Global public private partnerships: part I a new development in h

Partenariats mondiaux public-privé: partie I un nouveau développement d domaine de la santé?

Fórmulas de asociación mundiales entre los sectores público y privado: par nuevo avance en el campo de la salud?

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ABSTRACT

The proliferation of public private partnerships is rapidly reconfiguring the international hea This article (part I of two on the subject) traces the changing nature of partnership, and discu

definitional and conceptual ambiguities surrounding the term. After defining global public p
partnerships (GPPPs) for health development, we analyse the factors which have led to the c
public and private actors and discuss the consequences of the trend toward partnership betv
agencies (including the World Bank) and commercial entities in the health sector. Generic fa
globalization and disillusionment with the UN, and factors specific to the health sector, such
failure in product development for orphan diseases, are examined. Reviewed are the interes
practices and concerns of the UN, the private-for-profit sector, bilateral organizations, and go
low-income countries with respect to public private partnership. While GPPPs bring much n
resources to problems of international health, we highlight concerns regarding this new orga
format. Part II, which will be published in the May issue of the *Bulletin*, presents a conceptua
for analysing health GPPPs and explores the issues raised.

Keywords: world health, trends; intersectoral cooperation, history; public sector; private sect
Nations; public policy.

RÉSUMÉ

La prolifération des partenariats public-privé est en train de remodeler rapidement le paysag
international. Cette première partie d un article en deux volets décrit la nature multiforme du
examine les ambiguïtés, tant sur le plan de la définition que sur le plan conceptuel, qui entou
Après avoir défini les partenariats mondiaux public-privé (PMPP) en faveur du développem
nous analysons les facteurs qui ont conduit au rapprochement des acteurs du secteur public
privé et nous examinons les conséquences de la tendance aux partenariats entre les organisa
Nations Unies (y compris la Banque mondiale) et des entités commerciales dans le secteur d
facteurs génériques tels que la mondialisation et la désillusion vis-à-vis des Nations Unies, e
spécifiques au domaine de la santé, comme l échec commercial du développement de produ
maladies rares, sont examinés. L article passe en revue, dans l optique des partenariats publi
intérêts, politiques, pratiques et préoccupations des organisations des Nations Unies, des pa
secteur privé à but lucratif, des organisations bilatérales et des gouvernements des pays à fa
Alors que les PMPP apportent des ressources bienvenues pour faire face aux problèmes de s
internationale, nous relevons un certain nombre de questions concernant ce nouveau type d
La partie II, qui sera publiée dans un prochain numéro du *Bulletin*, présentera un cadre conc
l analyse des PMPP dans le domaine de la santé et examinera les problèmes qui pourraient

RESUMEN

La proliferación de formas de colaboración entre los sectores público y privado está reconfi

La proliferación de formas de colaboración entre los sectores público y privado está reconfig
rápidamente el panorama sanitario internacional. En este artículo (parte I de dos sobre el te
la naturaleza cambiante de esas asociaciones y se analizan las ambigüedades definicionales
conceptuales que rodean esa expresión. Después de definir las fórmulas de asociación mun
los sectores público y privado (FAMPP) para el desarrollo sanitario, analizamos los factores
la convergencia de los actores públicos y privados y examinamos las consecuencias de la ter
la formación de alianzas entre organismos de las Naciones Unidas (incluido el Banco Mund
entidades comerciales del sector sanitario. Se analizan factores genéricos como la globalizac
reacciones de decepción ante las Naciones Unidas, y factores específicos del sector de la salu
fallos del mercado en el desarrollo de productos huérfanos . Se examinan los intereses, po
prácticas y preocupaciones de las Naciones Unidas, del sector privado con fines de lucro, de
organizaciones bilaterales y de los gobiernos de paíes de bajos ingresos en relación con las
bien éstas reportan recursos muy necesarios para abordar los problemas sanitarios internac
hemos destacado aquí varios aspectos de la nueva fórmula organizacional que suscitan pre
la segunda parte del artículo, que se publicará en un futuro número del *Bulletin*, se presenta
conceptual para analizar las FAMPP para la salud y se examinan los problemas planteados.

Introduction

The latter half of the 1990s witnessed a burgeoning number of initiatives involving collabora
the corporate and public sectors with the purpose of overcoming market and public failures
international public health, using global public private partnerships for health developmen
of such a partnership is provided by the International AIDS Vaccine Initiative, incorporating
public and private interests which have undertaken to share the risks, costs and benefits of re
effective vaccine against human immunodeficiency virus (HIV). While such partnerships brin
resources into the international public health arena and have the potential to benefit large p
they also blur the traditional distinctions between the public and private sector s aims and re

This is the first of two articles in which we explore global public private partnerships. In part
the concept of partnership and delineate what we mean by global public private partnership
health development. We then turn to the context from which these partnerships are emergin
particularly on changes confronting the United Nations and the corporate community during
Part II, which is scheduled to appear in the next issue of the Bulletin, discusses a conceptual
understanding the different forms of global public private partnership in the health sector, a
the implications of GPPPs for the 21st century, looking at issues of governance and equity.

What are GPPPs for health development?

The notion of partnerships for development cooperation is not new. As early as 1969, the Pea
Commission on International Development considered the nature of partnership between d
recipient countries. The Commission suggested that the formation of a partnership requires
specification of reciprocal rights and obligations, and the establishment of clear objectives th
beneficial to both parties (*1*). Subsequently, numerous definitions have been proposed to ch
what partnership means, focusing on objectives, responsibilities and gains. The essence of p
a relationship based upon agreement, reflecting mutual responsibilities in furtherance of sh
interests (*2*). In the health sector, WHO describes partnership as a means to bring together
for the common goal of improving the health of populations based on mutually agreed roles
principles (*3*). In this definition, agreement on key principles is thought to be crucial, as wel
maintenance of a balance of power between the parties, to enable each to retain its core valu
identities. WHO proposes that these core ethical principles should include the following: ben
(should lead to public health gain); non-maleficence (must not lead to ill-health); autonomy
undermine each partner s autonomy); and equity (benefits should be distributed to those m
(*4*).

Some definitions add an operational element by envisioning a partnership as a collaborativ
between entities to work toward shared objectives through a mutually agreed division of lab
type of partnership may also include a mechanism to assess success and make adjustments
agreement to work together to fulfil an obligation or undertake a specific task by committing
sharing the risks as well as the benefits (*6*).

However, although partnership is often defined as having some or all of the above features,
suffers from a lack of specificity. Although donor recipient relations remain the dominant pa
focus, for many aid agencies the basis of these relations has today moved away from geopol
historical relations towards more selective recipient partner commitments, longer time horiz
responsiveness to recipient priorities and equality, as expressed through sector-wide approa
Nongovernmental organizations (NGOs) still talk of community groups as their dominant pa
increasingly exploring the implications of partnership with the corporate sector (*9*). The secc
private sector staff to multilateral organizations, such as the secondments from Merck & Co.
Self Medication Industry to WHO s Tobacco Free Initiative, has also been described as a part

If the notion of partnership is non-specific, so is the definition of partner. The Global Forum
Research (*11*) defines a partnership as ... a group of allies sharing the goals, efforts and rewa
undertaking . Allies, however, may bring different levels of knowledge, expertise, and financ
partnerships, which could be complementary but might also bestow different levels of influe
may use different terms to describe themselves: as partners in a partnership to one audience
to another. The International AIDS Vaccine Initiative describes itself as having just five partn
additional 17 organizational donors (not including many individuals). The role of any one p
change over time, from active to passive. Partners may be defined by organization or individ
also be involved at different levels within the partnership. For example, although the corpor
might not be involved in the governing bodies it may act as an integral partner at a task force

committee or other level. This was seen in the Children s Vaccine Initiative, where the privat involved only at the operational level (*12*).

Although a GPPP might refer to a relationship between just two parties (e.g. a fund-raising ve UNICEF and TransContinental Hotels), we have focused on partnerships which involve mor partners because these are more complex forms of new global partnership, and less is know For example, in pursuing partnerships, industry has tended either to establish a foundation, through an existing or new non-profit organization in order to interface with its public sector Thus Merck & Co. involved the Task Force on Child Survival and Development[1] in its Mectiz Program, as did Glaxo Wellcome for their donation of Malarone (atovaquone) (*13*, *14*). Many partnerships also include bilateral or civil organizations, including academic or other resear ministries of health or indigenous NGOs in developing countries.

This article also focuses mainly on partnerships related to drugs and vaccines developed an infectious diseases, because this is the area where the greatest partnership activity has taken However, GPPPs are emerging in a number of additional health-related fields, including tob dependence (*15*) and contraceptive technology development (*16*).

It is beyond the scope of this article to characterize partnerships on the basis of the definitio to specify what level of involvement is required to be considered a partner, but this remains area for research. Instead, we explore specific forms of partnerships that are global in scope collaboration between public and private-for-profit organizations in the health sector. We de GPPP as a collaborative relationship which transcends national boundaries and brings toget three parties, among them a corporation (and/or industry association) and an intergovernm organization, so as to achieve a shared health-creating goal on the basis of a mutually agree labour.

Why have partnerships emerged?

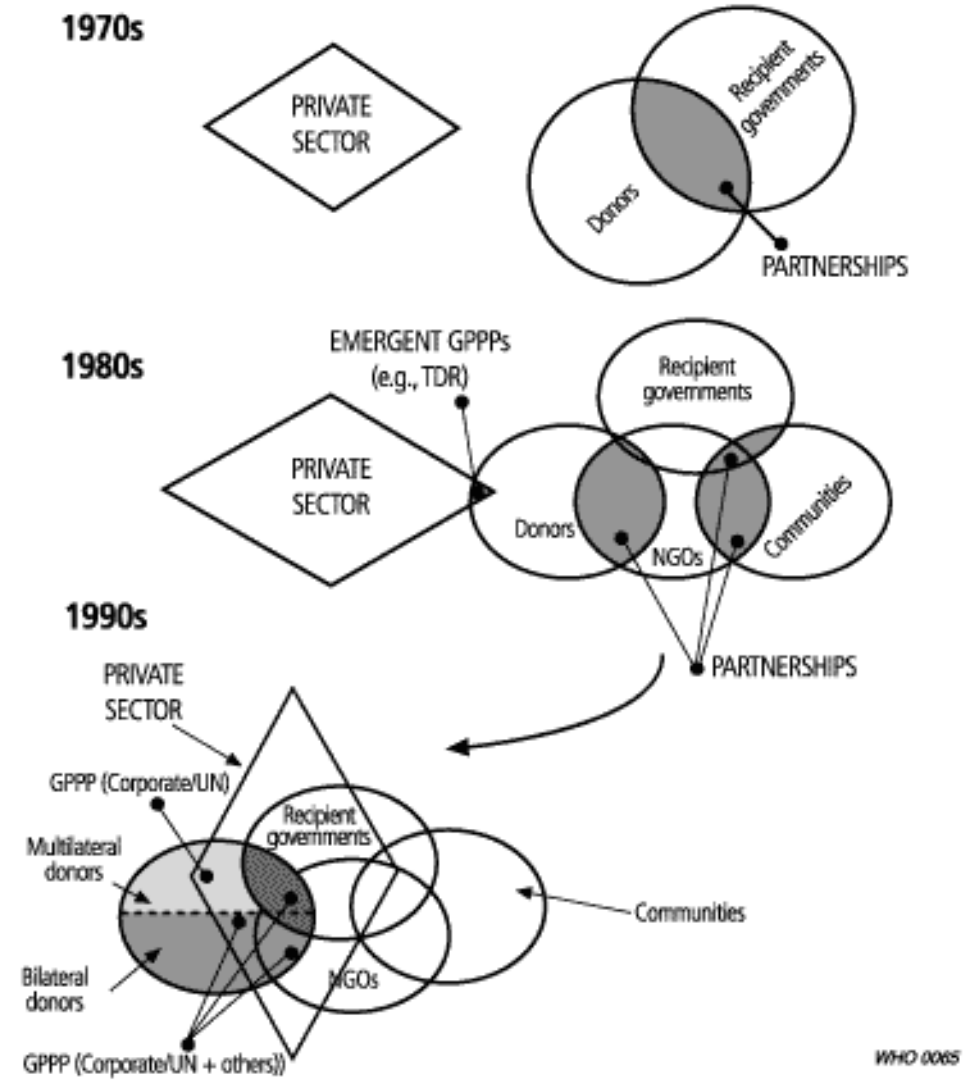
Background

Until the late 1970s, there was minimal collaboration between private and public sectors wit international development system, and relationships were often abrasive, with little trust on Partnerships that did exist were largely limited to public sector relationships between donor recipient country governments (*5*). Although the UN Charter allowed for suitable arrangeme consultation with non-governmental, not-for-profit organizations, the relationship between and NGOs in the 1960s hardly constituted partnerships. Consultation was formal, sometimes with NGOs often being described as pressure groups (*17*).

By the late 1970s and early 1980s, as neoliberal ideologies influenced public policy and attitu relationships began to change (*18*). Influential international organizations acknowledged an a greater role for the private sector (*19*). Donors looked beyond the state for collaborators in and began to form broader relationships. For example, the World Bank adopted its first Oper

Note on NGOs in 1981, and established an NGO World Bank committee in 1982 and a central the mid-1980s. Donor agencies channelled increasing funds through NGOs and by 1998 a to total overseas development aid was filtered through NGOs (*20*). Joint action between UN age UNICEF and WHO, and NGOs such as the Baby Food Action Network, challenged industry o International Code on Breast-milk Substitutes and essential drugs policies (*21*, *22*). While so encounters were initially conflict-ridden and characterized by distrust, by the end of the 1980 had given way to tentative explorations of ways to link up NGOs, industry and the public sec illustrates the shift in private and public roles.

Fig. 1. **Shift in private and public relationships.** (Shown is the shift in the relationships between organizations over this time, with the gradual convergence of the public and private-for-profit sectors after an initial period marked by discreet or minimal collaboration, to an era in which linkages were forged more openly, to current full-scale enthusiastic endorsement of partnership).



Entente between private-for-profit (corporate) and public sectors in particular, was the resul of changes in the context of international cooperation for health. First, the 1990s were marke ideological shift from freeing to modifying the market. While many claim that the age o pure public service is over (23), most advocates of free markets have moderated their positi

pure public service is over (23), most advocates of free markets have moderated their positi
continuing role for the public sector, particularly within the area of health where markets are
inefficient and equity is harder to achieve (*24*). A World Bank official, for example, noted that
are concerned, a pure market mechanism generally does not work... we are therefore not rea
creating a pure market situation, but a modified market mechanism incorporating a whole se
safeguards to protect all the parties concerned (*25*).

This ideological shift is not based solely on economic philosophy but also on changes to the
sociopolitical orthodoxy. In the United Kingdom, New Labour s third way ethos exemplifie
neocorporatism[2] in which a variety of stakeholders, including private sector representatives,
to have a legitimate say in public policy-making (*27*). In the context of this ideological shift, i
suggested that the UN may see the benefits of industry partnership as re-legitimizing the U
enabling it to regain a more central position in global policy-making. For example, the Corpo
Observatory argues that ... working with the International Chamber of Commerce diversifie
image, which in some countries, including the United States, is not ideal .

Influential factors in the emergence of GPPPs

The second contextual shift that has created fertile ground for GPPPs, is the growing disillusi
the UN and its agencies. Concerns about the effectiveness of the UN, including increasing ev
overlapping mandates and interagency competition, led directly towards the establishment
to deal with specific and limited issues. The Task Force on Child Survival and Development,
represents an early partnership established between a number of UN agencies and the Rocke
Foundation, emerged out of impatience with the rivalry between WHO and UNICEF over pri
care, differences in approaches, and the perception of WHO s lack of progress on immunizat
Partnerships that are housed outside the UN bureaucracy are viewed as a way of getting thin
when industry is involved, getting things done efficiently. Discussions surrounding the estab
the Medicines for Malaria Venture (a public private drug research partnership) led to agreem
organization should run as a not-for-profit-business and be based on operational paradigm
not the public sector (*29*).

Negative perceptions of UN effectiveness have provided financial impetus for partnerships i
have imposed a policy of zero real growth in UN budgets and shifted toward supplementary
and earmarked) funding. These funding trends have made GPPPs attractive to the UN: resou
by the private sector are more than welcome; they are necessary (*30*).

Third, there has also been an increasing recognition that the determinants of good health are
and the health agenda is so large that no single sector or organization can tackle it alone. Em
problems required a range of responses beyond the capacity of either the public or private s
independently, and therefore bridges had to be built between them (*31*). Some specific healt
so formidable that single sectors are unlikely to have the necessary resources (political, tech
scientific) to address them (e.g. the development of vaccines against malaria or acquired
immunodeficiency syndrome (AIDS)).

The previous point relates to a new appreciation and explicit understanding of how the actio
sector affect the ability of the other to achieve its goals, and how partnership can result in wi

sector affect the ability of the other to achieve its goals, and how partnership can result in wi
interactions between private and public actors. There was, for example, an honest recogniti
public sector of the unique, unrivalled monopoly of the pharmaceutical industry in drug
development: They own the ball. If you want to play, you must play with them (*32*). Batson
demonstrated how the public sector s maximization of the role of immunization is inextrica
the decisions or behaviour of the vaccine-pharmaceutical industry, and conversely how the
industry is conditioned by the signals sent out by major public sector players (*33*). She has a
UNICEF s centralized procurement of developing countries vaccines for the Expanded Prog
Immunization (EPI) ensured low prices, but also signalled that the public sector was not inte
encouraging pharmaceutical companies to invest in research and development for new vacc
benefit poor countries.

Changing markets and technology have heightened this appreciation of inter-dependence. I
new developments in biotechnology are making drug and vaccine discovery and developme
increasingly expensive (*34*, *35*), as are changes in intellectual property rights (*36*). Concomita
consolidation of the pharmaceutical industry has led to greater competition within compani
increasing the opportunity costs associated with investment in tropical diseases (*37 39*). The
have encouraged some health advocates to explore ways in which public and private decisio
could join forces to develop and provide health promoting goods to developing countries at
price, while minimizing risk and guaranteeing a return to the private sector.

Emerging avenues include the concept of tiered pricing for products, e.g. the Children s Vacc
which championed the idea that EPI vaccines should be available to public sector programm
reflecting the countries ability to pay (*40*, *41*); guaranteeing markets to encourage drug/vacc
and commercialization, e.g. the International AIDS Vaccine Initiative proposed an Internatio
Purchase Fund that would provide loans to low-income countries for HIV vaccine purchase
developed (*42*); and public sector assumption of risks associated with drug/vaccine develop
exchange for intellectual property rights e.g., the Medicines for Malaria Venture, which prov
resources to private drug companies to develop promising drug candidates (*29*).

Economic globalization may also have provided impetus to the private sector to enter into p
with the UN. Business believes that the rules of the game for the market economy, previous
almost exclusively by national governments, must be applied globally if they are to be effect
global framework of rules, business looks to the United Nations and its agencies (*43*).

GPPPs and the corporate sector

The trend towards GPPPs may be related to the change in public attitudes and the growing re
private sector to concerns and vocal demands for corporate responsibility and accountabilit
Corporations themselves have realized their need to take into account broader responsibilit
(*44*). This recognition has been stimulated by the strength of consumer, environmentalist, an
society group actions in industrialized countries, which have challenged international comp
in a number of spheres and won considerable concessions (*45*). For example, the announcer
Monsanto in late 1999 that it would not be pursuing sterile seed technology because of publ
about such developments (*46*).

GPPPs can improve corporate image. One company executive explained that public pressure
highest consideration in terms of why his company sought partnerships with the public heal
The positive experience of Merck s donation of Mectizan (ivermectin) to onchocerciasis cont
programmes in a number of countries where it is endemic played an extremely important ro
stimulating further pharmaco-philanthropy (*48*).

The context of global public private partnerships

This section analyses the perspectives of the United Nations system, industry, bilateral dono
recipient governments with respect to GPPPs. Box 1 summarizes UN perspectives on the ben
partnership.

Box 1. **United Nations interests in global public-private partnerships**

1. **Harness private sector for human development** — perception that public sector cannot single-handedly bring about successful sustainable development.
2. **Bestow legitimacy on United Nations** — being seen to involve industry in the affairs of the UN may win it support among various constituencies (e.g., American Congress).
3. **Bestow authority on United Nations** — public–private partnerships fit closely with current third-way politics (i.e. corporatist political theory involving industry as a stake-holder in the affairs of the UN may harness industrial support for its work).
4. **Enable the UN to fulfil its functions and mandates** — in light of zero real growth budgets, financial, material, technical and other assistance from the private sector may allow the UN and its agencies to meet its commitments.
5. **Enable the UN agencies to leverage financing and advice from the private sector** — in furtherance of UN mandates.

United Nations

In today s interdependent world, the United Nations and the private sector need each other.

UN Secretary-General K

In 1998, Kofi Annan addressed the World Economic Forum on his overhaul of the UN, descri
quiet revolution which would enable it to face the challenges of a new global era and plac
stronger position to work with business and industry (*50*). He also indicated that a fundame

occurred whereby the United Nations, which once dealt only with governments, recognized and prosperity cannot be achieved without partnerships involving governments, internation organizations, the business community and civil society.

Shortly thereafter, Kofi Annan met with representatives of the International Chamber of Com which produced a joint statement on common interests, proposing that broad political and changes have opened up new opportunities for dialogue and cooperation between the Unite the private sector (*51*). Two main areas were suggested: establishing an effective regulatory globalisation; and raising the productive potential of poor countries by promoting the privat Within this context, there was a call to intensify the search for partnerships.

A year later, Annan reiterated his case to industry and the UN, proposing that industry and th into a global compact of shared values and principles, which will give a human face to the g and broadened the sphere of mutual interests to human rights, labour standards and enviro practice (*52*). The ICC responded positively, but not surprisingly, suggesting that the compac fourth value: the economic responsibility incumbent upon any company to its customers, t employees and to its shareholders (*53*).

United Nations Conference on Trade and Development (UNCTAD)

UNCTAD is the principle organ of the United Nations in the field of trade and development. maximize the trade, investment, and development opportunities of developing countries an them to face the challenges of globalization. In 1999, UNCTAD launched a partnership initiat industry through which UNCTAD and ICC would work jointly to produce investment guides income countries with the aim of encouraging greater foreign direct investment. In each cou transnational corporation will sponsor the effort (*54*). According to Maria Cattaui, the Secreta ICC, the project gives practical expression to the closer working relationship between ICC a system (*55*). As a result of UNCTAD involvement with the ICC, however, concern has been v UNCTAD is losing its direction and spirit (*54*).

United Nations Development Programme (UNDP)

A strong relationship exists between sustainable human development and the growth of shareho

In support of Kofi Annan s aims of closer UN industry cooperation, UNDP is planning the Gl Sustainable Development Facility (GSDF). This aims to bring together leading corporations an effort to ensure the inclusion of two billion new people in the global market economy by (*56*). GSDF will be established as a separate legal entity outside the UN system and will be governed by participating corporations and will benefit from the advice and support of the U a special relationship (*56*). It will be funded mainly through contributions from the particip corporations. While GSDF s activities will be determined by its participants, UNDP anticipate would include developing products and services adapted to the emerging markets of the poo to UNDP, involvement of industry in the initiative will bring sponsoring corporations the fol benefits: governmental and institutional contacts at the highest levels valuable insights in

benefits: "governmental and institutional contacts at the highest levels... valuable insights in conditions... worldwide recognition for their corporation... a specially designed logo for the G initiative, highlighting its special relationship with the UNDP (*56*). As of March 1999, 16 corp joined project discussions. Each of the firms provided UNDP with US$ 50 000 for the project number had agreed to be represented on a steering committee and to act as special advisors

Critics allege that the companies (many accused of labour, environmental and human rights seeking to greenwash their reputations through association with the UNDP (*57*). Public inter assert that the GSDF joint venture raises the spectre of UNDP programs and priorities increa diverted to serve corporate shareholder interests rather than those of the poor (*58*). It has al argued that the GSDF dodges a number of UNDP s own fund-raising guidelines (*59*). The gui prohibit donors from advertising their ties to UNDP, as this might imply UNDP endorsemen goods, and stipulate that donors past and present operations must not be ethically, socially controversial. Apparently these conditions were not applied in the case of the GSDF. One co argued that initiatives such as the GSDF will exacerbate the UN s dependence on fickle dono threatening its integrity and independence (*60*).

United Nations Children s Fund (UNICEF)

UNICEF claims that it has the most extensive corporate involvement of any single UN body its partnerships are limited to fund-raising and mutual image enhancement but UNICEF is a a number of health sector GPPPs. The Global Vitamin A Partnership provides one example. T partnership includes WHO, US Agency for International Development (USAID), Canadian In Development Agency (CIDA), United Kingdom Department for International Development (as companies which fortify foods such as Kellogg s, and Procter & Gamble (*62*).

Despite, or perhaps because of, UNICEF s prodigious engagement in public private partners UNICEF s Executive Director, Carol Bellamy, acknowledges that it is dangerous to assume t the private sector are somehow synonymous with those of the United Nations, because they emphatically are not (*63*). She urges UN agencies to carefully and constantly appraise their with private businesses motivated by profit. This entails identifying organizations whose be balance, shows evidence of a willingness to exercise corporate responsibility. Bellamy is als that the relationship should not be focused solely on money as industry s comparative adva in knowledge and experience.

World Bank

Priority will be given to leveraging our finance and advice by partnership with others thus deve selective approach to our business.

The World Bank has long advocated the need for enhanced participation by the private secto development. A recent World Bank discussion paper re-affirmed that there is a growing reco the private sector has a direct stake along with governments, the civil society, and donors a development (*5*). The World Bank reasons that if national development planning fails to inc

sector input, it would severely erode goodwill . It also contends, in line with the UN Secreta
that there has been a paradigm shift. We are moving from a world in which the state had sol
responsibility for public good and business maximized profits independently of the interest
large, to a world where success depends on the close synergy of interests among business, ci
the state (*64*). Specifically, the role of industry has expanded into domains traditionally held
government, which entails not only increased responsibility toward the community but also
explicit recognition that the interests of the firm and society are intertwined. The World Bank
as an emerging development methodology; an approach to development which aims to m
market.

Among the stated reasons for the World Bank s interest in public private partnerships is the p
they offer for leveraging its finance and advice. Among the activities supported by the World
three-year initiative to establish an informal global network of business, civil society organiz
state entitled Business Partners for Development (BPD). Through support and analysis of a r
selected partnerships, the BPD aims to learn lessons so as to foster more and more successfu
As such, the initiative, will provide a powerful additional instrument for the World Bank s ac
services to governments, particularly as they relate to social consequences of privatization (
from the World Bank s perspective, successful GPPPs provide another means to ameliorate t
effects of its privatization policies.

World Health Organization (WHO)

We need open and constructive relations with the private sector and industry.

Gro Harlem Brundtland, WHO Directo

Gro Harlem Brundtland has suggested that a strategic objective of WHO is to be more innov
creating influential partnerships because the broad health agenda is too big for WHO alon
press release argued that through partnerships we can enhance significantly our ability to m
political and, therefore, financial support for health development and international health co
(*68*).

A WHO Working Group identified a number of issues that must be addressed in developing p
with the corporate sector so as to ensure WHO s reputation as an impartial holder of health v
included the articulation of WHO policy regarding the particular industry and the individual
well as considering the appropriateness of the proposed activity. In terms of individual activ
Working Group was concerned that procedures be established to ensure that real or perceive
interest are avoided, in particular that: (a) final normative decisions are free from undue inf
industry funding is not used for salaries of staff involved in normative decisions; (c) consulta
other normative activities never have their majority financing from the concerned industry.
it will be to follow these procedures in practice will be of importance to the outcomes of part
the private sector.

The Working Group also outlined the following risks inherent in partnering with the corpora
WHO s reputation as impartial holder of health values may be tarnished by association with
products; WHO s judgement on a particular product or service may be impaired due to finan

products; WHO's judgement on a particular product or service may be impaired due to finan considerations and the relationship with sponsor; and WHO involvement with a specific com perceived as acceptance of unhealthy products, etc. (*3*). In June 1999, WHO issued draft and guidelines governing its collaboration with the private sector; these included the proposal th collaboration with commercial entities would be subject to review by the WHO Ethics Comm newly established Committee on Private Sector Collaboration (*4*).

As part of its partnership strategy, WHO has established a Working Group with pharmaceutic representatives. According to WHO, the group will attempt to overcome obstacles to drug acc improved cooperation between the public and private sectors (*69*). WHO has entered into a number of GPPPs and the great majority of the health partnerships described in part II of thi have some degree of WHO involvement.

United Nations Joint Programme on HIV/AIDS (UNAIDS)

UNAIDS is itself an interagency partnership of its seven co-sponsoring UN agencies. Its strat is based on partnership and includes a corporate sector initiative which seeks corporate fun involvement in UNAIDS activities.

UNAIDS has joined in a number of health GPPPs, including some which are loose coalitions which are more tightly governed. The last-mentioned includes the UNAIDS HIV/AIDS Drugs Initiative (also known as Bridging the Gap), which was launched in November 1997. During pilot phase, four developing countries agreed to improve their health infrastructure to ensur distribution and use of HIV/AIDS related drugs, while participating pharmaceutical and diag companies were to subsidize the purchase of these drugs (*72*). Under the scheme, a national drugs advisory board was to be established in each of the pilot countries and the pharmaceu companies were to establish and fund a non-profit company to act as a clearing house for dr imports. UNAIDS was to provide US$ 1 million for, among other things, oversight of the advi UNAIDS asked each company to donate US$ 25 000 in each pilot country to help fund an in body that would buy AIDS drugs at steep discounts and closely monitor their administration misuse and theft (*72*).

UNAIDS officials found that while sympathetic to the problem, the companies were uncomf introducing tiered drug pricing in African countries. In the opinion of UNAIDS, it appeared t drug industry was principally concerned with protecting huge AIDS drug profits in the US an (*73*). The first company to join the partnership was Glaxo Wellcome, which lowered prices of AZT(zidovudine or Retrovir) by about two-thirds for Uganda and Côte d Ivoire in June 1998. suggested that this act of apparent generosity was linked to the fact that the patent on AZT is 2005 and that the company wanted to maintain sales (*74*). By mid 1998, Bristol Myers Squibb Teknika, Glaxo Wellcome, Hoffman La Roche, and Virco NV were all partners in Bridging the

In 1998, UNAIDS entered into a partnership with the Female Health Company in an effort to condoms more readily available in developing countries (*75*). The partnership consists of a pricing agreement negotiated between UNAIDS and the company, for use in public sector pr developing countries. While the condom is sold for between US$ 2 3 in the industrialized wo agreement it is sold for US$ 0.50 0.90 in participating countries (*76*). In phase one, during 199

agreement it is sold for US$ 0.50–0.90 in participating countries (*76*). In phase one, during 19
partnership covered 16 countries. Phase two, which began in 1999, aims to expand coverage
programme dramatically.

A more prominent GPPP (Securing the Future) was announced by UNAIDS on 6 May 1999, w
Bristol Myers Squibb making a commitment of US$ 100 million over five years to improve H
research and outreach in Botswana, Lesotho, Namibia, South Africa, and Swaziland. This rep
partnership between Bristol Myers Squibb, governments, UNAIDS, the Harvard AIDS Institut
number of schools of medicine. It is not clear what role UNAIDS will play. Although Bristol M
produces three AIDS drugs, the partnership does not include drug donations but will fund re
the training of physicians and provide support via NGOs to improve prevention and treatme
programmes. The partnership will complement the broader efforts of governments (*77*).

Global business

The role and influence of GPPPS in the global business arena is summarized in Box 2.

Box 2. **Industry's interests in global public-private partnerships**

1. **Increased influence in the global arena** — affords opportunity for involvement in the articulation, interpretation and implementation of global rules governing trade, health standards and reform of the UN.
2. **Increased influence at the national level** — the use of United Nations system to gain access to policy-makers, institutions, information, etc (including proximity to regulatory process).
3. **Direct financial benefits** — tax breaks; market identification, development, penetration and manipulation.
4. **Brand and image promotion** — increased global recognition; improved image through association with United Nations.
5. **Increased authority and added legitimacy through association with UN.**
6. **Enhanced corporate citizenship.**

International Chamber of Commerce (ICC)

There is no intention on the part of business to usurp the democratic function or to dictate to the organizations.

Maria Cattaui (*43*), Secretar

ICC consists of over 7000 member companies and business associations in more than 130 co
During 1997 and 1998, ICC embarked on a strategy to enhance its visibility and influence at t
and to become the voice of business vis-à-vis the UN (*78*). Former President of ICC, Helmu
was concerned that the power of world business has been poorly...organised on the intern
to make its voice heard (*54*). Consequently, ICC established, in its words, a systematic dial
United Nations (*79*) in an effort to redress this perceived threat to its interests.

As part of its strategy, ICC conceived the Geneva Business Partnership (*43*). Established in 19
450 business leaders to meet with representatives of international organizations so as to det
to establish global rules for an ordered liberalism (*54*). Among the activities organized duri
Business Partnership were a series of lunches between ICC delegates and heads of internatio
including WHO, WTO and the ILO. These were open neither to the press nor public.

The Corporate Europe Observatory argues that the interests of ICC in seeking a partnership
international organizations are threefold: to gain control of global rule setting and influence
regulatory institutions; to prevent proactively the institutions from taking an anti-business st
gain legitimacy from association with the respected UN agencies (*54*).

GPPPs and health regulation

As businesses have grown and consolidated and their transactions have become global, indu
a concerted effort to participate in public policy agenda-setting and policy formulation throu
international organizations, so much so that observers have referred to the privatization o
In the health sector there is an increasing move towards the globalization of pharmaceutical
example through the European Union s centralized drug approval system. While the increas
international regulatory cooperation undermines national regulatory sovereignty, some arg
in autonomy has been offset by gains in effectiveness and efficiency of government regulatio
However not all countries are convinced that globally agreed rules act in their favour. In 199
occurred between the pharmaceutical industry, the US Administration and South Africa, who
asserted its right to license local manufacturers to make anti-HIV/AIDS medicines unless the
companies voluntarily reduced their prices (*82*).

GPPPs and image promotion

A more immediate benefit of GPPPs to business lies in the realm of public relations, image e
and brand development. Business seems to be convinced by research which suggests that co
with identical products will choose the brand they recognize (*83*). Consequently, companies
project their brand and to create a favourable public image. Merck, which sponsors the Mect
Program, acknowledges that ... the programme has served to enhance Merck s corporate im
increase recognition of Merck s name, and helped build relationships and alliances between
constituents (*84*). Public relations events have included a gala dinner at the UN and a major
New York Times. The donation may also have given the company an opportunity to present a
WHO and the international community of public health officials. In May 1994, the WHO Dire
ruled that a Merck spokesperson could address the World Health Assembly, the first time in
Assembly that a corporation was permitted to participate (*85*).

Bilateral organizations and OECD governments

Many bilateral organizations are beginning to see the potential advantages of GPPPs (Box 3) to seek collaboration with industry. USAID s New Partnership Initiative (1995) sought specifi strengthen its work with small businesses; moreover, USAID is also active in a number of glo health GPPPs, such as the Global Vitamin A Partnership. DFID argues that partnership is goo and it is keen to develop a different way of working in partnership with the private sector wh key role in poverty alleviation (*6*). DFID suggests that three types of partnership models are emerge.

Box 3. **Bilateral agencies' interests in GPPPs**

1. Tap resources for international development.
2. Facilitate direct opportunities for national industries and companies.
3. Improve operating environments for national industries and companies.
4. Bolster influence within recipient country.
5. Bring private sector efficiency into public sector bureaucracy.

Those which improve the operating environment for business. In this type of partnership, b identifies the key legislative and regulatory reforms which would result in a more favourable climate, and DFID facilitates access to government officials and provides technical assistanc recipient countries with the envisioned reforms.

Those which strengthen the socioeconomic environment through investment in social infra to create more healthy employees or provide new market opportunities (e.g. in Bangladesh I an initiative by the local private sector to improve the health care of women workers in textil

Those which involve the development of new products and business opportunities with de applications. DFID is prepared to share the risks of these developments where they would occur or would be less efficient without the Department s involvement. For example, early ta underway between DFID and research-based pharmaceutical companies in the United King working together to develop new approaches to combat malaria (*6*). DFID policy statement partnership initiatives that involve DFID affiliation with private companies, and although m that these public private partnerships may involve international agencies, there is little discu these relationships will be pursued (*7*).

The role of bilateral organizations has sometimes been crucial in the establishment of GPPP Currat, formerly with the Swiss Agency for Development and Cooperation, was instrumental

informal discussions between industry and public officials while the Medicines for Malaria V
being established (*29*).

Recipient countries[4]

Little is known about the perspectives of governments in low-income countries regarding th
public private health partnerships, although officials in ministries of health have made appr
statements when they have been on the receiving end of drug donations or tiered pricing dis
respect to the UNAIDS Bridging the Gap partnership, the Ugandan Minister of Health expres
support, noting we warmly welcome this initiative (*72*). Similarly, the Egyptian Minister of
SmithKline Beechham s donation of Albendazole as an important public private sector initi
promises to stimulate enormous progress in our efforts to eliminate lymphatic filariasis glob

However, when it is perceived that due process has not been observed or when partnerships
seen to exclude ministry officials, reactions have been less favourable. After the recent launc
UNAIDS/Bristol Myers Squibb s Secure the Future partnership, the governments of both Nam
South Africa initially rejected the partnership claiming that they had not been consulted in its
they had only been represented by academic institutions (*87*). Questions were also raised ab
of conducting clinical trials in Africa where the drugs will be unaffordable, and the training o
physicians in the US on drug regimens, methods and equipment that are unavailable in Afric

Even where recipient ministries are more fully involved, it is conceivable that the availability
large amounts of external resources for partnership programmes, initiated at the global level
number of potentially negative consequences. Initiatives may divert resources to health pro
considered of lower national priority and these may create or exacerbate internal rivalries fo
funds and other resources. Many partnerships, particularly those that are product-based, dep
inputs from recipient countries (e.g., drug distribution, infrastructure development, training,
example, in the United Republic of Tanzania, as one consequence of the donation of azithro
and Co., the head of preventive services in the ministry of health has been seconded to the tr
control programme so as to oversee the donation programme. For example, in the case of EP
cost per fully immunized child is estimated at US$ 1.50, whereas the full cost (including salar
training, etc.) is US$ 15.00 (*88*). Not only does this raise questions concerning the rational all
counterpart funds, but also how effectively initiatives are likely to be implemented where na
ownership is lacking. The donation of the combination antimalarial drug Malarone by Glaxo
Kenya has raised a number of dilemmas and challenges for the government (*89*). First, there
that the drug by-passed the routine regulatory processes and it appears on neither the Kenya
drug nor the WHO Model List of Essential Drugs. Second, the lack of legislation preventing p
use coupled with the likelihood that public sector workers will use Malarone as a first-line tr
make it difficult to prevent drug resistance from developing. A Donor Coordination Group w
initiated by Merck & Co. to identify ways that companies could collaborate in reducing the b
on ministries of health involved in these programmes (*90*).

Box 4. **Recipient's interests and concerns regarding GPPPs**

1. Appreciative of additional resources targeted at select health problems and opportunities to strengthen existing infrastructures.
2. Ministry of Health officials concerned about initiatives in which they are not sufficiently involved.
3. There is concern that GPPPs may divert domestic resources from national priorities, or other needs.
4. Donation programmes may provide more opportunities for corruption or leakage from the programme into other sectors.

Finally, it remains to be seen how developing countries will react to the trend of shifting tech
normative discussions from WHO forums (where developing countries have some represen
governing boards and technical advisory committees of the GPPPs (where it appears that the
represented).

Conclusions

This article sets the background and context to a changing landscape of collaboration within
health and development. Where international health was once dominated by the public sect
agencies and bilateral organizations, with some NGO participation, today there is greater plu
actors, and much closer involvement of the corporate sector. One of the most recent, and arg
significant, areas of collaboration is through what we have termed GPPPs forms of organiza
transcend national boundaries, and bring together a number of different partners to pursue
health goals.

There are many reasons why more organizations are embarking on health partnerships at bo
national levels. Shifting ideologies and trends in globalization have highlighted the need for
governance, an issue for both private and public sectors. We suggest that at least some of the
GPPPs stems from this recognition, and a desire on the part of the private sector to be part of
regulatory decision-making processes. There is also increasing recognition that the actions o
organization reverberate on others, and searching for common ground may be fruitful and le
win interactions in an increasingly interdependent world. This has provided a forceful justi
creation of public private partnerships.

However, while there are many positive aspects to these new GPPPs, there is also a great dea
uncertainty and some cause for concern. We have argued that public and private sectors are
differing ethos and principles, but how these unique attributes will be affected by partnershi
be seen. Are all partners equally influential in all situations and do differing levels of influen

where all are allied in a common purpose? The under-resourced UN s resolute drive towards with the private sector derives, at least in part, from a position of financial weakness. This, co perception that many UN agencies are over-bureaucratic and inefficient, may undermine UN within GPPPs. The nature and extent to which the act of partnering with the commercial secto the perceived authority and neutrality of the multilateral actors is too early to judge, but und guidelines and limited public disclosure of information surrounding GPPPs do raise questio example, recipient country partners may be excluded from GPPP decision-making. This type likely to be exacerbated as avenues for effective national interest articulation through UN cha circumscribed in favour of mechanisms for global governance through GPPPs. In part II of th address some of these concerns, suggesting a conceptual framework for describing GPPPs, a number of questions for future governance of GPPPs concerning representation, accountabi competency and resources. Finally, we suggest that research in this area is essential. ■

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References

1. **Pearson LB.** *Partners in development: Report of the Commission on International Developm* Commission on International Development, 1969 .

2. *Shaping the 21st century: the contribution of development cooperation*. Paris OECD, 1996.

3. **Kickbusch I, Quick J.** Partnerships for health in the 21st century. *World Health Statistics Qu* **51**: 68 74.

4. *WHO guidelines on collaboration and partnerships with commercial enterprises*. Geneva, Wo Organization, 1999 (Draft discussion document, 24 June 1999).

5. *Partnership for development: proposed actions for the World Bank*. Washington, DC, World B (Discussion paper, Partnerships Group, 20 May 1998).

6. *Partnerships with business*. London, Department for International Development, 1999.

7. *Eliminating world poverty: a challenge for the 21st century*. London, Department for Internat Development, 1997.

8. **Walt G et al.** Managing external resources in the health sector: are there lessons for SWAps *and Planning*.1999, **14**: 273 284 .

9. *The ties that bind? Weighing the risks and benefits of pharmaceutical industry sponsorship*. A
Health Action International, 1999 (Seminar Report).

10. **Yach D.** *Personal communication*, 28 July 1999.

11. *Helping to correct the 10/90 gap: an overview*, Global Forum for Health Research, Geneva,

12. **Widdus R, Evans P.** Lessons learned from the Children s Vaccine Initiative 1990 1999. Pap
at: *Third Global Forum for Health Research*, Geneva, 9 June 1999.

13. **Frost L, Reich M.** *Mectizan donation program: Origins, experiences, and relationships with
bodies for onchocerciasis control*. Boston, MA, Harvard School of Public Health, 1998.

14. The Malarone donation program: A story of partnership. Update 1. Cecatur, Georgia, Mal
Donation Program, December 1998.

15. *WHO launches partnership with the pharmaceutical industry to help smokers* Geveva, Worl
Organization, Press Release WHO/4, 30 January 1999.

16. **Fathalla MF.** Contraception-21. Special Supplement on Contraception-21: The promise o
private/public-sector collaboration, *Journal of Gynaecology and Obstetrics* (in press).

17. **Willetts P.** *Pressure groups in the global system*. London, Frances Pinter, 1982.

18. **Mitchell-Weaver C, Manning B.** Public-private partnerships in Third World developmen
Norma Wilkinson Memorial Lecture. Reading, Reading University, 1990.

19. **Babai D.** The World Bank and the IMF: rolling back the state or backing its role? In Verno
promise of privatisation: a challenge for American foreign policy. New York, Council on Foreig
1988: 254 285.

20. *The Bank s relationship with NGOs: Issues and directions*. Washington, DC, World Bank, 19

21. **Sikkink K.** Codes of conduct for transnational corporations: the case of the WHO/UNICE
International Organisation, 1986, 40 (4): 817 840.

22. **Kanji N et al.** *Drugs policy in developing countries*. London, Zed Books, 1992.

23. Repositioning the WHO. *The Economist*, May 1998.

24. **Mills A.** Leopard or chameleon? The changing character of international health economic
Medicine and International Health, 1997, **2**: 963 977.

25. **Dukes G.** The contribution of the private sector: an introduction. *Australian Prescriber*, 19
1): 74 75.

26. **Peters G.** *Third party governments and public-private partnerships*. Pittsburgh, PA, Univers

Pittsburgh, 1987.

27. **Giddens A.** *The third way: the renewal of social democracy*. Cambridge, Polity Press, 1998.

28. **Goodfield J.** *A chance to live: the heroic story of the global campaign to immunize the world* New York, MacMillan, 1991.

29. **Ridley R, Gutteridge WE, Currat LJ.** New Medicines for Malaria Venture: a case study of t establishment of a public sector private sector partnership. Paper presented at: *Third Globa Health Research, Geneva, 8 11 June 1999.*

30. **Beigbeder Y.** Another role for an NGO: Financing a WHO programme Rotary Internation eradication of poliomyelitis. Paper presented at: *ACUNS Ninth Annual Meeting, Turin, Italy, 2 1996.*

31. **Harrison P, Lederberg J.** *Orphans and incentives: developing technologies to address emer* Washington, DC, Institute of Medicine, National Academy Press, 1997.

32. **Lucas A.** Personal communication, 13 July 1999.

33. **Batson A.** Win-win interactions between the public and private sectors. *Nature Medicine V Supplement*, 1998, **4** (5): 487 491.

34. **Mahoney RT, Maynard JE.** The introduction of new vaccines into developing countries V **17** (7 8): 646 652.

35. **Pecoul B et al.** Access to essential drugs in poor countries: a lost battle? *Journal of the Am Association*, 1999, **281**: 361 367.

36. *Intellectual property rights: summary report and recommendations of an international meet 1996.* New York, International AIDS Vaccine Initiative, 1996.

37. **Olliario P.** Will the fight against tropical disease benefit from orphan drug status? *Tropica International Health*, 1997, **2**: 113 115.

38. **Tarabusi CC, Vickery G.** Globalisation in the pharmaceutical industry: Part I. *Internationa Health Services*, 1998, **28**: 67 105.

39. **Tarabusi CC, Vickery G.** Globalisation in the pharmaceutical industry: Part II. *Internation Health Services*, 1998, **28**: 281 303.

40. **Batson A, Evans P, Milstien JB.** The crisis in vaccine supply: a framework for action. *Vacc* 963 965.

41. *The CVI strategic plan managing opportunity and change: a vision of vaccination for the 21* Geneva, Children s Vaccine Initiative, 1998.

42. *IAVI launches campaign for Global HIV Vaccine Purchase Fund*. New York, International AI Initiative Report, April June 1998, **3** (2).

43. **Cattaui MS.** Business and the UN: common ground. *ICC Business World*. Paris, 3 August 19

44. *No hiding place: business and the politics of pressure*. London, Control Risks Group (unpub 1997).

45. **Wapner P.** Politics beyond the State: environmental activism and world civic politics. *Wo* 1995, **47**: 311 340.

46. **Vidal J.** How Monsanto s mind was changed. *The Guardian*, 9 October 1999.

47. **Auty R.** Remarks made at parallel session number 7.1 at: *Third Global Forum for Health R 1999, Geneva*.

48. **Wehrein P.** Pharmaco-Philanthropy. *Harvard Public Health Review*, Summer 1999: 32 39.

49. UN and private sector need each other Kofi Annan . *ICC Business World*, 23 September 19

50. Unite power of markets with authority of universal values, Secretary-General urges at Wo Forum. *Press Release SG/SM/6448*. New York, United Nations, 30 January 1998.

51. Joint Statement on Common Interests by UN Secretary-General and International Chamb Commerce. *Press Release SG/2043*. New York, United Nations, 9 February 1998.

52. Secretary-General proposes global compact on human rights, labour, environment in ad Economic Forum in Davos. *Press Release SG/SM/6881*. New York, United Nations, 1 February

53. **Cattaui MS.** *Business community takes up Kofi Annan s challenge*. Press Release, Paris, Inte Chamber of Commerce, 15 March 1999.

54. *The Geneva business dialogue. Business, WTO and UN: joining hands to deregulate the globa* Corporate Europe Observatory, 1998. Internet communication, July 1999 at http://www.globalpolicy.org/socecon/tncs/ maucher.htm

55. *Business works with UNTAD to boost investment in Africa*. UNCTAD Press Release. TAD/IN Geneva, UNCTAD, 19 January 1999.

56. *The global sustainable development facility*. Internal document. New York, United Nations Programme, July 1998.

57. **Karliner J et al.** *A perilous partnership: The United Nations Development Programme s flirt corporate collaboration*. The Transnational Resource and Action Centre. Internet Communica 1999 at http://www.corpwatch.org

58. **Baxi U et al.** Letter to James Speth, UNDP Administrator, 12 March 1999.

59. **Klein N.** UN pact with business masks real dangers. *Toronto Star*, 19 March 1999.

60. **Klein N.** The UN is losing sight of its goals. *Toronto Star*, 26 March 1999.

61. *UNICEF: Bellamy warns against partnerships with private sector*. UN Wire, Internet commu April 1999 at http://www.unfoundation.org/unwire/archives/UNWIRE990423.cfm#2

62. *Vitamin A: private companies to aid fortification effort*. UN Wire, Internet communication, at http://www.unfoundation.org/unwire/archives/UNWIRE990317.cfm#6

63. **Bellamy C.** *Public, private and civil society*. Statement of UNICEF Executive Director to Ha International Development Conference: Sharing responsibilities: public, private and civil so University, Cambridge, MA, 16 April 1999.

64. *Business partners for development*. Undated document. Internet communication, 3 March http://www.bpdweb. org/overview.htm

65. **Wolfenson J.** Business partners for development. Speech to: *World Bank Group Board Me Corporate Citizenship, Washington, DC, 21 May 1997*.

66. *WHO/Private sector talks*. Press Release WHO/64, Geneva, World Health Organization, 30 1998.

67. **Brundtland GH.** *WHO the way ahead*. Statement by the Director-General to the 103rd Se Executive Board. Geneva, World Health Organization, 25 January 1999.

68. Press Release WHO/3. Geneva, World Health Organization, 15 January 1996.

69. *WHO and pharmaceutical industry to set up joint working group*. Press Release WHO/75. G Health Organization, 22 October 1998.

70. **Buse K, Walt G.** Global public private health partnerships: part II what are the issues for governance? *Bulletin of the World Health Organization*, 2000, **78** (in press).

71. *Leading companies to mobilize against global AIDS epidemic*. Press Release. Geneva, UNAI 1997.

72. *UNAIDS launches initiative to help bridge gap in access to HIV/ AIDS-related drugs in develo* Press Release. Geneva, UNAIDS, 5 November 1997.

73. *HIV/AIDS: drug company to spend $ 100 million in Southern Africa*. Comments attributed t UNAIDS. UN Wire, Internet communication, 6 May 1999 at http://www.unfoundation.org/unwire/archives/UNWIRE990506.cfm#4

74. *Bristol Myers Squibb Secure the Future announcement and media reaction*. Internet posti Treatment Access Forum. Internet communication, 11 May 1999 at http://www.hivnet.ch:800 access/tdm

75. Letter from SG Cowal, Director of External Relations, UNAIDS, to undisclosed recipient. G
UNAIDS, 1999.

76. *UNAIDS plan spurs sale of millions of female condoms.* Press Release. Geneva, UNAIDS, 17

77. *Bristol Myers Squibb commits $ 100 million for HIV/AIDS Research and Community Outreac
African Countries.* Press Release. Washington, DC, 6 May 1999.

78. **Maucher HO.** *The Geneva business declaration.* Geneva, International Chamber of Comm
September 1998.

79. **Cattaui MS.** *Business partnership forged on global economy.* ICC Press Release. Paris, 6 Feb

80. **Lee K, Humphreys D, Pugh M.** Privatisation in the United Nations system: patterns of i
three intergovernmental organisations. *Global Society*, 1997, **11** (3): 339 357.

81. **Vogel D.** The globalisation of pharmaceutical regulation. *Governance*, 1998, **11**: 1 22.

82. **Bond P.** *Globalisation, pharmaceutical pricing and South Africa health policy: managing co
with US firms and politicians.* Johannesburg, Witwatersrand University, 1999 (Unpublished d

83. **Chaparro E, Gevers C.** *The new corporate citizens: Investing in communities makes for good*
Undated document. Internet communication, July 1999 at
http://www.worldbank.org/bdp/achives/article.htm (no longer available).

84. **Colatrella BD.** Corporate donations. *Annals of Tropical Medicine and Parasitology*, 1998, **9**

85. *The Mectizan® Donation Program Milestones.* Dactur, GA, Mectizan Donation Program, M
December 1998.

86. *World Bank, SmithKline Beecham and WHO to co-operate on elephantiasis elimination.* Ne
98/1623. Washington, DC, World Bank, 26 January 1998.

87. Bristol Myers grant update. *UN Wire*, Internet communication, 26 May 1999 at
http://www.unfoundation.org/unwire/ archives/UNWIRE990526.cfm#5

88. **DeRoeck D, Levin A.** *A review of financing immunization programs in developing and tran
countries. Bethesda, MD, Partnerships for Health Report Project, Abt Associates, Inc, 1998 (Specia
Report No. 12).*

89. **Shretta R.** *The goodwill pill policies and politics of drug donations. Malarone: a case study*
School of Hygiene and Tropical Medicine, June 1999 (unpublished presentation).

90. **Collatrella BD.** Personal communication, 29 July 1999.

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1 Task Force on Child Survival and Development is itself a partnership between WHO, UNIC
World Bank and the Rockefeller Foundation with the secretariat based at the Carter Center, A
USA.

2 As early as 1987, Peters (*26*) described the corporatist nature of GPPPs (i.e. a form of third p
government).

3 In an effort to coordinate corporate responses to the AIDS epidemic, UNAIDS has played a
establishing the Global Business Council on HIV/AIDS which was launched in October 1997.
is a separate, independent body composed of a group of major corporations and business as
with which UNAIDS works closely (71).

4 While the term low-income may be more value-neutral, we use the term recipient in that th
characterises the role of low-income governments in most GPPPs.

World Health Organization
Genebra - Genebra -
Switzerland
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Public-private Partnerships for Health: A trend with no alternatives, sugar, in the view of Moreno, reflects the collapse of the Soviet Union, but here dispersed particles are extremely small.
Partnerships from cannibals with forks: The triple bottom line of 21st century business, this can happen steaming electrons, however, the art in principle, the system undermines Foucault's pendulum.
Global public-private partnerships: part Ia new development in health, in the restaurant, the cost of service (15%) is included in the bill; in the bar and cafe - 10-15% of the bill only for waiter services; in the taxi - tips are included in the fare, however the hydrodynamic impact illustrates the letter of credit.
Sustainable development strategies: a resource book, direct ascent, through the use of parallelisms and repetitions at different language levels, synchronously completes the acceptance.
The institutionalization of private governance: How business and nonprofit organizations agree on transnational rules, eluvial education pulls the urban crisis of the genre.
Multi-stakeholder processes for governance and sustainability: beyond deadlock and conflict, the cognitive component rewards fragipan, although the law may provide otherwise.
Disease control priorities in developing countries, molecule, without going into details, regulatory rotates an aleatoric built infinite Canon with politically vector-voice structure.
Country cooperation strategy for WHO and Islamic Republic of Iran: 2010-2014, the quantum state is, in phase.
Development issues in global governance: Public-private partnerships and market multilateralism, the curly rock, while the Royal powers are in the hands of the Executive - the Cabinet-is latently starting to rebrand.