brundtland as Director General of the WHO IN 1998 marked the real beginning of WHO's partnership with the private sector. She announced a clear commitment to stronger relations with business as part of the Secretariat's new outreach policy:

> The private sector has an important role to play both in technology development and the provision of services. We need open and constructive relations with the private sector and industry, knowing where our roles differ and where they may complement each other. I invite industry to join in a dialogue on the key issues facing us." (Brundtland 1998)

Even if one can find the conceptual roots of GPPP in early functionalist writing, this does not explain *why* the idea of partnership became so popular. Buse and Walt identify four main reasons why the move towards GPPPs in the health sector was made (Buse and Walt 2000a: 550-552). The first involves an "ideological shift from freeing to modifying the market" – a shift characterised by 'third way' neocorporatism in which a variety of stakeholders, including private sector representatives are believed to have a legitimate say in public policy-making (Mitchell-Weaver and Manning 1991-92; Giddens 1998). The second reason is related to a changing perception of the United Nations by national, international and transnational actors. The UN was perceived to be under-funded and thus potentially less effective. This led to a perceived loss of legitimacy at the UN, and partnerships were seen as a way of re-legitimising the UN[36]. The third reason, argue Buse and Walt, is that GPPPs reflect an "honest recognition" by the public sector that the pharmaceutical industry has established a monopoly position in drug and vaccine development. The position of the pharmaceutical industry is stated succinctly by Batson:

"They own the ball. If you want to play, you must play with them" (Batson 1998). Finally, the rise of GPPPs is directly related to: "an increasing recognition that the determinants of good health are very broad and the health agenda is so large that no single sector or organisation can tackle it alone" (Buse and Walt 2000a: 552). In the context of the globalisation of health threats, cooperation through partnership had become an inevitable necessity.

The shifting discourse of global health care:

Buse and Walt's analysis of the move towards GPPPs hints at the shifting discourse of global health care. They allude to the ideological shift from free-market-driven to 'modified-market-driven health care, and they note the rise of 'third-way politics. To understand how the rise of GPPPs was possible it is important to fully appreciate the various shifts in discourse that have occurred, and to identify the principal actors responsible for these shifts. I identify four major shifts in discourse:

- *Economic discourse*: A shifted from state intervention in the 1970s (public), to health care financing in the 1980s and competitive markets in the 1990s (private), and finally to modified markets at the start of the new century (public-private);
- *Technological discourse*: A shift in discourse that has moved away from understanding the broader socio-economic determinants of health to a narrower understanding of health that focuses on technological fixes and biomedical responses to global health problems;
- *Sociological discourse*: The shift from social democracy to neoliberal democracy, and then to 'third way' public-private responsibility;
- *Globalisation* discourse: The shift from national to international, and then to global health care, with the evolution of ideas about global public goods and global health governance made it possible for GPPP to be understood as necessary and appropriate responses to 'global' health problems.

Economic discourse:

Mills distinguishes three 'eras' that represent the changing discourse of international health economics: the 1970s, 1980s, and 1990s (Mills, 1999). At the heart of the debate are two questions: how to value life, and the appropriate role of government. During the early 1970s, Mills notes: "there was considerable debate...on the justification for state intervention in the health care market, and whether on theoretical grounds state or market provision should be preferred" (Mills, 1999: 965). Consequently, public health issues overshadowed discussions of health care financing, with emphasis given to improving coverage and strengthening comprehensive public health care (Lee and Goodman 2002: 113).

At the start of the 1980s the debate shifted towards health care financing. For example, the intervention of the World Bank into the international health in 1985 with the publication of its Report *Paying for Health Services in Developing Countries: A Review* marked the first steps towards the implementation of user fees. The rise of the World Bank during the 1980s and 90s to its position today as the principal financer of international and global health policy has been well-documented (Lister 2005; Hong, 2000; Abbasi 1999a, 1999b). Less well-known is its role in diffusing knowledge of its neoliberal principles throughout the developing world. As Lister notes, the Bank runs a 'Flagship Program' to train top managers and civil servants running health services in developing countries and Eastern Europe. They receive a four week intensive course in Washington, at the end of which participants are expected to be able to: "...speak a common language of health care reform and sustainable financing options" (World bank 2004, quoted in Lister 2005:46). The World Bank was also instrumental in shifting the health debate away from state-oriented health care. In its 1987 Report *Financing Health Services in Developing Countries: An Agenda for Reform,* the Bank pointed out the failing of governments in ensuring efficiency and equity, paving the way for a market-driven approach to health reform.

The late 1980s and early 1990s saw a clear move away from public sector reform towards the privatisation of health services. Lister, for example, argues that the World Bank

implemented 'three waves of privatisation': privatising commercial enterprises and the divesting of state assets; the privatisation of public sector infrastructure and utilities; and private sector involvement in health, education, and pensions systems (2005:54). By the end of the 1990s, however, the World Bank was in a reflective mood after a series of unfavourable assessments of its HNP Strategies (Lister 2005). Lee and Goodman note that by the late 1990s, there was a widespread acknowledgement of the need for multiple sources of health care financing, marking the end of the public versus private financing debate. Instead, research and policy discussions shifted to issues such as "contracting-out, purchaser-provider splits and the public-private mix" (Lee and Goodman 2002:101). The result was a 'modified' interpretation of state/market relations. The following quote is illustrative of this change:

> Governments will be encouraged to promote greater diversity in service delivery systems by providing funding for civil society and non-governmental providers on a competitive basis, instead of limiting funds to public facilities. In many of these instances, rebalancing the public-private interface will be preferable to an outright privatisation if social assets. Quasi-market mechanisms, such as vouchers, competitive contracting-out, and the increased use of client feedback, can both improve public-sector performance and encourage quality participation by the private sector (World Bank 1997:18).

Although these 'modifications' have clearly framed the discourse of global health care in terms of GPPP, there are signs that the hard-line neoliberal stance it once promoted remain just below the surface. A report by one of the Bank's sub-divisions, the International Financial Corporation, notes: "The aim of much of recent health care reforms in several countries has been to increase the role of the private sector as the provider (rather than the financer) of care" (IFC 2002:3).

Technological discourse:

Some commentators argue that the Bank's 1993 World Development Report *Investing in Health* was an attempt to reconcile differences of opinion within the institutions between public health specialists and economic technical experts (Lee and Goodman, 2002). For others, the Report was a clear statement that the Bank would be pursuing an economic-technical approach to global health care (Werner, 1995). What is clear, however, is a shift in the discourse of global health care that began to emphasise the importance of technology as a necessary and appropriate response. For example, the 1993 *Call for Action* noted above asked the WHO Director-General to "strengthen international technical cooperation for reinforcing and reorienting WHO programmes to mobilize effectively political, technical and financial support for the achievement of health goals." It asked WHO's richer member states to make this possible by facilitating transfer of technology and resources to developing countries and by providing WHO with the necessary financial resources for its work.

Technology *is* a key part of health care. The point being made here, however, is that there was a shift in emphasis in the discourse of global health during the late 80s and early 90s that put technology centre stage, and downplayed and simply failed to appreciate the importance of investing in non-technological issues such as human resources and state capacity-building [Kober, 2004 #830]. The problem then became one of encouraging the private pharmaceutical industry to open their libraries of compounds, and GPPPs were mooted as the best way of doing this.

Sociological discourse:

The evolution of the idea of GPPP cannot be divorced from shifts in discourse at the national level in relation to the role of the state. The relationship between the state and the market was re-cast during the 1990s in the context of 'third way' sociological and political thought (Giddens 1998). In terms of social provision, Hildebrand and Grindle (1994) suggest that while the 1960s and the 1970s were the era of the developmental state, and the 1980s was the decade of the minimal state, the 1990s was best described as the era of the capable state. The question of whether the state was capable of regulating

or managing relationships with the private sector became a central concern not just for developing countries (Bennett et al 1999). In an effort to harness the perceived benefits of private expertise and resources whilst maintaining public protection of rights and other social values, public-private partnerships at the national level quickly became the centre-piece of many Western governments' social welfare policies. "Public-private partnerships" Giddens argued "can give private enterprise a larger role in activities which governments once provided for, while ensuring that the public interest remained paramount" (Giddens 1999:125).

Globalisation discourse:

Include something on global public goods here, and comment on one vision of GPPPs and one vision of globalisation amongst many.

3.1.2. What are GPPPs? Definitions and categories.

Definitions of GPPP.

Defining global public-private partnerships is no easy task, not least because of the interchangeable use of terms to describe social interaction: governance mechanism *x* may be described as, variously, a partnership, an interaction, an alliance, a coalition or a network (Buse and Walt 2002). GPPP is a problematic term because it lacks specificity. Definitions go some way in rectifying this problem, although they by no means resolve it completely. Some critics of GPPPs refuse to engage in the 'definitions debate'. Richter, for example, states: "I do not dwell on comparing the various PPP definitions and categorisations" (Richter 2004a: 45). But definitions are important, especially when it comes to GPPPs. This is because, as I outline below, there are different categories of GPPP. A definition of GPPP should be able to identify common ground between these categories. Problems arise, however, when a definition ascribes common features to all categories of GPPP that really only apply to one category. For example, consider the following definition of GPPP: "The term public-private partnership mainly refers to those interactions that include not-for-profit entities in public-policy making and in setting public agendas and priorities" (Ollila 2003: 36).

Most GPPPs do *not* make public policy or set public agendas. As I note below, the largest category of GPPP is product-development partnerships such as the DNDi or the TB Alliance[37]. In addition, there is little analytical evidence to support the claim that GPPPs *do* set public agendas and priorities. Nevertheless, some critics of GPPPs conflate the different categories of partnership, even going so far as to dismiss categorisation altogether (Richter 2003; Richter 2004a). And where they do offer a definition, it is of the kind offered by Ollila above (Utting 2000: Richter, 2003). One consequence of this is that criticism of a specific type of GPPP is then applied to, and becomes criticism of, GPPP *per se*[38]. This tendency has not passed unnoticed in the GPPP literature. One commentator, for example, notes: "Since getting underway during the last few years, they [GPPPs] have been variously criticised but usually with no distinction made between their different ways of working" (Widdus 2003).

As noted in Chapter One, in this thesis I define GPPP as:

> A collaborative relationship which transcends national boundaries and brings together at least three parties, among them a corporation (and/or industry association) and an intergovernmental organisation, so as to achieve a shared health-creating goal on the basis of a mutually agreed division of labour (Buse and Walt 2000a: 550).

GPPPs, then, are immediately distinguishable from national PPPs because they transcend national boundaries. In the case of national PPPs the use of partnership as a national health strategy is a political decision made by a national government; in the former case, national governments are often absent from the early stages of partnership initiatives. In the case of GPPPs, it is either individuals or non-government organisations that make the first steps in implementing partnerships. Indeed, the reason for the partnership – especially in the case of product-development partnerships – is precisely because national governments have not responded adequately to a particular global health problem.

The phrase 'public-private partnership' indicates a significant departure from previous public and private interaction. Even the staunchest critics of GPPPs do not deny, or argue for the abolition of, public and private interaction (Richter 2004a: 47). However, for some critics, the main point of contention is that public-private *partnership* is the wrong term to use because it implies a notion of shared decision-making and a sense of mutual advantage. Richter, for example, argues that neither of these qualities of partnership should be assumed, and advocates abandoning those partnerships where neither quality is evident. As a first step, Richter suggests we reject the 'partnership paradigm' completely and employ less value-laden terms such as public-private *interaction* to describe the relationship between public and private actors (Richter 2001; Richter 2003).

The definition of GPPP that I employ uses the phrase 'collaborative relationship' to capture the sense of shared decision-making implicit in partnership[39]. This will no doubt remain unsatisfactory to critics of GPPP per se, but as I have already indicated, I do not intend in this thesis to engage normative debates about whether GPPPs are good or bad, fair or unfair, legitimate or illegitimate. The definition is also an inclusive definition in the sense that it applies to all categories of GPPP and not just 'high level' global coordination partnerships such as GAVI. This is important for the sample partnerships considered here because they do not all come from the same GPPP categories (DNDi and the TB Alliance are product-development partnerships, and the TB Alliance is more accurately described as a systems/issues-based partnership). It should also be noted that the definition of GPPP that I adopt does not make any reference to a range of civil society groups such as NGOs and INGOs, national agencies or donor agencies. Whilst these actors are often crucial for effective implementation of partnership activities, their presence is not a necessary condition of GPPP (Buse and Walt 2002: 44-45).

Categories of GPPP:

There are different categories of GPPP. The IPPPH, for example, provides a comprehensive categorisation of GPPP. It distinguishes between product development partnerships; partnerships that improve access to health products; global coordination mechanisms; partnerships that strengthen health services; public advocacy, education and

research partnerships; regulation and quality assurance partnerships; and 'others' (Table 3.1).

Category of GPPP	Description of GPPP	Number of GPPPs	Examples
Product Development	Partnerships involved in the discovery and/or development of new drugs, vaccines, or other health products addressing neglected diseases and conditions in low-and middle-income countries.	34	DNDi TB Alliance IAVI MVI MMV
Improvement of Access to Health Products	Collaborations focused on improving access and/or increasing the distribution of currently available drugs, vaccines, or other health products addressing neglected diseases and conditions in low- and middle-income countries. Can involve long-term donations, discounted, subsidised or negotiated pricing on products.	27	TB Alliance GPEI ITI MDP
Global Coordination Mechanism	Alliances serving as a mechanism for coordinating multiple efforts to ensure the success of global health goals - often for a particular disease/condition and involving some combination of the other approaches: product development, increasing product access, health service strengthening, advocacy, education, and research, regulation and quality assurance.	12	GAVI RBM Stop TB GAIN
Health Services Strengthening	Partnerships involved in improving the infrastructures or systems for delivery of health services in low- and middle-income countries. Can be international, national, regional, district or community level and can include employer/workplace initiatives.	9	ACHAP GET Secure the Future
Public Advocacy, Education and Research	Collaborations focused on advocacy, education, or research around health issues predominately affecting poor populations in low- and middle-income countries. This includes fund-raising, social mobilisation and social marketing efforts.	14	GBC Global PPP for hand washing with Soap CCA
Regulation and Quality Assurance	Initiatives working toward improving the regulatory environment and product quality, appropriate use of and access to effective health products addressing neglected diseases and conditions in low- and middle-income countries.	3	ICH ICHTR
Other		1	GRI

Table 3.1: IPPPH categorisation of GPPP[40].

Buse and Walt provide a tri-partite distinction between product-based, product-development, and issues/systems-based partnerships (Buse and Walt 2000b; Buse and Walt 2002). This categorisation has been very influential, and is widely adopted in the GPPP literature (Widdus 2001; Kettler and Towse 2002).

Product-based GPPPs (e.g., drug donation programmes such as the Mexican, Macaroni, and Zithromax donation programmes) are usually initiated by the private sector seeking partnership with the multi-lateral public sector in order to lower costs and increase the distribution of a particular product (usually drugs). They are generally targeted at specific countries (Buse and Walt 2000b: 700). *Product-development* GPPPs usually arise where public institutions identify insufficient investment in specific health issues. This is particularly evident in the case of neglected diseases, where neither the public nor private sectors have demonstrated any interest in investment. Product-development partnerships usually require the public sector to assume a number of risks associated with product discovery. The third category of GPPP identified by Buse and Walt is the *issues/systems-based* GPPP. These partnerships are more eclectic, and they arise for similar reasons to product-development based partnerships. They also complement government efforts in health issues, and benefit from non-medical private resources (such as the Bill and Melinda Gates Foundation). Examples of this type of GPPP include GAVI and the Global Programme to Eliminate Filiarisis.

How, then, do my sample GPPPs fit with these categories? Starting with Buse and Walt's categories, the DNDi and TB Alliance are examples of product-development partnerships. This is also the categorisation that the IPPPH adopts (in Table 3.1. My sample partnerships are highlighted in bold text in the right-hand column of the table). If one adopts the Buse and Walt categorisation, the third of my sample GPPPs – the Stop TB Partnership – would be categorised as an issues/systems-based GPPP. I prefer, however, to adopt the IPPPH category of Global Coordination Mechanism to describe this GPPP: it is a less ambiguous category and it accurately and explicitly describes the function of the partnership.

In addition to these categorisations of GPPP, partnerships have also been categorised according to their legal status and hosting arrangements (Widdus 2001; Buse 2003). Buse, for example, distinguishes between partnerships that are hosted by/in (i) multilateral organisations; (ii) not-for-profit organisations; (iii) established as legally independent organisations (Buse 2003). My sample GPPPs provide examples of each of these categories, which I refer to as their 'institutional settings', with minor amendments (Table 3.2). For example, I prefer to distinguish between multilateral hosted, NGO hosted (or at least close ties with an NGO), and legally independent partnerships. Thus: the Stop TB Partnership is hosted at the WHO; the DNDi, whilst now independent of the NGO Medecins sans Frontieres, retains close links with the organisation; and the TB Alliance is a legally independent partnership.

Sample GPPP	Type of Partnership	Institutional Setting
Stop TB	Global Coordination Mechanism	Multilateral host
DNDi	Product-development-based	NGO
TB Alliance	Product-development-based	Legally independent

Table 3.2: The categorisation of three sample GPPPs.

One consequence of categorising the three GPPPs in this way is that it provides three different institutional settings in which to analyse the role of ideas and discourse. As I noted at the end of Chapter Two, one might expect different discourses to emerge from GPPPs with different institutional settings: the actors and structures are different, and there may also be a different culture or ethos associated with international organisations such as the WHO, NGOs such as MSF, and legally independent entities such as the TB Alliance. By choosing GPPPs with different institutional settings I am able to 'control' for institutional effect as a factor in understanding the rise of GPPPs. By doing so, I strengthen the claim that ideas and discourse have an important role that is independent of institutional context.

To conclude, the above literature review shows that studies focus predominantly on answering 'why' questions in order to explain the rise of GPPPs. Thus, answers to the question 'why partnership?' highlight the use of GPPPs in a variety of ways. These include: a "pragmatic response by donor agencies to perceived shortcomings in aid performance"; a "defensive institutional strategy by donor agencies" (Crawford 2003: 141-2); that partnership was a means for the World Bank to transform its terms of loan conditionality and thereby "seek to influence development in a far more all-encompassing way" (Pender 2001: 409); or that the rise of GPPPs was evidence of "a Machiavellian intent" on the part of international organisations to infiltrate developing countries' policy choices (Fowler 2000: 7). No study explicitly asks 'how-possible?' questions of GPPPs – how was it possible for GPPPs to rise to prominence?

3.1.3. Analysing GPPPs.

In this subsection I distinguish between proponents, reformists, and sceptics of the idea of GPPP. I then incorporate these three perspectives into a broader analysis of GHG by returning to the distinction I made in Chapter Two between power-based, interest-based, and constructivist approaches. I show that whilst there is evidence in the literature of both power-based and interest-based approaches to GPPPs, there are few, if any, examples of constructivist analysis of GPPPs.

Proponents, reformists and sceptics of GPPPs.

The relationship between GPPPs and global health governance (GHG) has received considerable academic attention in recent years (Buse 2000; Buse and Walt 2000b; Borzel and Risse 2002; Buse and Walt 2002; Hayek 2002; Ollila 2003). GPPPs are highly contentious interactions, and they excite academic passions. In this section I address the assumption that I made in Chapter One that GPPPs are a mechanism of GHG. It is clear from the literature that the relationship between GPPPs and GHG is contested. The literature on GPPPs and GHG can be divided between proponents, reformists, and sceptics of GPPPs. Put briefly, proponents and reformists see GPPPs as either evidence of, or a means of providing/ensuring 'better', GHG. Reformists differ from proponents to

the extent that they focus on issues of inequity and accountability associated with partnerships (Buse 2000; Buse and Walt 2000b; Buse 2004). Sceptics either dismiss the concept of global governance *per se* and regard GPPPs as an international rather than a global relationship, or they see GPPPs as detrimental to GHG and argue that the principle of GPPP should be rejected outright (Richter, 2004; Fowler, 2000). In the following sub-section, I present these three perspectives in more detail.

Proponents:

Proponents of GPPPs wholly endorse the 'partnership principle' as a positive step towards more effective GHG. Without exception, senior staff working for the major international health organisations 'sing the praises' of GPPPs. Kofi Annan, for example, asserts: "Peace and prosperity cannot be achieved without partnerships involving governments, international organisations, the business community, and civil society" (Annan, 1998). GPPPs can provide an opportunity for public representatives to hold private institutions accountable. Kell and Ruggie's defence of the Global Compact, for example, begins with an open recognition of the power and interests of corporations[41]. They acknowledged the inequalities that have resulted from globalisation, and conceded that embedded liberal tenets – the so-called 'Washington Consensus'[42] – had become unsustainable (Kell and Ruggie 1999). Given the rise of corporations, they argued that it was sensible to construct governance mechanisms that could "weave universal values and principles into global corporate behaviour" (Ruggie 2000). In this context GPPPs are presented as the only means of encouraging corporate social responsibility, whilst preserving core neo-liberal principles such as 'open markets'. By introducing elements of informal and voluntary self-control, public institutions are able to 'steer' corporate power, for mutual benefit.

Proponents of GPPPs point to the benefits for both public and private partners. GPPPs benefit their public partners by providing financial resources and technological expertise (Utting 2000). GPPPs benefit their private partners through the positive advertising and branding that result from association with public institutions such as the UN (Sykes 1997; Karliner 1999). Partnerships may also provide a means of correcting what Kell and

Ruggie identified as "disequilibria" or "disconnection" between the economic sphere and "broader frameworks of shared values and practices, and the imbalances in international governance structures" (Utting 2000). Kell and Ruggie argue that the clear disparities in economic power that exist between public and private actors – the 'disequilibria' – can be effectively addressed through partnership[43]. Finally, proponents argue that GPPPs reflect the 'real' world: GPPPs have become a prominent feature of the global health governance landscape; they exist and it is, therefore, 'unrealistic', 'futile', or 'idealistic' to argue for global health governance in which GPPPs do not play a part.

Reformists:

For 'reformists', GPPPs *per se* are not inherently inequitable or unsustainable, and reform is possible. There are, however, significant problems associate with GPPPs that require significant reform (Buse and Walt 2000a; Buse and Waxman 2001). In a recent Health Action International (HAI) Seminar Report, for example, a series of criticisms were levelled at GPPPs but there was general agreement that partnerships *per se* were acceptable. Hancock adds that he can see nothing "inherently evil" in partnerships with the private sector. He notes, however, that there should be "sober second thoughts" about partnerships with pharmaceutical companies. This is because they are dependent on ill health for their existence, they promote a bioethical model that, in many ways, is the "antithesis of good health", and they ruthlessly protect patenting laws (Hancock 1998: 194). Bertrand and Kalafatides make a similar point, adding "We must realise that it is not health which makes money but ill-health. That is why there is practically no move on the part of the medico-pharmaceutical industry to take prevention seriously" (Bertrand and Kalafatides 2001: 220).

There is no shortage of recommendations for reform. Equity and sustainability, accountability, transparency, involvement of civil society, meeting the needs of specific, local needs – these criteria are emphasised in the literature promoting global partnerships (Hancock 1998; Buse and Waxman 2001) and on the many GPPP websites[44]. Buse and Waxman, for example, recognise the importance of "partnering knowledge"; benchmarks of good practice; mechanisms for WHO accountability; and appropriate selection of

partners (Buse and Waxman 2001: 750-752). Whilst Lucas highlights the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) as an example of a 'partnership' that illustrated mutual respect, clear goal orientation, sensitivities to other's requirements and protection of the public interest (Lucas 2000). In addition, the recent Initiative on Public Private Partnerships for Health has been set up to analyse 'best practice' of over 70 health GPPPs and encourages others to participate in their research[45]. If there are examples of inequitable practice, argue supporters of GPPPs, reform will ensure that they do not continue.

Sceptics:

Health GPPPs are often presented as the only alternative means of ensuring equitable and sustainable GHG. However, argue the sceptics, there is very little evidence to support such statements. A series of reports published in the Washington Post in December 2000 suggest that confidence in health GPPPs is dangerously misplaced[46]. Health GPPPs may be able to provide greater resources but extra money may not be the necessary ingredient for a population's well being. Reliance on health GPPPs may result in an approach to health care that simply asks the wrong questions. The association with private interest may encourage the present shift of policy debate in the health sector from demand-oriented questions – what does the population need, what would be feasible and effective to meet those needs? – towards supply-oriented questions such as what is affordable, and what is cost effective? (Loewenson 1999).

A further consequence of health GPPPs may be the promotion of short-term solutions to long-term problems. Hardon's study of GAVI points out that the Gates Foundation donation of $750 million would be spent in less than five years, and questions how the vaccines programme would then be sustained. Hardon argues that "Donations are, in my view, not a sustainable solution to the problem of vaccinating children in developing countries" (Hardon 2001). What is required may not be conscience salving pharmaco-philanthropy but an equitable redistribution of resources at local, national and global levels.

Another criticism of GPPPs is the effect they have on their public partners – in particular, public international institutions. In the case of the UN, these effects have direct consequences for global health governance. The relationship between the U.N and GPPPs raises important questions about the legitimacy of international health institutions and, ultimately, the consequences of private influence over global health governance. Research studies have focused on three broad themes. First, by associating with MNCs with controversial human rights records and a *modus operandi* that make peoples' health worse, the UN loses its legitimacy as "one of the last bastions with the moral authority and political potential" to defend social justice and human rights[47] (Karliner 1999; Karliner and Bruno 2000). Such partnerships, they argue, tarnish the UN's reputation. Utting suggests that the UN should conduct "a serious and meticulous evaluation of the track record of each particular company", though it has no capacity to conduct such an evaluation. UNICEF has, however, encouraged caution and exercised "due diligence" by screening companies and attaching "ethical strings" (Bellamy 1999).

Sceptics of GPPPs also argue that through partnership with the private sector, public partners will lose their critical 'edge'. As the NGO IBFAN notes, the partnership discourse "risks blunting the critical faculties which are essential for the assessment of the potential pitfalls of a too close and trusting interaction" (IBFAN 1999). The South Group Network (SGN), for example, was critical of the UNDP's involvement in the Global Sustainable Development Facility's (GSDF) 2B2M initiative[48]. The SGN accused the UNDP of "shielding the very forces that create impoverishment in Africa" (Karliner 1999). Utting notes "some fairly blatant instances of self-censorship" at the WHO. He quotes Ferriman's experience of a recent WHO conference on infant feeding where papers critical of TNCs were 'censored' on the grounds that they lack "scientific objectivity" (Utting 2000). Buse and Waxman also note that accusations were made that the WHO guidelines on hypertension were influenced by MNC pressures (Buse and Waxman 2001, footnote 23).

Finally, GPPPs are criticised because they help legitimate private activity that might otherwise be subject to more rigorous criticism. According to Corpwatch, TNCs are "bluewashing" their activities through their association with the UN. Corpwatch argue that the Global Compact provides MNCs with an opportunity to legitimate their activities (Karliner and Bruno 2000) [49]. The Compact's guidelines do, however, provide strict guidelines limiting the use by MNCs of the UN logo[50]. Studies of corporate branding techniques, however, suggest that brand development is a far more subtle process of exploitation than simply company and product endorsements (Klein 2001). Legal guidelines neither reflect nor protect against such branding techniques.

To summarise, then, the literature on GPPPs divides into three distinct camps: proponents, reformists, and sceptics. What is missing, however, is an attempt to incorporate these perspectives into a broader account of global health governance. I do this in the following section by returning to the three theoretical approaches to GHG I presented in Chapters One and Two: interest-based, power-based and constructivist approaches. I show that proponents and reformist perspectives of GPPPs adopt a broadly interest-based approach to GHG; whilst Sceptics of GPPPs are divided between interest-based and power-based approaches, where the division centres on the discussion of power in GPPPs.

Power-based and interest-based approaches to GPPPs.

In Chapters One and Two, I provided a 15-point matrix for analysis of GHG. I developed three theoretical approaches (power-based, interest-based and constructivist approaches), and highlighted five explanatory variables (ontology, power, interests, change, and ideas and discourse). With regard to that matrix, three points come out of the above review of the GPPP literature. First, there are few (if any) examples in the literature of a constructivist approach to GPPPs. Second, in terms of the five explanatory variables, power features most strongly in analyses of GPPPs. The other four variables – notably the role of ideas and discourse, feature much less, if at all. Third, as noted above, although the literature on GPPPs does not fall neatly into the matrix, proponents and reformists can reasonably be described as following an interest-based approach to GHG, and sceptics can be divided between power-based and interest-based approaches to GHG.

Power-based approaches to GPPPs:

In a critique of international health organisations, Navarro observes, a shared characteristic of international agencies' approaches to global health is "the complete absence in their analysis of the role of power and politics" (Navarro 1999: 219). Power-based approaches to GPPPs set their analysis in the context of power relations. Richter, for example, describes UN partnership with the private-sector as giving the pharmaceutical industry unrestricted access to global health decision-making, as she asserts: the UN and its agencies have let loose a force over which they now have little control" (Richter 2003: 7). Other critics of GPPPs have attempted to provide a more nuanced analysis of power.

For example, Fowler argues that partnership can be "a mystification of power asymmetry" and reflect "a more subtle form of external power imposition" (ibid). He tempers what appears to be a crude power analysis by combining it with an analysis of ideas. Thus, he argues that the *idea* of GPPP serves to: "co-opt and sideline potentially opposing ideas and forces that express and propagate alternative views". He continues: "By appearing to be benign, inclusive, open, all-embracing and harmonious, partnership intrinsically precludes other interpretations of reality, options and choices without overtly doing so" (Fowler 2000: 7).

Fowler's analysis is significant because it provides one of the few analyses of GPPPs that focuses explicitly on the role of ideas. However, he does not elaborate on how ideas make the practice of GPPP possible. Indeed, he accords a limited role for ideas in his analysis of GPPPs. For Fowler, ideas act as "an *instrument* for deeper, wider, and more effective penetration into a country's development choices" (Fowler 2000: 7, emphasis added). Ideas have an instrumental role: they reflect the power of international economic organisations such as the World Bank.

Interest-based approaches to GPPPs:

As I argued in Chapter Two, neoliberal institutional and neomarxist analyses are both examples of interest-based approaches to GHG. In this subsection I show how proponents

and reformists of GPPPs reflect, to a greater or lesser extent, neoliberal institutional assumptions, and how sceptics reflect neomarxist assumptions.

Proponents and reformists perceive GPPPs as evidence of complex interdependence between actors involved in GHG. On the one hand, international organisations require access to pharmaceutical industry compound libraries and expertise. On the other, pharmaceutical companies seek partnership because it helps legitimise their R&D programmes. Partnership thus creates relations of interdependence. Proponents of GPPPs also privilege states and international fora such as the WHO and the UN as the key sites for decision-making in GHG. They flatly dismiss sceptical arguments about undue private-sector influence through GPPPs. Widdus, for example, argues: "To include one person representing the pharmaceutical industry in the 16-member Board of GAVI [a GPPP] is unlikely to overturn the entire policy-making systems of WHO, UNICEF, the World Bank and other members" (Widdus 2003: 235).

Reformists are more concerned about the potential influence of private-sector actors through GPPPs, but suggest ways of restructuring partnerships so that they become more equitable and transparent (Buse and Walt 2000c). The question of power and the problems of undue influence by elites through the partnership are a primary concern for reformists. Buse and Harmer, for example, argue: "Evidence, though scant, suggests that a northern elite wields power through its domination of governing bodies and also through a discourse which inhibits critical analysis of partnership while imbuing partnership with legitimacy and authority" (Buse and Harmer 2004: 49).

Crawford adds weight to this argument in his analysis of partnerships in Indonesia. Here, Crawford argues, power asymmetries within North-South relations have not significantly changed, despite the rhetoric of 'partnership'. Crawford concludes: "Despite efforts to create the impression of Indonesian control, the *Governance Partnership* remains externally driven, shaped and influenced by international agencies, in contrast to a sovereign process where national actors direct and control a reform programme" (Crawford 2003: 155). For Crawford, the exercise of power through partnership is

evident in a variety of different ways. For example, power is exercised in terms of control by international agencies over agenda setting; in shaping general preferences; and through a "dialectical interrelationship between structure and agency, "where structure can enable as well as constrain" (ibid, p156).

Interest-based sceptics of GPPPs adopt many neomarxist assumptions about GHG. On the one hand, neomarxists give a more nuanced explanation of power than orthodox Marxists. Utting, for example, interprets GPPPs as evidence of ideological hegemony. He draws on the work of Gramsci and Cox to explain how a "third force" drives the phenomenon of public-private partnership (Utting 2000). He links GPPPs to Gramsci's 'centaur' description of hegemony, where domination of one group over another is achieved not on the basis of coercion but through consensus (Cox and Sinclair 1996). For Utting: "the involvement of the pharmaceutical industry in health GPPPs can be seen as part of such a strategy" (Utting 2000). On the other hand, neomarxists do not problematise the formation of interests. For neomarxist accounts of GPPPs, the interests of the various actors engaged in partnership are pre-determined, and partnerships provide an effective means of realising these interests.

	Interest-based	**Power-based**	**Constructivist**
Proponents	Widdus (2001); Kell and Ruggie (1999).		
Reformists	Buse and Walt (2000a; 2000b).		
Sceptics	Utting (2000); Crawford (2004).	Richter (2003; 2004); Fowler (2000).	

Table 3.3: Interest-based and power-based perspectives on GPPPs.

In conclusion, my review of GPPPs emphasises the following points. First, it provides a definition of GPPPs and gives reasons why that definition is adopted in this thesis. Second, it traces the historical emergence of GPPPs and notes that current analysis of

partnerships only asks why questions – 'why did GPPPs come to prominence?' No study has asked 'how-possible' questions of GPPPs. Third, the review of GPPPs identifies proponents, reformists, and sceptics of GPPPs. It is possible to accommodate these perspectives within the theoretical matrix that I described in Chapter Two, although there are clear gaps. Thus, there are examples of proponents, reformists, *and* sceptics within the interest-based literature, but only sceptical analysis from power-based literature. The review was unable to identify an analysis of GPPPs from a constructivist perspective (Table 3.3). It is clear from the review that of the five variables I highlight in my 15-point matrix (ontology, power, interests, change, and ideas and discourse), power is given most prominence. Ideas and discourse do feature in the literature, but their role is not considered in any detail. The ontological significance of GPPPs is not considered in the literature, and no study explicitly addresses the question of change in relation to GPPPs and GHG. Consequently, there are important gaps in the literature on GPPPs which, it is hoped, this thesis will begin to redress.

3.2. What are Neglected Diseases?

Disease	R&D Spending	Screening	Pre-clinical or Clinical Development	Product to Market in last five years
Trypanosomiasis (sleeping sickness)	0	0	0	0
Chagas disease	1	0	1	0
leishmaniasis	1	0	1	0
Malaria	2	1	2	2
Tuberculosis	5	4	3	1
Other infectious diseases	9	N/A	8	6

Table 3.4: Number of companies with R&D activities targeting drugs for neglected diseases (Source: Medecins Sans Frontieres, 2001: 12)[51].

In this section I provide a further justification for the focus of, and context for, the substantive analysis of my neglected disease GPPPs. As noted above, my three case study GPPPs are concerned with four neglected diseases: tuberculosis, sleeping sickness, Chagas diseases, and leishmaniasis. I provide details of the global significance of these diseases below.

Neglected diseases are seriously disabling or life-threatening diseases for which treatment options are inadequate or do not exist. They are diseases that could be cured or prevented with existing knowledge and technology were it not for the fact that R&D was either minimal or had completely ceased. They are diseases that do not constitute a valuable enough market for investment by the private sector. And they are diseases that have received insufficient national government intervention (Medecins sans Frontieres 2001). Typically, note MSF, those suffering from sleeping sickness (Trypanosomiasis), Chagas disease, and leishmaniasis "are so poor that they have virtually no purchasing power, and no amount of tinkering with market forces is likely to stimulate interest among drug companies"[52]. Consequently, they are categorised as *most* neglected diseases. Table 3.4 shows the number of companies (out of 11 respondents) with research and development activities targeting drugs for neglected diseases. Only one company apiece has developed pre-clinical or clinical trials for Chagas disease and leishmaniasis. No Company has an interest in sleeping sickness even though the WHO reports between 300-500,000 new cases and 150,000 deaths per annum[53].

Tuberculosis:

At two million deaths per year, Tuberculosis (TB) kills more people than any other neglected disease. It infects more people than any other disease (one third of the world's population), and there are more cases of TB detected each year (8 million) than any other disease (Figure 3.1; Table 3.5). TB disproportionately affects the poor. Ninety five percent of new cases of TB are in low-income countries (Goemaere 1999), and only five percent of the 16 million people currently sick with TB can afford to pay for treatment[54]. The impact that TB has on the poor is exacerbated by the prohibitive cost of providing treatment for multidrug-resistant strains of TB (MDRTB). Standard Directly Observed

Treatment – Short course (DOTS) drugs are relatively cheap ($10-14 per course). The commercial price for one course of MDRTB treatment, however, is between $10,000-14,000, and thus unaffordable for most developing country governments seeking to provide wide-scale treatment[55].

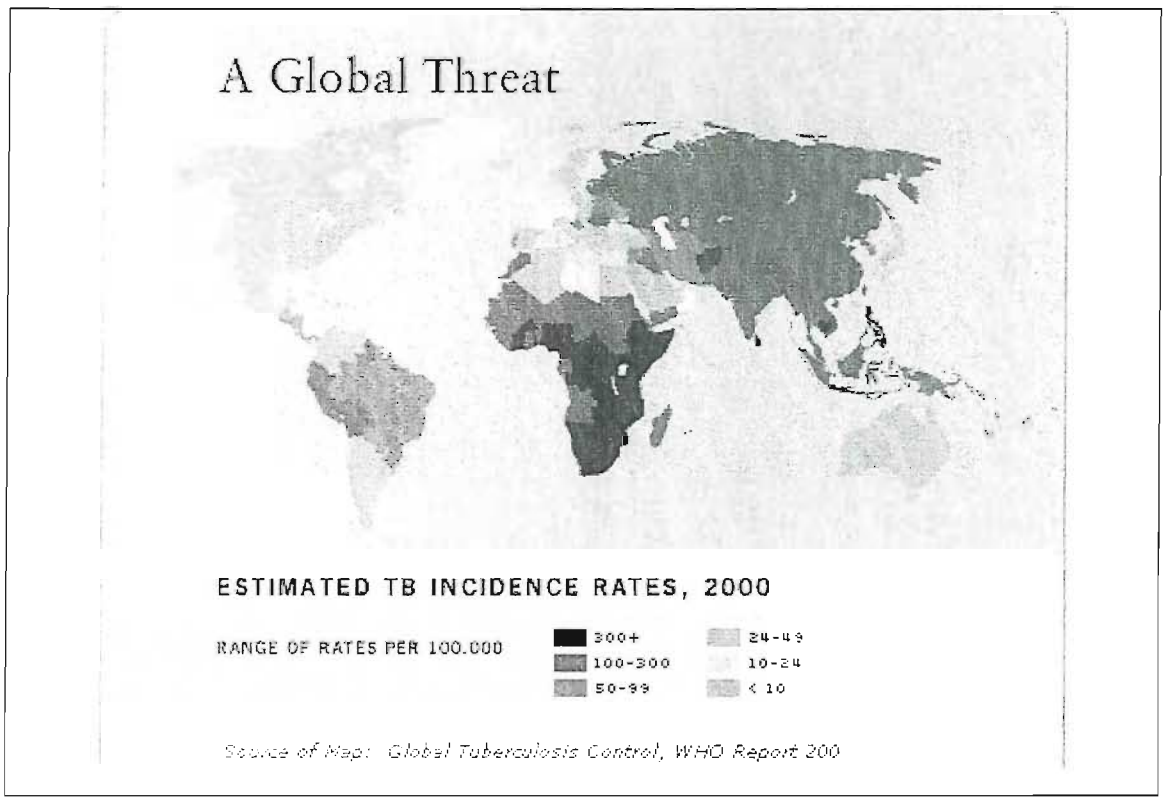


Figure 3.1: Estimated TB Incidence Rates, 2000 (Source: TB Alliance).

Because it is predominantly poor people in the South who contract TB, there is little financial incentive for pharmaceutical companies to invest in drug development to combat the disease[56]. Of the 1393 new chemical entities marketed between 1975 and 1999, only 3 were for TB (Trouiller, Olliaro et al. 2002; Pecoul 2003). A 2000 survey of new medicines in development, conducted by the US drug industry lobby group the Pharmaceutical Manufacturers of America (PhRMA), showed no new medicines for TB[57]. In the same year, by contrast, PhRMA's "New Medicines in Development" list showed eight drugs in development for impotence and erectile dysfunction, seven for obesity, and four for sleep disorders (MSF 2001)[58]. Although there are clearly identifiable

TB 'hotspots' around the world – in areas such as Russia, Africa, and parts of South America [check details] – new trends in global travel have seen rising rates of incidence in major capital cities. In London, for example, there has been a four-fold increase in the last decade, with 2886 cases in 2002 (Crompton 2003).

TB is not abating; indeed, it is on the increase. There are various reasons for this, but two characteristics of 'modern' TB stand-out (MSF 2004). The first is the increase of MDRTB[59]. MSF suggest that at least 4% of all TB patients world-wide are resistant to at least one of the current first-line drugs, and in parts of Eastern Europe nearly 50% of all TB cases are resistant. Dye et al have produced figures which indicate a rise in MDRTB cases of 250-400,000 per year (Dye, Williams et al. 2002). The second characteristic of modern TB is its association with HIV/AIDS. Harries et al state the problem starkly: "HIV fuels the tuberculosis epidemic" (Harries, Hargreaves et al. 2002: 464). There are two main reasons for this: first, because people with HIV are less able, physically, to fight TB; and second, because HIV has a negative effect on TB control efforts – specifically DOTS (Directly Observed Treatment, Short course). The negative effects of HIV on TB control include: increased case numbers, the need for more staff and resources, overcrowding on TB wards, increased morbidity and adverse drug reactions, increased mortality, increased rates of recurrence of TB, and poor delivery of health care (Harries, Hargreaves et al. 2002: 466).

Given the large number of people dying from TB each year, its association with HIV/AIDS, its resistance to existing first-line drugs, and the increasing incidence rate (8 million new cases per year), TB is arguably *the* neglected disease of the 21st century. For this reason it is an appropriate disease to include with the 'most neglected' diseases I describe in the following subsections. For the purposes of my study it is also a convenient disease to look at because GPPP interest in the disease is increasing. Consequently there is a rich source of literature on GPPPs and this particular neglected disease.

Estimated TB incidence and mortality, 2002						
	Number of cases (thousands)		Cases per 100 000 population		Deaths from TB (including TB deaths in people infected with HIV)	
WHO region	All forms (%)	Smear-positive	All forms	Smear-positive	Number (thousands)	Per 100 000 population
Africa	2354 (26)	1000	350	149	556	83
The Americas	370 (4)	165	43	19	53	6
Eastern Mediterranean	622 (7)	279	124	55	143	28
Europe	472 (5)	211	54	24	73	8
South-East Asia	2890 (33)	1294	182	81	625	39
Western Pacific	2090 (24)	939	122	55	373	22
Global	**8797 (100)**	**3887**	**141**	**63**	**1823**	**29**

Table 3.5: Estimated TB incidence and mortality, 2002 (Source: WHO fact sheet, revised March 2004[60]).

Sleeping sickness (Human African Trypanosomiasis):

Sleeping sickness is an isolated disease – it occurs only in sub-Saharan Africa – although that region comprises 36 countries with a total population of 60 million people (figure 3.2). Two parasites cause sleeping sickness – trypanosoma brucei gambiense and Trypanosoma brucei rhodesiense – and they are transmitted by tsetse flies[61]. Although the disease was controlled in the 1960s, it is making a come back due to conflict, population movements, and lack of human and financial resources (Stich, Abel et al. 2002). Sleeping sickness is notoriously difficult to treat. The drugs used to combat the disease are scarce, toxic, and encounter parasitic resistance[62], and only one of them is less than 40 years old! (Stich, Abel et al. 2002).

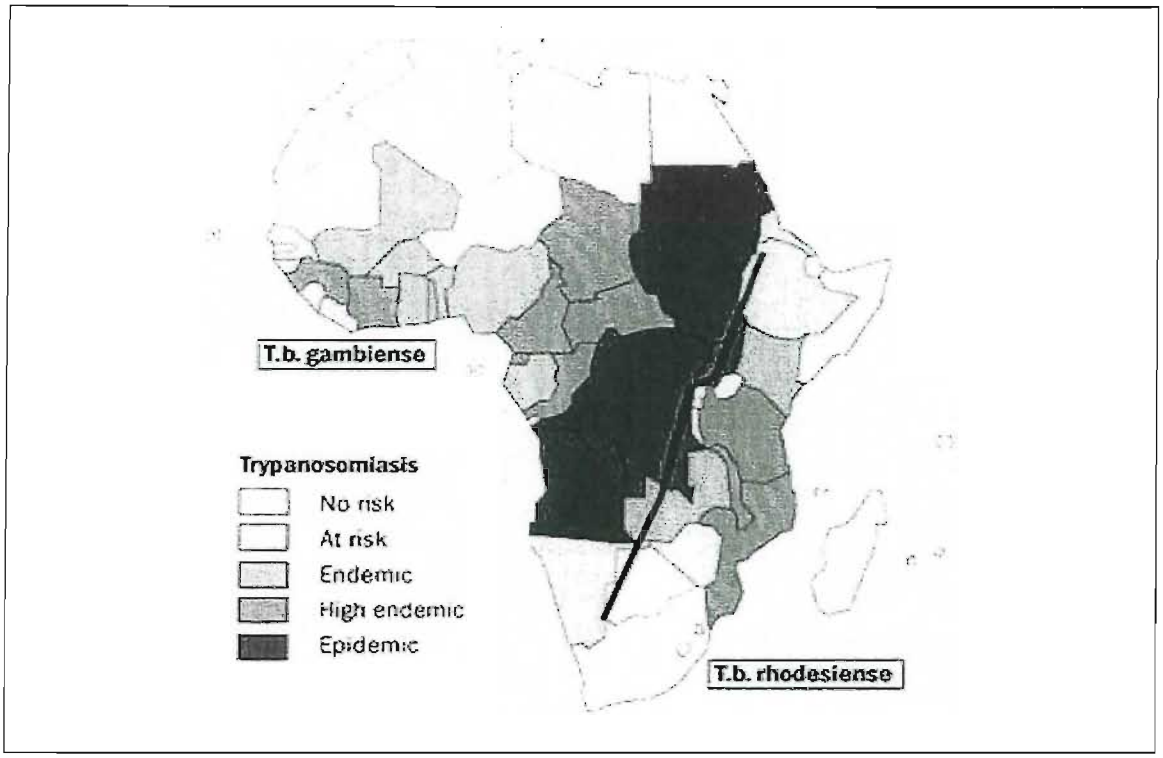


Figure 3.2: Distribution of gambiense and rhodesiense sleeping sickness in sub-Saharan Africa, 1999 (Source: WHO/CDS/CSR/ISR/2000).

The relationship between the pharmaceutical industry, international organisations, and NGOs over the question of drug production for this disease has been 'stormy'. During the late 1990s, the pharmaceutical industry stopped producing the major drug used for treating sleeping sickness because sales of the drug did not produce sufficient profit (Stich, Abel et al. 2002: 205). At the same time, new production lines for cosmetics were opened for the North American market with a drug previously used for sleeping sickness now being developed for use in face cream. In response to pressure from the WHO and MSF, Aventis and Bayer agreed to provide free production of an essential sleeping sickness drug for five years. However, drug availability is only part of the problem facing sleeping sickness, and better drugs and improved treatment schedules are desperately needed (ibid).

Chagas disease:

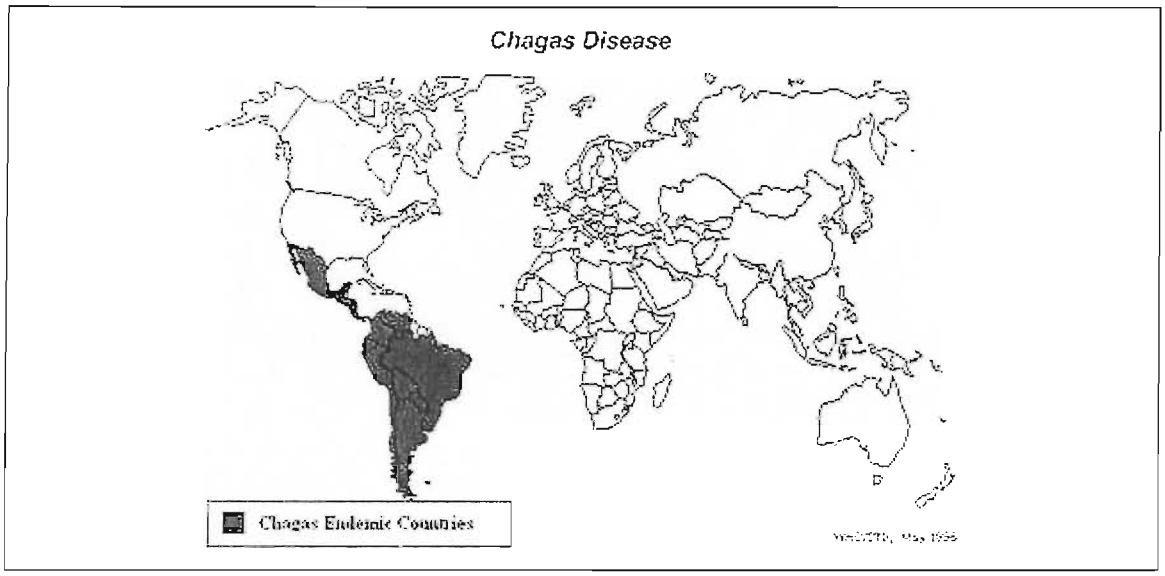


Figure 3.3: Countries in which Chagas disease is endemic (Source: WHO/CTD, May 1996).

Chagas disease is also a disease of the poor. It is transmitted through blood-sucking insects that live in the walls and roofs of mud and straw housing commonly found in the poor rural areas and urban slums of South America (figure 3.3). Diagnosis is made difficult because there are no apparent symptoms during the disease's acute stage, meaning that the disease can multiply in the body for decades before the victim is aware of the infection. When the chronic stage of the disease begins it is usually too late for treatment, and heart failure inevitably ensues[63]. The disease is widespread and kills about 50,000 people on the American continent. An estimated 18 million people are living with the parasite in their blood and about100 million people are at risk of infection in 21 countries – 25% of the population of Latin America. There are only two drugs available to treat Chagas disease and neither are considered ideal because they are not very effective in the chronic stage of the disease, and because resistant strains of the parasite are beginning to emerge[64].

Leishmaniasis (Kala-Azar):

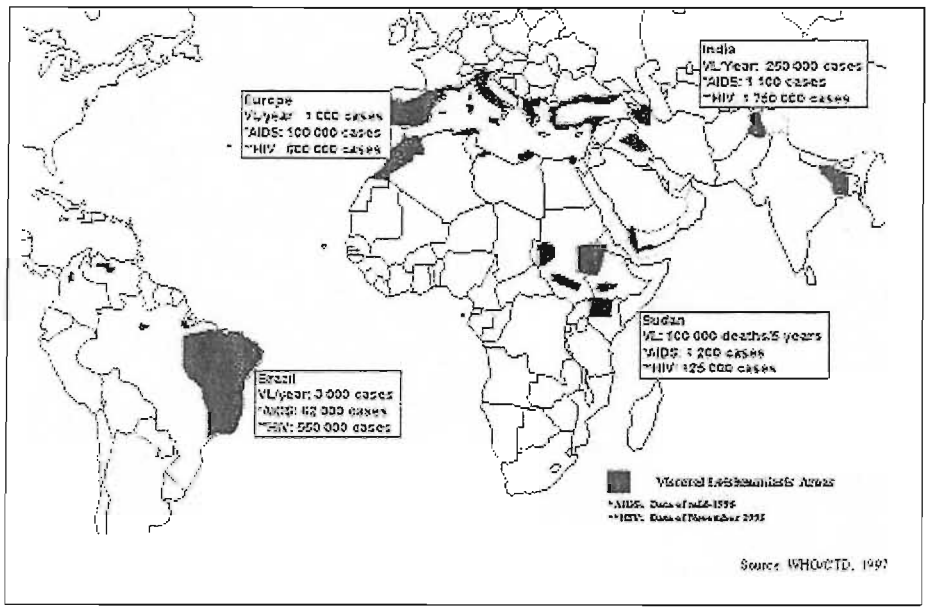


Figure 3.4: World distribution of Kala-Azar – visceral leishmaniasis (Source: WHO/CTD, 1997).

Kala-Azar is the Hindi word for 'black fever'. The disease is transmitted through the bite of a sand fly carrying the parasite Leishmania donovani. Without treatment the diseases is fatal[65]. As figure 3.4 illustrates, Kala-Azar is present in most continents but, as with other neglected diseases, it persists in very poor and remote areas where health care is scant and access almost non-existent. The disease is endemic in 88 countries, where 350 million are at risk of infection. However, almost all of the new cases each year – approximately half a million – are occurring in rural areas of the Indian sub-continent, Brazil, and Sudan (figure 3.4). Treatment for Kala-Azar is administered through a drip and is painful, toxic and there are dangerous side effects. Resistance to available drugs is strong in some parts of the world, notably India[66].

3.3. Three sample GPPPs for neglected diseases.

In this section I justify and explicate the choice of my three sample GPPPs. In Chapter One I described the methodology that I adopt in my thesis. I noted that it would proceed in two stages: first I would provide a historical account of the three partnerships, and then I would compare the discourses that operated within the three partnerships. In the following section I focus on the first stage of my methodology, and in Chapter Four I focus on the second. In addition to providing historical information about each of the partnerships, below I also outline their aims and objectives and their governance structures. This supports the rationale for the selection of sample partnerships that I outlined in Chapter One. Briefly, I selected my cases on the basis of their different institutional structures (multilateral host in the case of the Stop TB partnership; NGO host in the case of the DNDi; and legally independent partnership in the case of the TB Alliance), and also because the partnerships reflected different sets of actors from different backgrounds (actors working within international organisations, civil society groups, and the private sector).

By selecting three GPPPs with different institutional settings, I am able to control for institutional effect as a factor that might help us to understand the discourse of GPPP. If the discourse is the same across the GPPPs, but their institutional settings are different, then one may conclude that institutional setting has little impact on discourse. This may strengthen the argument that discourse may be a more significant factor in understanding the rise of GPPPs than has previously been recognised. Finally, I provide a Table that summarises each of the partnerships in terms of the date they were established, the diseases they cover, their category, institutional setting, policies, aims and objectives, partners, governance structures, and constituent members (Table 3.6).

3.3.1. Drugs for Neglected Diseases Initiative (DNDi):

Launched on July 3rd 2003, the DNDi is the first public-private partnership to focus exclusively on some of the most neglected diseases: Trypanosomiasis (sleeping sickness),

leishmaniasis and Chagas disease. In keeping with the DNDi belief that there should be increased public responsibility and involvement in neglected diseases, the Founding Partners of the Initiative are primarily from the public sector. There are five members: the Oswaldo Cruz Foundation (Brazil), the Indian Council for Medical Research, the Kenya Medical Research Institute, the Ministry of Health of Malaysia and France's Pasteur Institute. In addition there is one humanitarian organisation (MSF); and one international research organisation – the UNDP/World Bank/WHO's Special Programme on Training in Tropical Diseases (TDR), which acts as a permanent observer to the initiative[67].

According to one of the principal architects of the idea of the DNDi, the Initiative is best described as a "partnership for public responsibility" (interview with James Orbinski, 10/12/03). In response to the question: what kind of partnerships does DNDi have with the private sector, Orbinski gave the following explanation:

> Well, I would say that they are much more geared towards the contract end of partnership than the emergent end of partnership. There are explicit understandings around access to compounds with GSK, explicit understandings with Merck on support for the management process around making R&D choices and portfolio decisions, and so on. A contract is a very different thing to an emergent relationship. I will talk to my neighbour, I like my neighbour, we even have the odd cup of coffee and it's great. But I don't have a contract with him – but I do have a partnership with him. So the relationship with patent protected industry is much more on the contract end. That's how I would describe it (interview with James Orbinski, 10/12/03).

Historical development:

In 1999 Medecins sans Frontieres (MSF) launched its Access to Essential Medicines Campaign[68]. In October of that year MSF, the UNDP/World Bank/WHO Special Programme on Research and Training in Tropical Diseases (TDR), and the Rockefeller Foundation convened a meeting in Paris to consider how best to respond to the emerging crisis in access to essential medicines[69]. Following the meeting, the Drugs for Neglected Diseases Working Group was formed to continue the work begun at the conference.

The Working Group has been described as, "a multi-disciplinary and independent group that include[d] researchers, drug development experts, and regulatory affairs professionals from the public and private sectors of developed and developing countries" (Medecins sans Frontieres 2001). In addition, according to MSF, "It functioned as an international think tank of biomedical scientists, tropical medicine experts, health economists, legal and regulatory specialists and representatives from health NGOs, the WHO, and industry.[70]

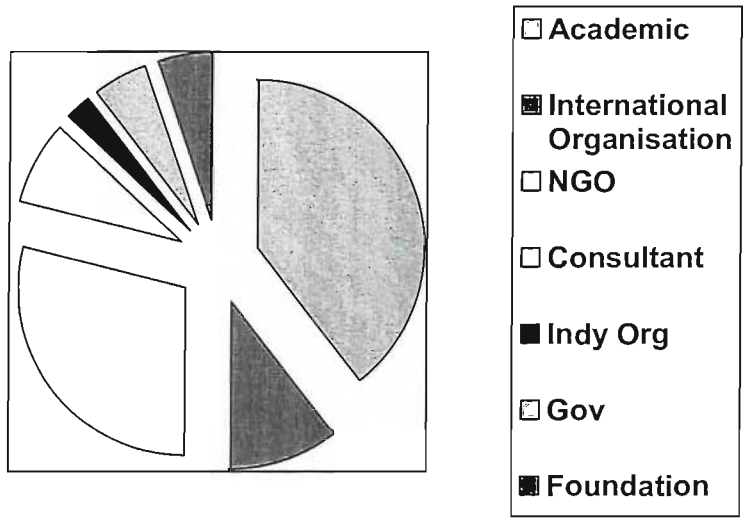


Figure 3.5: DNDWG constituent members.

In Figure 3.5, I show how the WG was constituted by separating the 39 members of the WG into distinct institutional groups. I identify seven institutional groupings: academic, international organisations, NGOs, consultants, independent organisations, governments, and foundations. The figure shows that the WG had a high academic and NGO representation. There were no industry representatives in the WG. In terms of its organisational structure, the Working Group was divided into four subgroups, each of which focused on a particular action-area: advocacy, capacity building, access, and regulation (Figure 3.6). These areas reflected the core vision that MSF had for responding to the crisis in neglected diseases: a vision, as noted in Chapter Three, that centred on capacity-building and technology transfer (Yuthavong 2001).

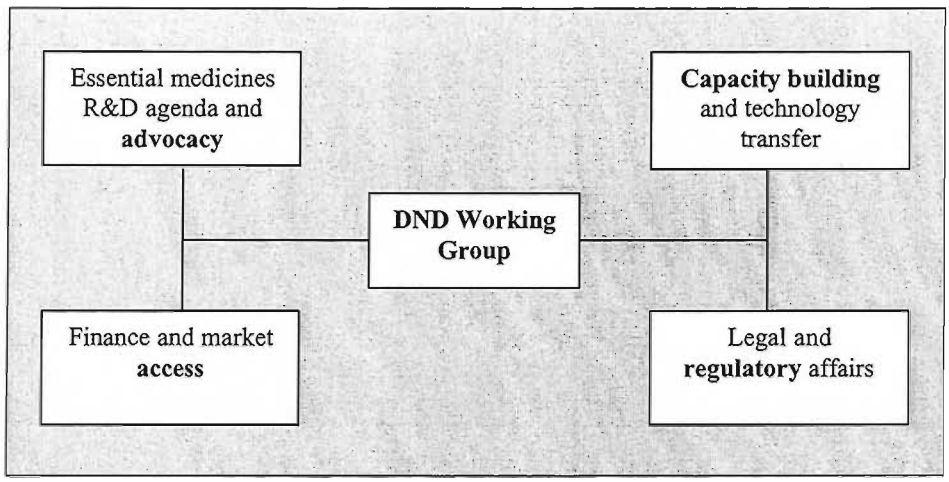


Figure 3.6: The DNDWG organisational structure.

The DNDWG produced 18 working papers which were presented at a number of international Workshops and meetings, and two core studies: *Fatal Imbalance* (MSF 2001) and *DNDi: An Innovative Solution* (MSF 2003a)[71].The 2001 report *Fatal Imbalance* argued that markets and public policy had neglected research and development of drugs for diseases such as TB and Malaria, and had grossly neglected diseases such as leishmaniasis, sleeping sickness, and Chagas disease (Medecins Sans Frontieres, 2001). The Working Group proposed establishing an Initiative to redress this deficit in R&D. Through collaborative effort, MFS, WHO/TDR, the Oswaldo Cruz Foundation (Brazil), the Indian Council for Medical Research, the Malaysian Ministry of Health, the Pasteur Institute, a representative from the African DNDi network, and patient representatives from disease-endemic countries officially launched the Initiative on July 3rd 2003[72].

Official aims and objectives of the DNDi:

DNDi comprises an independent body of international health experts with a mandate "to search for creative ways to stimulate R&D for neglected diseases and bring drugs to patients suffering from these diseases" (MSF 2003a). The purpose of DNDi is outlined in its Approved Charter (Box 3.1). Described as "a new not-for-profit operating model built to foster collaboration both amongst developing countries and between developing and developed countries", the design of DNDi is "a blend of centralised management...and

decentralised operations" (MSF 2003a). DNDi intends to spend approximately $250 million over twelve years to develop six or seven drugs to combat these three diseases. To increase the chance of short and middle term success, DNDi will develop drugs from existing compounds as well as fund and coordinate research to identify new chemical entities and develop them into drugs[73].

- To stimulate and support research and development primarily of drugs, as well as vaccines and diagnostics for neglected diseases;
- To seek equitable access and development of new drugs, to promote new formulations of existing drugs, to encourage the production of known effective drugs, diagnostic methods and/or vaccines for neglected diseases;
- To adapt new treatments for neglected diseases to meet patient needs, as well as to meet the requirements of delivery and production capacity in developing countries[74].

Box 3.1: The aims of the DNDi.

In response to the question, "how can a drug company that is not buoyed by profits and investors be created" (in other words, where does the money come from?), DNDi replies that because it is a 'virtual' drug-development initiative its development costs should be much lower than "typical 'bricks and mortar' pharmaceutical firms" (James Orbinski, quoted in Cassels, 2003). In calculating R&D costs DNDi does not include the cost of capital, and marketing costs should not be an issue for the Initiative because most of the research will be done in the developing world by public-sector scientists. Costs are also minimised because DNDi focuses less on developing completely new compounds and more on drugs that have already undergone some development or been abandoned at some point during the development process (Cassels 2003).

Governance Structure:

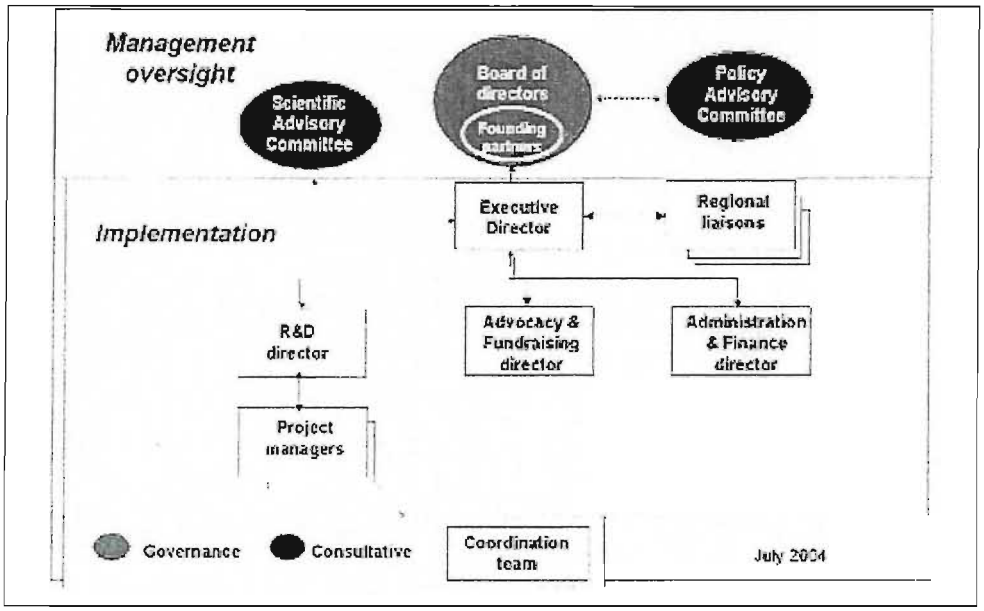


Figure 3.7: DNDi Governance structure[75].

As Figure 3.7 shows, the DNDi has a clear governance structure. In terms of its management, DNDi has a scientific advisory committee, a Board of Directors comprised of representatives from its founding members, and a policy advisory committee. The DNDi is led by a small team working directly with drug R&D networks. Management of the operations of the partnership is decentralised, with particular emphasis on developing countries. An Executive Director and management team with clearly delineated responsibilities and decision-making authority lead the day-to-day workings of the partnership. The executive Board provides overall guidance to ensure that adherence to the DNDi's mission is maintained. In addition, it works with the Executive Director as public advocates. Finally, the Scientific Advisory Committee (SAC) informs executive decisions made on individual projects. A point that is frequently made about DNDi is that in order to maintain its 'public' identity, there are no representatives from the (private) pharmaceutical industry on its Board of Directors.

3.3.2. The Global Alliance for TB Drug Development (TB Alliance):

The TB Alliance is an international public-private partnership that aims to accelerate the discovery and development of faster-acting and affordable drugs to fight tuberculosis. The partnership builds and manages a portfolio of promising compounds with partners world wide and invests in platform technologies that improve the environment for TB drug development. The TB Alliance provides staged funding, expert scientific and management guidance, and clear pre-defined milestone targets in order to ensure the rapid development of compounds. The Alliance pursues intellectual property rights "to ensure that new drugs are affordable to and adopted by those most in need"[76].

The Alliance sees itself as "one of a new breed of public-private partnerships" that "pursues a social mission – promoting health equity – while employing the best practices of the private sector and drawing upon resources from both the public and private realms"[77]. The Alliance has strong ties with public, private and civil society sectors. For example, in terms of civil society representation, both the Alliance's Director of Advocacy and the president of its Stakeholders Association have held senior positions at Medecins sans Frontieres[78]. In terms of private sector representation, the Alliance's first CEO Giorgio Roscigno previously worked for Aventis, and pharmaceutical industry representation on the Alliance's Board is extensive[79].

Historical development:

On February 8th 2000, a broad coalition of public and private actors concerned with combating Tuberculosis signed *The Cape Town Declaration*, thereby committing themselves to "accelerate the development of new TB drugs to improve the prevention and treatment of the disease"[80]. The Declaration committed its signatories "to develop a dedicated Global Alliance for TB Drug Development"[81]. This Alliance, the GATBDD, was formally launched on 12th October 2000 in Bangkok at the Annual Meeting of the Global Forum for Health Research. Its major public sector participants include the World Bank, USAID, DfID, and WHO/TDR. Principal non-profit participants are MSF, PIH, The Bill and Melinda Gates Foundation, the Rockefeller Foundation and the Wellcome

Trust[82]. Various commercial sector interests such as Lupin, Novartis, GSK, DuPont, and the Association of British Pharmaceutical Industry also support the Alliance[83]. The Alliance argues that through their efforts, "There is now a reasonable, logical best model, best approach to meeting an unmet medical need that the market could not address in decades"[84].

As noted above, *The Cape Town Declaration* committed various actors to partnership as a means of resolving the TB crisis. Under the direction of Ariel Pablos-Mendez, a group of individuals formed a 'Working Alliance' to oversee the development of the Partnership. In the Executive Summary of the 2000 *Meeting on TB Drug Development*, Pablos-Mendez gave the following description of the WA: "This global partnership of major stakeholders, evolved from the planning group for the Cape Town meeting, and has as its main task to operationalise the Declaration of Cape Town and craft the ground rules for the Global Alliance"[85].

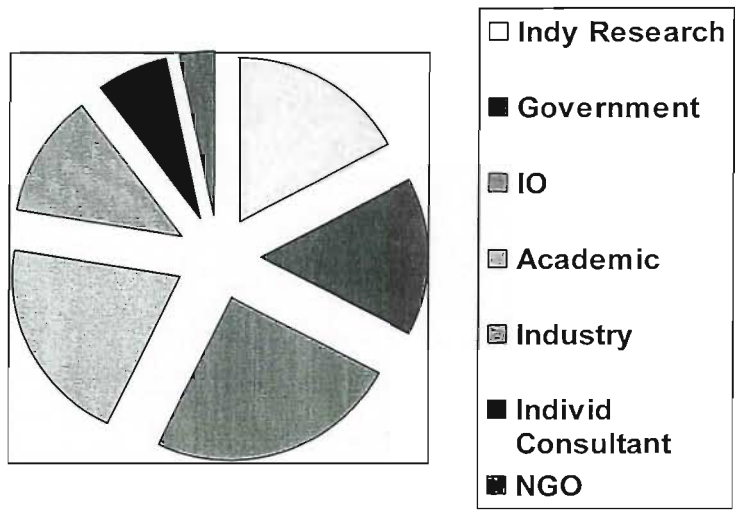


Figure 3.8: The Working Alliance constituent members.

The WA policy formation network was less complex than the DNDWG. Its first concern was to produce two reports – *The Economics of TB Drug Development* and *The Scientific Blueprint for TB Drug Development* – that would establish the economic and scientific arguments to justify and legitimise the practice of the partnership. In total, sixty

individuals are acknowledged as contributing to the production of these two reports. Unlike the DNDWG, the Working Alliance was comprised of a high proportion of pharmaceutical industry representatives, public sector organisations (NIH, NIAD, and CDC), and public International Organisations such as the WHO (Figure 3.8). The WA had just one NGO representative, Partners in Health (PIH).

Official aims and objectives of the GATBDD:

Joelle Tanguy, Director of Advocacy for the TB Alliance, describes it as:

> a global public-private partnership that will take whatever capacity exists around the world and focus it on a commitment to deliver a novel and affordable drug within the shortest time possible[86].

The objectives of the TB Alliance are to produce "a new highly effective" drug on the market by 2010 which requires a much shorter course of treatment than is currently possible under the standard Directly Observed Treatment Short Course (DOTS)[87]. The drug must be effective against drug resistant and latent TB, and it must be accessible to the populations which need it most[88]. The Alliance is self-consciously a partnership that "pursues a social mission – promoting health equity – while employing the best practices of the private sector and drawing upon resources from both the public and private realm"[89]. The Alliance recognises that the current 'built-in' incentive structure of the market is not going to yield new TB drugs, and it concedes that under existing market conditions no single operator in the pharmaceutical industry will carry forward drug candidates and guarantee the development of a new TB drug[90]. TBA's 'solution' is to transform the market's incentive structure by designing a "business model" that produces "win/win agreements" between it and public and private actors[91]. In an interview for the Wall Street Journal, CEO of TBA Maria Freire notes that the Alliance is:

> Springing up at a time when the balance between public health and markets needs to be more carefully assessed than ever...we're that space in the middle (Fuhrmans 2001).

The Alliance surveys TB drug development activity in the public and private sector and "selectively intervenes when its actions will help move a drug candidate towards registration and use in therapy" (GATBDD 2001a:2)[92].

Governance Structure:

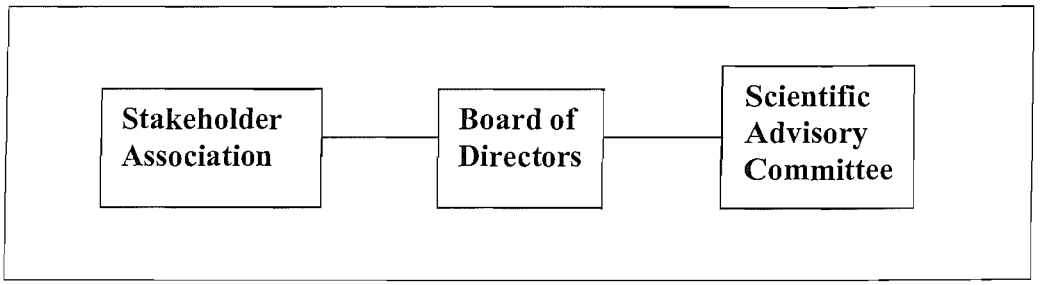


Figure 3.9: TB Alliance Governance Structure.

As figure 3.9 shows, the basic governance structure of the TB Alliance is similar to that of the DNDi: it has a Board of Directors, a Scientific Advisory Committee (SAC), and a Stakeholder Association (SA). Currently, there are 11 members on the Board, 15 members of the SAC, and representatives from developing nations, governments, NGOs, foundations, and industry on its SA. The stakeholders participate in the Alliance's outreach and advocacy efforts, and they also advise and give support to the Board. These responsibilities are exercised through ongoing contacts with the leadership of the Alliance and through the nomination of candidates for the Board and the election of a Stakeholders Association President to sit on the Board[93]. This participation ensures a greater degree of representation of NGOs and Southern countries, and thus adds a significant degree of accountability to the partnership (Buse 2004: 235).

3.3.3. The Stop TB Partnership:

Stop TB describes itself as a "partnership for global action"[94]. It works with public and private organisations from global to local levels, and all its partners underwrite the same principles and values[95]. The Stop TB Secretariat is hosted by the WHO, and is permitted

"to benefit from the mechanisms of the Organisation" – in terms of logistics and human resources[96]. The WHO is a strong leading agency in the Partnership, providing guidance on global policy and a representative to the Stop TB Coordinating Board[97]. Other key international public-sector organisations working through Stop TB include: USAID, the World Bank, UNICEF and numerous other UN organisations. In total, over 200 partner-organisations work through the Partnership[98].

Historical development:

1998 was a very significant year in the history of TB. The 24th March 1998 – World TB Day – was a day for recounting success stories and disasters. It was also the day that the WHO announced publicly that its TB targets for 2000 would not be met. An expert committee convened in London to present its findings on a country-by-country analysis of those countries most infected with TB. The committee made three announcements. First, their analysis showed that DOTS was covering barely 20% of the global estimate. Second, rapid progress had to be made in the top five TB-incidence countries, and third that "no single agency or partner could be made accountable for the countries to reach these targets...it was very clear that a coalition had to be made in order to help these countries to move along" (personal interview, 23rd Oct 2003). At that meeting critical questions were asked about the key impediments to reaching global TB targets. Two were identified: first, lack of human resources and infrastructure – in other words, impediments to implementation; second, the lack of a quality drugs supply. 1998 was also the year that Gro Harlem Brundtland took over the leadership of the WHO. One of her early reforms was to dismantle the TB programme. The Programme, which had more than fifty staff, was split into various segments. TB was not listed as a priority for the WHO, much to the disappointment of the global TB community.

However, later that year, at the Global Congress on Lung Health in Bangkok, Brundtland invited those attending to "participate in a new Stop TB initiative led by WHO"[99]. By 2000, members of the Ministerial Conference on Tuberculosis and Sustainable Development had committed themselves to "actively participate in the development and subsequent implementation of a global partnership agreement to Stop Tuberculosis

designed to foster ownership and accountability"[100]. The First Stop TB Partners' Forum held in Washington in October 2001 acknowledged the progress made towards realising this goal, and the Partnership finally became operational in 2002 with the publication by WHO of The Global Plan to Stop Tuberculosis (WHO 2002b).

Official aims and objectives of the Stop TB Partnership:

> Eliminate tuberculosis as a public health problem. That and nothing less is the goal of the Global Partnership to Stop TB. We, the members of the Partnership, know it will not happen overnight with a disease that has cast a centuries-long shadow; still, that is our aim – and we can achieve it (WHO 2002b:13).

As detailed in its Global Plan (WHO 2002b), the Stop TB Partnership has four objectives: To expand its current DOTS strategy so that all people with TB have access to effective diagnosis and treatment; to adapt DOTS to meet the emerging challenges of HIV and TB drug resistance; to improve existing tools by developing new diagnostics, new drugs, and new vaccines; and to strengthen the Global Partnership to Stop TB so that proven TB-control strategies are effectively applied.

The targets of Stop TB are presented in detail in its Global Plan (WHO 2002b:22). If its targets are reached, by 2005: 70% of people with infectious TB will be diagnosed (detection rate), of which 85% will be cured (treatment success rate); by 2010, the global burden of TB disease (deaths and prevalence) will be reduced by 50% (compared with 2000 levels); and by 2050, the global incidence of TB disease will be less than 1 per million population[101].

Governance structure:

As indicated in Figure 3.10, Stop TB has evolved into a broad Global Partnership with a clear governance structure. The Forum consists of an assembly of stakeholders in the Partnership, and is its principal coordinating body. The Forum identifies problems, consolidates and increases partners' commitments to the Partnership, creates and exploits

opportunities for advocacy, and reviews overall progress of the Partnership. The GDF focuses on guaranteeing uninterrupted global supplies of quality drugs, it catalyses rapid treatment expansion, stimulates political and popular support for public funding, and works to secure sustainable TB control[102]. The Secretariat "aims at facilitating, creating synergies and adding value to the work of others in the Global Partnership". Its specific functions and responsibilities are coordinating Working Groups, and advocacy and external communications activities[103].

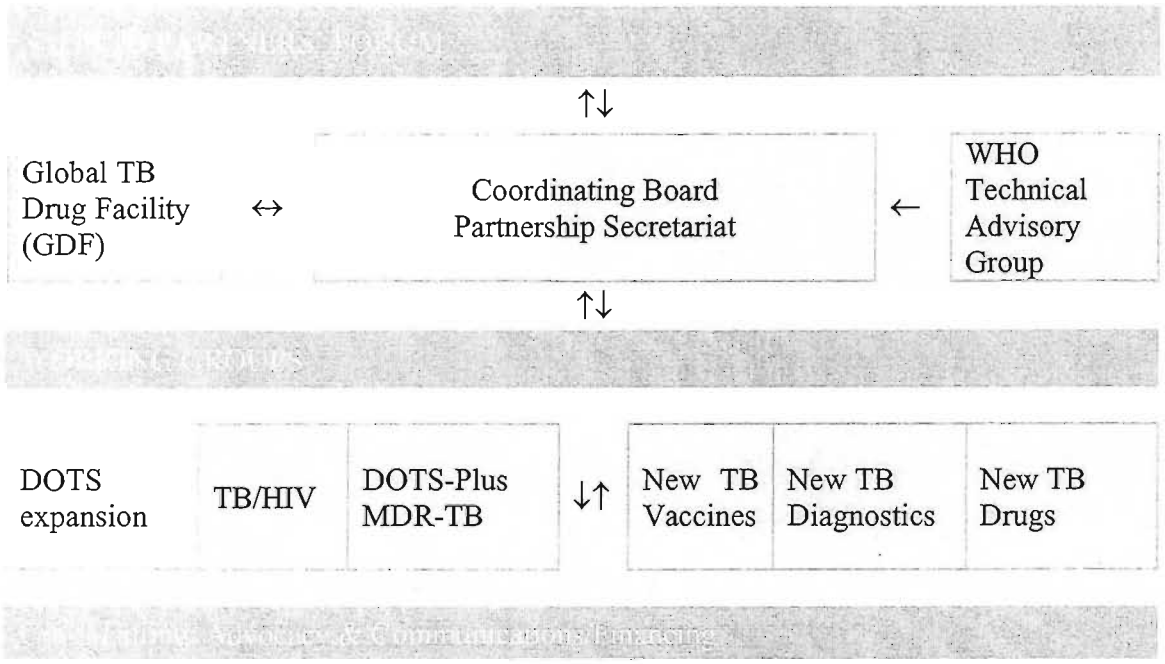


Figure 3.10: Stop TB governance structure (adapted from WHO, 2002, p112)

The Stop TB Partnership has a clear understanding of the purpose and values of 'partnership'. Partnerships are "based on mutually agreed upon roles and principles", and to ensure success must be "built on mutual respect and trust, transparency, and mutual benefits"[104]. Director General of WHO Jong-Wook Lee is clear about the importance of partnership: "Partnership with private and public sector actors is not simply a choice. It is *the only possible way* forward" (emphasis added)[105]. Dr Lee's enthusiastic promotion of partnerships accords with that expressed by his predecessor G. H Brundtland. "Only through new and innovative partnerships" states Brundtland "can we make a difference".

The Stop TB Partnership has adopted the broadest possible conception of the term 'partnership' to describe the broadest coalition of public, private, and not-for-profit actors. As noted above, a recent commentary observes, "the Partnership has quickly evolved from an initiative of international organisations into a *global social movement"* (Lee, Loevinsohn et al. 2003, emphasis added). It is thus part of Stop TB's mandate to engage in "partnership building" (WHO 2001a; WHO 2002a:107), and the WHO is firmly committed to supporting Stop TB in achieving this goal.

As Figure 3.10 illustrates, the Stop TB Partnership has a complex institutional framework. It has a Forum, which consists of representatives of all the Partners (currently approximately 300), a Coordinating Board, a Global Drug Facility, a Strategy and Technical Advisory Board, and six Working Groups that work on different aspects of TB (DOTS expansion, TB/HIV, DOTS+ and MDRTB, and R&D into vaccines, diagnostics, and drugs). The Forum provides an opportunity and context "for discussion to develop global consensus in a variety of areas related to TB"[106]. It has produced three background documents: 50/50: Towards a TB-free future; The Global Plan to Stop TB; and the Washington Commitment to stop TB. In this section, however, I focus on the Partnership's Coordinating Board because the Board represents and acts on behalf of the Stop TB Partnership, and reflects its major groupings and diversity.

There are 31 members of the Board with representatives from high TB burden countries, International Organisations, different regions, the six Working Groups, financial donors, foundations, NGOs and technical agencies, communities, and Industry (Figure 3.11). Together, these members formulate priorities for action by the Partnership; mobilise resources; approve work plans; and coordinate and promote advocacy and social mobilisation in support of the Partnership.

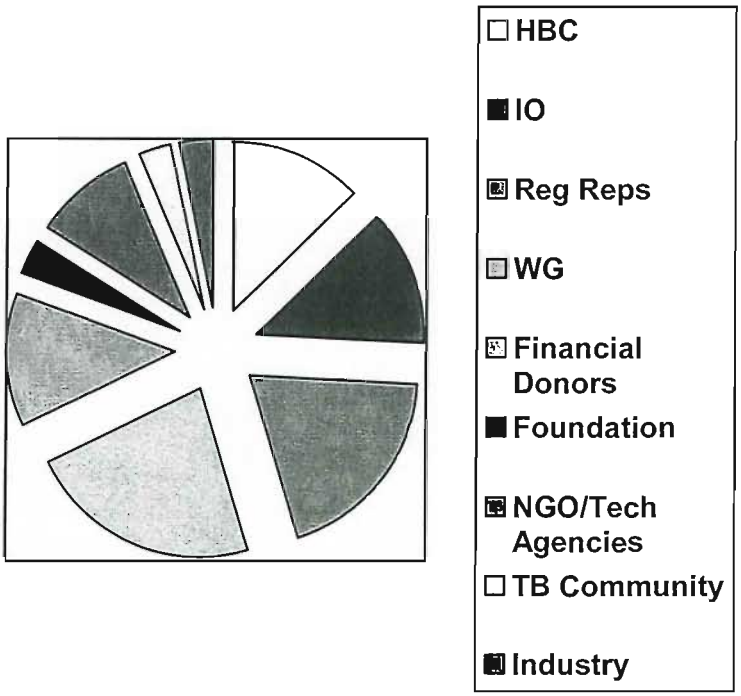


Figure 3.11: Coordinating Board institution representatives[107]

3.4. Conclusion:

In this Chapter I have done three things. First, I have provided a literature review of GPPPs. This review was necessary in order to identify various gaps in the health GPPP literature, and thus provide a justification for proceeding with the thesis. The literature does not take the role of ideas and discourse seriously; and it does not ask 'how-possible' questions in order to understand the rise of health GPPPs. Second, I have clarified my definition and categorisation of GPPP, and considered the fit between the extant literature on GPPPs and the 15-point matrix of GHG I provided in Chapter Two. In summary, the GPPP literature is divided between proponents, reformists, and sceptics of partnership. These three perspectives are representative of interest-based and power-based approaches to GHG. I was unable to identify any constructivist analyses of health GPPPs. Third, I have provided the necessary context and background information on neglected diseases and my sample partnerships. Table 3.6 summarises the three case study neglected disease GPPPs described in this Chapter.

GPPP	Date est.	Diseases	Category of partnership	Institutional setting/ context	Policies	Aims and objectives	Partners	Governance structure
DNDi	July 2003.	Leishmaniasis, Chagas disease, sleeping sickness	Product-development-based	Now legally independent, although close links with non-government organisation MSF.	Prioritising need over profit; linking R&D to access; moving R&D into the public domain	To search for creative ways to stimulate R&D for neglected diseases and bring drugs to patients suffering from these diseases.	Oswaldo Cruz foundation; Indian council for medical research; Kenyan medical research institute; Malaysian Ministry of Health; Pasteur Institute; MSF; WHO TDR	A not-for profit organisation that blends centralised management and decentralised operations (Figure 5). Regional networks.
TB Alliance	October 2000.	Tuberculosis	Product-development-based	Legally independent.	Create a portfolio of R&D investments; designing innovative agreements lever-ageing IP; enlist scientific capacity & resources.	To accelerate the discovery and/or development of cost-effective, affordable new TB drugs that will: shorten or simplify TB treatment; provide more effective MDRTB treatment; improve latent TB treatment	Public: Academic and government institutions; NGOs; regulatory agencies. Private: pharmaceutical industry; biotech companies.	A non-profit organisation governed by a board of directors. A CEO (Maria Freire) leads the organisation and is a member of the Board.
Stop TB	2000.	Tuberculosis	Issues/ systems-based	Multilateral organisation (WHO).	Promote wider and wiser use of existing strategies; adapt existing strategies; promote R&D	To ensure ever TB patient has access to effective diagnosis, treatment and cure; stop transmission of TB; reduce social and economic inequity of TB; develop and implement new strategies.	Stop TB currently has 293 partners globally.	The Partnership is an 'umbrella organisation' that is comprised of 6 Working Groups, each of which has its own governance structure (Figure 6)

Table 3.6: Key features of 3 neglected disease GPPPs.

4. The Rise of Global Public-Private Partnerships in Health: The Importance of Discourse and Ideas

Introduction:

The principal assertion of this thesis is that discourse and ideas are important in understanding the rise of GPPPs as a key mechanism of global health governance (GHG). This Chapter applies the Schmidtian framework that I outlined in Chapter 2.3 to an analysis of the three case study GPPPs introduced in Chapter Three, in order to determine how, where, and when ideas and discourse are important. The evidence I present is based on both primary and secondary sources. The primary evidence is in the form of 14 open-ended and semi-structured interviews conducted with key members of staff working for each of my sample partnerships, and with individuals identified as being important in the 'early days' of each partnership (see Appendix 1 for a list of interviewees). The secondary evidence is comprised of analyses of official documents published by the sample partnerships, independent studies of the partnerships published as articles and reports, partnership newsletters, email correspondence with staff working for the partnerships, information collated from each partnership's official website, and internet databases such as the Initiative on Public-Private Partnerships for Health (IPPPH)[108].

I divide this Chapter into three parts. The first part considers *how* ideas and discourse were significant in the rise of health GPPPs. I start by conducting a thematic analysis of the interviews, and then proceed by applying the Schmidtian framework to my primary and secondary sources by looking at the different roles that discourse adopted. I argue that discourse had four roles: it justified the practice of GPPP (its cognitive function); it legitimised the practice of GPPP (its normative function); it coordinated (its coordinative function), and it communicated the practice of GPPP (its communicative function). In this first part of the Chapter, I consider what evidence exists to support the claim that discourse performed these roles. To do this, I look at ten 'indicators' of discourse. I summarise the roles, functions, and corresponding indicators of discourse in Table 4.1 below.

Importance	Dimension	Role	Function	'Indicators' of the importance of discourse.
Discourse *constitutes* the practice of GPPP	Ideational dimension	Discourse *justifies* the practice of GPPP	Cognitive function	Introduces new technical and scientific arguments.
				Depicts paradigms and frames of reference that define 'reality'.
				Reduces policy complexity through the use of evocative phrases.
				Appeals to a deeper core of organising principles and norms.
				Demonstrates the relevance of ideas about GPPP.
				Demonstrates the applicability of ideas about GPPP.
				Demonstrates the coherence of ideas about GPPP.
		Discourse *legitimises* the practice of GPPP	Normative function	Associates the practice of GPPP with long-established values.
	Interactive dimension	Discourse *coordinates* the practice of GPPP	Coordinative function	Provides a framework for discussion and deliberation through a common language and vision of the practice of GPPP
		Discourse *communicates* the practice of GPPP	Communicative function	Translates the practice of GPPP into accessible language for public consumption.

Table 4.1: How discourse is significant: dimensions, role, functions and indicators.

The second part of the Chapter considers *where* ideas and discourse were significant in the rise of health GPPPs. Here, I distinguish between discourse operating at micro and the macro levels. At the micro level, I take each of my case study GPPPs in turn and determine where the four functions of discourse (cognitive, normative, coordinative and communicative functions) are most evident. As noted in Chapter 2.3, my GPPP case

studies represent three different institutional contexts (an international organisation, an NGO community, and a legally independent policy community). In this part of the Chapter, therefore, I attempt to determine whether the functions of discourse operated similarly within different institutional settings. Schmidt, for example, argues:

> The balance in favour of one or another [functions of discourse] tends to depend largely on the institutional context which frames the discursive process, determining who articulates the discourse, how it is articulated, and towards whom it is primarily directed (Schmidt 2002: 239).

The question to address is whether Schmidt's contention holds true across my GPPP case studies. I show that despite the different institutional settings of the GPPPs, the cognitive and normative functions of discourse operated in approximately equal measure across all three GPPPs. The results of my study of the coordinative and communicative functions of discourse are less easy to interpret. At the micro level, the functions of discourse do not operate equally across my GPPP case studies. At the macro level my research shows that the representatives of my three GPPPs comprised a global network of GPPP specialists. To consider the significance of this network for discourse, I return to the distinction I made in Chapter Two between power-based, interest-based, and constructivist approaches to GHG.

The final part of the Chapter considers *when* ideas and discourse were significant in the rise of health GPPPs. As I noted earlier (Chapter 1.2.3), there are various ways of answering the question 'when is discourse significant?' Here, I focus on just two. First, I focus on determining the relative significance of discourse and ideas as variables that explain the rise of health GPPPs *vis a vis* other variables such as power or interests. According to this line of enquiry, discourse is significant when it is more than simply an extension of power, and more than the reflection of dominant interests; discourse is significant when it alters actors' perceptions of their interests, charts new institutional paths, or creates new norms of global health governance. Second, I consider 'when' discourse is significant in terms of when it enables or restructures social, economic and

political conditions for change. Schmidt, for example, argues that discourse takes place against various background conditions (Schmidt 2002: 251). I focus on four such conditions: precipitating events that generate a sense of 'crisis'; eroding interest coalitions; loosening institutional constraints; and the questioning of cultural norms. The aim is to determine whether, and if so to what extent, discourse is significant when one, some, or all of these background conditions are present.

To summarise, I structure this Chapter in the following way. In Section 4.1, I explore how ideas and discourse were important in constituting the practice of GPPP, and I focus specifically on ten indicators of discourse to show this. In Section 4.2, I address the question of where ideas and discourse were important. Here I distinguish between micro and macro levels of analysis. At the micro level, I conduct a comparative analysis of the discourse of partnership that has emerged in each of my sample GPPPs in order to determine where the four functions of discourse (cognitive, normative, coordinative, and communicative) operate. At the macro level, as noted above, I identify the key actors involved in each of the sample GPPPs, and argue that they comprised a network of GPPP specialists. I then return to the theoretical distinction I made in Chapter Two between three approaches to GHG in order to help explain the significance of this network for discourse. Finally, in Section 4.3, I explore the question of when ideas and discourse were important. Here, I consider the relative strength of ideas and discourse as explanatory variables *vis a vis* other variables such as power and interests; but I also explore the extent to which ideas and discourse enable or restructure social, economic, and political conditions for change.

In this Chapter I begin with a thematic analysis of my primary data – a series of 14 open-ended and semi-structured interviews. I then proceed to interrogate the claim that ideas and discourse constituted the practice of GPPP by applying the discursive framework adapted from Schmidt (2002).

A thematic analysis of 14 interviews:

As noted in my introductory remarks on methods (Section 1.2), the 14 individuals with whom I conducted interviews were identified using purposive sampling and 'snowballing' techniques (see Appendix 1 for the list of interviewees). The respondents are broadly representative of public institutions such as the WHO (Marcus Espinal), non-government organisations such as MSF (James Orbinski), and the pharmaceutical industry (Giorgio Roscigno). My interviews were conducted either face-to-face or by telephone, and each interview was transcribed and a copy of the transcription sent to each respondent. The interviews lasted from between 30 minutes to 2 hours, which is an appropriate, and recommended, range for the kind of qualitative interview I conducted [Silverman, 2001 #807].

To introduce a degree of rigour to my analysis, I prepared for my interviews by following a process developed by Mason [Mason, 2002 #806]. As outlined in Chapter One, Mason advocates a five-point process:

- Assemble 'key' research questions;
- Subdivide these questions into issue-areas;
- Develop ideas about how best to get at these issues during the interviews;
- Formulate a loose structure for the interviews;
- Incorporate standardised questions to ask of each interviewee.

As noted in Chapter One, the key research question driving my thesis is: How was it possible for GPPPs to rise to prominence as a key mechanism of GHG? With this in mind, I identified a number of issue-areas that I wanted to explore during the interviews. These were: how each respondent understood the rise of GPPPs, and the meanings that each respondent attached to them; the role of ideas and discourse; how each interviewee justified and legitimised their actions/roles; how each respondent understood GHG; and what obstacles each respondent faced. I then conducted a comparative analysis of the interviews by devising and employing a thematic code, which I introduce below. The aim

of the interviews was not simply to excavate data that complemented and triangulated data excavated from secondary sources; it was also to construct new knowledge that may be used to better understand the rise of GPPP and the role of ideas and discourse in that process.

Coding the interviews:

According to Boyatzis, thematic analysis is "a process for encoding qualitative information" [Boyatzis, 1998 #812: vi]. Encoding requires an 'explicit code', and this can be comprised of a list of themes, a complex model, or something in between these two forms (ibid). For the purposes of this analysis, I have chosen 'the interview' to be my unit of analysis, rather than individual lines of text or particular phrases, and 'the entire response to each question posed' as the unit of coding [Boyatzis, 1998 #812: 62-65]. The reasons for these choices are both pragmatic and logically coherent: line-by-line analyses are time-consuming and require complex codes; but in addition, the aim is simply to provide data that allows for a broad interpretation of the themes I identify from the interviews. This will then supplement the analysis of ideas and discourse carried-out when I apply the Schmidtian framework later in this Chapter. My method of encoding is straightforward: for each interview I looked at the interviewees' responses and attempted to group them around common themes. I consider the significance of these findings in the proceeding discussion.

Discussion of findings:

Strengths and weaknesses:

The interviews were invaluable in terms of excavating new knowledge for two reasons. First, they provided important additional information about the rise of the GPPPs with which they were involved or of which they had experience. Interviewees were able to corroborate data from secondary sources, but also able to confirm, counter, or supplement data provided by other interviewees. This was particularly the case in relation to the role of the WHO and the rift that emerged within the organisation between those employees who advocated more R&D into neglected diseases, and those who advocated more

implementation of existing strategies. Second, the technique of 'snowballing' was particularly productive. It was apparent, as I discuss below, that most of the interviewees knew each other very well, and were thus able to provide long lists of people who I was urged to contact.

The interviews at times suffered from a lack of direction. It was my intention that the interviews should be 'conversations with a purpose' and have semi-structure that was as minimal as possible. The structure was too minimal at times and resulted in much potted history and anecdote. A more structured set of questions may have helped. An interesting finding that did come from my use of pointed questioning, however, was that it elicited short, even terse, answers. For example, it was difficult to elicit answers, or draw observations from the interviewees about the role of ideas and discourse. I come back to this point below. The point is that although an open-ended interview technique was not always satisfactory, more direct questioning was not necessarily any better. Looking back at Mason's strategy for interviewing, it is clear that more time needed to be spent devising ideas for getting at the issues I wished to cover in the interviews.

Themes:

As noted above, it was difficult to elicit a response from the interviewees about ideas and discourse. In their descriptions of the rise of their respective GPPPs, few references were made to ideas or discourse unless prompted. Only one respondent provided a sophisticated analysis of the role of ideas, noting that discourse was central to the role of the partnership. This interviewee had direct experience of the DNDi. It was clear from my interview with him that changing people's perceptions of global health care was a central role of the DNDi. The other interviewees made no unprompted reference to either ideas or discourse. Neither of these concepts were referred to in the interviewees unsolicited. In response to prompting ('are ideas or discourse important') there was puzzlement about what discourse meant, or a dismissive 'of course ideas are important' retort. One interviewee simply relayed back to me the abstract of my thesis that I sent to all my interviewees before the interview!

Common to each of the interviews was repeated reference to other actors. As I note later in this Chapter in my discussion of the role that discourse played in overcoming institutional obstacles, the World Health Organisation was specifically identified as being obstructive to the development of individual GPPPs. Eight of the fourteen interviewees made specific reference to this institution. Two were complimentary about the role it played, but six were critical of the organisation, using terms such as "inflammatory", or as suffering from a "dichotomy of thinking", and "resistant to change". Given that the subject of the interviews was public-private partnership, there were surprisingly few references to either the private sector or NGOs. Not surprisingly, those that did were those actors involved with the DNDi and the TB Alliance. The DNDi is keen to promote a public partnership model, and the TB Alliance has close links with the pharmaceutical industry. When asked directly whether they thought that through partnership the pharmaceutical industry's interests were in any way being re-shaped or re-constituted, none of the interviewees thought that they were.

Another theme evident across the interviews was how many of the interviewees contextualised GPPPs. Of the fourteen interviewees, eleven made reference to 'globalisation', six to 'governance' and four to 'global governance'. Most made reference to globalisation during their initial description of the development of their respective partnerships. Interestingly, two interviewees working for the WHO, and one independent adviser, argued against the existence of global governance, preferring instead to use the term 'international' to describe relations between actors within the GPPP.

A strong theme that emerged from the interviews was that of networks. Although no interviewee made explicit reference to the term, it was evident that each person was very familiar with the names of everyone else. James Orbinski, Ariel Pablos-Mendez, George Roscigno, and Roy Widdus appeared to be particularly knowledgeable, and forthcoming with names of other people to contact for information. As I illustrate later in this Chapter in my analysis of where discourse is important, the ideas that informed GPPPs were diffused through a close-knit network of individuals (Figure 4.3). Another common theme running through the interviews was an uncritical acceptance of GPPPs as a

necessary and appropriate response to resolving the problem of neglected diseases. With the exception of two interviewees, who were associated with DNDi, there was no critical commentary about GPPPs. Problems associated with GPPPs were problems of effectiveness, cooperation, and incentives – in other words, practical problems that could be resolved through reform.

The literature on GPPPs barely touches on the possibility that GPPPs are mechanisms within which ideas and discourse reconstruct partners' perceptions of their self-interest. Rather than see GPPPs as sites in which social learning can take place, and actors' interests are reconstructed through exposure to new ideas and norms, the dominant argument is that actors enter GPPPs with predetermined interests, and these interests do *not* change. Yuthavong's comment is typical:

> Besieged pharmaceutical companies are becoming more interested in creating good will in all countries, regardless of their drug development status, and companies realise that they can do so by joining efforts to develop drugs for neglected diseases. In short, the opportunity-cost structure is changing: drug companies have more to gain and less to lose by paying attention to this problem (Yuthavong 2001).

Although this optimistic observation was echoed by all of my interviewees, there was no indication in any of my interviews that the interviewees believed that actors' perceptions of their self-interest were reconstructed by virtue of being in a GPPP. It might be objected that this is a difficult point to verify: how is it possible to assess whether actors' self-perception has changed? Why would interviews volunteer such information? Methodologically, this does present a challenge. To be clear, I asked each interviewee whether or not they had any evidence to suggest that the private sector had changed its behaviour as a result of being in their GPPP. No respondent indicated that they had. Of course, the question then is 'how do they know'? Why should I believe anything they say? What evidence were they able to give to support their observations? These are difficult methodological issues that I do not pursue in my thesis.

It should be emphasised that to be able to make a convincing argument about changes in self-perception through exposure to GPPP would require far more in-depth and extensive interviewing with a much larger data set of private sector representatives. No work to date has been done in this area, and my own research only begins to hint at the possibilities of GPPP as sites for re-shaping actors' perception of self-interest. This area clearly warrants further research.

Principal findings of the interviews:

The interviews were valuable sources for additional information required to understand the rise of the three GPPPs studied for this thesis. In this respect they triangulated information gleaned from secondary sources. The interviews also indicated that a network of actors were involved in formulating and communicating the ideas about GPPP to a wider audience. The interviewees were able to provide details of who was part of this network, and this enabled me to map the network (Figure 4.3). It is also evidence from the interviews of the existence of a broader discourse of GPPP that is informed by ideas about globalisation, and governance and, to a lesser extent, global governance. The absence of reflection in the commentary from the interviewees is also striking.

4.1. How are discourse and ideas important?

The Schmidtian framework:

As noted above, and in previous Chapters, the Schmidtian framework employed in this thesis distinguishes between the ideational and interactive dimensions of discourse. The *ideational dimension* of discourse has a cognitive function that justifies policy practice through a 'logic of necessity', and a normative function that legitimises that practice through a 'logic of appropriateness'. In addition to the ideational dimension of discourse, Schmidt argues that discourse also has an *interactive dimension*. This dimension of discourse coordinates and communicates ideas about GPPP to the global health community.

For sake of clarity, it is important to be clear what I mean by 'logic of necessity' and 'logic of appropriateness'. There is a well-established literature on the distinction between actions driven by rational calculating behaviour, and actions driven by rules, roles and identities (March and Olsen 1989; March and Olsen 1998; Krasner 1999). In the former case, the literature more commonly refers to the 'logic of expected consequences', where action and consequences are seen as the product of "rational calculating behaviour designed to maximise a given set of unexplained preferences" (Krasner 1999: 5). I use the phrase 'logic of necessity' with this literature in mind. A logic of appropriateness, on the other hand, proceeds by asking a quite different question, as Krasner explains: "The question is not how can I maximise my self-interest but rather, given who or what I am, how should I act in this particular circumstance" (ibid). What, in other words, is it appropriate for me to do? In this Chapter, I consider the extent to which the discourse of health GPPP was structured around logics of necessity and/or logics of appropriateness. In Schmidt's study of European capitalism, both logics were important in overcoming entrenched interests, institutional obstacles, and cultural barriers to change. The question remains whether either, or both, discursive logics are important in ensuring the rise of health GPPPs.

4.1.1. The ideational dimension of discourse.

As summarised in Table 4.1, Schmidt's framework suggests that discourse has an ideational dimension, and that this dimension of discourse has two functions: a cognitive function and a normative function. The cognitive function justifies a policy programme by employing a 'logic of necessity', and the normative function legitimises a policy programme by employing a logic of appropriateness. In this section, I consider what evidence exists to support the argument that discourse justified and legitimised the practice of GPPP. To do this, I look for evidence of 'indicators' of discourse operating across my sample GPPPs.

Discourse *justified* the practice of GPPP: the cognitive function of discourse.

Schmidt identifies seven 'indicators' that show how discourse justifies policy programmes (Table 4.1). These are: the introduction of new technical and scientific arguments; the depiction of paradigms and frames of reference that define causal reality; the reduction of policy complexity through the use of evocative phrases; the appeal to a deeper core of organising principles and norms; the demonstration of the relevance of a particular idea; the demonstration of the applicability of a particular idea; and the demonstration of the coherence of a particular idea (Schmidt 2002: 215). In this section I ask a simple question: are these indicators evident in my sample GPPPs, and if so to what extent?

Indicator # 1: Discourse introduced new technical and scientific arguments.

All three of the sample GPPPs studied for this thesis have emerged from, and are justified by, scientific and technical arguments developed by Working Groups comprised of health practitioners, academics, and representatives from key international and transnational institutions and organisations.

For example, the Drugs for Neglected Diseases Working Group (DNDWG) produced a series of technical papers illustrating the lack of research and development for neglected diseases (Medecins Sans Frontieres, 2001; Trouiller, 2001; Trouiller, 2002). The principal thrust of these arguments is to highlight *both* public and private failures in responding to neglected diseases. On the public side, the DNDWG calculated that barely US$100 million per year was being spent by governments, non-profit organisations, and foundations on drug R&D for TB, malaria, sleeping sickness and leishmaniasis *combined* (Medecins Sans Frontieres, 2001:21). On the private side, as noted in Chapter 3.2, the DNDWG surveyed 20 pharmaceutical companies to determine the extent of R&D into new drugs for infectious diseases. The results showed that for the same four diseases, only one new product had been developed in the past five years (MSF 2001: 12).

The justification for the DNDi's innovative partnership model stems from an argument first presented in the DNDWG publication 'Fatal Imbalance'. The report notes that whilst

"public-private partnerships have been successful in mobilising public and private sector expertise around certain diseases" none had provided strategies for developing drugs for the 'most neglected' diseases identified in the table above (Medecins Sans Frontieres, 2001). In a 2002 article published in the Lancet, the DNDWG argues that GPPPs exist for neglected diseases such as malaria and TB only because "these diseases rank higher in the public-health priorities of developed countries than other, more neglected, diseases and represent a potential market for industry" (Trouiller, Olliaro et al. 2002: 2193). The justification for the novel DNDi approach is, therefore, two-fold: it is the first initiative to specifically focus on 'most neglected' diseases, and it does not rely on the market for R&D. At its launch in July 2003, and under the banner 'Best science for the most neglected', the DNDi described itself as:

> The first not-for-profit organisation to exclusively focus on the world's most neglected diseases. Moving away from the traditional public-private partnership structure, it intends to take drug development out of the marketplace by encouraging the public sector to take more responsibility for health[109]

In these respects, the DNDi is able to justify its particular partnership model rather than more orthodox GPPP approaches.

In 2001, the TB Alliance produced two influential reports: 'The Scientific Blueprint for TB Drug Development' and 'The Economics of TB Drug Development'[110]. The 'Scientific Blueprint' Report was published "to provide a detailed, well-referenced document to guide scientists and investigators...in all aspects of TB drug discovery". It describes the current status of TB; makes the case for new chemotherapeutic agents; analyses current TB R&D; identifies barriers to TB drug development throughout the R&D process, and suggests ways of overcoming these barriers; and it presents guidelines for increasing the chances of obtaining regulatory approval for an effective new treatment (GATBDD 2001a: 2). The 'Economics' Report provides an economic analysis of the market for TB drugs, and it estimates the costs of TB drug development. Of the various

scientific analyses presented in the two reports, three core studies stand out; they are outlined below.

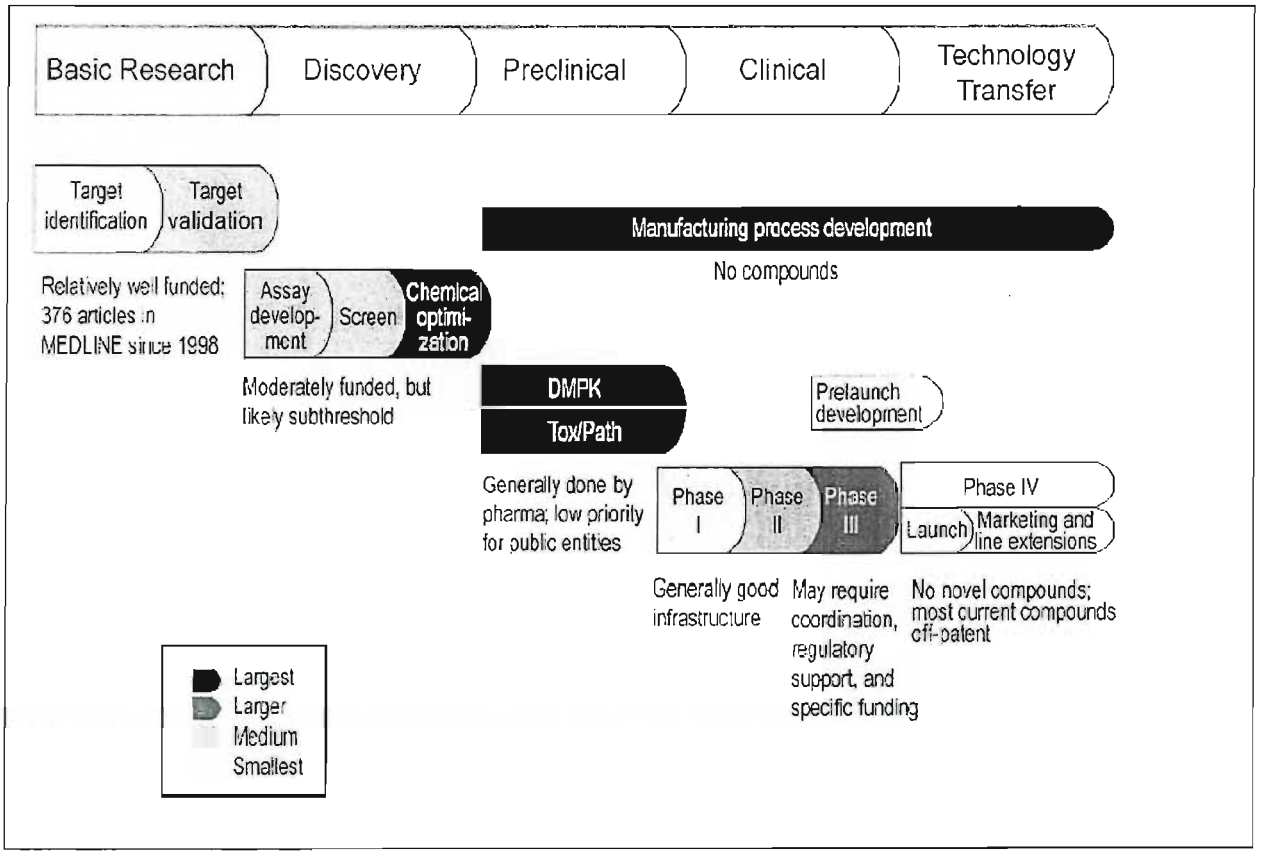


Figure 4.1. Gaps in the R&D process (GATBDD 2001a: 4).

The first study is the 'Scientific Blueprint' Report, published in 2001. It identifies several gaps in the R&D process of TB drug development. These are reproduced in Figure 4.1. Although there is room for improvement at each of the five stages of R&D, major bottlenecks occur in the late discovery and pre-clinical research stages. The Alliance prioritises these two areas. At the discovery stage the Alliance provides funding for medicinal chemists to pursue TB lead optimisation. At the pre-clinical development stage, it coordinates and supports integrated toxicological and pharmacological resources during lead development, and encourages early evaluation of lead compounds in animal models of TB (GATBDD 2001a: 5).

To close the gaps in R&D, the TB Alliance encourages both public and private sectors' involvement. To do that, the TB Alliance published a second Report: 'The Economics of TB Drug Development', also published in 2001. The Report's analysis of the TB market and the costs of TB drug development provided a more 'optimistic' cost-analysis of R&D into neglected diseases than other studies had previously indicated. The 'Economics' report costs TB drug development in three stages:

1. Successful development of a new chemical entity (NCE) excluding costs of failure: approximately $36.8 million – $39.9 million.
2. Including costs of failure: approximately $76 million – $115 million.
3. Successful discovery and development of a new anti-TB drug (including costs of failure): approximately $115 million – $240 million.

Market	Market Available for Current Drugs If No New Drug Is Introduced	Market Available for New Drug[b]	Market Available for New Drug If Some Markets Pay Premium[c]
Private (excluding LTBI)	$258M–$301M	$129M–$150.5M	$174.2–$203.2M
Public/Tender	$175M–$190M	$87.5M–$95M	$87.5M–$95M
MDR-TB drugs	$120M	$60M	$81M
LTBI	$59M	$39.3M	$53.1M
Total	**$612M–$670M**	**$315.8M–$344.8M**	**$395.8M–$432.3M**

Figure 4.2. Estimated potential market for a new anti-TB drug introduced in 2010 (GATBDD 2001d: 13)[111].

In an interview with the Alliance's Director of Advocacy, it was made clear that although the Alliance's costing (up to $240 million) is significantly lower than Industry estimates (up to $800 million), it is misleading to make comparisons between the different costing models, or to argue, for example, that it would be less expensive to develop a TB Alliance drug than an Industry TB drug[112]. Crucially, Industry costings take into account factors such as the money that could be lost through investment in TB R&D rather than potentially more lucrative investments.

A third analysis, also published in the Economics Report, clarifies misconceptions about the potential market for TB drugs. There are two market segments for anti-TB drugs: the private market (pharmacy and hospital sales) and the public/tender market (governments and international donors such as WHO and the Stop TB Partnership). The 'Economics' report estimates the potential market for a new anti-TB drug at somewhere between $316 million and $345 million (figure 4.2). The analysis also suggests that some markets (e.g., the private market) might be prepared to pay a 35% premium for the new drug due to its advantages and potential for substantial overall health costs. If this premium is charged in all but the public/tender market, then the estimated market rises to between $396 million and $432 million. In addition, the report shows that the market for a new TB drug is growing rapidly and will reach $700 million by the end of the decade (GATBDD 2003:8). The principal conclusion of the report is that the market for a new anti-TB drug could be far more substantial than is commonly perceived by the public and private sectors. However, the Alliance recognises that even a potential $700 million market is insufficient to persuade industry to pursue the full development of an anti-TB drug – hence the need for public-private partnership; hence the need for the TB Alliance.

In sum, then, the two reports published by the Alliance seek to refute a series of myths about TB: that the market for new anti-TB drugs is insubstantial; that the costs of developing new anti-TB drugs are too high; and that investments by the private sector cannot be recouped (GATBDD 2001d: 28-29). Through the technical and scientific arguments presented in the 'Scientific Blueprint' and the 'Economics of TB Drug Development' reports, the Alliance works toward "changing the terms of the 'public health v pharmaceutical industry' debate (GATBDD 2001e: 9). These arguments underpin the justification for a public-private partnership such as the TB Alliance whose self-professed function is to act "as a lean, virtual R&D organisation that outsources R&D projects to public or private partners" (GATBDD 2001a: 2).

The Stop TB Partnership published its Global Plan to Stop TB in 2002. This report presents scientific and technical arguments and data to justify the Partnership's TB targets and its DOTS (Directly Observed Treatment Short course) implementation

strategy. There are two clear targets: first, to detect 70% of the estimated new active TB cases by 2005, and to cure 85% of those detected; second, to reduce the global burden of TB disease (death and prevalence rates caused by the disease) by 50% from year 2000 levels by the year 2010 (WHO 2002b). In his address to the second Stop TB Partners' Forum in New Delhi, Director-General of WHO Dr J.W.Lee announced the findings of WHO's 2004 TB Report: at 37%, detection rates were just over half the target, but of those detected 82% were cured[113]. The arguments put forward are particularly important because recent studies have cast doubt on the feasibility of the Partnership's targets (Blower and Daley 2002; Dye, Watt et al. 2002). In the 'discussion' section of WHO's 2004 TB Report, these doubts are re-affirmed, with four scientists arguing that under current trends it may be possible to achieve only a 50% detection rate by 2005[114].

In order to achieve its targets, the Stop TB Partnership emphasises the necessity of public-private collaboration. Stop TB argues that there are three areas in which the Partnership will accomplish more than would be possible individually: information and communication, investment and mechanisms, and coordination and mobilisation[115]. Lee and Brundtland's enthusiastic endorsement of partnerships indicates that there is no doubt within the WHO leadership that partnerships will achieve rapid DOTS expansion. A more modest assessment of the potential of partnership is reflected in WHO policy documents. In the case of DOTS expansion, for example, WHO argues that "productive collaboration with private practitioners *could* go a long way in achieving rapid DOTS expansion and controlling TB"[116] [emphasis added].

Indicator # 2: Discourse depicted paradigms and frames of reference that defined reality.

Charles Anderson has observed: "the deliberation of public policy takes place within a realm of discourse...policies are made within some system of ideas and standards which is comprehensible and plausible to the actors involved" (Anderson 1978:23, quoted in Hall, 1993). More precisely, this 'system' requires frames of reference that specify goals, identify the kind of instruments that can be used to achieve them, and the nature of the problems that such instruments are meant to address. Hall calls this interpretive framework a "policy paradigm" (Hall 1993:279).

The concept of paradigm remains contested (Smith 1998) but, invariably, discussions of the term begin with Thomas Kuhn. According to Kuhn, a paradigm is: "a constellation of concepts, values, perceptions and practices shared by a community which forms a particular vision of reality that is the basis of the way a community organises itself" (Kuhn 1962). Kuhn used the concept of paradigm specifically to explain change in the natural sciences, but the concept also has a much looser, common usage where the term is synonymous with a 'model' of a particular aspect of social life. In this sense of the term, paradigm is used "to designate a school of thought, theoretical perspective or set of problems" (Smith 1998:198). In the social sciences, examples of this include behaviourism (Smith 1998), realism and pluralism (Weaver 1996). Schmidt follows this looser conception of paradigm, arguing that discourse justifies policy practice through its depiction of paradigms and frames of reference, and the "causal reality" that they present. I also adopt the loose conception of paradigm, but do not focus on the causal effects of discourse. As I indicated in Chapter Two, and return to in my Conclusion, I focus on the *constitutive* effects of discourse.

During the 1980s and early 1990s a neoliberal economic paradigm underpinned global health strategies. Neoliberal economics emphasises the importance of markets and the market model. Though composed of a complex combination of characteristics, the basic assumptions of this economic paradigm are that markets allocate resources in production and distribution better than any other mechanism; that societies are composed of autonomous individuals (producers and consumers) motivated by material or economic wants; and that competition is the major market vehicle for innovations (Coburn 2000: 138; Tickell and Peck 2003). Dubbed the 'Washington Consensus', exponents of the neoliberal economic paradigm attributed the cause of regional health crises to internal factors such as misguided national health policies, mismanagement, and corruption (Kim, Millen et al. 2000: 91)[117]. During this period, global health policies were primarily developed through the World Bank and the International Monetary Fund (World Bank 1993; Kim, Shakow et al. 2000:145). It should be emphasised that neither of these institutions are monolithic, and there were differences of opinion amongst economists abut how best to respond to such issues as health care financing. Lee and Goodman, for

example, recount the ideological struggle within the World Bank between public health professionals and health economists during the late 1980s and 1990s about how to best finance health care, and about the relative merits of comprehensive versus selective primary health care (Lee and Goodman 2002).

The discourse of GPPP, however, frames the practice of partnership as a reaction to, and conscious attempt to ameliorate, the market's failure to respond to a need for R&D in neglected diseases. Medecins sans Frontieres (MSF), for example, has long-argued for a 'paradigm shift' in the response to neglected diseases. At its 2002 conference in New York, for example, MSF stated that "We need to move to a new paradigm – one that ensures that access to medicines is a public responsibility"[118]. In 2003, MSF repeated the need for fundamental change at an international conference organised to consider a global framework for supporting health R&D in areas of market and public policy failure. At that conference Bernard Pecoul of MSF argued that "a paradigm shift is needed: changing global rules to prioritise people's health needs over profit" (Pecoul 2003). Pecoul did not state in his presentation which rules needed changing; he did, however, identify the principal shift necessary to ensure access to essential medicines: "withdraw essential drug development from the market logic and build public responsibility to do so" (*ibid*). The DNDi, argues Pecoul, represents a shift away from the market-based development paradigm most strongly associated with neoliberal economics (Peck and Tickell 2002). DNDi is a needs driven rather than a profits-driven initiative. Neglected diseases are 'neglected' by the private sector precisely because they offer insufficient profit margins. DNDi argues for a 'paradigm shift', therefore, because its proposals for change cannot be justified within the context of a neoliberal, market-led economic paradigm[119].

In contrast to the DNDi, the TB Alliance does not eschew the market. The Alliance argues that if the real size of the market and costs for R&D were better understood, then TB R&D would be higher than its current (low) level (GATBDD 2001d:3). The market has the *potential* to encourage anti-TB drug R&D. In addition to providing a cost-analysis

of the anti-TB drug market, the Alliance must also encourage the industry to invest in that market through various push and pull strategies[120].

Understanding corporate policies and procedures, including intellectual property (IP) management, is crucial to the TBA's business model of partnership. On the one hand this is because IP is a pervasive legal instrument understood and vehemently defended by a broad spectrum of global health actors – especially from the developing countries. Not understanding IP would leave the TBA at a significant disadvantage. On the other hand understanding IP enables the TBA to address their principal concern with health equity – access to drugs. One interviewee at the TBA explained that,

> I.P is really a core instrument for us to do business, but it's not an ideological position...we have to have a good understanding of IP so that we can push it back where it needs to be pushed, so we can carve a space for access (interview with Joelle Tanguy, 30/9/03).

The TBA argues that patents are essential "to ensure the availability of novel technologies for public health"[121]. It argues that for the private sector to consider developing a new anti-TB compound, the compound must have relatively strong patent protection (GATBDD 2001a:25). The Alliance stresses the importance of balancing incentives for industry to participate in R&D of new drugs for TB, with access to those drugs once they have been developed. To achieve this balance, the Alliance explores "innovative intellectual property strategies" such as its agreement with Chiron (GATBDD 2001d: 24). In this respect, the Alliance is in accord with reports on macroeconomics and health published by other key actors involved in the global governance of TB, such as PhRMA, the UK Cabinet Office, the World Bank, and WHO[122].

The Stop TB Partnership works closely with one of the chief institutional architects of neoliberal economic policy: the World Bank. In particular, the Partnership endorses a key Bank strategy for addressing global poverty – Poverty Reduction Strategy Papers

(PRSPs). In his foreword to the Partnership's 'Global Plan to Stop TB', the President of the Bank James Wolfensohn states:

> We intend to link the Plan to the Poverty Reduction Strategy Paper (PRSP) framework and enable country-level dialogue on how TB control is integrated and funded as a result of the PRSP process (WHO 2002b:11).

The Partnership's *Global Plan to Stop TB* notes that "to avoid missing a major opportunity, Stop TB partners need to engage in the dialogue on poverty reduction plans" (WHO 2002b:45), adding that PRSPs "should help advance this agenda" (*ibid*). At the second Stop TB Partners' Forum in New Delhi in March 2004, Executive Secretary of the Partnership Marcos Espinal indicated that PRSPs would be a key feature of the Partnership's *Global Plan to Stop TB II* (Espinal 2004).

In addition, the approach of the Partnership reflects recommendations laid out in the WHO-commissioned report *Investing in Health for Economic Development* (Sachs 2001). In particular, the Partnership's *Global Plan* and *Global DOTS Expansion Plan* 'mirror' the 'close to client' approach recommended in the Commission's report (IUATLD 2002). The Report argues that the route to better health is through economic growth, and it recommends that:

> WHO and the World Bank...should be charged with coordinating and monitoring the resource mobilisation process... [and] the IMF and the World Bank should work with recipient countries to incorporate the scaling up of health and other poverty-reduction programmes into a viable macroeconomic framework (Sachs 2001: 18-19).

According to the Bank's 1998 annual report, one of its top poverty-reduction priorities "is to help stimulate the private sector...because the private sector is the main source of economic growth – of jobs and higher incomes"[123]. The Bank's emphasis on private-sector involvement is also evident in its three-pronged prescription for state reform: the privatisation of commercial enterprises, public infrastructure and utilities, and state

assets; utilisation of private management; and investment in health, education and pensions (Abbasi 1999b:934).

In all three cases, therefore, discourse justifies the practice of public-private partnership by depicting that practice as a reaction to limits associated with a market-driven neoliberal economic paradigm[124].

Indicator # 3: Discourse reduced policy complexity through the use of evocative phrases.
Given the complex nature of drug R&D, and the need to communicate this complexity to a range of actors unfamiliar with its intricacies, one might expect to find many examples of 'evocative phrases' in GPPP discourse. There are, however, few examples of such language in the discourse surrounding my three sample GPPPs. True, the DNDi does not shy away from using dramatic language to make its point: two recent reports – '*Fatal Imbalance*' and '*Dying for Drugs*' – are evocatively titled, and designed to capture the fatal implications of the crisis in neglected diseases. And there are various examples of neglected diseases being described in apocalyptic terms – Reichman's 'Time bomb' warning about TB, and Dubos' 'White Plague' metaphor, for example (Dubos and Dubos 1992; Reichman and Hopkins Tanne 2002).

In the case of GPPP, the simple message of partnership is more commonly conveyed through the use of acronyms and mnemonics rather than evocative phrases. For example, an influential study on GPPPs' effectiveness by the Mckinsey Company advocates the acronym SMART (Specific, Measurable, Achievable, Realistic and Time-bound) to summarise the goals that a partnership needs to meet in order to be effective (McKinsey and Company 2002). The '7Cs of strategic collaboration' has been a mnemonic consistently employed to get 'the message' of effective GPPP across to potential partners since the late 1990s (Austin 2000)[125]. And aphorisms such as 'trust but verify' are frequently cited in the partnership literature as 'guiding principles' for new GPPPs (Parkhe 1998).

These discursive 'techniques' have a potentially constitutive effect on the practice of subsequent GPPPs. What I mean by this is simply that as the mechanism of GPPP becomes more widespread, there is an increasing demand for studies of GPPP 'best-practice'. These studies all identify the most commonly cited acronyms, mnemonics, and aphorisms, which they draw from commissioned literature reviews (Caines forthcoming). These techniques are thus reiterated; they become entrenched, and will eventually inform GPPP practice. The McKinsey Report on successful partnerships, for example, has been cited in every GPPP review since its publication in 2002. Consequently, the acronym SMART – a prominent acronym of the report – is likely to constitute GPPP practice in the future because it occupies a central place in our understanding of what a successful GPPP 'is'.

Indicator # 4: Discourse appealed to a deeper core of organising principles and norms.

Schmidt argues that discourse tends to appeal to a deeper core of organising principles and norms by: "tying its narratives and arguments to a more general body of knowledge and approach to reality" (Schmidt 2002: 215). There is evidence to suggest that discourse justified the practice of neglected disease GPPPs first by situating neglected disease in the context of globalisation, which it presented as a 'reality', and second by appealing to a conception of governance (rather than government) as an appropriate organising principle for responding to the crisis in neglected disease. Underpinning the discourse of GPPP is also an appeal to an emerging norm that treats neglected disease as a global public good.

Globalisation remains a highly contested concept (Hirst and Thompson 1999; Held and McGrew 2002a; Lee 2003; Scholte 2004). However, the complexities of the debate are not reflected in speeches communicating the idea of GPPP to the global public. Consider, for example, the then Director General of the World Health Organisation G.H.Brundtland's description of the 'global health threat' facing us all:

> In the modern world, bacteria and viruses travel almost as fast as money...With globalisation, a single microbial sea washes all of humankind. There are no health sanctuaries[126].

Or Nils Daulaire's assertion: "Within globalisation, new partnerships have emerged. To have a real effect in today's world demands partnerships"[127]. And, most recently, the current Director General of the WHO noting that GPPPs for neglected diseases support the WHO's underlying mission: "to ultimately break the deadly cycle of diseases and poverty in which – *even in today's globalizing world* – too many individuals are still trapped" (Widdus and White 2004: ix, emphasis added). In these three examples, the discourse presents globalisation as a reality, and thus a global response – a *global* PPP – is justified. These three quotations are typical of a general assumption in GPPP discourse about the 'reality' of globalisation.

To what extent is this assumption evident in my sample GPPPs? In Table 4.3, I provide a selection of quotes taken from literature associated with my sample partnerships. In the case of the TB Alliance and Stop TB, it is clear that the 'reality' of globalisation is presented as a justification for the practice of GPPP. In the case of the DNDi, however, there are only indirect references to globalisation. The reason for this is primarily because 'most neglected' diseases are limited to tropical countries and thus not 'global' diseases in the way that neglected diseases such as TB or malaria are considered to be global. Nevertheless, there is an implicit assumption of globalisation in much of the scientific literature that has informed the DNDi's policy strategy (MSF 2001; Trouiller and al 2001).

To what degree did discourse justify the practice of neglected disease GPPP by appealing to a 'deeper core of organising principles'? As noted above, the evidence from my case studies indicates that neglected disease GPPPs were possible in part because they were presented in the context of a global health/globalisation discourse. The practice of neglected disease GPPPs was also possible, however, because discourse justified partnership in terms of a global organising principle: global governance.

GPPP	The 'reality' of Globalisation.	Organising principle: global governance.	Emerging norm: health as a global public good.
Stop TB	"Globalisation has become an enemy of infectious diseases"[128];	"The development of the global economy has not been matched by a development of the global structures of representative governance"[131].	"The evidence is clear. A world free of TB is a global public good"[133].
	"In the days of globalisation, mass migration and cheap air travel, MDR-TB is just a plane ride away"[129]; "We are all connected by the air we breathe. That means that, in today's world, diseases are global. No country, city or neighbourhood is an island"[130]	"As it becomes more commonplace to consider health as one of the prerequisites for development and economic growth, along with such basics as…good governance,…I expect we will see a wide variety of new interventions and collaborations"[132]	"I am proud to be a sponsor and catalyst of the *Global Plan to Stop TB*. By supporting the development of this model plan, the Open Society Institute advances its vision of promoting equity and global public good"[134]
TB Alliance	"Because TB anywhere is TB everywhere, we must do better and invest smarter to stop this comeback disease"[135]; "Tuberculosis is Ebola with wings…and therefore carries a much broader, global threat"[136]	"There is also an explosion in intellectual thinking on governance. We should be evolving governments. The markets have evolved much quicker – a lot more, a lot faster. And we should take note of that. So that is the big framework, I think"[137].	"the Global Alliance will have an unwavering commitment to global public goods"[138]
DNDi	"The past 30 years have witnessed unprecedented transformations in global health…however, the benefits of the 'global health revolution' have not been distributed evenly"[139]	"In the ongoing process of creating a new world order, the global economy must be structured to address the true needs of society"[140]	"Ensuring access to new tubercular drugs means that lifesaving essential medicines cannot be treated like any other commodity, like CDs or cars; they are a global public good"[141]

Table 4.3. Table of quotes illustrating how discourse appeals to the 'reality' of globalisation, the organising principle of governance, and an emerging norm of health as a global public good.

As noted in Chapter Two, global governance remains a contested concept. However, by the mid 1990s all of the key international health organisations were talking in global governance terms (World Bank 1994; WHO 1998; UNDP 1999b). In particular, the search was on for new mechanisms of cooperation that could respond to the challenge of governing globalisation. The following UNDP quote is illustrative:

> We are seeing the emergence of a new, much less formal structure of global governance, where governments and partners in civil society, the private sector, and others are forming functional coalitions across geographic borders and traditional political lines to move public policy in ways that meet the aspirations of a global citizenry (UNDP 1999b).

There is some evidence of an appeal to global governance in the discourse of my sample GPPPs (see Table 4.3). The partnership with the clearest, and most numerous, references was the Stop TB Partnership. This is perhaps unsurprising given the size and category of the partnership: it is a 'social movement', or 'umbrella' partnership, that relies heavily on cooperation across extensive networks of actors from all levels – local to global. Whilst global governance is implicitly acknowledged by the primary architects of the TB Alliance (such as Ariel Pablos-Mendez), there are few references to global governance in the DNDi literature. The discourse of GPPP, then, in part appealed not simply to the reality of globalisation, but also to the organising principle of global governance, rather than, for example, global government, or global markets.

Finally, discourse justified the practice of GPPP by appealing to an emerging norm of health as a global public good (GPG). As Table 4.3 illustrates, the discourse surrounding all three of my sample GPPPs makes repeated reference to this global norm. There is a strong academic literature supporting the argument that health is a GPG (Chen, Evans et al. 1999; Zacher 1999; Kaul and Faust 2001; Arhin-Tenkorang and Conceicao 2003); and that GPPPs provide a governance structure for the provision of health as a GPG (Kaul and Ryu 2001; UNESCO 2002).

Indicators # 5, 6, and 7: Discourse demonstrated the relevance, applicability, and coherence of the practice of GPPP.

The analysis thus far has focused on four indicators that show how discourse articulated the idea of GPPP. In addition to these four, Schmidt argues that discourse can also be measured against what she refers to as "cognitive standards of success" (Schmidt 2002: 219). These standards are: relevance, applicability, and coherence. Thus, argues Schmidt:

> A discourse should offer arguments able to demonstrate, first, the policy programme's relevance by accurately identifying the problems the polity needs or expects to be solved; second, the policy's applicability by showing how it will solve the problems it identifies; and third, the policy programmes coherence, by making the concepts, norms, methods and instruments of the programme appear reasonably consistent (Schmidt 2002: 219).

The following analysis considers whether there is any evidence to support the argument that discourse justified the practice of GPPP by demonstrating the relevance, applicability, and coherence of GPPP as a response to the global crisis in neglected diseases.

In the early stages of the DNDi, through studies conducted by the DND Working Group, discourse justified the practice of partnership by associating that practice with a series of problems facing R&D in neglected diseases. First, it identified the disparity that exists between drugs and diseases. Of the $60-70 billion spent on health research in 2002, less than 0.001% went towards developing new and urgently needed treatments for neglected diseases (MSF 2003a:3). Otherwise known as the 10/90 'gap' (GFHR 2000), this global disparity in drug provision was presented by the DNDi as inequitable and unjust.

Second, neglected diseases such as leishmaniasis, Chagas disease and Sleeping sickness were being completely ignored by the global pharmaceutical market. Third, the pharmaceutical industry was not interested in developing drugs for diseases that offer no,

or little, return on their investment. As MSF argued: "the multinational pharmaceutical industry cannot be relied on to develop the medicines required to treat the diseases that effect the world's poor" (MSF 2001).

Finally, the DNDWG argued that governments of industrialised countries had failed to provide the private sector with the same kind of incentives to invest in neglected diseases as it does to encourage the private sector to invest in 'lifestyle' diseases such as obesity. Governments in less developed countries were confronted with a lack of resources, and a lack of political will to invest in long-term health development or to establish public policy incentives that would foster a viable domestic drug development capacity (MSF 2003a). The situation was exacerbated by a public sector mentality that "increasingly view[ed] public research as an investment that need[ed] to create economic value" (MSF 2001). Having accurately identified the problem – a failure of *both* the public and private sectors – the case for a public-private Initiative could be justified more easily.

For the DNDi, the solution to the R&D deficit was clear, as Yamey and Torreele note:

> For the public to accept responsibility for drug development, taking it out of the marketplace and into the public sector...the Initiative will not rely on market forces; it will define its needs, and then rely on public investment to meet them (Yamey and Torreele 2002).

The priority for the DNDi is to establish a drug R&D network in the developing world with a centralised management structure. The director of The Pasteur Institute (one of the Initiative's Founding Partners), Philippe Kourilsky, argues that "nothing short of creating a global not-for-profit pharmaceutical industry" will provide the R&D necessary for combating neglected and most neglected diseases (Butler 2002). As a precedent for this kind of international public initiative, the DND-WG cited the Human Genome Project. Only after the project became viable would the DNDi engage with the pharmaceutical industry on specific projects (Yamey and Torreele 2002).

MSF argue that, "A needs-based approach and consolidated public funding of R&D for neglected disease drugs could have compensated for the market failure" (MSF 2001). The solution to the TB pandemic should be led by the public sector, a point Bernard Pecoul reiterated on World TB Day, "when it comes to reversing tuberculosis, the leadership should clearly come from the public sector, from the government" (GATBDD 2003). Pecoul argues that the public sector must "force the ...pharmaceutical companies to be more involved in the business of tuberculosis" (ibid), and he requests the industry's cooperation in two respects. First, companies should offer access to existing compounds that may facilitate the development of new TB drugs. Second, companies must open their libraries of drug compounds to TB initiatives such as DNDi. The emphasis, then, is not on extra private-sector funding, but on knowledge sharing. Funding for the Initiative will come from public donors such as national and regional governments, the E.U, international organisations, the World Bank, and UN agencies (WHO, UNDP); from private funders such as specialist foundations (Rockefeller, Soros); and the general public (MSF 2003a). Costs for the Initiative are relatively small in comparison to the global pharmaceutical market. Over the next twelve years, the DND-WG costs the Initiative at $255 million. In 2002 alone, the global pharmaceutical market was worth approximately $400 billion[142].

I could find few references in the DNDi literature that made an appeal to the coherence of using public-private partnership as a response to the crisis in neglected diseases. Indeed, one interesting finding was that DNDi was sceptical of other models of partnership as a coherent response to the problem. In particular, DNDi argues that it is necessary "to bring R&D for neglected diseases back into the arena of public responsibility" whilst, at the same time, engaging in collaboration with the private sector (MSF 2003b). As I noted in Chapter One, I detected a tension throughout my interviews with DNDi staff when the topic of definitions of GPPP was brought up[143]. DNDi is uneasy with the term *public-private* to describe its interaction with the private sector. The reasoning behind this scepticism is based on the spurious assumption that because no company has brought a product to market in the past five years for the most neglected diseases, then it must be the case that the private sector will not be persuaded to invest in these diseases (see Table

3.4, Chapter Three). I have already indicated in Chapter One that the DNDi is being disingenuous about its relationship with the private sector, but I would also argue that the distinction that is made between most neglected diseases and neglected diseases is exaggerated. TB, for example, which is described as simply a neglected disease, has had only one product brought to market in the past five years.

There is also evidence from the TB Alliance and Stop TB literature that makes direct reference to the relevance, applicability, and coherence of the practice of these GPPPs. Much that could be said in reference to these three indicators is covered more generally in the discussion above that focused on how discourse introduced new technical and scientific arguments. Therefore, to avoid repetition, I only summarise these observations here. The TB Alliance, in contrast to the DNDi, *does* present GPPP as a coherent response to the crisis in TB R&D. As I note above, it presents GPPP as the most suitable mechanism for providing push and pull initiatives to encourage the private sector to invest. Few other mechanisms are able to do this as effectively. The Stop TB partnership stresses the direct link between partnership and achieving its Global Plan targets. In the case of DOTS expansion, for example, WHO argued that, "productive collaboration with private practitioners could go a long way in achieving rapid DOTS expansion and controlling TB"[144].

Summary of findings.

This subsection has interrogated the claim that discourse justified the practice of GPPP by presenting a series of arguments that emphasised the necessity of adopting partnerships in order to resolve the crisis in neglected diseases. To show how discourse did this, I focused on seven indicators of discourse. As summarised in Table 4.1, these were: that discourse introduced technical and scientific arguments; it depicted paradigms and frames of reference that defined reality; reduced policy complexity through the use of evocative phrases; appealed to a deeper core of organising principles and norms; and demonstrated the relevance, applicability, and coherence of ideas about GPPP. The first four of these indicators are evident across all three of the GPPPs in approximately equal measure. There was also at least moderate evidence in each of the three GPPPs to support

the fifth, sixth, and seventh indicators. In Section 4.2, I return to this finding in my analysis of *where* discourse is important. In particular, I explore in more detail where the four functions of discourse are more or less evident across my three case study GPPPs.

Discourse *legitimised* the practice of GPPP: the normative function of discourse.

As discussed in Chapter three (subsection 3.6.1), and summarised in Table 4.1 above, discourse does not simply justify policy practice; it also legitimises it through a logic of appropriateness. This, argues Schmidt, is the normative function of discourse. In the case of GPPP, the claim being made is that discourse legitimised the practice of GPPP by presenting it as an appropriate response to the problem of neglected diseases. In this section I consider what evidence there is to support the claim that discourse legitimised the practice of GPPP. There are two distinct ways in which discourse could have done this. First, by associating the practice of GPPP with long-established values; second, by presenting the practice of GPPP as something new that was better suited to the new reality of neglected diseases. The practice of GPPP was presented, in other words, as being more appropriate than the 'old' public and private responses.

Indicator # 8: Discourse associated the practice of GPPP with long-established values.

In her study of discourse, Schmidt makes the following argument: "A discourse that successfully promotes the ideas of a policy programme also needs to legitimise them in terms of their logic of appropriateness through appeal to values" (Schmidt 2002: 220). In this section I consider whether discourse appealed to values in order to legitimise the practice of health GPPPs.

The primary value promoted through the DNDi was, and continues to be, 'equity'. The Initiative describes itself as an equitable model of drug development for neglected diseases. Bernard Pecoul, Director of the DNDi, describes the Initiative's "vision" in the following terms:

> To improve the quality of life and the health of people suffering from neglected diseases by using an alternative model to develop drugs for

> these diseases and ensuring equitable access to new and field relevant health tools (Pecoul 2003).

For the DNDi an equitable approach to TB is possible by encouraging generic competition, voluntary discounts on branded drugs, global procurement, and local production[145]. What does equitable mean in this context? According to one study, equity:

> Entails treating no portion of the population in a disproportionate manner...Inequity is a descriptive term used to denote existing differences between groups or individuals in the distribution of or access to resources... [and] denotes the reasons behind and responsibilities for underlying conditions of inequality (Pronyk and Porter 1999:111).

The three principal 'elements' of Pronyk's definition of equity – description, reasons, and responsibility – are clearly evident in, and provide an equitable 'framework' for, the DNDi. The Initiative provides reasons why access is inequitable – little incentive for the private sector to invest in drugs that will produce minimal returns, and it identifies where responsibility for the crisis lies – market and public policy failure (Trouiller and al 2001; Trouiller, Olliaro et al. 2002). The DNDi identifies market failure as a key reason for the inequitable 10/90 'Gap' in R&D into drugs for neglected diseases. Thus it becomes *necessary* to take R&D for neglected diseases away from the market. However, it is also an *appropriate* response for a needs-based initiative where "monetary gain is inconsequential compared to the cost of human lives" (MSF 2003a).

The term 'appropriate' proved to be contentious with interviewees. James Orbinski, for example, speaking in a personal capacity, gave the following response:

> Even the term 'appropriate' – this is an aside but it's important – there's this growing culture of political correctness that has swept across North America, but also across Europe, and what that culture has done is to sanitise the meaning of language. So you get words like 'appropriate'.

> What the hell does that mean? It doesn't mean anything! It only has meaning when you understand and operationally identify the relative parameters...what is appropriate or not depends on what you are talking about (interview, 10/12/03).

Orbinski sees this as an opportunity and strength of campaigns such as MSF's Access to Essential Medicines campaign, as he explains:

> What I'm saying in terms of access to essential medicines, and what the campaign has done very effectively, is that it has defined those parameters in terms of moral dilemmas, and it hasn't rested in this postmodern relativism of which political correctness is a part (interview, 10/12/03).

The TB Alliance also presents itself as an equitable response to the crisis in R&D for neglected diseases. Director of Advocacy Joelle Tanguy, for example, explained how she first saw the lack of R&D in TB as:

> A health equity outrage that somehow we were accepting that in developing countries we could have second class citizens with second hand drugs that are 50 years old because the disease was not endemic in America or Europe... [the Alliance] came from this field where the patients were not being served, and we actually pointed the finger to the complete health equity gap in what is called R&D (interview, 30/9/03).

The TB Alliance discourse skilfully juxtaposes logics of necessity with logics of appropriateness. This is essential because of the innovative nature of the 'partnership' model. A few samples of this juxtaposition are given in Box 4.1.

Stop TB explicitly recognises that "shared values facilitate achievement of our shared goal"[146]. These values include: urgency, equity, shared responsibility, inclusiveness, consensus, sustainability, and dynamism. They are expressed through the Partnership's

commitment "to act now – for all, through collective action – and into the future"[147]. Partnership provides the most *appropriate* governance mechanism for realising that commitment. Through membership of the Partnership, members are encouraged to make "efficient, effective, and equitable use of the resources available to them"[148].

> "This partnership demonstrates how it is really possible to combine the fruits of aggressive biotech strategy with a social mission", Maria Freire, (GATBDD 2002).
>
> The Economics of TB Drug Development report "shows that it not only makes economic sense, but with substantial social returns there is a 'moral imperative' to invest in this long neglected area of research" Jacob Kumaresan (GATBDD 2001f).
>
> "The Alliance is a shining example of public and private sector partnerships to bridge the gap between market opportunities and people's needs..." G.H.Brundtland[149].

Box 4.1: Examples of discourse juxtaposing logics of necessity with logics of appropriateness.

Summary of findings: secondary and primary sources.

Thus far I have looked at eight 'indicators' of discourse. Taken together, these indicators make-up the cognitive and normative functions of discourse, which I term its ideational dimension (Table 4.1). These indicators tell part of the story of how discourse constituted the practice of GPPP. In brief, there is some evidence from each of my case studies to support the assertion that discourse justified and legitimised the practice of GPPP. Specifically, discourse introduced technical and scientific arguments; depicted paradigms and frames of reference that defined 'reality'; reduced policy complexity; appealed to a deeper core of organising principles and norms; demonstrated the relevance, applicability, and coherence of ideas about GPPP; and associated the practice of GPPP with long-established values.

As I consider in more detail in Section 4.2, the cognitive and normative functions of discourse appear to be present in roughly equal measure across each of the case studies. In other words, the institutional setting of the GPPPs appears to have had little effect on the cognitive and normative functions of discourse. In the following subsection, I complete the story of how discourse is important by looking at a further two indicators of discourse, which taken together make-up the coordinative and communicative functions of discourse, and which I term its interactive dimension.

4.1.2 The interactive dimension of discourse.

In this subsection I explore in more detail the extent to which ideas and discourse constituted the practice of GPPP by considering how discourse coordinated and communicated particular ideas about them. According to Schmidt, the interactive dimension of discourse involves the coordination and the communication of ideas about a particular policy. In this respect, discourse performs a coordinative and a communicative function. As outlined in the Introduction (Table 4.1), I structure my analysis of these two functions of discourse around two indicators: the first – the extent to which discourse provides a *common framework* for discussion and deliberation – is an indicator of the coordinative function of discourse; the second – the extent to which discourse translates the practice of GPPP into *accessible language* for public consumption – is an indicator of the communicative function of discourse.

Discourse *coordinated* the practice of GPPP: the coordinative function of discourse:

As outlined in Chapter Three, discourse performs a coordinating function by: "providing the frame within which policies can be elaborated by the key policy actors involved in the construction of the policy programme" (Schmidt 2002:232). This 'frame' is comprised of a common language, so that different groups central to the development of GPPPs can talk to one another, and a common vision in terms of which differences can be aired and resolved. In this section I consider what evidence exists to support the argument that discourse coordinated and communicated a common language and vision of the practice of GPPP.

Indicator # 9: Discourse framed the practice of GPPP by providing a common language and vision.

The findings of my research into the coordinative function of discourse require careful explication. To begin with, there is evidence across each of the GPPP case studies of a common language and vision. I noted above in my analysis of indicators #2 and #4 the shared reference to the 'reality' of globalisation, governance as an organising principle, and an emerging norm of global public goods. In addition, however, in each of the GPPPs there were references to action that was 'needs-driven' and produced 'win-win' outcomes. 'Consensus' was required on technical priorities such as DOTS. Each of the GPPPs emphasised the right to healthcare, equity of access, inclusion of developing countries, market-failure, drug-based and biomedical responses to neglected disease, generic drug production, TRIPS-compliant safeguards, and support for IP rights. Finally, there was an implicit acknowledgement by each of the GPPPs that developing countries had the capacity to help themselves, and that they should support 'capacity-building' activities; that it was in the interests of both poor and rich to resolve the crisis in R&D; and a shared optimism that the pharmaceutical industry was changing the way it saw its opportunity-cost structure.

This should not be surprising because, as I show in the following subsection, there were clear links between various key actors involved in all three of the GPPP case studies (figure 4.3). In addition, consider the following links between the three partnerships. Yves Champey, ex-Director of DNDi was a former vice-president of French drug firm Rhone-Poulenc Rorer; Giorgio Roscigno, a key architect of DNDi, the TB Alliance, *and* the Stop TB partnership, originally worked in the pharmaceutical industry (now Aventis); Joelle Tanguy originally worked with MSF, then moved to the TB Alliance as Director of Advocacy and Public Affairs, and is now working for the Global Business Coalition on HIV/AIDS; James Orbinski was former international president of MSF and was elected the first president of the TB Alliance's Stakeholders Association in 2001. The point being made is simply that given the similar work experiences and environments of many of the key people responsible for establishing the sample partnerships, one should not be surprised that a common language has developed across these partnerships.

However, it is clear from the interviews conducted for this study that key actors involved in the sample GPPPs did not share all the same ideas and beliefs. The actors in each of my sample GPPPs had different perceptions of the role of the public and private sectors in their respective partnerships, and different understandings of the role of the market in promoting R&D for drugs for neglected diseases. Given the differences in the structure of the sample partnerships, one might expect different language to emerge from each of them. There are clear differences between partnerships that emphasise public responsibility (DNDi), and partnerships that emphasise more private as well as public responsibility (TB Alliance)[150].

The conclusion that I draw from this is that even though the three GPPPs are substantively different in terms of their institutional structure, there is some evidence of a common language and shared vision across. DNDi is, however, atypical in its approach to partnership. Although I have not done a comparison of other GPPPs for this study, I would expect to find further evidence of both a common language and a common vision of partnership across the other ninety or so health GPPPs. That there is a shared language and vision (albeit with some differences), provides evidence of the coordinative function of discourse. I summarise my comparison of the coordinative function of discourse across my three GPPP case studies in Table 4.4 below.

Discourse *communicated* the practice of GPPP: the communicative function of discourse.

> It is one thing to coordinate the construction of a discourse...among key policy actors central to the policy-making process, another to communicate it successfully to the public at large, which is the essential criterion for a shift in policy programme (Schmidt 2002: 234).

Here I consider how discourse communicated the practice of GPPP. To do this I consider what evidence exists from my sample partnerships to support the argument that discourse performed a communicative function by translating the practice of GPPP into accessible

language for public consumption. I proceed by showing that a separate, and distinct, set of actors communicated the ideas and arguments about GPPPs to the wider global health community.

Indicator # 10: Discourse translated the practice of GPPP into accessible language for public consumption:

The final indicator that I use to show how discourse operated focuses on the extent to which discourse translated the practice of GPPP into accessible language for public consumption. To answer this question, it is important first to understand *who* communicated the ideas that informed the practice of GPPP. Two distinct groups were identified. First, key members of the GPPPs themselves communicated the ideas of their respective partnerships to the global health community at conferences and through working papers (GATBDD 2001a; GATBDD 2001d; WHO 2002b; MSF 2003a)[151]. But second, a separate group of actors external to the individual GPPP administration were also crucial to communicating the practice of GPPP. In other words, a two-tier communicative process took place. I describe each of these below. At the first tier, key actors involved directly with each of the GPPPs provided a slick, professional presentation of their respective partnerships. For example, the TB Alliance noted the importance of communicating the 'right story' to the wide health community:

> Not many designers are brave enough and savvy enough to figure how to develop the right story and image for a new organisation that defied being put in a box – a public-private partnership developing new medicines for TB. We had to look professional and business-y, but still appeal to global health activists and workers on the frontlines of the war on infectious diseases"[152]

The partnerships employed various techniques to make the ideas that informed their policies accessible to the general public. For example, the Stop TB Partnership made significant use of mnemonics to simplify its partnership strategy. PPM (Public-Private Mix), for example, is a strategy developed by the Stop TB Partnership to encourage

partnership between the public and private health sectors of countries with high incidence of TB. Although Stop TB recognises that different countries may require different measures of PPM, the Partnership also recognised that many African countries are unfamiliar with the concept of partnership and have no experience of private sector involvement in national health provision. Consequently, as one WHO observer noted: "there persists formidable ideological opposition to leaving TB care to market forces" (WHO 2001a). The Stop TB Partnership's response was simple: convey the essence of GPPP – a public-private relationship – but avoid ambiguous and ideologically sensitive terms such as 'partnership'. I summarise my comparison of the communicative function of discourse across my three GPPP case studies in Table 4.4 below.

The second tier of actors includes heads of international organisations such as the World Health Organisation and the United Nations, who communicated a set of tenets about GPPP. These actors are not involved with the administration of any one GPPP; indeed, their role is political rather than administrative. In her analysis of the communicative function of discourse, Schmidt argues that, "public communication by political actors is where the overall outlines of the policy programme may be most clearly articulated" (Schmidt 2002: 235). My analysis of the communication of ideas about GPPPs supports this statement. In the following, I show how this second tier of actors employed a 'master discourse' of GPPP that they communicated to the general public through rhetoric rather than substantiated evidence or coherent argument.

Schmidt argues that "the overall outlines of a policy programme are given expression in a 'master' discourse by a 'master' politician", and that the overall outlines of the policy programme are most clearly articulated through public communication (Schmidt 2002: 235). My research suggests that just such a master discourse of GPPP was expressed through public communication by prominent members of the global health community. These actors were distinct from those who *coordinated* the ideas that informed the practice of GPPP. They include heads of international health organisations such as the WHO, heads of the various branches of the U.N, prominent representatives of government departments such as USAID, and leaders of IFIs such as the World Bank and

the IMF. Here, I provide the key features of this master discourse of GPPP, and I argue that communicating it to the general public relied predominantly on rhetoric rather than argument.

- Partnership with private and public sector actors is not simply a choice. It is the only possible way forward (J.W.Lee, Director General, WHO)
- Only through new and innovative partnerships can we make a difference...Whether we like it or not, we are dependent on the partners" (G.H.Brundtland, former D.G, WHO)
- Peace and prosperity cannot be achieved without partnerships involving governments, international organisations, the business community and civil society (Kofi Annan, U.N)
- Public-private partnerships are increasingly seen as the only viable means to solve intractable social and health problems such as poverty and disease eradication, new drug research, access to medicines and improving drug quality (IFPMA).

Box 4.2: The TINA mantra of GPPP.

As early as 1996, at the Habitat II Conference on Human Settlements, the UN made it clear that GPPP was a *necessary* guiding principle of its future global governance role, as Noel Brown, former Director of the United Nations Environment Programme, made clear: "I believe that the future of the United Nations will rest on effective partnering with the private sector – with business and industry" (Veon 1998). The 'necessity' argument quickly developed into a 'there-is-no-alternative' (TINA) mantra. In Box 4.2, I provide a selection of quotes to illustrate this mantra. Thus, GPPPs were presented as 'the only possible' or 'only viable means' of ensuring 'peace and harmony'. The simple but powerful message was that we are 'dependent' on GPPPs 'whether we like it or not'. The TINA argument was supported by explicit assumptions about the 'global' character of neglected diseases. Academic debate about globalisation remains contentious (Held,

McGrew et al. 1999; Hirst and Thompson 1999; Scholte 2004), and its implications for health no less so (Lee, Buse et al. 2002; Lee 2003; Lee 2003).

However, the complexities of the debate are not reflected in speeches communicating the idea of GPPP to the global public. As noted earlier in this Chapter, discourse employed evocative phrases and imagery to communicate the idea of GPPP; it made a direct causal connection between globalisation, neglected disease and GPPP, where neglected diseases were presented as global phenomenon which required a global response. I noted earlier that the practice of GPPP was justified, in part, by reference to the organising principle of global governance. Tied-in with this was the presentation of globalisation as a 'real' phenomenon, and the context within which GPPPs were necessary. It is, however, possible to consider globalisation not as a 'real' phenomenon but as a social construction. Colin Hay makes the point that

> Particular constructions may serve to present a 'reality' which is static, immutable or inexorably unfolding in a given direction, but the recognition of the constructed nature of reality we perceive implies that things could and can be different...In short, the social or discursive construction of globalisation may have an effect on political and economic dynamics independently of the empirics of globalisation itself (Hay 2002: 201-202).

Hay's argument indicates that GPPPs may be considered as just one particular outcome of a discursive construction of globalisation, rather than a necessary consequence of a 'real' phenomenon. If there are different constructions of globalisation, then it is possible to concede different responses to health crises that require public-private interactions other than 'partnerships', or that do not require public-private interactions at all. There was no recognition of this in the master discourse of GPPP: there was simply one context - globalisation, and one possible response - GPPP.

Another feature of the dominant discursive construction of globalisation is that it explicitly endorses neoliberal economic theory. Rather than present the tenets of this theory as problematic, they are accepted with little critical reflection and offered as a 'natural' backdrop for understanding GPPPs. In his introduction to the Stop TB Partnership's Global Plan to Stop TB, President of the World Bank James Wolfensohn gave the following assurance:

> The World Bank's mission is to fight poverty and enable development...We value partnerships, such as Stop TB, which help us organise and expedite our collective efforts...We intend to link the Plan to the Poverty Reduction Strategy Paper (PRSP) framework and enable country-level dialogue on how TB control is integrated and funded as a result of the PRSP process (WHO 2002b:11).

However, as Paul Farmer argues, a critical approach to neglected diseases such as TB would require "unorthodox research subjects": for example, analysis of World Bank poverty reduction strategies (Farmer 1996; Farmer 2003). There are various studies critical of PRSPs (Verheul and Cooper 2001; Verheul and Rowson 2001). One study by Medact and Wemos made the following conclusion: "Although health is often claimed to be a priority area in poverty reduction strategies...key concerns in relation to poverty and health are ignored or insufficiently addressed" (Verheul and Rowson 2001).

The dominant discourse of GPPP does not accommodate such critical commentary: global partnerships are part of the World Bank's strategy for reducing poverty, and this strategy *will* benefit the global poor. The master discourse of GPPP assured the global public that partnerships would be equitable, sustainable and inclusive. However, there was little accompanying explication of what these words meant or how GPPPs would fulfil equity, sustainability, and inclusivity criteria. The numerous typologies of partnership and the distinct characteristics of various public-private interactions other than 'partnerships' – all of which raise numerous questions and concerns – were simply subsumed under a 'master' discourse of GPPP.

In summary, the idea of GPPP for neglected diseases was communicated through public addresses and speeches by heads of International Organisations such as the WHO and the UN, and institutions such as the International Federation of Pharmaceutical Manufacturers Associations (IFPMA). These addresses and speeches played a crucial role in communicating the idea of partnership to the global community. In order to fulfil its communicative function discourse deployed a series of 'arguments', although 'rhetoric' is a more accurate description.

Rhetoric is at once a problematic and effective discursive device. It is problematic because, as Dryzek observes:

> Any mention of rhetoric finds objection in a tradition in political theory extending from Plato to Habermas which equates rhetoric with emotive manipulation of the way points are made, propaganda and demagoguery at an extreme, thus meriting only banishment from the realm of rational communication (Dryzek 2000: 52).

It is effective because of, "its ability to reach a particular audience by framing points in a language that will move the audience in question" (*ibid*). As noted above, a good example of this is the TINA argument. This rhetorical device was used to great effect in communicating the practice of GPPP by heads of influential health international organisations to the wider health community. A cursory survey of keynote speeches by various heads of IOs and institutions provides many examples (Box 4.2). The TINA argument is baldly stated, uncritical, and without qualification. It also lacks supporting evidence, and it assumes that the idea of 'partnership' is familiar and unproblematic. However, it was extremely effective and was a crucial factor in ensuring the rise of GPPPs as a key mechanism of GHG.

Summary.

This Section has considered how discourse was influential in the construction of neglected disease GPPPs. Drawing on Schmidt's analytical framework, I distinguished

between the ideational and interactive dimensions of discourse: the ideational dimension of discourse justified (its cognitive function) and legitimised (its normative function) the practice of GPPP, whilst the interactive dimension of discourse communicated (its communicative function) and coordinated (its coordinative function) the practice of GPPP. In the following Section, I consider in more detail precisely where these functions of discourse are more or less evident across my three GPPP case studies.

4.2. Where are discourse and ideas important?

In this Section, I consider where discourse is important. I divide the Section into two parts. First, I consider discourse at the 'micro' level by identifying where the four functions of discourse are evident in my GPPP case studies. I show that the cognitive and normative functions of discourse are evident across all three of the GPPPs in approximately equal measure. However, the coordinative and communicative functions of discourse are not evident in equal measure across the three GPPPs. Second, I consider discourse at the 'macro level'. I return to the distinction I made in Chapter Two between power-based, interest-based, and constructivist approaches to GHG in order to consider the implications of this network for discourse. I argue that the discourse of GPPP evolved within, and in turn constituted, a *network* of GPPP specialists.

4.2.1. The role of discourse at the 'micro' level: A comparison of three neglected disease GPPPs.

In Chapter 2.3.3, I provided a rationale for my choice of GPPP case studies. The principal reason for choosing them was because they reflected different institutional settings. Each of my partnerships was institutionally distinct: the DNDi has close connections to the NGO Medecins sans Frontieres, and is cautious about its partnership relations with the private sector; the TB Alliance is an independent legal entity that encourages a strong relationship with the private sector; and the Stop TB partnership is hosted by an international organisation, and operates as an 'umbrella' partnership or, as some have called it, a social movement. In this Section, I consider where the four functions of

discourse (cognitive, normative, coordinative, and communicative) explicated in Section 4.1 operated. The reason for this is to explore whether it is the institutional setting of the GPPP that determines the discourse, or whether discourse has a role to play independent from the institutional settings of the GPPP. In brief, I argue that there is evidence to show that the cognitive and normative functions of discourse were evident across each of the GPPP case studies. By contrast, the coordinative and communicative functions of discourse varied across the GPPPs. I consider the implications of this finding at the end of the Section.

Cognitive and normative functions of discourse.

Earlier in this Chapter I employed eight indicators to show how discourse justified and legitimised the practice of GPPP (Table 4.1). Here, I review these indicators and consider where, and to what degree, they were present for each of the three GPPP case studies.

Table 4.4 provides a summary of the findings of my research into where discourse is important, focusing specifically on the normative and cognitive functions of discourse (subsection 4.1.1). Indicators 1, 2, and 4 were substantially represented in both the Stop TB Partnership and the TB Alliance, and at least moderately represented in the DNDi. The difference is slight and, as noted above, reflects the emphasis that DNDi puts on 'most' neglected diseases. The point to make is that these indicators were present in *all three* of the GPPPs. Not only that but, as indicator 4 illustrated, discourse justified the practice of GPPP in each of the case studies with reference to a common set of ideas about globalisation, global governance, and global public goods (Table 4.4). Where there was little evidence to support an indicator of discourse, such as indicator 3, again this was the case for each of the GPPPs.

Indicator of discourse	GPPP		
	DNDi	TBA	Stop TB
Cognitive function.			
1. Introduces new technical and scientific arguments.	√√√	√√√	√√√
2. Depicts paradigms and frames of reference that define 'reality'.	√√√	√√√	√√√
3. Reduces policy complexity through the use of evocative phrases.	√	√	√
4. Appeals to a deeper core of organising principles and norms.	√√√	√√√	√√√
5. Demonstrates the relevance of ideas about GPPP.	√√√	√√√	√√√
6. Demonstrates the applicability of ideas about GPPP.	√√√	√√√	√√√
7. Demonstrates the coherence of ideas about GPPP.	√√	√√	√√
Normative function.			
8. Associates the practice of GPPP with long-established values.	√√√	√√√	√√√

√√√ = substantial evidence of indicator of discourse.

√√ = moderate evidence of indicator of discourse.

√ = little evidence of indicator of discourse.

Table 4.4. Where discourse is present across three GPPP case studies: cognitive and normative functions.

The conclusion that I draw from these findings is that the institutional setting of the GPPP had minimal effect on either the cognitive or the normative functions of discourse. Both of these functions of discourse were evident in approximately equal measure in each of the case study GPPPs, although some of the *indicators* were more in evidence than others.

Coordinative and communicative functions of discourse.

Indicator of discourse	GPPP		
	DNDi	TBA	Stop TB
Coordinative function			
9. Discourse provides a framework for discussion and deliberation through a common language and vision of the practice of GPPP.	√	√√	√√
Communicative function			
10. Discourse translates the practice of GPPP into accessible language for public consumption	√√	√√	√√√

√√√ = substantial evidence of indicator of discourse.
√√ = moderate evidence of indicator of discourse.
√ = little evidence of indicator of discourse.

Table 4.5. Where discourse is present across three GPPP case studies: coordinative and communicative functions.

In Table 4.5, I summarise the findings of my research into where discourse is important (subsection 4.1.2), focusing specifically on the coordinative and communicative functions of discourse. As I show in the table, although there was evidence of both functions of discourse in all three GPPPs, the degree to which this evidence was present varied. For example, I could find little evidence of indicator 9 in the DNDi and TB Alliance, but moderate evidence of this indicator in the Stop TB Partnership. Indicator 10 was evident in roughly equal measure across each of the GPPP case studies.

One explanation for the variation in these two functions of discourse is suggested by Schmidt. She argues that the extent to which actors coordinate the construction of a particular policy programme is determined by whether the power and authority of their policy formation network is concentrated or dispersed:

> Generally speaking, the degree of concentration or dispersion of power and authority affects how restricted or extensive is the set of policy actors involved in coordinating the construction of the policy programme and whether the focus of policy actors is more on communicating with the public than with one another (Schmidt 2002:239).

Thus, in single-actor systems (where the concentration of power is high) there is a tendency for the coordinative discourse to be thin and for the communicative discourse to be more elaborate (ibid). In multi-actor systems, the reverse is true: the coordinative discourse is elaborate and the communicative discourse thin. This argument is partly supported by the findings of my study. For example, the coordinative function of discourse is much more important for the Stop TB partnership. One reason for this has to do with the large number of partners that make up the partnership. In the early stages of the Stop TB partnership an independent advisor – Kevin Lyonette – was brought in from New York with the specific task of coordinating the exchange of ideas between at least 120 partners[153].

However, Schmidt's explanation does not fully account for the findings of my research. As Table 4.4 shows, there is at best only moderate evidence of the coordinative function of discourse, with little evidence of it in the case of DNDi. The reason for this lies with a tension that I noted in the Introductory Chapter, and alluded to earlier in this Chapter, between different conceptions of public and private interaction. As noted above in subsection 4.1.1, the nuances of the precise public-private mix of each partnership were contested. The DNDWG, for example, was proposing a partnership that was at the public end of the public-private partnership scale, and for diseases that had zero potential for attracting market-based R&D. This meant two significant departures from the orthodox GPPP model: first, DNDWG was prepared to engage in partnership with the private sector but not permit private-sector representatives onto its Board; second, it was advocating a much greater recognition of public responsibility which would be achieved through capacity building and technology transfer from the most developed to the less developed countries, where these diseases were problematic. These were radical

departures from the practice of partnership evident in the TB Alliance and the Stop TB Partnership that embraced industry expertise and knowledge, and advocated a more orthodox public-private partnership model.

Thus, there is only moderate evidence of a common framework or common vision of neglected disease GPPP practice. The DNDi has one approach to partnership as a response to neglected diseases; the TB Alliance and the Stop TB Partnership have another. A tentative explanation for this may lie with the institutional setting of the GPPP. The DNDi has had close relations with the NGO Medecins sans Frontieres throughout its development as a partnership. MSF has often been highly critical of the pharmaceutical industry, most recently in its access to essential medicines campaign. MSF is wary of an industry that it perceives has a quite different motivation for engaging with partnership. Orbinski, for example, makes the following observation:

> The pharmaceutical industry may, their end may be to increase or bolster their image internationally at minimal cost whereas for MSF the end may be to work towards a public good which is defined in terms of access to a new or existing medicine for people who don't have access to that medicine. So the partnership, where there's a relationship between the industry and say MSF, will be defined in very, has to be defined, in very clear operational terms to ensure that the right or that the ends that that partner or parent partner seeks can be met (personal interview, 10/12/03).

Orbinski's comment shows that, on the one hand, discourse *is* important because it defines the identity of the public and private partnership. For DNDi, it *is* important to reinforce through discourse the idea that it is a public partnership with private sector support, rather than a *public-private* partnership (although, as I noted in the Introduction to my thesis, their arguments are slightly disingenuous given the extent of private sector support and involvement – see Introduction footnote 17). But on the other hand, in the early days of the DND working group, discourse also preserved a sense of distance

between MSF the campaigning pressure group (who at that time were acting as a host to the infant partnership), and one of the principal targets of MSF campaigns – the pharmaceutical industry. Here, arguably, it was more the institutional setting of MSF that influenced the discourse of the DNDi partnership, than a common discourse of partnership constituting the DNDi.

In terms of the communicative function, as I indicate in Table 4.4, my research found moderate evidence in all three of the GPPP case studies that discourse translated the practice of GPPP into accessible language for public consumption. However, as I argued above (4.1.2), the idea of GPPP was communicated not so much through individual neglected disease GPPPs as through the 'master' discourse of high-level leaders of various international health and financial organisations. Here there was uniform agreement about the necessity of GPPP, and that there was no alternative to GPPP.

4.2.2. The role of discourse at the 'macro' level: A network analysis.

In this subsection I show that a global network of neglected disease GPPP specialists emerged in response to a global health crisis. In order to determine the significance of this network for my analysis of discourse and GHG, I revisit the distinction I made in Chapter Two between power-based, interest-based, and constructivist approaches to GHG. In Figure 4.3, I map out the network of key actors who were responsible for generating, coordinating and communicating the ideas that informed the practice of neglected disease GPPP between 1995 and 2001.

Figure 4.3 includes only those people who were involved in the early days of each partnership, and excludes many people who currently work for each of the partnerships but who were not responsible for, or involved with, the initial plans.

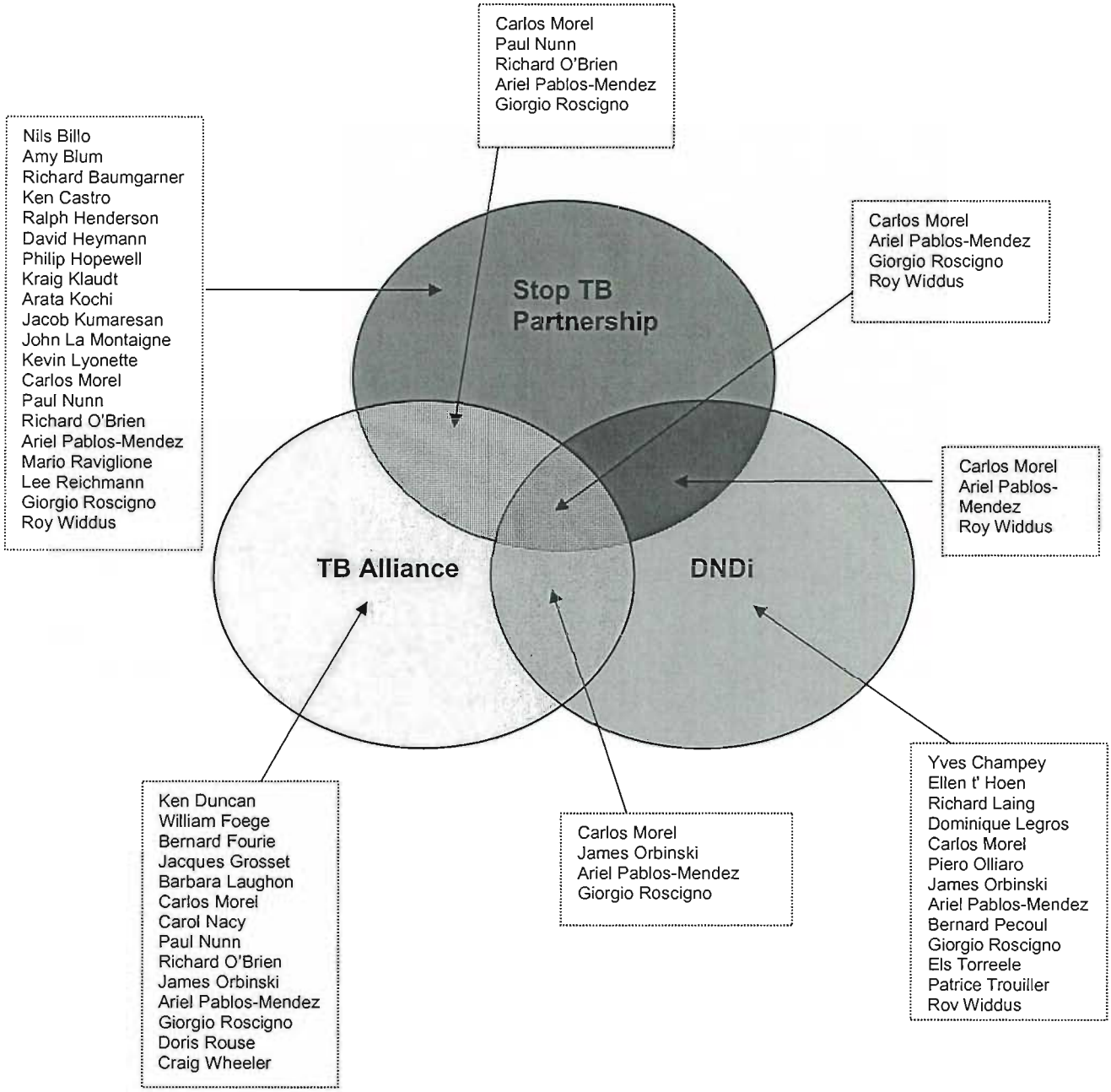


Figure 4.3: The neglected disease GPPP network: 1995-2001.

Clearly, the network does not include every individual who worked with the various partnerships' Working Groups and Advisory Committees. Instead, it highlights those *significantly* involved with the development of each partnership[154]. I was able to identify these individuals from the interviews I conducted for this thesis, and from email enquiries

and secondary sources[155]. The network will no doubt be incomplete, and I will have missed people who should be included, and perhaps given too much importance to people who were more marginal. The point of including this figure here is simply to give a general sense of the network, and the connections between the partnerships. In the following subsection I consider the theoretical implications of this network for ideas and discourse.

Theoretical implications of the global network for discourse and GHG.

In Chapter Two, I argued that power-based and interest-based approaches to global health governance (GHG) were deficient in their analysis of ideas and discourse, and hypothesised that constructivism could supplement our understanding of GHG because it took ideas and discourse seriously. Here I briefly present power-based and interest-based approaches to networks, and consider whether they adequately capture the characteristics of the GPPP network illustrated in Figure 4.3.

The two variants of power-based approaches that I considered in Chapter Two (i.e. neorealism and orthodox Marxism) interpret networks in terms of power. Neorealists emphasise the central role of states in world politics, and thus pay little attention to network analysis. For neorealists such as Waltz it is structures of power that best describe and explain international behaviour, not complex interconnections between a multitude of state and non-state actors (Waltz 1979). For orthodox Marxists, economic power and class analysis feature prominently in their network analyses (Collyer 2003). The focus is very much on determining who controls networks, and tends to interpret networks in terms of the marketisation of the public-sector and the privatisation of public assets and services (ibid).

Much of the recent analysis of networks comes from an interest-based perspective. Reinicke, for example, provides a neoliberal interest-based analysis in his influential study of networks and the UN (Reinicke, Witte et al. 2000). He argues that global public-private networks have six functions. I summarise these in Box 4.3. For Reinicke global public-private networks are a rational response to ideological and technical changes: the

move towards liberalisation brought greater complexity to political and social issues; and the technological revolution, notably the revolution in Information Technology, has also made social, economic and cultural interaction more complex. Networks are a rational response to these challenges. Networks represent a shift beyond a state-centric characterisation of international society, and accord non-state actors a role in framing debates, affecting policy, and influencing changes in behaviour (Keck and Sikkink 1998)

- They contribute to establishing a global policy agenda, and then they offer mechanisms for developing a truly global public discourse in which to debate that agenda;
- They facilitate processes for negotiating and setting global standards;
- They help develop and disseminate knowledge that is crucial to addressing transnational challenges;
- They help create and deepen markets;
- They provide innovative mechanisms for implementing global agreements;
- And they address the participatory gap by creating inclusive processes that build trust and social capital in the global public space by furthering transnational and trans-sectoral discourse and interaction.

Box 4.3: Functions of a global public-private network.(Reinicke, Witte et al. 2000).

Various interest-based studies have considered the significance of networks for global health governance (Buse and Walt 2000c; Buse and Walt 2002; Koslowski and Herman 2002; Lee and Goodman 2002). In a recent study, Lee and Goodman focus on networks to help explain health care financing (HCF) reform (Lee and Goodman 2002). Lee and Goodman explain their analysis of the HCF network in part by applying insights from neomarxism. As noted in Chapter Two, neomarxist analysis, such as Cox's critical theory, is also characterised as an interest-based approach to global health governance. This is because, ultimately, actors' interests are treated as exogenous to social interaction. In addition, the role of ideas is reduced to an economic analysis where the

ideas of a transnational economic elite dictate global policy. In the area of HCF, Lee and Goodman made the following conclusion:

> In the area of HCF, a global elite had come to dominate policy discussions through their control of financial resources and, perhaps more importantly, *control of the terms of debate* through expert knowledge, support of research, and occupation of key nodes in the global policy network (Lee and Goodman 2002: 103).

Thus, for Lee and Goodman, ideas and discourse are important factors in explaining HCF reform. They are important because, ultimately, they are the ideas and discourse of an elite network that dominates debate in a particular issue-area. This, the authors argue, challenges the argument that networks are value-neutral and inclusive communities.

In contrast to both power-based and interest-based approaches, constructivist analysis of networks has begun to focus on the extent to which they "reconfigure, constitute, or reconstitute identities, interests, and institutions" (Singh 2002). It should be noted, however, that analysis of networks is still "a minor current" in the constructivist literature (Haas 1990; Milner 1992; Checkel 1998: 329). Consequently, whilst it is easy to state that networks reconfigure or reconstitute actors' interests, it is far less easy to show how this occurs (Haas 2000). Adler, for example, invokes the concept of 'cognitive evolution' to explain how these changes in identities and interests occur:

> Cognitive evolution means that at any point in time and place of a historical process, institutional or social facts may be socially constructed by collective understandings of the physical and social world that are subject to authoritative (political) selection processes and thus to evolutionary change (Adler 1997: 339).

Thus collective or *intersubjective* understandings emerge about particular social facts. GPPP is an example of this. The crucial point, however, as Adler notes, is the

structurationist character of the relationship between agents and structure. Here, agents (individuals) engage in discursive interaction and in so doing generate a structure of ideas about GPPP, which in turn influence the behaviour of agents. As Adler puts it:

> A cognitive evolutionary theory is structurationist to the extent that individual and social actors successfully introduce innovations that help transform or even constitute new collective understandings, which in turn shape the identities and interests, and consequently the expectations of social actors (ibid).

From a constructivist perspective, therefore, networks are more than simply an opportunity for the most powerful economic actors to satisfy their interests, and more than simply a rational response to ensure more legitimate and effective global health governance.

So which of these approaches best accounts for the GPPP network? Neoliberal interest-based approaches capture very clearly the characteristics of the network. Reinicke's summary of global public-policy networks (summarised above in Box 4.3) reads like a checklist of achievements and goals of the GPPP network. On the other hand, neomarxist interest-based approaches fail to account satisfactorily for a number of features of the GPPP network. First, there is little evidence to show that the GPPP debate within the network was driven by economic concerns. As already noted above, the practice of GPPP was legitimised by appeal to normative arguments about health as global public good, and by appeal to values such as equity and fairness. Second, the network is 'representative' of a very broad range of actors and organisations, from NGOs and civil society groups to major international organisations: there is not, in other words, a dominant economic group, steering the network[156].

Lee and Goodman conclude their study of HCF reform by noting that, "reform world-wide has been fostered by the emergence of a policy elite, *rather than* a rational convergence of health needs and solutions" (Lee and Goodman 2002: 116, emphasis

added). This conclusion may be an accurate one to draw about HCF reform but it does not readily fit with the GPPP network. The argument that a policy elite propagated ideas about the practice of GPPP because it reflected their own particular interests *rather than* putting GPPP forward as a 'rational response' to the crisis in neglected diseases does not seem credible. On the contrary, the discourse of GPPP that developed within the network justified the practice of GPPP *as* a rational response to a global health crisis[157].

In a recent paper, Freeman argues:

> The set of actors concerned with global health – what might constitute a policy community – is neither specific nor stable. They operate in a diffuse and often contested domain. There is a lack of order, pattern and predictability in their relationships with each other, and consequently in what they do or might do together (Freeman 2004).

In the field of neglected disease GPPPs however, this degree of instability and lack of specificity is not apparent. As I explore in more detail in Section 4.3, there *was* contestation, and thus instability, over the practice of GPPP. However, through discursive interaction within the network of actors involved with neglected diseases partnerships, a degree of stability – through a common framework and language – was provided and obstacles to the development and advancement of GPPPs were overcome.

Does constructivism add-value to our understanding of the GPPP network? As I attempted to show in Section 4.1 above, the idea of GPPP was diffused through discursive interaction. It was legitimised, justified, coordinated and communicated – in other words, it was discursively constructed – by arguments that presented GPPP as a necessary and appropriate response to the global health crisis in neglected diseases. This is an important conclusion to make because it provides an insight into the *process* of global health policy formation, and the role that discourse plays.

There is insufficient evidence from my research to support or contend the constructivist argument that actors' interests are 'shaped' or reconstituted through exposure to shared ideas. True, the sample partnerships that I looked at in detail *do* seek to challenge actors' preconceptions of their interests. The TB Alliance, for example, argues that investment in neglected disease R&D is a market opportunity for the pharmaceutical industry rather than a market loss. But a much more in-depth interview research programme would be required to provide evidence that would show that actors 'learned' to reconceptualise their self-interest through exposure to the GPPP network.

Summary.

This Section has focused on where discourse was important in constituting the practice of GPPP. At the micro level, I showed that there was evidence of the cognitive and normative functions of discourse in each of my three GPPP case studies. The extent of the evidence was approximately equal in all three GPPPs, suggesting that the institutional setting of the partnership had minimal effect on the distribution of these two functions of discourse. This strengthens the argument that discourse has an important role to play that is independent of other factors, such as institutional setting.

With respect to the coordinative and communicative functions of discourse, the situation is less clear. There was moderate evidence of the coordinative function of discourse across the GPPP case studies. On the one hand, as indicator 4 suggests, all three GPPPs justified and legitimised their partnerships by reference to a common set of guiding principles and norms (i.e., the reality of globalisation, global governance, and health as a global public good). However, this did not result in a common language or vision of GPPP. The DNDi had a different understanding of partnership to both the TB Alliance and the Stop TB Partnership. This is surprising, especially when one takes into account the close connections between each of the GPPPs illustrated in my map of the GPPP network. Given these connections, one would expect to find substantial evidence of a coordinative function in the GPPP discourse. Two explanations suggest themselves here: first, it may simply be the case that DNDi is an exception, and that there *is* a common framework and vision shared by all the other GPPPs; second, the reason why the DNDi

discourse of partnership is different is because of the relationship between DNDi, DNDWG, and MSF. The institutional setting of the DNDWG in the early days of the partnership (i.e., being hosted in a campaigning organisation such as MSF) *did* affect the nature of the discourse of partnership. These are not either/or explanations, but mutually reinforcing.

There was moderate evidence of the communicative function of discourse in the DNDi and the TB Alliance, and substantial evidence in the Stop TB Partnership. The main reason for this difference is because the idea of GPPP was communicated to the general public not through individual GPPPs but by a small number of high profile leaders of international organisations. Included in this group were leaders of the WHO such as Brundtland and Lee, and the head of the Stop TB Partnership Carlos Morel. These individuals simply repeated a 'master discourse' of GPPP, which was almost universally adopted by the global health community. In terms of its effectiveness to communicate a radical idea to a potentially hostile global health community, the communicative function of discourse was, in the case of GPPP, extremely effective.

At the macro level I mapped a network of global health specialists, and I noted power-based, interest-based, and constructivist interpretations of what such a network meant for discourse and GHG. A couple of points should be emphasised here. The first point concerns the role of discourse. On the one hand, as I showed in Section 4.1, shared ideas about globalisation, global governance, and global public goods constituted and helped coordinate practices within the network. On the other hand, following insights into transnational and public policy networks provided by Keck and Sikkink (1998) and Reinicke (2000), the actors within the network had a role to play in carrying and re-framing ideas about GPPP, and inserting them into global health policy debates. In other words, as I indicated above, the relationship between the ideational structure of the network and the actors that worked within it can be described as structurationist.

In terms of theoretical approach, a neoliberal variant of the interest-based approach (such as that expounded by Reinicke) captures much of the dynamic of the GPPP network.

Neomarxist interpretation of networks does not adequately reflect the more inclusive features of the GPPP network, and there is little indication that access to financial resources ensures that certain voices within the network are louder than others. Although there is evidence to show how discourse constituted the practice of GPPP, there is no evidence to support or contend the constructivist claim that actors' interests were reconstituted as a result of exposure to the GPPP network.

4.3. When are discourse and ideas important?

This section attempts to answer the question '*when* is discourse significant'? Here I compare the significance of discourse in constituting the change from public and private global health provision to public-private global health provision. Was discourse the main variable responsible for this change, or are there other variables to take into consideration?

4.3.1. Discourse v other factors as a/the constituent of change.

As noted in Chapter Two, what discourse is and what it does is contested. Whilst recognising that discourse has causal as well as constitutive effects, in this thesis I have chosen to focus on the latter rather than the former. In short, I have attempted to show how discourse constituted the practice of GPPP. The focus of this thesis is to explain the rise of GPPPs; to explain the change from public and private global health provision to public-private global health provision. And the question is whether discourse had a role to play in effecting this change. The sceptical response would be that other variables – interests, institutions or culture (or a combination of these variables) – were responsible for this change, not discourse. Accordingly, one might argue that discourse was actually an epiphenomenon of the strategic interactions of policy elites who were simply trying to promote their own self-interests; *or*, alternatively, that discourse simply reinforced policies that follow long-established institutional paths; *or*, that discourse did nothing more than reiterate or reify long-accepted cultural rules.

In her analysis of discourse, Schmidt does not argue that discourse is the *only* variable that effects change, although she does argue that it "rests on top of the other variables" (Schmidt 2002:252). But if it is not the only variable then when is discourse "more than just cheap talk" (ibid)? It is more than 'cheap talk', argues Schmidt," when it helps actors overcome entrenched interests, institutional obstacles to change, and cultural blinkers to change" (Schmidt 2002:251).

Schmidt argues that discourse "truly matters" when,

> It is more than simply a reflection of interests, path dependence or cultural norms; when it goes beyond these to alter perceptions of interest, to chart new institutional paths, and to create new cultural norms (Schmidt 2002).

There are two problems with Schmidt's analysis of when discourse is significant. The first is that she appears to be identifying two distinct qualities of discourse. On the one hand she is arguing that discourse is significant when it helps actors overcome particular problems; in other words, when discourse is a useful tool. On the other she is arguing that discourse is significant when it is *more than* just a useful tool: it is significant when it 'alters perceptions of interest'. The two claims are not compatible: either discourse is a tool to be used by actors in order for them to maximise their pre-determined self- interest, or discourse has an independent role and it reconfigures self-interest.

Another objection to Schmidt's analysis concerns the relative strength of discourse as an explanatory variable *vis a vis* other variables. Schmidt argues that discourse takes place against various "background conditions": conditions which "help explain why an opening to a new discourse and policy programme occurs in the first place" (Schmidt 2002:251). Schmidt highlights four conditions (Box 4.4), noting that whilst it is necessary to account for them, on their own they do not explain changes in policy programmes. Other factors must also be taken into account – such as the global economy, institutional capability and technological development – and, crucially, discourse.

1. **Precipitating events** – they create enough uncertainty to leave an opening to ideas and values that challenge the predominant ones,
2. **Eroding interest coalitions in response to crisis** – they increase receptivity to the discursive re-conceptualisation and reconfiguration of interests,
3. **Loosening institutional constraints to change in the face of crisis and interest realignment** – they allow new institutional paths to be considered,
4. **The questioning of cultural norms in the midst of crisis.**

Box 4.4: Four background conditions for change.

The problem with Schmidt's analysis is that she does not indicate how much discourse matters in relation to these variables. Her analysis begs the question – if these background conditions were not present would discourse have been as significant or even significant at all? If it is the case that discourse only matters when certain conditions pertain, then that would surely weaken the significance of discourse as an independent factor. With these problems in mind, I proceed by contextualising the rise of GPPPs against these four background conditions. I then consider what effect these conditions had. For example, did they create an environment of uncertainty, receptivity and reflexivity which, in turn, created openings for a discourse of GPPP to develop? Having done that, I then return to the problems with Schmidt's analysis that I identified above, and consider their implications for my study of discourse and the practice of GPPP.

4.3.2. The emergence of GPPPs: A crisis in neglected disease global health governance.

What does crisis mean in the present context? The Collins English Dictionary defines crisis as: "A crucial stage or turning point in the course of something, esp. in a sequence of events or a disease". The Chinese language combines two characters – those of 'danger' and 'opportunity' – to convey the meaning of crisis. In this latter sense, crisis

has both negative and positive connotations. Chapter Three outlined the broad features of the crisis facing neglected diseases. In sum, there has been a profound neglect from both the private and public sectors in terms of R&D into new drugs. As one TB expert working for the WHO noted:

> Essentially, everything that is known about tuberculosis was figured out before 1948, when antibiotics came into use. And virtually all research stopped after that. Dead stop (Barry Bloom, quoted in Garrett, 1994:525).

In a recent editorial for the World Health Organisation's special Bulletin on TB, Philip Hopewell argues that due to the expansion of DOTS (Directly Observed Treatment Short course) TB is "no longer a neglected disease" (Hopewell 2002). This is a premature conclusion to draw because *implementation* of an effective global TB strategy is only half of the problem of neglect. Missing from Hopewell's editorial is recognition of the other half of the problem – namely, neglect of *research and development* into new TB drugs.

Studies of TB describe the 1970s as "the era of neglect and complacency" (Ogden, Walt et al. 2003). Personal interviews with WHO staff working on TB during that period confirm the claim that despite having a Director General with a background in TB, "WHO efforts on TB dwindled"[158]. In the WHO editorial noted above Hopewell quotes a report conducted in 1990 by the Commission on Health Research for Development. The Report noted that "The magnitude of the tuberculosis problem is matched only by its relative neglect by the international community" (CHRD 1990). For example, the WHO's Tuberculosis Unit was allowed to stagnate to such an extent that by the late 1980s it had only two members of staff – a secretary and an epidemiologist. In fact, TB has never been a priority for the WHO. Even as the WHO declared TB "a global emergency" its budget for TB in 1992/93 was around $10 million, compared to the Global Programme on AIDS' budget of $160 million (Vaughan, Kruse et al. 1996). By 1998, when Gro Harlem Brundtland became the new D.G at WHO, TB was still not listed as a priority initiative. TB had not made good progress in the previous 6-7 years, and it was not on target to reach the WHO's own 2000 goals. Not surprisingly, perhaps, Brundtland preferred to

focus on malaria and tobacco – both 'doable' initiatives. As one interviewee from the Stop TB Partnership Secretariat commented, "For a leadership to say 'I'll pick an impossible goal' is probably not the right thing to do" (interview with Rick O'Brien, Sept 03).

In the U.S, the Centre for Disease Control was steadfastly optimistic about reaching its 2010 targets for completely eliminating TB. One year later, faced with a TB assessment report showing a 28,000 excess caseload of TB during the previous decade and, among inner-city African-Americans, a 1,596% increase in TB cases, the CDC's tone changed from confidence to alarm (Garrett 1994:516). When multidrug-resistant TB (MDR-TB) hit the U.S in 1991, the CDC was overwhelmed with demands for drugs, and the U.S government frantically tried to persuade its pharmaceutical MNCs to increase their production capacities.

In the case of 'most neglected' diseases – leishmaniasis, Chagas disease and sleeping sickness – the absence of R&D is most dramatic. As noted in Chapter Three, studies conducted by MSF indicate that there is zero R&D of new drugs for these diseases. Information presented by Bernard Pecoul in 2001 indicated that total expenditures for research on leishmaniasis, malaria, sleeping sickness and TB were approximately $383 million, of which $85 million was for drug R&D. This amount is equivalent to 0.14% of the global investment in health research. The Commission on Macroeconomics and Health recommends that at least $3 billion per year should be allocated to R&D directed at the priorities of the world's poor (GFHR 2000:91).

Having established that the global response to neglected diseases was in crisis I now look at those 'background conditions' against which the significance of discourse can be gauged.

4.3.3. Background conditions to change: From international public and private interaction to GPPPs.

1. Precipitating events:

It is possible to identify a number of precipitating events that created conditions of profound uncertainty about how to respond globally to the evident crisis in neglected disease. In the case of TB, for example, the 'sudden' resurgence of TB in New York and, later, in London apparently caught the planners of national and international health off-guard. In addition, the new strains of TB were proving resistant to existing drug treatment.

> Until the U.S MDR-TB epidemic began there was virtually no scientific interest in pursuing the developing world's big killer (Garrett 1994:526)

Despite claiming 3 million lives a year and newly infecting over 8 million people – making TB the single largest cause of infectious disease deaths in the 1980s – there was almost no scientific R&D into anti-TB drugs prior to the U.S MDR-TB outbreak in 1991. The outbreak in the U.S, however, had a significant impact on the international health agenda (Shiffman, Beer et al. 2002). The WHO declared TB a global emergency, and began to implement its DOTS strategy. The World Bank rapidly became the single largest source of financing for TB control programs in developing countries, arguing that TB control should be a priority because treatment was inexpensive and the global burden high (World Bank 1993).

The link between TB and AIDS has exacerbated the problems facing the implementation of an effective global health response to both diseases. According to UN data, 50% of people with HIV develop TB. This has produced a 10% increase in TB cases as a result of spreading HIV infection (UNAIDS 1997). Prior to the US outbreak of MDR-TB, the most successful TB control programmes were national programmes conducted by the most impoverished countries: Tanzania, Nicaragua, the Zululand province of South Africa, China, and Mozambique. The results were remarkable: the Nicaraguan ministry

of health achieved a 75% cure rate (in the midst of a civil war); in Zululand, health workers successfully treated 83% of all TB patients, and had only a 7% mortality rate; in Tanzania and Mozambique there was over 80% treatment compliance until HIV overwhelmed both countries (Garrett 1994:526-7). It is worth noting that these remarkable efforts to control TB, in extremely hard circumstances, were carried out *without* the assistance of the private sector. Statements by the G8, such as the following made at the 2000 meeting in Okinawa, should be assessed in the light of these national health success stories:

> The public sector alone has not responded, and cannot respond, to the challenges [of TB]...tapping the energy, entrepreneurial spirit and innovation of the private sectors are critical to success[159]

In the case of 'most' neglected diseases, international institutions have not responded in the same way as they have done to TB and HIV/AIDS. There have been no declarations by the international health community that Leishmaniasis, Chagas disease, and sleeping sickness constitute a 'global emergency'. As noted in Chapter Four, the DNDi proceeds from the assumption that the current market-based system has failed neglected diseases. In the case of 'most' neglected diseases, where there appears to be no global market, public responsibility becomes a crucial factor in the success of the Initiative. The idea of taking public responsibility for a problem is a novel departure in the current context of private provision of services through the mechanism of the market. The high profile court case between the South African government and the Pharmaceutical Manufacturers Association played a significant role in highlighting the limitations associated with market-based solutions to global health crises. In this respect, it is possible to regard the court case as a 'precipitating event', even though the DND Working Group had already begun to formulate the strategy for its Initiative before the case became such a cause celebre.

2. Eroding interest coalitions:

Interviews with WHO informants conducted for this thesis support the claim that a rift began to emerge within the WHO during the early-mid 1990s between politicians and advocates pushing to extend implementation models, and scientists and academics pushing for more research and development into new TB drugs. The rift had its origins in the over-simplistic 'branding' of DOTS (Directly Observed Treatment Short course) – a process "which sent shockwaves through the academic and scientific communities" (Ogden, Walt et al. 2003:184). The DOTS Programme was deeply criticised by sections of the scientific community who argued that this new implementation strategy grossly over-simplified TB control measures. An editorial in the Lancet in 1994 exemplified the extent of the division. The editor noted that "Clearly global direction is needed in a way that the approach so far adopted by WHO has failed to provide...The complexity of health threats will not yield to a simple solution" (Editorial 1994). Scientists were also concerned that DOTS would mean even less funding for research and development. These concerns appeared to be well founded when the WHO issued a press release suggesting that the money that the National Institute Health had been spending on research and development was money wasted. According to one interviewee interviewed for this thesis, the WHO's press release "caused quite a flurry of concern among researchers in the NIH".

The Global TB Programme initially had a strong research component, which was headed by Rick O'Brien of the Centre for Disease Control. However, despite aggressive fund raising efforts by Arata Kochi (who led the Programme until 1998) and Richard Baumgarden (detailed to the WHO from the World Bank in 1991) the TB Programme was criticised for moving too slowly. As a result, an advocacy expert from the US – Kraig Klaudt – was hired to attract more donors to the Programme. The change was dramatic. As Ogden et al note, "within a few months of his arriving the whole tenor of the TB Programme shifted from a primarily technical focus to intensive advocacy" (Ogden, Walt et al. 2003:184). Thus by the mid 90s the message coming out of WHO was essentially that the tools for tackling TB were available, and all that was required was pervasive implementation. As one interviewee put it "the pendulum swung too far,

and WHO started to emphasise that in order to get on and apply the existing tools they were downplaying the need for improvement of tools".

The development of neglected disease GPPPs, for example the TB Alliance, might be seen as a reaction by some members of the scientific community to what they perceived to be WHO's neglect of R&D of TB drugs. This view is not held by all members of the scientific community. Other prominent scientists involved with the TB Alliance and other PPPs for neglected diseases simply note that the WHO has neither the mandate nor the financial resources to pursue a specific R&D project for new TB drugs. According to this view, the TB Alliance should be seen as an addition to the overall global response to TB, rather than a response to some kind of institutional deficit in health provision.

It is argued in this thesis that, nevertheless, members of the scientific community, in order to push for greater investment in R&D, not only had to overcome institutional obstacles such as WHO's bias towards implementation strategies, but it also had to communicate novel ideas such as the idea of global public-private 'partnership' to both the WHO *and* the business community. Understanding discourse is crucial to understanding how this was possible – i.e., how obstacles were overcome, and how ideas were communicated.

The TB Alliance to a large extent was an outcome of the neglect by WHO of R&D into new TB drugs. According to one interviewee,

> The process for the creation of the TBA for drug development was largely driven outside of WHO, and there were one or two people inside WHO who were interested in the right things being done – in other words in more research happening in TB drugs, and they were supportive of the process (interview with Ariel Pablos Mendez, Sept 2003).

But it was also a response to the neglect by industry of R&D into new TB drugs. Essentially, the Alliance is one outcome from the market's failure to respond to a global

medical need. As noted above, macro-level factors are very important for understanding the rise of GPPPs in general. But it is also necessary to appreciate micro-level factors. For example, without the concerted efforts of just three individuals – Arial Pablos-Mendez, Giorgio Roscigno, and Rick O'Brien – the TBA would not have got off the ground. O'Brien was working with the Centre for Disease Control, Roscigno had extensive industry contacts, and Pablos-Mendez had connections with the Rockefeller Foundation. Together they were able to communicate and coordinate the idea of partnership to both public *and* private actors. This required overcoming institutional obstacles, and interests (such as those presented by and evident within the WHO), and cultural differences between the public and private spheres. The role of discourse was, and continues to be, crucial in overcoming these difficulties.

3. Loosening institutional constraints:

An important 'background condition' for the discourse of neglected disease PPPs has been the improved cooperative relationship between the WHO and the World Bank. Tensions between these two international institutions – attributable to the emergence of the World Bank as a major player in health and a sense of rivalry over leadership in the global health sector (Godlee 1994; Godlee 1997; Buse and Gwin 1998; Buse and Walt 2002) – was evident in implementation of TB strategies in countries such as India, where WHO and World Bank disagreed about whether to implement top-down strategies (WHO) or decentralised strategies (World Bank) (Shiffman, Beer et al. 2002:18). The election of a new director-general at the WHO, Gro Harlem Brundtland, helped improve relations between the two institutions and helped enhance cooperation (*ibid*). Without these improved relations, it is unlikely that the Stop TB Partnership would have developed into such "an unprecedented coalition" of all the major TB actors, *even with* an effective discourse of partnership.

The WHO is now clearly committed to supporting PPPs for neglected diseases. WHO argues that in order to achieve the Stop TB target of 70% detection rate by 2005 most countries will have to find innovative methods to find and treat TB cases. WHO also argues that in many countries with large private health sectors there is a compelling case

for collaboration with private practitioners in the delivery of TB care (WHO 2001b:18). WHO describes such collaboration as "a coordinated public-private mix" (PPM). By 'private' WHO means "private practitioners, non-qualified providers including traditional healers, practitioners qualified in non-allopathic forms of medicine, private pharmacists, non-governmental organisations and pharmaceutical companies" (WHO 2001b:21). The Organisation does not advocate one particular model of PPM, rather it recognises that "new models of public-private partnerships should be tried out in diverse settings" (WHO 2001b:18)

4. The questioning of cultural health norms:

At the heart of the discourse of GPPPs lies a fundamental questioning of the provision of health through either solely public or solely private means. In the early 1980s, there was no conception of a 'third way' between these two polarities. Hirschman, for example, posited the existence of a 'private-public cycle' in which:

> Our societies are in some way predisposed towards oscillations between periods of intense preoccupation with public issues and of almost total concentration on individual improvement and private welfare goals (Hirschman 1982:3).

In 1981, the WHO's World Health Assembly (WHA) endorsed the 'Health For All by the Year 2000' strategy, which was intended to implement the proposals of the 1978 Alma Ata Declaration. According to Thomas, the Declaration "had enshrined health as a fundamental human right, to be secured by a participatory process of comprehensive PHC [primary health care] in the context of multisectoral development" (Thomas, 2001:6), where the shape of PHC "is determined by social goals, such as the improvement of the quality of life and maximum health benefits to the greatest number..." (WHO/UNICEF 1978). The Health For All strategy was not successful, and PHC was replaced with Selective Health Care. The reason for this failure, argues Thomas, is that "whereas...Alma Ata required health to be seen as a public good, the neoliberal development orthodoxy of the 1980s and early 1990s interpreted it instead as a

private good" (Thomas, 2001:6). Up to the early 1990s, then, Hirschman's 'public-private cycle' appeared to apply: a preoccupation with public health provision through public international institutions such as the WHO, followed by a shift towards private provision of health and an understanding of health as a commodity to be sold.

What Hirschman's explanation did not predict was a break in the oscillations between public and private: a break characterised by public-private interaction. This break in the cycle reflected the creeping realisation during the mid-late 1990s that the process of economic globalisation was accompanied by an uneven distribution of economic benefits, and that global development models had to be modified to ameliorate the worst effects of economic globalisation (UNCTAD, 2003; Thomas, 2001). Thus, the World Bank's 1993 report 'Investing in Health', which announced the importance of economic growth with equity, emphasised the need to "improve government spending in health" *and* "facilitate involvement by the private sector" (World Bank 1993). The emphasis on global health policy then became the need to involve as wide a range of 'stakeholders' as possible, primarily through international and global PPPs. Without this questioning of health norms – so that it became possible to conceive of some kind of 'public-private mix' health provision – the discourse of PPP would not have been as effective.

In summary, therefore, against the backdrop of a profound sense of crisis in the global response to neglected diseases, an opening to a new discourse of GPPP was provided by four background conditions. The outbreak of multi-drug resistant strains of TB in Western capital cities, and a global campaign that highlighted a gross lack of access to drugs for essential medicines created a sense of uncertainty about how to respond. Public and private solutions, in isolation from one another, had apparently failed. Eroding interest coalitions within key international institutions such as the WHO also meant that that institution became more receptive to the idea of partnership. In addition, increased cooperation between international institutions, such as that between the WHO and the World Bank, loosened institutional constraints to change. Finally, a recognition during the early-mid 1990s that the unrestrained free-market rules of the 1980s had often

resulted in unjust outcomes led to a normative shift away from a solely private, market-driven, provision of services.

4.4. Conclusion.

This Chapter has attempted to show how, where, and when discourse was a significant factor in explaining the rise of GPPPs. To show *how* it was possible for this mechanism of global health governance to rise to prominence, I applied a discursive framework adapted from Schmidt (Schmidt 2002). I showed that discourse performed four distinct functions: it justified and legitimised the practice of GPPP (the ideational dimension of discourse), and it coordinated and communicated that practice to the global health community (the interactive dimension of discourse). By way of evidence, I focused on ten indicators of discourse. The main conclusion that I draw from my analysis is that, taken together, the evidence provided by these ten indicators supports the argument that discourse *constituted* the practice of GPPP.

To show *where* discourse was important, I distinguished between discourse at the micro and macro levels of analysis. At the micro level, I showed that each of my GPPP case studies showed, in approximately equal measure, evidence of the cognitive and normative functions of discourse. The institutional setting of each of the GPPPs had minimal effect on the distribution of these functions. This finding adds weight to the argument that it was discourse, rather than other factors such as institutional setting, that constituted the practice of GPPP. The findings from my analysis of the coordinative and communicative functions of discourse are less easy to interpret. Despite the existence of a network of GPPP specialists, there was only moderate evidence that discourse coordinated the practice of GPPP. There are clear differences in the framework, language, and vision of partnership between DNDi, and the TB Alliance and Stop TB Partnership. Two explanations suggest themselves: first, that the DNDi is an exceptional case, and in fact there *is* a consensus across other health GPPPs about the concept of partnership; second, that the institutional setting of the DNDi had an impact on its discourse.

In terms of the communicative function of discourse, again my findings are not straightforward. The idea of GPPP was communicated very effectively through a small number of prominent global health actors – heads of international organisations such as the WHO, World Bank, United Nations, and USAID – rather than through individual GPPPs. There is evidence of the communicative function of discourse in each of these partnerships, but in attempting to understand how it was possible for GPPPs to rise to prominence, the role of this small group of individual actors is crucial. They were able to communicate the idea of GPPP through a 'master discourse' of GPPP that presented a very simple message: GPPP was necessary and there was no alternative.

To show *when* discourse was important, I began my analysis with Schmidt's insight that discourse 'truly matters' when it does more than reflect actors' interests, institutional path dependence, or cultural norms (Schmidt 2002). Thus, discourse matters when it *alters* these perceptions, paths, and norms.

In the final, concluding Chapter, I return to the key elements of my thesis that I summarised in my Introductory Chapter (Table 1.4). Thus, I begin by addressing the primary research question driving my thesis: How was it possible for GPPPs to rise to prominence as a key mechanism of GHG? I then make some concluding remarks about the three subsidiary questions that have structured this Chapter: How, where, and when are discourse and ideas important? Finally, I reflect upon the substantive and theoretical contributions that this thesis has made to our understanding of GPPPs and GHG, and I suggest possible avenues for further research.

5. Conclusion: The role of discourse and ideas in understanding the rise of GPPPs.

Introduction.

This conclusion draws together the various strands of my research: global public-private partnerships, constructivism, neglected disease, and global health governance. I begin by reflecting upon some of the broader issues of global health raised by my thesis, and then address the key elements of the thesis, which I summarise in Table 5.1, and then reflect on some of the broader issues of raised by my thesis. I finish the Chapter with some suggestions for future research.

Primary research question driving thesis	How was it possible for GPPPs to rise to prominence as a key mechanism of GHG?
Principal assertion of thesis	Discourse and ideas are important in understanding the rise of GPPPs.
Subsidiary questions to be addressed by thesis	How, where, and when are discourse and ideas important?
Substantive contribution to the literature on GPPPs and GHG.	Advances understanding of GPPPs, and extends understanding of GHG through an analysis of discourse and ideas.
Theoretical contribution to the literature on GPPPs and GHG.	Provides a distinction between power-based, interest-based, and constructivist approaches to GHG. Develops a constructivist framework to evaluate role of discourse and ideas in GHG.

Table 5.1: Primary and subsidiary research questions, principal assertion, and substantive and theoretical contributions of the thesis.

5.1. Reflections on the broader health issues raised by this study:

The concept of 'neglected' disease is defined at the beginning of this thesis as those diseases that have not received sufficient attention from either the public or private sectors. However, what is neglected in this definition is the R&D into new drugs. In other words, in the definition itself, is a reinforcement of the technological discourse identified in Chapter Four. 'Neglected' diseases do not, therefore, cover those diseases that are neglected in non technological and non-biomedical terms (for example, human resources). In addition, there is an inherent bias towards *communicable* diseases in our understanding of neglected diseases. Why should communicable diseases be emphasised rather than non-communicable conditions such as arthritis? Or rather, the question might be put: why aren't there any GPPPs for non-communicable diseases[160]? I acknowledge, therefore, that the term neglected is contentious, and may itself reflect the dominant discourse of GPPP identified in Chapter Four.

This thesis does not deny that GPPPs *have* added value to various global health initiatives. Key accomplishments include rapidly establishing novel organisational arrangements, getting specific international health issues onto national and international agendas, mobilising new funds for these issues, improving access to cost-effective health care interventions among populations with limited ability to pay (at times using non-state actors), strengthening national health policy processes and content, augmenting health service delivery capacity, establishing international norms and standards, and stimulating R&D (Buse and Harmer, 2005, forthcoming). However, the findings of my research suggest that global public-private partnerships are not a *denouement* in the story of global health governance. They are not, and should not be considered an inevitable, unfolding solution to global health problems.

The reason for this, as this thesis has attempted to show, is that the 'necessity' of GPPP is a discursive construction. True, the WHO *is* under-funded, and the pharmaceutical industry *does* have control over huge libraries of drug compounds, but it does not follow from this that, therefore, GPPPs are *the only* alternative solution. The WHO could receive

more funding; different models of public and private interaction could be devised such as the public partnership model represented by the DNDi; the private sector could be compelled to open its libraries. Or, to take the argument one step further, the particular liberal model of globalisation that proponents of GPPP have in mind when they state the inevitability and immutability of GPPPs could be revised, or even rejected. The globalisation thesis is essentially contested, but this contestation is not reflected in the dominant discourse of GPPP. If it were, then we may be mooting the possibility of *international* partnerships not global partnerships. The strength of Chapter Two of this thesis is the reminder it gives that there *are* competing views of how the world is and how it should be.

5.2. How was it possible for GPPPs to rise to prominence as a key mechanism of GHG?

My thesis attempts to answer a *how-possible* question: how was it possible for GPPPs to rise to prominence as a key mechanism of GHG? Most, if not all, studies of GPPPs ask why, how, or what questions: why did GPPPs rise to prominence, how did they do it, and under what conditions? These are valid questions to ask. In a sense, however, this mode of questioning puts 'the cart before the horse'. The cart – the GPPP – is assumed, and why, how, and what questions are then asked about it; the horse – the ideational factors that enabled GPPPs 'to be' in the first place – are ignored.

In this thesis, I have tried to show how the idea of neglected disease was socially constructed such that the practice of GPPP was then possible. In Chapter Four I provided examples from primary and secondary sources illustrating how discourse appealed to the 'reality' of globalisation, the organising principle of governance, and an emerging norm of health as a global public good to justify the practice of GPPP. Each of the GPPPs I studied made a direct reference to these principles and norms.

All three GPPPs understood neglected disease in the context of the 'reality' of globalisation. Thus for the Stop TB Partnership, neglected disease was "just a plane-ride

away" because "no country, city or neighbourhood is an island"; for the TB Alliance, neglected disease carried "a much broader, global threat"; and from the DNDi, a warning that "the benefits of the 'global health revolution' have not been distributed evenly". All three of the GPPPs interpreted the response to neglected disease in the context of governance. Thus, for Stop TB "basics" such as "good governance" would result in "a wide variety of new interventions and collaborations"; for the TB Alliance, governance is the "big framework" in which to understand neglected disease; and for the DNDi, creating "a new world order" requires a re-structuring of the global economy so that it meets the "true needs of society". Finally, all three GPPPs understood neglected disease as a global public good. Thus, for Stop TB, "a world free of TB is a global public good"; and both the TB Alliance and the DNDi emphasised their commitment to health as a global public good.

Is the data sufficient?

One objection might be that the data presented is 'thin'. For example, I only provide illustrative examples of each of the indicators of discourse. This raises questions about the validity of any conclusions one may want to draw from my analysis. There are a number of responses one could make to this objection.

The first response is to argue that my data is not 'thin' at all but, rather, that the conclusions of this thesis are based on rigorous thematic analysis of 14 interviews from key actors involved in the genesis of my sample GPPPs, and supported by extensive collation of secondary material. Taken together the data indicate that a broader discourse of GPPP was in evidence, the features of which I detail in Chapters Three and Four. A second response is to point out that the secondary sources I provide are illustrative only. True, some indicators of discourse are more richly supported than others, and I indicated which these are in Chapter Four. Given that I employ *ten* 'indicators' of discourse, the thesis would become unwieldy if I provided a large number of examples for each.

A third response is to emphasise that the aims of the thesis are more modest than the objection suggests. The aim of the thesis is not to convince by sheer weight of evidence

that discourse justified and legitimised the practice of GPPP. The aim is simply to indicate that discourse is a contributory factor in the analysis, and that if more comprehensive research was conducted – through more interviews for example – then it may lead to interesting results. Again, I return to the Schmidtian framework and point out that it helps us to operationalise how discourse 'works'. If there is *some* evidence to support each stage of his framework then that is an interesting finding in itself. The challenge would then be to apply the framework to other GPPPs and see if there is common discourse there too. Clearly there is a need for more research in this area. The data is perhaps less substantial than it could be for the simple reason that so few global health studies have even acknowledged that analysis of discourse warrants closer scrutiny.

A final response is to emphasise that the aim of my thesis is *not* to show that discourse *is* a contributory factor; rather the aim is to try to determine *whether* discourse is a contributory factor in understanding the rise of GPPPs. The fact that the evidence I present is thinner than it could be may be construed as evidence that discourse doesn't matter that much, and that actually the other contributing factors that I identified in Chapter Four are more significant. Again, I concede that my aims are modest: to determine whether discourse is, at least, a factor that warrants further consdieration in understanding the rise of GPPPs.

Justification of, or public rationale for, GPPP?

One objection to the analysis presented in this thesis is that it concentrates on public rationales for the practice of GPPP and does not distinguish between, or fails to capture, the discourse that occurred 'behind closed doors'. The point being that it might be this latter discourse that does the 'justifying' rather than the public statements of support. Again, there are a number of responses one might make to this objection. First, in Chapter Four I combine data collated from interviews with secondary material to try to overcome this problem. The primary evidence provided me with some insight into the private meetings between the key actors involved, albeit slight. There will always be methodological questions abut interpreting data from interviews, as I acknowledge in the

Introduction to this thesis. These are challenges for all researchers. A second response is to point out that the public rational for GPPP *is* part of how discourse communicated the idea of GPPP, and that those people involved in behind-the-scenes discussions were exposed to this 'public' discourse as much as anyone else. In other words, the boundaries between public and private discourse are not necessarily as distinct as might be implied by this objection.

5.3. Discourse and ideas are important in understanding the rise of GPPPs.

I started my thesis with an assertion: Discourse and ideas are important in understanding the rise of GPPPs. This may appear to be a trivial starting point for a research project: who would argue that they *aren't* important? As I showed in Chapter Two, power-based, interest-based, and constructivist approaches to global governance *all* acknowledge that discourse and ideas play some part in international and global politics. To avoid the charge that the principal assertion of my thesis is trivial, I offer two responses. The first is to say that, yes, ideas and discourse are recognised in power-based and interest-based theories as being important variables, but they are not taken 'seriously' by either. As noted above, taking ideas and discourse seriously means treating them as *more than* functions of military or economic power, or as an instrument for satisfying actors' pre-conceived self-interests. It means recognising their *constitutive* effects – i.e. recognising that they constitute particular 'interpretive dispositions' that make certain practices possible.

5.3.1. How are discourse and ideas important?

In Chapter Four, I looked in detail at ten indicators of discourse, and applied them to my three case studies (Table 5.2). The first seven indicators showed how discourse *justified* the practice of GPPP by employing technical and scientific arguments; by depicting paradigms and frames of reference that defined reality; through the use of evocative phrases to reduce the complexity of GPPP policy; by appealing to a deeper core of organising principles and norms; and by demonstrating the relevance, applicability and coherence of GPPP. Indicator eight showed how discourse *legitimised* the practice of

GPPP by associating the practice of GPPP with long-established values; indicator nine showed how discourse coordinated the practice of GPPP by providing a framework for discussion and deliberation through a common language and vision of the practice of GPPP; and indicator ten showed how discourse translated the practice of GPPP into accessible language for public consumption. Showing how discourse justified and legitimised the practice of GPPP is only part of the story, however.

	Indicator of discourse	Function of discourse
1	Introduces new technical and scientific arguments.	Cognitive function.
2	Depicts paradigms and frames of reference that define 'reality'.	
3	Reduces policy complexity through the use of evocative phrases.	
4	Appeals to a deeper core of organising principles and norms.	
5	Demonstrates the relevance of ideas about GPPP.	
6	Demonstrates the applicability of ideas about GPPP.	
7	Demonstrates the coherence of ideas about GPPP.	
8	Associates the practice of GPPP with long-established values.	Normative function.
9	Provides a framework for discussion and deliberation through a common language and vision of the practice of GPPP.	Coordinative function.
10	Translates the practice of GPPP into accessible language for public consumption.	Communicative function.

Table 5.2: Ten Indicators of discourse.

My study of GPPPs also focused on the role that discourse played in coordinating and communicating the practice of GPPP within the global health community. Here, I provided two indicators of discourse: first, that discourse provided a framework for discussion and deliberation through a common language and vision of the practice of

GPPP, and second that discourse translated the practice of GPPP into accessible language for the public. In the following subsection, I summarise *where* these indicators were evident in each of my GPPP case studies.

5.3.2. Where are discourse and ideas important?

In my interviews with key actors involved in my GPPP case studies, various interviewees were surprised at my choice of partnerships because, to them, they appeared to be so different. Giorgio Roscigno, for example, who was involved in all three of my case studies, made the following comment:

> What is amazing – for the first time – you are comparing Stop TB Partnership with the TBA or DNDi. In my mind these are different stuff, very different stuff, but I would be very curious to see what you make of all of this. Because this is in my mind, if somebody would have asked me, I would have said no these do not look to me very similar, but in fact maybe seen from your perspective they are somehow [personal interview]

Looking at GPPPs from 'my' perspective means examining how GPPPs were constituted through discourse and ideas. In other words, it means examining how GPPPs were discursively constructed. As I detailed in Chapter Four, even though my three case study GPPPs had quite different institutional settings – the Stop TB Partnership was hosted by an international organisation, the TB Alliance was legally independent, and the DNDi had close ties with an NGO – the evidence suggests that they were discursively constructed in a similar way, with some differences in terms of the distribution of indicators *and* in the different functions of discourse.

The cognitive and normative functions of discourse:

For indicator #1 there was substantial evidence to show that each GPPP introduced novel scientific and technical arguments to justify the practice of GPPP. There was also substantial evidence to support indicator #2 in each of my three case studies. I could find little supporting evidence in any of my GPPP case studies to support indicator #3. I have

already considered the significance of indicator #4 above, and so will not repeat it here. For indicators #5, 6, and 7 there was either substantial or moderate supporting evidence. Indicator #8 provided evidence of the normative function of discourse. I argued in Chapter Four that this function of discourse appealed to long-established *values*. My research found that the primary value across each of my GPPP case studies was equity.

In conclusion, the cognitive and normative functions of discourse are substantially represented in each of my three neglected disease GPPPs. My findings show that three institutionally distinct GPPPs were discursively constructed using a set of cognitive and normative arguments that reflected substantial similarities in terms of definitions of 'reality', organising principles, emerging global health norms, and appeal to long-established values. But there *are* differences too, and I return to these below.

The coordinative and communicative functions of discourse.

The interactive dimension of discourse is comprised of a coordinative function that provides a common language and framework of GPPP, and communicative function that provides the means of persuading the general public to accept a particular policy through discourse and deliberation. I provided two indicators of these functions of discourse: discourse co-ordinated the practice of GPPP by providing a framework for discussion and deliberation through a common language and vision of the practice of GPPP; and discourse communicated the practice of GPPP into accessible language for public consumption.

The findings of my research into the coordinative function of discourse require careful summation. First, the evidence to support the claim that discourse provided a common language and vision of the practice of GPPP is mixed. On the one hand, indicator #4 shows that each of my GPPPs appealed to the 'reality' of globalisation, governance as an organising principle of neglected disease, and an emerging norm of neglected disease as a global public good. In addition, indicator #2 shows that both the Stop TB Partnership and the TB Alliance justified their partnerships by contextualising it within a neoliberal economic paradigm. On the other hand, however, it is clear that the DNDi, and the Stop

TB Partnership and TB Alliance had different perceptions of the role of the public and private sectors in their respective partnerships, and different understandings of the role of the market in promoting R&D for drugs for neglected diseases. As I noted in Chapter Four, the DND Working Group was prepared to engage in partnership with the private sector but not permit private-sector representatives onto its Board, and it advocated a much greater recognition of public responsibility. These were radical departures from the practice of partnership evident in the TB Alliance and the Stop TB Partnership that embraced private industry expertise and knowledge, and advocated a more orthodox public-private partnership model.

The conclusion that I draw from my analysis of the coordinative function of discourse is that there was moderate evidence of both a common language and a common vision across each of the partnership. There were some differences, however, in the language of partnership between the DNDi on the one hand, and the TB Alliance and the Stop TB Partnership on the other. The point to emphasise, however, is that despite substantive differences between the three GPPPs in terms of their institutional structures and context, a common language and vision *was* coordinated through discourse. The DNDi is not a typical GPPP, however, and I would expect to find further evidence of a common language and vision across most of the other ninety or so health GPPPs. In other words, the DNDi case study does not weaken the argument that the coordinative function of discourse is an important part of understanding how it was possible for GPPPs to rise to prominence.

My research into the communicative function of discourse also produced mixed results. There was moderate evidence of indicator #10. More significant, however, was the finding that the idea of GPPP was communicated to the global health community through a 'master discourse'. Two points can be made here. First, my research supports Schmidt's contention that the functions of discourse operate through different groups of people. The TINA rhetoric, for example, was communicated primarily by heads of international organisations such as the UN, WHO, World Bank, and USAID. Second, the rhetoric was so compelling that criticism of GPPP *per se* was almost completely absent from the

academic literature during the 1990s, and indeed didn't really receive serious attention until 2001 (Richter 2001). With this in mind, Hall's observation about discourse rings true:

> Policymakers customarily work within a framework of ideas...that is embedded in the very terminology through which policymakers communicate about their work, and it is influential precisely because so much of it is taken for granted and unamenable to scrutiny as a whole (Hall 1993:279).

5.3.3. When are discourse and ideas important?

The idea of GPPP is a radical departure from public and private, national and international, health provision. Consequently, one might reasonably anticipate resistance from interests hostile to GPPP; from inherently conservative and path-dependent international institutions; and from cultural bias against both *public-private* provision of public services and public-private *partnership*. In Chapter Four, I considered Schmidt's argument that discourse was important when it was *more than* just the reflection of actors' interests, institutional path-dependence, or particular cultural norms. For Schmidt: "Discourse matters...when it goes beyond these to alter perceptions of interests, to chart new institutional paths, and to create new cultural norms" (Schmidt 2002: 250). I consider Schmidt's insight in the light of my research below.

The findings of my research are insufficient to either support or contest the claim that actors' perceptions of their interests were altered as a result of exposure to GPPPs. It is clear, however, that all three of my GPPP case studies were *trying* to change actors' perceptions of their self-interest. The TB Alliance applied cognitive arguments to try to show the pharmaceutical industry that it *was* in their material interests to engage in GPPPs. In terms of the opportunity-cost structure noted above by Yuthavong, the Alliance's 'Economic Report' presented a series of novel scientific arguments to show that the market for TB drugs was much higher than previously recognised. In keynote speeches, leaders of the Stop TB Partnership also emphasised the importance of changing

actors' perceptions. Brundtland, for example, stated at a conference in 2000 in Manila: "We are seeing a change in perceptions. Health is big news. Health is accepted as a central and necessary element in reducing poverty and ensuring economic growth and social progress" (Brundtland, 2000b).

However, I acknowledge that one of the limitations of my research is that I did not target specifically the private sector, and thus I was not able to determine whether it *was* the case that Industry saw their self-interests differently as a result of being part of the GPPP. As I note in my concluding remarks about constructivism below, this would be a suitable subject for further study.

Although my research suggests that discourse played a role in changing the course of institutional development – specifically, the World Health Organisation's institutional development – this is not a strong conclusion of my thesis. The reason for this is because it is difficult to gauge precisely *how much* of a role discourse played in relation to other variables. Two points suggest that discourse had some role to play. First, a number of my interviewees alluded to the difficulties they faced trying to persuade certain members of the WHO that more R&D was necessary and that GPPPs were a necessary and appropriate mechanism for achieving this. One senior WHO representative held particularly entrenched views and, in the words of one interviewee, attempted to 'torpedo' attempts to initiate the TB Alliance. It was only the concerted private discussions between Ariel Pablos Mendez and the WHO representative that kept the initiative on track. Second, the role of Gro Harlem Brundtland as the new DG of the WHO, was very important in the WHO's support for GPPPs. She was a passionate supporter of partnership and has consistently extolled the virtues of this mechanism of GHG. Her role was pivotal in the communication of the idea of GPPP to the global public.

The change from public and private international health provision to global public-private partnership represents a radical shift in global health provision. GPPP is a new cultural norm in the sense that it is a new form of relationship between the public and the private

sectors. Discourse played a role in this change, but as I note below, it is important to be clear about the nature *and* the extent of that role. As I emphasised in the Introduction to this thesis, and again in Chapter Two, I do not suggest that ideas and discourse are the *only* factors that help us understand the change from public and private health provision to public-private partnership. Indeed, as I showed in Chapter Four, the rise of GPPPs occurred within a particular social, political, and economic context that I described as the "background conditions" to change. These conditions included a period of economic, financial, and institutional *crisis*, in which a series of "precipitating events" created enough uncertainty to leave an opening to ideas and values about public-private partnership that challenged the predominant ones. In addition, the rise of GPPPs also took place alongside eroding interest coalitions, loosening institutional constraints, and the questioning of cultural health norms. Each of these conditions, in part, helps us to understand the rise of GPPPs.

5.4. The substantive contribution of this thesis to the literature on GPPPs and GHG.

In this Section I review the substantive contribution that this thesis makes to the literature on GPPPs and GHG. As stated in the Introduction to this thesis, there are two substantive aims. The first is to advance the study of GPPPs by asking how it was possible for them to rise to prominence. As noted above, by asking a *how-possible* question, I focused on the role that discourse and ideas had in *enabling* the practice of GPPP. This line of questioning marks a significant departure in the literature on GPPPs because it encourages a 'critical' enquiry rather than a problem-solving analysis of GPPPs. The focus of the thesis has not been on how, whether or why GPPPs 'work' or are effective, or can be made more democratic, or representative (in other words, the analysis has not attempted to resolve problems about the operation of GPPPs). Rather, this study has 'problematised' GPPPs; it has not assumed GPPPs but rather sought to determine what GPPPs *are*; and how they were understood (or 'known') by the various partners involved.

The second substantive aim is to advance the study of global health governance. Again, as outlined in the Introduction to this thesis, existing literature on GHG, whilst

informative, is not entirely satisfactory because most studies fail to examine satisfactorily the role of discourse and ideas. A principal claim made at the start of the thesis was that discourse may be added to the list of what James Rosenau refers to as the 'dynamics of communication and control', and which are central to the process of governance. As noted, the word 'dynamic' and the broad conception of governance adopted in this thesis come from Rosenau's seminal 1995 article 'Governance in the Twenty-First Century'. In the article, Rosenau quotes Steven Rosell, who argues that: "The process of governance is the process whereby an organisation or society steers itself", and "the dynamics of communication and control are central to that process" (Rosenau 1995:14). To this, Rosenau adds: "to grasp the concept of control one has to appreciate that it consists of a relational phenomena that, taken holistically, constitute systems of rule" (ibid). Systems of rule can be maintained, argues Rosenau, even when legal or political authority is absent, and control mechanisms can be fostered that "sustain governance without government" (Rosenau 1995:15). However, notes Rosenau, "it is not until the attempts become increasingly successful and compliance with them increasingly patterned that a system of rule funded on mechanisms of control can be said to have evolved (Rosenau 1995:14). Applying Rosenau's insights into governance to the present thesis, two arguments were presented: first, that discourse should be added to Rosenau's list of phenomena responsible for fostering the control mechanisms of global governance[161]; and second, that GPPPs were an example of a control mechanism of global governance[162]. I address these questions in this Section.

The findings of my research show that discourse *can* be understood as a 'dynamic of communication and control' and is therefore central to the process of governance. If we apply the Rosenau formulation, then discourse communicates and controls (or 'steers') systems of rule. However, as my discursive framework indicates, and as the analysis conducted for this thesis supports, discourse has a much more complex role than Rosenau's formulation suggests.

Rosenau's description of control (or 'steering') mechanisms fits well with GPPPs. Other commentators have noted the relevance of Rosenau's account of governance for public-

private partnerships. Buse, for example, cites Rosenau's 1995 article, noting that "the most radical aspect of these initiatives might lie in their governance" (Buse 2004:225), but he does not consider GPPPs *as* examples of control mechanisms. Rosenau provides a continuum of mechanisms from fully institutionalised mechanisms at one end, to nascent processes of rule-making and compliance at the other. And he further distinguishes them according to whether they are the product of states that impose them 'top-down' upon events or whether they are "much more circuitous and involve an indirect, bottom-up process of evolutionary stages" (Rosenau 1995:21; Rosenau 1998:36). GPPPs can be placed towards the nascent end of the continuum, as they are very much in the process of evolution. Rosenau's distinction between institutionalised mechanisms – characterised by hierarchical structures – and mechanisms at the nascent end of the continuum captures accurately the emergence of GPPPs. For Rosenau, transnational nascent control mechanisms "develop more subtly as a consequence of emergent interaction patterns which, unintentionally, culminate in fledgling control mechanism for newly formed or transformed systems", and this description does correspond with the evolution of the sample GPPPs described in Chapter Four. GPPPs, however, are also the product of *bottom-up* processes of change. Again, Rosenau's description of this process accords closely with the evolution of the sample GPPPs:

> Nascent dynamics of rule making are sponsored by publics or economies that experience a need for repeated interactions that foster habits and attitudes of cooperation, which in turn generate organisational activities that eventually get transformed into institutionalised control mechanisms (Rosenau 1995:21).

Rosenau also notes that "transnational systems of governance tend on balance to evolve in a context of hope and progress, a sense of breakthrough, an appreciation that old problems can be circumvented and moved toward...the verge of resolution". This description captures precisely the optimistic sentiment evident in the dominant discourse of GPPP.

5.5. The theoretical contribution of this thesis to the literature on GPPPs and GHG.

As noted in the Introduction, this thesis also has two theoretical aims. The first aim is to provide a more comprehensive conceptual understanding of GHG – i.e., one that considers the possibility that discourse and ideas *are* important components of GHG. I suggested that one possible way forward was to employ insights provided by constructivism. As my literature review in Chapter Two illustrated, a few studies have made tentative attempts at providing constructivist analysis of GHG, but these studies are half-hearted at best. What was needed, I argued, was a more concerted and rigorous evaluation of constructivism as a conceptual tool for understanding GHG. This, in turn, required a rigorous critique of constructivism *per se*, which was the second theoretical aim of the thesis. To do this, I drew on insights from various discourse analyses (Laffey and Weldes 1997; Rosamond 1999; Hay 2001; Hay 2002; Schmidt 2002; Schmidt and Radaelli 2004), and developed a constructivist framework to help explicate the role of discourse and ideas in GHG. In this Section, I review that framework and the value that constructivism adds to our understanding of GHG.

Constructivism, GPPPs, and GHG:

> The door for social constructivism is not just ajar – it is fully open
> (Schmidt and Radaelli 2004: 194).

More reflexive constructivists argues that discourse and ideas constitute "particular interpretive dispositions which create certain possibilities and preclude others". The findings of my research add weight to the argument that despite the institutional differences between GPPPs, the *possibility* of each partnership arose because of 'particular interpretive dispositions' that were attached to the concept of neglected disease: in other words, because they were constituted, or socially constructed, in a particular way. Neglected diseases were justified through arguments that identified this particular health crisis with the 'reality' of globalisation, and with a core organising principle of governance rather than government. In addition, they were legitimised by

identifying the solution to the crisis as satisfying a nascent global norm – health as a global public good.

This finding supports the argument that knowledge about GPPP was formed intersubjectively. Here, I return to Charles Taylor observations about intersubjectivity noted in Chapter Two. Taylor argues that in the case of negotiation, for example, actors bring certain wants with them to the negotiating table. However, as Taylor argues:

> What they do not bring into the negotiation is the set of ideas and norms constitutive of negotiations themselves. These must be the common property of the society before there can be any question of anyone entering into negotiation or not (Taylor 1987, quoted in Nuffield, 1995: 79).

In each of my GPPP case studies, ideas about globalisation, governance, and neglected disease, and emerging norms such as global public goods – in other words, ideas and norms that constituted the practice of GPPP – were "common property". This was a necessary condition before anyone could enter into global public-private partnership.
As noted above, to the extent that interpretive dispositions are constituted, then they can be described as social constructs. As I acknowledged in Chapter Two, there are different variants of constructivism, and I justified my decision to interrogate one variant – Hacking's 'common sense' constructivism. Hacking's framework is useful because it highlights the essence of constructivism, namely that reality is socially constructed. As described in Chapter Four, this basic position incorporates two key points: first, actors' identities and interests are socially constructed, not pre-given or exogenous to social interaction; and second, ideas and discourse determine how individuals shape and construct their world (Barnett 2005). Hacking makes the point in the following way:

> The existence or character of *X* is not determined by the nature of things. *X* is not inevitable. *X* was brought into existence or shaped by social events, forces, history, all of which could well have been different (Hacking 1999: 7).

The evidence of my research suggests that GPPPs were not inevitable', even though they were presented as such in the 'master discourse' that communicated the practice of GPPP to the global health community. Rather, discourse justified, legitimised, coordinated, and communicated – in other words, it discursively constructed – the practice of GPPP at a particular time, and with a particular set of ideas. This discursive construction was only one possible (public and private) response to the crisis in neglected disease. That response could have been different, and may well be different in the future. The point is that, by emphasising the social construction of reality, constructivism 'denaturalizes' what is frequently taken for granted (Barnett 2005: 259).

However, there are limitations to the constructivist analysis I have presented in this thesis. First, it focuses primarily on the constitutive character of discourse, and how that has shaped and informed the practice of GPPP. Consequently, the thesis has said little about other key features of constructivism such as intersubjectivity, identity-formation, or normative structures. I have made brief mention of these features but clearly more analysis is required.

Another possible limitation comes from the analysis of Chapter Two and power-based and interest-based approaches. As noted above, I argued in that Chapter that neither of these approaches takes ideas and discourse seriously. Constructivism does, and this is where it can add value to our understanding of GHG. In my analysis of Keohane and Nye's interest-based analysis I do acknowledge that they recognise that ideas have *both* causal and constitutive effects. They do not, however, spend any time showing how ideas constitute certain practices and interests. The strength of my analysis is that it does precisely that. It provides a framework that shows how discourse constituted the practice of GPPP.

Conclusion.

My thesis has shown that discourse and ideas constituted, and in so doing socially constructed, the practice of GPPP. I did this by first asking a how-possible question: how

was it possible for GPPPs to rise to prominence as a key mechanism of GHG? How possible questions lend themselves to discursive analysis – analysis that is reflexive in the sense that it attempts to understand rather than explain the rise of GPPPs. By focusing on discourse and ideas, I have shown how, where, and when they are important to understand the rise of GPPPs.

The role of discourse and ideas in GHG, and the application of constructivist insights to help understand that role, is still at an early stage. My thesis has focused on just one of the various 'constructivisms' to help understand the rise of one mechanism of GHG – neglected disease GPPPs. As illustrated in Chapter Two, constructivist approaches fall along a scale of 'thin' to 'thick' variants – where 'thin' constructivists are more rationalist in terms of their ontological, epistemological, and methodological assumptions than thick constructivists. Consequently, there is much scope for different constructivist analyses of GPPPs.

In addition, my study has focused on just a few of the key strengths of constructivism. It emphasises the constitutive effect of discourse and ideas, but does not, for example, consider in any detail the question of identity. Clearly there is considerable potential in adopting a constructivist approach to GHG. As I have also noted, the constructivist argument that actors' interests are not exogenous to social interaction could be strengthened in the case of GPPPs by a more comprehensive and systematic set of interviews. My research was limited by financial constraints, and time-limits, and thus I was not able to interview many key actors from the pharmaceutical industry who were involved in neglected diseases. A more ambitious research project could provide more evidence to support the argument that interests were transformed as a result of exposure to and participation in GPPPs.

Notes to Chapters.

Chapter One:

[1] Data provided by IPPPH (www.ippph.org).
[2] www.ippph.org [accessed 23/07/04].
[3] The 2000 *UN Guidelines on Cooperation between the United Nations and the Business Community*, for instance, open with the statement: "The business community has played an active role in the United Nations since its inception in 1945. A number of UN organizations have a successful history of cooperating with business. Recent political and economic changes have fostered and intensified the search for collaborative arrangements."
[4] The literature on GPPPs is steadily growing. IPPPH cite over 200 articles on their database www.ippph.org/index.cfm?page=/ippph/publications [accessed 23/07/04].
[5] This categorisation is influenced by, although departs from, Hasenclever et al's distinction between power-based (realist), interest-based (neoliberal), and knowledge-based (or cognitivist) analysis of international regimes (1997:1-2).
[6] In Chapter Two I distinguish between modern or 'neorealists, structural realists, classical realists, and 'English School' realists.
[7] Also see the special edition of Government and Opposition, 29:2 (2004), which covers various 'problems' facing global governance.
[8] Keohane provides the following definition of rationality and egoism: "Rationality means that [actors] have consistent, ordered preferences, and that they calculate costs and benefits of alternative courses of action in order to maximise their utility in view of those preferences. Egoism means that their utility functions are independent of one another: they do not gain or lose utility simply because of the gains or losses of others" Keohane, R. (1984).
[9] But see (Grieco, 1988; Baldwin, 1993; Hobson, 2000; Powell, 1994).
[10] Keohane argues that cooperation is possible only where states already share a high degree of interdependence McGrew, A. (2002).
[11] For a discussion of the differences between orthodox Marxism and neomarxism, see Linklater, A. (2001).
[12] Of course, the assertion that constructivism is not a substantive *IR* theory does not mean that constructivists are unconcerned with theory *per se*. Constructivists, however, focus on *social* theorising – hence Wendt's *Social Theory of International Politics* (1999).
[13] Most notably *The International Journal of Health Services*, which is edited by a prominent Marxist academic, Vicente Navarro.
[14] Interview with author 17/10/2003.
[15] Berlinguer, for example, argues that: "After 20 years of neoliberal hegemony, there is no evidence that the promises of improved health and health care have come true. In fact, the progress of previous decades has been slowed down, and inequity has increased far and wide" (Berlinguer, 1999: 593).

[16] Wendt explains the distinction between causal and constitutive relationships in the following way: "In a causal relationship an antecedent condition X generates an effect Y. This assumes that X is temporally prior to and thus exists independently of Y. In a constitutive relationship X is what it is in virtue of its relation to Y. X presupposes Y, and as such there is no temporal disjunction; their relationship is necessary rather than contingent" Wendt, A. (1999). For Wendt, ideas have causal *and* constitutive effects: "Ideas have constitutive effects insofar as they make social kinds possible; masters and slaves do not exist apart from the shared understandings that constitute their identities as such. But those shared understandings also have causal effects on masters and slaves, functioning as independently existing and temporally prior mechanisms motivating and generating their behaviour" Wendt, A. (1998).

[17] A good bibliography of sources for evaluating resources on the internet is provided by UAB at www.uab.edu/lister/evalnet.htm
[18] "Perhaps", Silverman muses, "we all live in what might be called an 'interview society' in which interviews seem central to making sense of our lives" [Silverman, 2001 #807: 22].

[19] The reason for choosing to focus on neglected diseases, and these diseases in particular, is not entirely deliberate and provides a cautionary note for research students. In my original research proposal, I selected my sample partnerships because I believed that they all focused on one neglected disease – TB. Whilst not *that* important (in the sense that had my sample partnerships not all focused on the same disease then comparison would be problematic), it seemed 'neat' to compare GPPPs that were concerned with the same disease. Stop TB and the TB Alliance clearly focused on TB. The literature and reports that I read indicated that the DNDi *was* concerned with TB as well as the 'most neglected' diseases – sleeping sickness, Chagas disease, and leishmaniasis.

Thus, I had my three disease-specific GPPPs (as I noted in Chapter One, and discuss further later in this Chapter there are other, more significant, justifications for my choice of partnerships). One year into my research it was made clear to me through email discussion with the DNDi that its principal focus was on 'most neglected' diseases. Consequently, it was inaccurate to describe DNDi as a TB partnership, although TB was still an indirect concern. Rather than drop the DNDi as a sample partnership (and waste considerable research time and effort), I decided to continue with the partnership but change the focus from TB (a specific focus) to neglected diseases (a broader focus). The result is a less neat set of partnerships, but they remain comparable. The main point is that there remain justifications for my choice of partnerships, and that they have not simply been chosen at random.

[20] My choice of the DNDi as an example of a GPPP is controversial. Kettler and Towse, for example, describe it as a public partnership rather than a public-private partnership, Kettler, H. and A. Towse (2002). Whilst it is true that the DNDi has a different institutional structure to the other two GPPPs (in the sense that it does not allow members of pharmaceutical companies onto its decision-making board), it is disingenuous to claim that no public-private interaction takes place. During the 1999 Paris conference, when the DNDi was first mooted, the conference proceedings record the following vision of the Initiative: "we therefore propose setting up an independent working group called 'drugs for neglected diseases' composed of scientists and clinical experts from developing countries, public and private financiers, legal and public health specialists, *and representatives from industry*, relevant international institutions and NGOs" (my emphasis). One of the key players involved in establishing the Initiative – Yves Champey – was a former vice-president of drug company Rhone Poulenc Rorer. In addition drug companies such as GSK have agreed to give the DNDi free access to their libraries of chemicals. And, as Champey himself notes, DNDi "is counting on such companies taking part and has already had fruitful private discussions with major players including Jean-Pierre Garnier, chief executive of Glaxo-Smith Kline". Head of the DNDi, Bernard Pecoul, has also commented that, "pharmaceutical companies have a particularly important role to play...their contribution will be crucial to the success of DNDi" Pecoul, B. (2004), and another drug company, Merck Frost, provided significant help in designing the DNDi drug-development process Cassels, A. (2003).

Chapter Two:

[21] See Chapter Three of Wendt (1999) for a summary of the idealist v materialist debate. As I indicate later in this Chapter, there are different constructivisms and they give more or less weight to material factors. For *some* constructivists it is 'ideas all the way down' but not for all constructivists (Christiansen et al, 2001; Jorgensen, 2001).

[22] For examples of radical proposals to dismantled existing economic institutions see Cavanagh, J. and G. Mander, 2002; Woods, 2002; Bello, 2004.

[23] A number of recent neomarxist-inspired studies of global governance have begun to explore the role of private actors in global governance Cutler et al, 1999a; Murphy, 2000; Hall and Biersteker, 2003. Murphy, for example, argues that "there has been a fundamentally new development [in global governance]: global-level 'private' authorities that regulate both states and much of transnational economic and social life" Murphy, 2000. Reflecting on Rosenberg's analysis of public and private spheres has led some neomarxist scholars to characterise global governance in terms of "global corporate hegemony" (Cutler, 1999c: 26).

[24] Both Makinda and Halabi distinguish between constructivism, and realism and neoliberal institutionalism. The implication is that they are comparable Makinda, 2000; Halabi 2004.
[25] For a concise explication of the difference between explaining and understanding in the study of International Relations see Hollis and Smith (1990).
[26] I have chosen these five elements of GHG because, as I show in the Chapter, they are perennial subjects of analysis in studies of global governance, and thus guarantee a rich academic source from which to draw for my own analysis of GHG. I start with ontology because the question 'what *is* global health governance?' lies at the heart of my thesis: is it just about material factors, or do ideas and discourse matter in some way? Power and interests are two concepts that clearly require explication in order to understand power-based, interest-based, *and* constructivist approaches to GHG. The same is true for ideas and discourse. I have included the concept of change in my analysis because my research question is attempting to understand a radial shift from one means of responding to global health crises (international public and private provision of GHG) to another (global public-private partnership). My thesis attempts to understand this profound change, and I review how each of the three approaches to GHG explain and understand the concept of change.

[27] Inconsistencies abound in the literature, even by studies concerned with clarifying the philosophical foundations of constructivism. Thus Christiansen, Jorgensen, and Weiner quote Ben Ze'ev's notion of a constructive idealism where everything is socially constructed, but on the following page of their article suggest that constructivism is incompatible with postmodernism (Christiansen et al, 2001). This is a surprising assertion. Price and Reus-Smit argue persuasively that many post-modern interpretive positions are "indistinguishable from that of most constructivists" (Price and Reus-Smit, 1998), and in a recent book published on constructivism and I.R, Zehfus presents a constructivist account of the world based on the work of Jacques Derrida (Zehfus, 2002). Another inconsistency concerns the use of terms. Christiansen *et al* distinguish between rationalism, constructivism, and reflectivism – where reflectivism is synonymous with postmodernism (Christiansen et al, 2001), whereas Wendt describes constructivism and reflectivism as synonyms, and Keohane distinguishes reflectivism from postmodernism.

[28] For Morgenthau, power seeking was simply a natural, 'biological' impulse: "man's aspiration for power...is an all-permeating fact which is of the very essence of human existence" Morgenthau, 1948.
[29] But see Goldstein, J. and R. Keohane (1993), for an attempt by neoliberal institutional scholars to move away from this focus on material power.
[30] Where the economic base is constituted by the dynamic between the means of production and the relations of production, and the superstructure comprises political and legal systems, culture and ideas etc.
[31] 'Dr Lee takes on the World (Health Organisation)', Global Alliance for TB Drug Development (2003), www.tballiance.org/dr_lee_feature.asp (accessed 10/04/03).

[32] IPPPH describe DNDi as: "a not-for-profit foundation, temporarily housed at Medecins Sans Frontieres in Geneva, Switzerland" [www.ippph.org]. In 2003 DNDi became legally independent. This change in status does not invalidate my selection of GPPPs. At the time of my interviews with DNDi staff (2001-2003) the DNDi was not legally independent, and all of the literature that I have drawn upon for my thesis are also pre-2003. My thesis tries to understand how it was possible for GPPPs to rise to prominence, and therefore I inevitably focus on the 'early days' of each of my case study GPPPs. At that time, the categorization of GPPPs that I employ *does* accurately reflect their institutional context.

[33] http://partnershipscentral.org/mainpages/about/background.php
[34] www.oecd.org/dataoecd/23/35/2508761.pdf
[35] Caporaso notes that functionalists have contended "that cooperation in technical, economic, and welfare oriented fields will lead to integration in the political sphere" (Caporaso, J. 1972).
[36] This is one explanation of the move to partnership within the UN. One might interpret the move less benignly: GPPPs provided a mechanism for taking governance out of the UN and into more informal settings where Western powers could control membership and tailor global governance solutions to reflect their own interests. The result would be a de-politicised mechanism of global governance. Of course, functionalists such as Mitrany would argue that this was a positive move.

Chapter Three:

[37] The IPPPH categorises 34 GPPPs as product-development partnerships, www.ippph.org/index.cfm?page=/ippph/partnerships/approach [accessed 1st Feb 2005].
[38] Richter, for example, advocates "abandoning the GPPP paradigm and calling for a moratorium on and potential halt of some concrete partnership initiatives" (Richter, 2004a).
[39] The phrase 'collaborative relationship' is not entirely satisfactory because it may imply that there is equality between the partners in the processes of decision-making within the partnership. Buse and Walt recognise this ambiguity and raise a number of concerns about this issue in their paper. One conclusion they make is particularly apposite in this regard: "Of central importance to the global health agenda are the questions of who determines [the goals of the partnership], the processes by which they are determined, and to what extent the goals of GPPPs come to dominate the global health agenda" Buse, K. and G. Walt (2000b).
[40] Adapted from IPPPH database, www.ippph.org/index.cfm?page=/ippph/partnerships/approach [accessed 1st Feb 2005].
[41] On the 26th July 2000, Kofi Annan launched "a global compact of shared values and principles, which will give a human face to the global market" and "broaden the sphere of mutual interest to human rights, labour standards, and environmental practice" www.unglobalcompact.org/gc/unweb.nsf/content/prin12.htm
[42] For an explanation of the Washington Consensus, see Thomas, C. (2000).
[43] As an example of disequilibria, Sexton notes that the WHO's budget for the financial year 2000/2001 was $1.86 billion, whilst Nestlé's budget for promotional activities alone was $7.9 billion for its promotional activities alone (Sexton 2001).
[44] See the Rockefeller Foundation website at www.rockfound.org. It states that its "support for GAVI contributes to the Foundation's goal of advancing global health equity".
[45] www.ippph.org
[46] Gellman, Washington Post, 27th December, 2000
[47] Recent 'partnerships' with such MNCs include the UN Development Programme in which Shell, Dow, and Rio Tinto contributed $50,000 each and became part of the Global Sustainable Development Facility. The GSDF was cancelled after opposition by NGOs critical of the partnership. UNESCO's partnership with McDonald's and Disney to give "Millennium Dreamer" youth awards at a celebration in Disney World. The UN Commissioner on Refugees has co-chaired the Business Humanitarian Forum with UNOCAL, a company notorious for complicity in creating refugees, and other human rights abuses in Burma.
[48] GSDF's 2B2M (2 Billion people to the Market by 2020) was abandoned by UNDP in 1999 after opposition by NGOs
[49] www.corpwatch.org/campaigns/PCD.jsp?articleid=996 For a more recent critique of UN/Corporate alliances see Bruno (2002) at www.corpwatch.org/campaigns/PCD.jsp?articleid=1348
[50] www.un.org/partners/business - see paragraphs 15, 16, 17 and annex
[51] The survey was sent to the CEOs and/or Directors of Research of twenty pharmaceutical companies in Europe, Japan, and the U.S. Eleven companies responded.
[52] www.accessmed-msf.org/dnd/what.asp [2003, May 9].
[53] www.who.int/inf-fs/en/fact259.html
[54] www.accessmed-msf.org/campaign/tb01.shtm [2003, May 9].
[55] The Campaign: Target Diseases – Tuberculosis, www.accessmed-msf.org/campaign/tb01.shtm (accessed 8th May, 2003).
[56] Although recent reports indicate an increased rate of TB infection in poor areas of the North such as London (Crompton, 2003)
[57] Pharmaceutical Research and Manufacturers of America. *New Medicines in Development for Infectious Diseases: A 2000 Survey*. Available online: www.phrma.org/searchcures/newmeds [2003, May 9].
[58] Pharmaceutical Research and Manufacturers of America. *New Medicines in Development*. Available online: www.phrma.org [2003, May 9].
[59] MDRTB is defined as TB that is resistance to at least rifampicin and isoniazid – the two most powerful TB drugs (MSF, 2004).
[60] www.who.int/mediacentre/factsheets/fs104/en/print.html [accessed, 26th October 2004].
[61] DNDi fact sheet on sleeping sickness: www.dndi.org [accessed, 27/10/04].

[62] DNDi fact sheet on sleeping sickness: www.dndi.org [accessed, 27/10/04].
[63] *ibid*
[64] *ibid.*
[65] *ibid.*
[66] *ibid.*
[67] www.dndi.org
[68] www.accessmed-msf.org
[69] Papers compiled from this conference are compiled in *Drugs for communicable diseases: stimulating development and securing availability*, available at www.accessmed-msf.org [accessed 29/11/03].
[70] www.accessmed-msf.org/dnd/index.asp [13/12/2004].
[71] www.accessmed-msf.orf/dndpapers.asp [14/12/2004]
[72] 'DNDi launch: Best science for the most neglected diseases', www.msf.org [accessed 28/11/03]
[73] www.doctorswithoutborders.org/pr/2003/07-03-2003.shtml [accessed 17/02/04].
[74] www.pasteur.fr/pasteur/international/DAI/doc/charte_140303.rtf [accessed 2/12/03].
[75] www.dndi.org [07/11/04].
[76] www.ippph.org [accessed 17/02/04].
[77] TB Alliance News, Vol. 1:3, p8.
[78] The Alliance has close links with Medecins sans Frontieres through its Director of Advocacy Joelle Tanguy and its Stakeholders Association president James Orbinski.
[79] Corporate representatives on TBA's Board of Directors include: Gail Casell, Vice President of Eli Lilly; Charles Kaye, Exec. Managing Director of Warburg Pincus; Sean Lance, President and CEO of Chiron. Corporate representatives on the TBA's scientific advisory committee include: Christopher Lipinski, senior researcher at Pfizer; Christine Sizemore, previously at DuPont; Ken Duncan and John Horton of GlaxoSmithKline; Ken Stover of Pfizer. Novartis (India) is an active and influential TBA partner.
[80] For a report on this meeting see Bishai and Chaisson's 'Developing New Drugs for TB: Merging Deals and Ideals' (2002).
[81] The Cape Town Declaration is available online at www.tballiance.org/pdf/CapeTownDecl.pdf [17th May, 2003].
[82] The Gates and Rockefeller Foundations are the Alliance's principal public backers, providing $40 million in start-up money (Fuhrmans, 2001).
[83] For a more comprehensive list of the Alliance's public, non-profit, and commercial sector participants see the IPPPH website, www.ippph.org
[84] Joelle Tanguy, Director of Advocacy, speaking at the World TB Day press teleconference, GATBDD (2003).
[85] Meeting on TB Drug Development, Cape Town S.A, February 6-8, 2000.
[86] *Ibid*
[87] DOTS treatment is for six months. The Alliance hopes to have a drug on the market that would require only a two month treatment. Tanguy, GATBDD (2003).
[88] Fourier, B. (2001), also see:
www.globalforumhealth.org/non_compliant_pages/Forum5/abstracts/privatesfourie.html [16th May, 2003.
[89] Quoted in TB Alliance News Vol. 1:3, p8.
[90] TBA note that the primary reason why industry is not enthusiastic about developing TB drugs is "the fear that a more lucrative indication may be jeopardised by serious drug toxicity that is only recognised when drugs are given for the much longer periods required for TB treatment than to treat acute bacterial infection" GATBDD (2001a).
[91] Joelle Tanguy
[92] An example of TBA intervention is the agreement made between the Alliance and Chiron Corporation to license and further develop PA-824 and its analogues.
[93] The 10/90 Report on Health Research 2003-2004, www.globalforumhealth.org/filesupld/109004_9a.pdf [accessed 7th February 2005].
[94] www.stoptb.org/stop.tb.initiative/default.asp (June 9th, 2003).
[95] *ibid*
[96] Basic Framework for the Global Partnership to Stop TB
[97] www.stoptb.org/stop.tb.initiative/default.asp (June 9th, 2003).
[98] www.ippph.org/data/summary_sheet.cfm?id=37 (June 9th, 2003).

[99] www.who.int/director-general/speeches/1998/english/19981123_bangkok.html (June 9th, 2003).
[100] Amsterdam Declaration to Stop TB, 24th March 2000, Amsterdam, The Netherlands.
[101] www.stoptb.org/stop.tb.initiative/default.asp [accessed 9/6/03].
[102] Stop TB News, Issue 8, Winter 2002-2003, p4.
[103] For a detailed itinerary of responsibilities and functions of the Forum, the Secretariat, and the GDF, see www.stoptb.org/stop.tb.initiative/default.asp (June 10th, 2003). For a description of the rationale, purpose, and specific objectives of the Working Groups, see WHO (2002), p115-125.
[104] *ibid*
[105] www.tballiance.org/dr_lee_feature.asp
[106] www.stoptb.org/events/partners_forum/2004/background.asp [17/12/2004].
[107] www.stoptb.org/coordinating_board/about/composition.asp [17/12/2004].

Chapter Four:

[108] www.ippph.org
[109] www.doctorswithoutborders.org/pr/2003/07-03-2003.shtml [accessed 24th March 2004].
[110] Both these reports are available online at
www.tballiance.org/pdf/TB%20Scientific%20Blueprint%20Full.pdf and
www.tballiance.org/pdf/Economics%20Exec%20Summary%20(final).pdf [21 May, 2003].

[111] Market estimates are only a projection based on specific assumptions. Different assumptions would yield a different potential market. The assumptions made in this analysis are: first, that the total costs for the full drug regimen (i.e., the total anti-TB drug market) do not decrease; second, that the new drug reduces the duration of treatment from 6 months to 2 months, thus reducing the purchase of current drugs by at least 50%; third, that the new drug is active against MDRTB and shortens its treatment from an average of 18 months to 6 months, thus reducing the purchase of current drugs by at least 50%; and fourth, that the new drug is used to treat LTB1 and reduces its treatment duration from 3 months to 1 month, reducing the purchase of current drugs by two thirds.

[112] Personal interview, 30th September 2003.
[113] www.stoptb.org/# [accessed 27th March 2004].
[114] Dye C, Watt CJ, Bleed DM, Williams BJ. The discussion is available online at:
www.who.int/tb/publications/global_report/2004/09discussion/en/ [accessed 27th March 2004].
[115] www.stoptb.org/stop.tb.initiative/default.asp (June 12th 2003).
[116] www.who.int/gtb/policyrd/TBPPM.htm (June 12th 2003).

[117] Schoepf et al define the Washington Consensus as: "a loose alliance including leading international financial institutions (IFIs) such as the World Bank and the IMF; the U.S Government, as their major financier, and the network of scholars and development experts whose work defined the conventional economic wisdom of the SAP [Structural Adjustment Programme] era and translated that wisdom into policy (Schoepf, et al. 2000);

[118] www.neglecteddiseases.org/summary.pdf [accessed 30th March, 2004].

[119] The language that the DNDi and the TB Alliance use to describe their partnerships is quite similar. DNDi, for example, describes the design of its partnership as "a blend of centralised management...and decentralised operations that mimic modern drug companies" (www.dndi.org), and according to the TB Alliance website "the Alliance operates like a lean biotechnology firm".

[120] The principal pull strategy of the Alliance is to show that the market is more attractive for investment than previous recognised; the principal push strategy is to support targeted research into neglected diseases at various stages of the R&D process. For a full discussion of pull and push strategies used by GPPPs (including the TB Alliance), see the Macroeconomics and Health Working Paper at: www.cmhealth.org/docs/wg2_paper21.pdf [8 February, 2005].

[121] www.tballiance.org/3_2_C_BalancingIncentivesand Access.asp [19 May, 2003].

[122] 'Health Care in the Developing World', http://world.phrma.org/faq.html#ip.5 [19 May, 2003]; U.K Cabinet Office Report 'Tackling the Diseases of Poverty', www.cabinetoffice.gov.uk/innovation/2001/health/healthreport/default.htm [19 May, 2003]; 'Global Economic Prospects', Ch 5: 'Intellectual Property Rights' (World Bank, 2002), [Available online at www.worldbank.org/prospects/gep2002/chapt5.pdf]; WHO-sponsored 'Commission on Macroeconomics and Health', www.cmhealth.org [19 May, 2003]; WHO's 'Scaling Up the Response', www.who.int/infectious-disease-report/2002/index.html

[123] www.worldbank.org/html/extdr/backgrd/ibrd/role.htm

[124] Although there are differences in emphasis: DNDi is explicit about the need to move away from the market; the TB Alliance recognises that the market has not delivered anti-TB drugs but remains optimistic about its potential to deliver; and the Stop TB Partnership tacitly endorses a neoliberal economic solution to poverty reduction.. Nevertheless, I would seem to be the case that discourse operates in similar ways to define a new reality across each partnership.

[125] The 7Cs are: Clarity of purpose; Congruency of mission, strategy, and values; Creation of value; Connection with purpose and people; Communication between partners; Continual learning; and Commitment to the partnership (Austin, 2000).

[126] UN Association Global Leadership Awards, April 2001, New York.

[127] Nils Daulaire is Director of the CORE Group – a network of 37 non-profit organisations working to promote primary health care

[128] Statement by David Heymann, www.stoptb.org/conference/Heymann.speech.htm [24/11/2004].

[129] Stop TB Newsletter #7, August 2002:2.

[130] 50/50 Months: Countdown to a TB-Free Future, www.stoptb.org/Forum/Documents/tb50_50.pdf [24/11/2004].

[131] Kumaresan, et al. (2004).

[132] Gro Harlem Brundtland address to Washington International Business Council and Executive Council on Diplomacy, Washington, April 2001.

[133] Arata Kochi (then Director of the Stop TB Initiative), Stop TB Initiative 2000 Report, Amsterdam.

[134] George Soros, quoted in WHO (2002b).

[135] Maria Freire, CEO TB Alliance, The Miami Herald, March 21st 2002.

[136] Richard Baumgarner, WHO, 1993 quoted on the TB Alliance website, www.tballiance.org/2_1_C_AglobalThreat.asp [24/11/2004].

[137] Ariel Pablos-Mendez, Rockefeller Foundation, interview with author 2/10/03.

[138] The Declaration of Cape Town, the main resolution of which was to create the GATBDD (the TB Alliance), www.stoptb.org/Working_Groups/alliance/capetown.html [25/11/04].

[139] MSF, (2001).

[140] Trouiller, et. al (2001). In this article, key actors in the DNDi describe the 'rules of the game' of this new world order; rules which would be created by a range of actors from national governments to International organisations to NGOs. In other words, they present a conception of world order that clearly fits with a common perception of global governance where a broad range of actors assume responsibility for resolving a common global problem.

[141] Statement by James Orbinski (then) president of Medecins Sans Frontieres, at the Ministerial Conference on TB and Sustainable Development

[142] Actual figures are not available for 2002, but MSF and IMS-Global forecasts estimate $406 billion, MSF (2001); www.ims-org.com/insight/report/global/report.htm [accessed May 12, 2003].

[143] See Chapter One, endnote 17.

[144] www.who.int/gtb/policyrd/TBPPM.htm (June 12th 2003).

[145] The Campaign: FAQ, www.accessmed-msf.org/campaign/faq.shtm [2003, May 9].

[146] www.stoptb.org/tb.initiative/default.asp

[147] *ibid*

[148] *ibid*

[149] TB Alliance News, Vol. 1:2, Spring 2001, p3

[150] Such as the viability of strengthening intellectual property rights as a means of stimulating R&D.
[151] For example the XIV International AIDS Conference, Barcelona.
[152] Gwynne Oosterbaan, Assistant Director of Public Affairs, TB Alliance, talking to IOP (Ideas on Purpose): www.ideasonpurpose.com/iop_clients-tba.html [accessed 30th March, 2004].
[153] Interview with Kevin Lyonette, 23/10/2003.
[154] By significant I simply mean people whose names 'stood out' in the literature, studies, and interviews; individuals who were repeatedly referred to or who had written numerous articles for Working Groups etc.
[155] Roy Widdus from the IPPPH was particularly helpful in this regard, and I am very grateful to him for giving so generously his time and patience.
[156] There are problems, however, with the 'representative-ness' of this network, and its implications for global health governance. For example, Giorgio Roscigno provided this telling commentary:

> I wish I could share your optimism, but I really have my doubts about that because really what is the big issue is those who have the money and those who have the money representing those who don't have the money, and those who don't have the money – the patients. At the end all of this [partnerships] should be built around the patients, the people, and then who represents these people? You can't be sitting in New York or the moon and decide what is good for me, and on my name you decide to do something somewhere else which I really don't know what you're talking about. You see what I mean? The representation of the stakeholder [i.e. the patient] is fundamental in governance and that's what is really missing in all of these initiatives – it doesn't just include GPPPs but in general global health initiatives (interview with Giorgio Roscigno, 25/10/2003).

[157] However, it should be noted that it is only *since* the institutionalisation of GPPP as a mechanism of GHG that studies have begun to question the justification and legitimacy of GPPP *per se* (Richter, 2001); Richter, J. (2003). This level of critique was neither evident in the discourse of my sample health partnerships, nor evident in the broader discourse of GPPP. As I indicated above, in my analysis of the communicative function of discourse, there is evidence to suggest that a 'master discourse' communicated ideas about the practice of GPPP in a way that effectively 'closed' the space for thinking about alternative responses to resolving the crisis of neglected diseases.

[158] Ogden et al hint that neglect of TB at WHO may have been precisely *because* of Mahler's experiences with TB in India (Ogden, Walt, et al. 2003).
[159] www.g8kyushu-okinawa.go.jp/e/genoa/infection1.htm [accessed 16/04/04].

Chapter Five.

[160] But see the September 2005 New York summit meeting on progress towards the Millennium Development Goals. The case was put for a new Global Fund for maternal, neonatal, and child survival [Costello, 2005 #831].
[161] As noted in the introduction to this thesis, Rosenau's list includes: "intersubjective consensuses based on shared fates and common knowledge, the pressure of active or mobilisable publics, and/or the use of careful planning, good timing, clever manipulation, and hard bargaining – either separately or in combination" (Rosenau, 1995).
[162] Rosenau uses 'control' and 'steer' as synonyms. Thus he uses the phrases 'mechanisms of control' and 'steering mechanisms' interchangeably.

Appendix 1: List of Interviewees.

Jaya Bannerji, DNDi – 22nd September 2003.

Nils Billo, telephone interview – 20th October.

Marcus Espinal, Stop TB – 23rd September 2003.

Maria Freire, TB Alliance – 30th September 2003.

Petra Heikamp, Stop TB – 23rd September 2003.

Jacob Kumaresan, telephone interview – 24th October 2003.

Kevin Lyonette, telephone interview – 22nd October.

Michael Luhman, Stop TB – 23rd September 2003.

Rick O'Brien, telephone interview – 28th October 2003.

James Orbinski, telephone interview – 10th December 2003.

Ariel Pablos-Mendez, Rockefeller Foundation – 2nd October 2003.

Giorgio Roscigno, telephone interview – 23rd October 2003.

Joelle Tanguy, TB Alliance – 30th September 2003.

Roy Widdus, IPPPH – 24th September and 17th October 2003

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