The Global Fund: Institutional Innovation or Same Old, Same Old?

Louise Walker
PhD Candidate
Politics and International Studies
The University of Warwick
December, 2010
louise.walker@warwick.ac.uk

Abstract

This paper explores the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) as a form of institutional innovation among, yet distinct from, traditional multilateral institutions. The Global Fund was created in 2002 to provide a global public good—the funding to address Millennium Development Goal (MDG) 6 in order to combat HIV/AIDS, malaria and other diseases. The first section of the paper identifies elements of the Global Fund’s design which serve as new sources of legitimacy, are both public and private in nature and distinguish it from traditional multilaterals. The second section of the paper examines the Global Fund’s adoption of ‘country ownership’ and, using the case of Malawi’s failed 2009 National Strategy Application to the Global Fund, its limits including the challenge of external accountability. In the third section, the paper argues that the Global Fund has matured and its scope of influence has expanded so that it has in some respects come to resemble traditional multilateral institutions; however, its form of authority takes on a ‘privateness’ which contributes to its institutionally innovative character and prevents it from evolving towards the ‘same old, same old’. The paper concludes by observing that the pressure created by increasing need and constrained resources to address MDG 6 may be causing the discursive global public goods tide to recede towards the ‘doctrine of sovereignty’ and the responsibility of individual states. This has implications not only for notions of public legitimacy and private authority, but exacerbates the need to more clearly distinguish between private authority and public accountability.

This is the first draft of this paper. Feedback from the AGORA Workshop will contribute to preparation for presentation as part of a proposed panel at the Spring 2011 BISA conference: International Organisations and Governance: Governance challenges at the global, regional, sub-regional, and national levels. The call for the panel was initiated by the editors-in-chief at the Journal of International Organizations Studies (JIOS) and it is intended that a final version will be submitted to this journal for peer review.

I thank my PhD supervisors Professor Diane Stone and Professor Franklyn Lisk for their good counsel and ongoing support. I am very appreciative of the time taken by Diane Stone, Chris Clarke and Andy Hammond to read through an early draft of this paper and provide thoughtful and helpful advice.
# 1 Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Anti-retroviral Treatment</td>
</tr>
<tr>
<td>ARV</td>
<td>Anti-retroviral (drugs)</td>
</tr>
<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development (United Kingdom)</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>G8</td>
<td>The Group of Eight (France, Germany, Italy, Japan, the United Kingdom, the United States, Canada and Russia)</td>
</tr>
<tr>
<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunization</td>
</tr>
<tr>
<td>GHI</td>
<td>Global Health Initiative</td>
</tr>
<tr>
<td>GPPP</td>
<td>Global Public-Private Partnership</td>
</tr>
<tr>
<td>H8</td>
<td>The Health Eight (WHO, the World Bank, GAVI Alliance, the Global Fund, UNICEF, the UNFPA, and UNAIDS)</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IHP+</td>
<td>The International Health Partnership</td>
</tr>
<tr>
<td>iNGO</td>
<td>International Non-governmental Organisation</td>
</tr>
<tr>
<td>IO</td>
<td>International Organisation</td>
</tr>
<tr>
<td>LFA</td>
<td>Local Fund Agent</td>
</tr>
<tr>
<td>MAP</td>
<td>Multi-Country HIV/AIDS Program (World Bank)</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental Organisation</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief (United States)</td>
</tr>
<tr>
<td>PR</td>
<td>Principle Recipient</td>
</tr>
<tr>
<td>The Global Fund</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>TRP</td>
<td>Technical Review Panel</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>WHA</td>
<td>World Health Assembly</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
2 Institutional Innovation within Traditional Multilateralism

2.1 Change at the Millennium

…the old formulas of Westphalian governance have failed and a new generation of innovation from many actors is emerging to take its place. But while the new vulnerability provides and increasingly powerful driver, a new world of institutionalised innovativeness and multi-centred sovereignty has yet to replace the Westphalian order of old (Kirton and Cooper 2009, p. 309).

By the beginning of the new millennium, the United Nations’ (UN) approach to global public health concerns had undergone transformation. Globalisation and its effects including the relationship between infectious disease, global security and poverty required international cooperation beyond the confines of traditional multilateralism if devastating epidemics like HIV/AIDS were to be addressed (Held and Koenig-Archibugi 2004, p. 127; Bartsch 2007, p. 3; Zacher and Keefe 2007, p. 16, 2008, p. 19; Kickbusch 2009, p. 323). Donor governments sought new mechanisms and models of governance in order to address global health concerns (Buse and Walt 2001, p. 551; Forman and Segaar 2006, p. 216; Kickbusch 2009, p. 323) from which one outcome was the creation of a number of Global Health Initiatives (GHI). The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) is one among a number of GHIs that emerged since the late 1990s. Initially referred to as Global Public Private Partnerships (GPPPs), they were defined 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 organization, so as to achieve a shared health-creating goal on the basis of a mutually agreed division of labour” (Buse and Walt 2000, p 550).” While some GHIs meet Buse and Walt’s GPPP criteria, many do not. GHIs vary in their missions and models and in the range and interests of partners—

---

1 For the purposes of this paper, ‘traditional multilateralism’ refers to a state-centred form of global governance which perpetuates “the dominance of states at the top of the hierarchical state system (Knight 2001, p. 15 ),” such as the WHO whose governing body is the World Health Assembly comprised of delegations from 193 member states.
some advocate, some fund, some develop products, some conduct research and others address market weaknesses by creating supply chain and purchasing mechanisms. What GHIs have in common is their role in delivering what Kaul and her associates at UNDP (Kaul, Grunberg and Stern 1999) characterised as a global public good\(^2\), whose financing and delivery was no longer exclusively a function of the public domain, but an undertaking of both public and private actors, an opening up of traditional multilateralism. The Global Fund describes itself as “a unique global public/private partnership dedicated to attracting and disbursing additional resources to prevent and treat HIV/AIDS, tuberculosis and malaria [Millennium Development Goal (MDG) 6]. This partnership between governments, civil society, the private sector and affected communities represents a new approach to international health financing (The Global Fund 2010a, ‘About the Global Fund’).” At the new millennium the public health agenda as evidenced by the health MDGs had become global, the subject of international cooperation, the domain of actors beyond states\(^3\), and what Chen, Evans and Cash (1999, p. 297) described as the locus for an “institutional space for organizational renovation and innovation.” Almost ten years after its inception, the Global Fund’s form of institutional innovation continues to offer a rich vein for political science and International Relations scholars attempting to understand the emergent and changing nature of ‘publicness’

\(^2\) The Global Fund’s mandate to attract, manage and disburse resources to achieve Millennium Development Goal (MDG) 6, to combat HIV/AIDS, malaria and other diseases, is a provision of a global public good. According to Kaul, Grunberg and Stern (1999, p. 16) “We have defined global public goods as outcomes (or intermediate products) that tend towards universality in the sense that they benefit all countries, population groups and generations. At a minimum, a global public good would meet the following criteria: its benefits extend to more than one group of countries and do not discriminate against any population group or any set of generations, present or future.” Global public health lies on what Kaul et al. describe as a continuum between purely private and purely public goods.

\(^3\) This paper considers private actors to include a range of non-state actors such as civil society organisations (CSOs), non-governmental organisations (NGOs) and for-profit corporations and businesses. Civil society as it is used in this paper follows Hadenius and Uggla’s definition (which also forms the definition used by the WHO (World Health Organization 2001): “A common way of clarifying the concept of civil society is to say that it denotes (a) a certain area of society which is (b) dominated by interaction of a certain kind. The area in question is the public space between the state and the individual citizen (or household). Civil society is further distinguished by the fact that the activities contained therein take an organized and collective form. When we speak of civil society, it is to groups arranged in social networks of a reasonably fixed and routinized character that we refer.”
and ‘privateness’ at play within the traditional domain of multilateral institutions and the challenges this poses for legitimacy, authority and ultimately, accountability.

The Global Fund’s form of institutional innovation possesses features which not only distinguish it from traditional multilateral institutions but also point to sources of legitimacy distinct from that conferred by the collective action of independent states (Keohane 2006, p. 1). The Global Fund’s inclusive governance model, the scale of its resource mobilisation and distribution and its transparent and performance-based modus operandi are features of its design which broke from “business as usual (WHO 2002, p. 1).” In establishing a mechanism to address MDG 6, the UN and donor governments sought to create a new type of global organisation, one that was a “genuinely international entity and a partnership between the public and private sectors” which would “make more efficient use of donor resources, with lower transaction costs for all involved (WHO 2002, p. 1).” As a start-up organisation with high expectations, the Global Fund had neither the “distinctive social form of authority” conferred by a bureaucracy (Barnett and Finnemore 2004, p. 3) or legitimacy as a result of the “doctrine of sovereignty (Keohane 2006, p. 11).” As the Global Fund has matured, it has built its legitimacy and expanded its authority and scope of activity beyond that of a financing mechanism. It is through this process of maturation that the Global Fund risks “merging and blurring… [the] lines of authority… [which] are ultimately likely to blur the distinction between public legitimacy and private power (Slaughter 2004, p. 169),” particularly where issues of accountability remain unresolved.

This paper is in three sections. The first section describes the Global Fund’s form of institutional innovation including its design which provides new sources of legitimacy with both public and private characteristics distinguishing it from the public legitimacy of multilateral institutions. The second section of the paper discusses the Global Fund’s
adoption of ‘country ownership’ and, using the case of Malawi’s failed National Strategy Application to the Global Fund in 2009, explores its limits and ambiguities including the challenge of external accountability. The final section of the paper explores scope and character of the Global Fund’s form of private authority. It argues that the Global Fund’s organisational maturation and expansion of its mandate towards national strategies and health systems strengthening have exacerbated its accountability gap. While the Global Fund’s maturation might seem to indicate that it is starting to resemble traditional multilateral institutions, its unique blend of ‘publicness’ and ‘privateness’ retain its institutionally innovative character. The paper concludes by observing that the pressure created by increasing need for and constrained resources to address MDG 6 may be causing the discursive global public goods tide to recede towards the ‘doctrine of sovereignty’ and the responsibility of individual states. This has implications not just for the blurring of public legitimacy and private authority, but points to the need to more clearly distinguish between private authority and public accountability.

2.2 Institutional Innovation and New Sources of Legitimacy

Three features of the Global Fund’s design distinguish it from traditional multilateral organisations and offer new sources of legitimacy for a global institution providing a global public good: the Global Fund’s inclusive governance model at global and country levels, the scale of the Global Fund’s resource mobilisation and distribution and its transparent and performance-based funding modus operandi. Suchman defines legitimacy as “…a generalized perception or assumption that the actions of an entity are desirable, proper, or appropriate within some socially constructed system of norms, values, beliefs, and definitions (Suchman 1995, p. 574).” Although Suchman’s analysis provides a typology which helps to elicit the Global Fund’s legitimacy as what he labels as “pragmatic (Suchman 1995, p. 578)”
and “moral (Suchman 1995, p. 580)” expressions, it does not shed light on its public or private character and how these might be formed.

The Global Fund was originally constituted as a private foundation in Switzerland and acquired “international juridical personality and legal capacity” in 2004 (The Global Fund 2004, p. 2), status as an international organisation, even though its governance model at both global and country levels diversifies participation beyond that of states. Its Board is comprised of delegations representing state and non-state actors such as donor countries, recipient countries, developing country Non-governmental Organisations (NGOs), developed country NGOs, the private sector (in this case meaning for-profit business and corporations), private foundations and people living with HIV/AIDS or in communities living with tuberculosis and malaria. Among the non-state actor delegations at the end of 2010 are NGOs such as the African Council of AIDS Service Organizations (AfriCASO) representing the developing country NGO delegation, the Bill and Melinda Gates Foundation representing the private foundation delegation, and the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) representing the private sector delegation. In addition, non-voting members include the World Health Organization (WHO), UNAIDS, the World Bank (the Global Fund’s trustee), a representative of the Global Fund’s partner constituency, its Executive Director and as required to maintain its legal status in Switzerland, a Swiss law firm.

---

4 The Global Fund concluded a Headquarters Agreement with the Swiss Government in 2004. It does not provide the Global Fund treaty making capacity or the capacity to espouse international claims. In assessing its options for changing its legal status, the Global Fund noted, “According to internal [sic] law, the Global Fund in its present status would not qualify for an agreement with the Swiss government, such as that provided to the International Federation of the Red Cross and Red Crescent Societies, which did not require treaties to initiate their international status. The transformation of the Global Fund into an intergovernmental organization would require the conclusion of a multilateral treaty. The conclusion of a headquarter agreement between the future IO and the host State is relatively easy in Switzerland (The Global Fund to Fight AIDS, Tuberculosis and Malaria 2003, p. 5).”
As reflected in seminal reports at the new millennium including then UN Secretary General Kofi Annan’s *We the Peoples: The Role of the United Nations in the 21st Century*, the notion of private sector participation in the UN had gained a foothold (United Nations 1999; United Nations 2000a; United Nations 2000b). It is not surprising then that the concept of partnership between public and private actors was embedded in the Global Fund from inception (G8 Communiqué 2000). While the Global Fund’s governance includes state and non-state actors, its Board at the end of 2010 is dominated by donor countries which have the largest representation among all delegations at eight followed by seven for recipient countries. Out of the 19 voting members, 14 represent government delegations and the remaining five are private actors. This suggests that despite its diversity, the Global Fund’s Board may not be immune to the “realities of power politics (Keohane 2006, p. 5).” While Keohane suggests that as a result of this political dynamic a diversity of interests can be only nominal (Keohane 2006, p. 5) this does not diminish the fact that structurally, the interests of those affected by the delivery of a global public good including those of private actors can be represented. And unlike traditional multilateral institutions, representation has both a public and a private character.

The Global Fund’s country level governance model with its ‘country ownership’ ethos departs from the ‘doctrine of sovereignty’. Unlike most multilaterals the Global Fund does not have in-country presence or representation. Instead, it relies on a model where a Country Coordinating Mechanism (CCM) develops proposals, Principal Recipients (PRs) receive grants and oversee implementation and a Local Fund Agent (LFA) contracted by the Global Fund provides an in-country monitoring function. None of these mechanisms is part of the Global Fund organisation proper. Guidelines developed by the Global Fund encourage CCMs “to be broadly representative of all national stakeholders in the fight against the three diseases (The Global Fund, no date(a), p. 3)” providing a forum which includes national and
international private actors such as local and international NGOs and CSOs in addition to government.

The engagement of civil society in country-level public health harkens back to neo-liberal structural adjustment policies which were seen to by-pass government in favour of the “thousand points of light” which civil society provided (Boone and Batsell 2001, p. 13). Practically, the engagement of civil society has been a critical element of many countries’ scaled up response to their HIV/AIDS epidemics, featuring strongly not only because CSOs offer capacity and community reach in environments with typically weak infrastructure but also because they advocate for the rights of those affected by the epidemic (Teixeira, Vitoria and Barcarolo 2004, p. S6; Piot 2005, p. 13; The Global Fund (no date (b)), p. 39; Piot, Bartos, Larson, Zewdie and Mane 2008, p. 854; Doyle and Patel 2008, p. 1931). As one executive at a multilateral observed, “The Global Fund would insist that they deal with the country, not the government. Most of the institutional space where health policy is negotiated is dominated by government and they have shifted that space in a helpful way I believe (Research Interview Geneva 2009).” Beyond governance, the Global Fund has recognised civil society’s implementation role by flowing significant funds to CSOs: 40% of its grants have been to civil society and private sector organisations.5 On the one hand the inclusion of private actors in an independent, country level governance mechanism could be seen to undermine the authority of government (Doyle and Patel 2008, p. 1935). On the other hand inclusiveness and independence at country level can been seen as a basis for a new source of legitimacy through the creation of a “national public” (Keohane 2006, p. 16) for the provision of a global public good (Lipschutz and Fogel 2002, p. 136). The Global Fund’s inclusion of private actors and in particular civil society in its governance may not avoid the dynamics of power politics particularly at global level where donor governments can

dominate; however, at country level fostering a national public independent from the Global Fund is arguably a new legitimising force where interests beyond government including those of private actors are brought to bear in a national response to MDG 6. The Global Fund’s governance model is a source of legitimacy distinct from that of traditional multilaterals and one that takes on a blended public and private character beyond that of the “doctrine of sovereignty.”

The scale of the Global Fund’s resource mobilisation for three diseases is without precedent. By the end of 2009 the Global Fund had mobilised more than US$21 bn in commitments and approved US$19.3 bn in grants to 144 countries (The Global Fund 2010, ‘Resource Mobilization’), making more resources available to combat HIV/AIDS, tuberculosis and malaria than any other UN or Bretton Woods institution. To calibrate, the World Bank through its Multi-Country AIDS Program (MAP) is estimated to have contributed more than US$1.5 billion to 40 low and middle-income countries between 2000 and 2010 (Lisk 2010, p. 78). Only PEPFAR (the President’s Emergency Plan for AIDS Relief—the U.S. bi-lateral initiative) operates at the scale of the Global Fund distributing just over US$20 bn of the US$24.8 bn available between 2004 and 2009 including US$3.8 bn to the Global Fund (PEPFAR 2010, ‘Summary Financial Status By Appropriation As Of June 30, 2010’).

Although the Global Fund describes itself as a public/private partnership, from a resource perspective it relies heavily on public sources. Since its founding, donor governments have contributed 96% of the Global Fund’s pledges (The Global Fund 2010c, ‘Our Resources’) which lends public legitimacy, that conferred by wealthy and powerful states. The aspect of the Global Fund’s resource mobilisation that is a new legitimising force is a type of “output legitimacy (Keohane 2006, p. 10)” separate from that associated with its source of funds: the unprecedented scale of resources the Global Fund has made available particularly to high need countries where outcomes such as lives saved or the number of people with access to
ART (anti-retroviral therapy) would not have otherwise been possible before the Global Fund’s creation. For some countries, the magnitude of these resources is significant (Bernstein and Sessions 2007). In Malawi as an example, in 2008-09 the Global Fund was the third largest donor across all sectors (not just health), providing 14.6% of all aid after the European Union (EU) at 18.1% and the UK’s Department for International Development (DfID) at 14.7% (Government of Malawi Ministry of Finance 2009, p. 5). The effectiveness with which the Global Fund has made significant resources available to countries for MDG 6 including HIV/AIDS, in particular low-income, high need countries like Malawi, is a source of legitimacy not replicated elsewhere among multilateral institutions. The source of these funds is public, but their scale and the effectiveness of their distribution is evidence of the “break from business as usual” that the Global Fund’s creators intended.

The Global Fund’s modus operandi of transparency together with its performance-based funding model was also intended to distinguish it from that of more bureaucratic multilateral organisations in which some donor countries had lost faith (Buse and Walt 2001, p. 551; Kickbusch 2009, p. 323). If the Global Fund was intended to be a departure from an UN organisation (The Global Fund 2003, p. 6; The Global Fund 2003b, p. 3) then it needed to establish its legitimacy without the distinctive social form of authority that bureaucracies provide (Barnett and Finnemore 2004, p. 3). For the Global Fund, transparency and performance-based funding serve two, mutually reinforcing purposes. First, they are the foundation for a compelling communication and advocacy function, particularly to donors which strengthens the output legitimacy associated with its grants. As one executive of a global institution observed, “The Global Fund achieves concrete results which are easier to communicate to donors and to the media. It’s something that every [donor] ministry can easily communicate to the public... it is a success story that you may want to be associated with… This is quite significant for donors (Research Interview 2009).” Second, the Global
Fund’s transparency and performance-based funding strengthen, if not fully address, its accountability. Specifically, these practices support what Keohane describes as “internal accountability (Keohane 2002, p. 14)”, by providing information for donor governments—the Global Fund’s creators and funders—to hold the Global Fund to account. There are of course many others to whom the Global Fund could be held to account, including private actors involved in its governance and the ‘national publics’ and those these publics serve who are directly affected by the Global Fund’s decision-making and actions. Transparency and performance-based funding as they are practiced by the Global Fund distinguish it from traditional multilaterals and act as a legitimising force. They form the basis of compelling communications and advocacy, and also support internal accountability, akin to “giving account” rather than being ‘held to account (Bartsch 2007, p. 11-13).” Arguably, these practices are neither entirely public nor private in character, except as they relate to accountability. The Global Fund’s practice of internal accountability is well refined but its external accountability gap could be said to lack clarity of a more purely public function where states can be held to account through the exercise of democratic process.

As one among a number of GHIs that emerged around the new millennium, the Global Fund was a new type of institution occupying the space that Chen, Evans and Cash described as one of “organization renovation and innovation” necessary for the provision of a global public good. It is the Global Fund’s inclusive governance model, the scale of its resource mobilisation and distribution and its transparent and performance-based modus operandi which are distinct aspects of its design and new sources of legitimacy from those found in traditional multilateral institutions. These sources of legitimacy have both public and private

---

6 This paper has limited the conceptualisation of accountability to one theoretic approach provided by Keohane. While others might have been chosen (Kahler 2005), Keohane’s analysis of democratic accountability and international institutions is well suited to exploring the global and country level dimensions of accountability as they relate to the Global Fund.
characteristics which suggest a departure from the legitimacy of traditional multilateral institutions, their ‘publicness’ and an emergence of a form of ‘privateness’.

3 The Limits of Country Ownership and the External Accountability Challenge

When the ‘country’ in country ownership includes state and non-state, public and private and global and national actors, accountability—for what and in whose interests—defies neat conceptualisation and definition. This section of the paper explores the concept of country ownership and looks at how Malawi’s failed National Strategy Application to the Global Fund in 2009 tests the limits of country ownership and at the same time heightens the challenges for external accountability.

The Global Fund advocates for ‘national ownership’ in its Framework Document, but does not provide a definition for what is meant by national and what it is that is owned (The Global Fund, no date (c), ‘The Framework Document’, p. 1). It is signatory to the Paris Declaration and the Accra Agenda (The Global Fund 2010b, ‘Improving Aid Effectiveness’, p. 1) the latter of which describes the ‘who’ of country ownership as developing country governments and ‘what’ is owned as the policies and the processes of democratic engagement and accountability for them (OECD 2008, p. 15). In practice, the Global Fund’s in-country governance model broadens the concept of ‘country’ beyond the state to include a range of global, national and private actors. Concepts of accountability (Held and Koenig-Archibugi 2004, p.127; Bartsch 2007, p. 11-13) fail to accommodate the ambiguity inherent in this practice of country ownership, where the roles of stakeholders versus that of decision-makers may be unclear or inconsistent and subject to forms of authority other than the democratic engagement of citizens by the state.
If accountability as it relates to country ownership only concerned itself with what Keohane describes as “internal accountability(2002, p. 14)”, the Global Fund’s performance-based funding approach—the technocratic linking of the Global Fund, its donors and its recipients by monitoring and reporting of country results to demonstrate ‘value for money’—fits well. However, accountability in the context of country ownership becomes much more difficult to divine when considering what Keohane refers to as “external accountability:” “…accountability to people outside the acting entity whose lives are affected by it (Keohane 2002, p. 14).” Keohane gives the problem over to political philosophers, but the Global Fund’s fostering of a broad conception of country ownership makes the challenge of external accountability not one of high thought but one with real and practical implications for the Global Fund, the independent, decision-making ‘national public’ it has created and those whose lives are affected by its deliberations.

3.1 Country Ownership and Malawi’s HIV/AIDS Epidemic

Malawi has the ninth highest HIV/AIDS prevalence rate in the world (UNAIDS 2008, ‘Adult (15-49) HIV prevalence percent by country, 1990-2007’) which has profound short and the long term economic, social and psychological implications for the envisioned development of the country and the well-being of its population. The first HIV/AIDS case was diagnosed in Malawi in 1985 and prevalence at that time was estimated at 2% (Government of Malawi 2004, p. foreword). By the 1995, HIV prevalence in antenatal women was estimated at over 30% in urban areas, HIV/AIDS was the leading cause of death in the most productive age group (20-48 years) and it accounted for over 40% of all in-patient admissions (Government of Malawi no date; p. 4). Despite the magnitude of its epidemic, in recent years Malawi has made gains, dramatically scaling up the number of people on ART by 2009 to almost two thirds of adults and children in advanced stages of AIDS (Government of Malawi Office of
the President and Cabinet 2010, p. 202) and reducing the overall HIV/AIDS prevalence in the adult population from 14.6% in 2000 to just under an estimated 12% by 2007 (World Bank 2010, Health Nutrition and Population Statistics). The resources provided by the Global Fund have played a significant part in enabling Malawi’s ability to respond to a devastating epidemic.

Malawi is highly dependent on aid and it follows that its response to its HIV/AIDS epidemic requires significant donor resources. In 2008/09 Malawi’s health sector received almost 32% of total donor support provided to the country. By June 2010, the Global Fund had cumulatively disbursed to Malawi US$136 mm for HIV/AIDS through its Round 1 and Rolling Continuation Channel grants representing approximately 82% of its funding for all three diseases.\(^7\) The history of Malawi’s relationship with the Global Fund tells a meaningful good news story in human terms. Between 2005 and 2009 an estimated total of 200,000 adults and children who otherwise would not have access to life-saving drugs, were registered on ART of which 170,000 remained alive (Maida, Schouten, Njala 2009, p. 13). It is also a story of influence and reliance that comes with the magnitude of resources the Global Fund contributes relative to the level of Malawi’s need. The Global Fund's funding of ART provision almost in its entirety in Malawi implies a long term commitment, or a ‘treatment mortgage’ considering that drugs are needed for a patient’s lifetime and the number of new infections are estimated at 90,000 per year which continues to outpace the number of people starting ART (National AIDS Commission 2009, p. 8). Malawi’s dependence on aid and on the Global Fund in particular to address its HIV/AIDS epidemic is as much about current response as long-term commitment.

### 3.2 The Limits of Country Ownership

\(^7\) Analysis by author based on Global Fund Grant Performance Reports extracted October, 2010.
In 2009, Malawi was one of seven countries invited to submit an application to the Global Fund’s ‘learning wave’ for its first round of National Strategy Applications (The Global Fund 2010g, ‘Rolling Out National Strategy Applications’ p. 4). The national strategy approach is arguably the biggest reform in the Global Fund’s history (Research Interview 2009) because it entails moving away from vertically focused emergency response interventions to a broader national agenda. This implies a broader system and policy scope, greater coordination with other donors, less control over tracking the value for money impact of Global Fund investment and, for the country, a more predictable funding relationship. It has the potential to expand the Global Fund’s scope of influence at country level well beyond vertical health system interventions focused on three diseases. It places the Global Fund among multilateral and bilateral global health leaders with the capacity to influence the national health agenda, expanding the Global Fund’s remit from that of financing towards that of agenda setting.

The visit to Malawi by a Strategy Review Team designed to help the country develop its application and Malawi’s successful history of Global Fund applications set expectations among CCM members for success (Research Interview Malawi 2010). The application’s failure came as a shock and the Technical Review Panel (TRP), the Global Fund body which decides which proposals are funded, cited three main reasons for its decision: Malawi’s failure to take meaningful action to rectify the shortcomings of the Central Medical Stores (CMS) which has had longstanding procurement and supply chain challenges; the need for more Principal Recipients (PRs) in addition to Malawi’s National AIDS Commission (NAC), and weaknesses in the prevention strategy. One critique of the prevention strategy was its lack of focus on men having sex with men (MSM), a high risk population which had been a focus of the International AIDS Conference in Mexico City in 2008 and the subject of a global consultation by the WHO and UNDP that same year (WHO 2009, p.35). Those who
had participated in developing Malawi’s prevention strategy disagreed with the TRP’s assessment and defended its credible and evidence based approach to Malawi’s epidemic:

I know the difference between how you focus on the general population and how you focus in concentrated epidemics. I was appalled by the TRP’s comments. I’ve worked with the MSM community in so many different countries. I feel like there is a very, very small vocal voice advocating. Go ahead and advocate, but it’s not evidence based…it’s not the crux of the epidemic here. And the fact that it was MSM and not sex workers… [The sex workers] are being ignored and they have 70% HIV prevalence. I thought that we had a very, very strong, evidence based, national prevention strategy and we had experts from all over the world working on it. We have a very evidence based National Action Framework which is what the National Strategy Application was based on…[it] goes against everything in terms of evidence based programme implementation. It’s activism (Research Interview Malawi 2010).

The TRP’s feedback was perceived by some as imposing a global human rights agenda on Malawi’s HIV/AIDS response (Research Interviews Malawi 2010) and exemplifies a tension inherent in ‘country ownership’ when country agendas, especially those where a range of stakeholders in addition to government are engaged, depart from global level interests.

This example [the TRP’s feedback to Malawi on the lack of focus on MSM in its prevention strategy for its failed National Strategy Application] points to real tensions between country ownership and global principles and principles of human rights. What do we do if women are minors but gender and equality drive the epidemic? It’s very delicate and difficult, not black and white. It’s the responsibility of AIDS advocates and normative agencies to work with countries to point to vulnerable groups…In the Malawi case it was devastating for the country because the partners had worked together hard on the proposal (Research Interview Geneva 2010).

When the interests of a ‘global public’ are brought to bear, the authority of country ownership, particularly in the context of the dynamics of influence and need inherent in a donor/recipient relationship, fades.

3.3 **The External Accountability Challenge**

The magnitude of funds granted by the Global Fund to Malawi and the influence that comes with this provides the basis for the Global Fund’s exercise of its internal accountability through its performance-based funding, monitoring and reporting. The Global Fund can assess Malawi’s results against its grant proposals and indicators, set conditions precedent for
the release of funds and report successes and failures to its Board and donors. Closing the internal accountability gap is possible largely because of the boundaries set by the donor/recipient relationship. However, external accountability, for example to those whose lives are affected by the validity and effective implementation of a prevention strategy requires that a complex range of decision makers be held to account. If indeed the TRP’s feedback was influenced by the politics of activism rather than epidemiological evidence, the accountability of a ‘global public’ adds another dimension to this already unwieldy collection, what Fidler might describe as “open-source anarchy (Fidler, 2007, p. 8).”

The whole definition of accountability needs to be turned on its head in terms of donors. We always write this into programme agreements—all partners will be accountable—but what does this mean? What are the indicators? There is a missing link that we are not able to have legally enforceable accountability system that holds accountable the Global Fund, the WHO and [International NGOs -- iNGOs] for that matter. The population has no way to ensure their rights. The same for national governments—it’s different to expect something other than aspirations – what are the obligations? It’s not easy to hold governments to account (Research Interview Geneva 2010).

The challenge of external accountability is broader than Malawi’s prevention strategy. As Stone (2008, p. 23) observes in relation to transnational policy communities, “One outcome of this disjuncture [that economic globalisation and regional integration are proceeding at a much faster pace than processes of global government] is that the power of the nation-state has been reduced or reconfigured without a corresponding development of international institutional cooperation. This is one of the major causes of a deficiency of public goods at global levels.” It can be argued that this disjuncture could also cause a deficiency in the delivery of global public goods at county level, where accountability for developing and implementing an effective, evidence-based prevention strategy remains ambiguous including ‘who’ should be held to account and ‘how’ this might happen. As the Global Fund expands its role beyond disease focused interventions towards national strategies, it expands the breadth of its influence. The limits of country ownership and the extent of the external
accountability challenge raise the question as to whether the Global Fund’s governance is sufficient to keep pace with its expanding scope of authority and the power that comes with it.

4 The Global Fund: Blurring Public Legitimacy and Private Authority

As a GHI, the Global Fund was conceived with a well-defined, functional purpose; however it has matured as an organisation, building its legitimacy and expanding its authority to take its place in a landscape previously the domain of multilateral institutions. The Global Fund has acquired this presence even though its sources of legitimacy are both public and private in character distinct from that of the state-centric model of multilaterals. This section of the paper argues that the Global Fund’s process of organisational maturation and increasing bureaucratisation have been accompanied by an expansion of its scope and influence. While the Global Fund may seem to be starting to resemble a multilateral institution, its unique sources of legitimacy and its evolving authority which has a private character continue to distinguish it from the ‘same old, same old’ traditional multilateral institutions. This expanding power exacerbates the Global Fund’s external accountability gap “to people outside the acting entity whose lives are affected by it (Keohane 2002, p. 14)” not only blurring the lines between public legitimacy and private authority, but also private authority and public accountability.

4.1 The Global Fund: ‘Publicness’, ‘Privateness’ and Authority

The public nature of the Global Fund is not a function of its legitimacy, but rather its raison d’être: The Global Fund facilitates the provision of a global public good and in doing so benefits a ‘global public’. “At a minimum… [a global public good’s] benefits extend to more than one group of countries and do not discriminate against any population group or any set
of generations, present or future (Kaul, Grunberg and Stern 1999, p. 16).” The Global Fund’s facilitation of access to essential medicines such as ART is not strictly speaking ‘non-rivalrous’ or a pure public good unless the goal of “universal access” can be achieved but it can said to be ‘non-excludable’ to the extent that the use of Global Fund resources allows these medicines to be provided for free in countries like Malawi. While the nature of the Global Fund’s legitimacy then is not inherently public or private in and of itself, its ‘publicness’ comes from the global public goods focus of its original mandate.

The Global Fund’s increasing bureaucratisation and expanding mandate are signifiers of the growth of its authority.

Bureaucracy is powerful and commands deference, not in its own right, but because of the values it claims to embody and the people it claims to serve. IOs [International Organisations] cannot simply say, “we are bureaucracies; do what we say.” To be authoritative, ergo powerful, they must be seen to serve some valued and legitimate social purpose, and, further, they must be seen to serve that purpose in an impartial and technocratic way using their impersonal rules. The authority of IOs, and bureaucracies generally, therefore, lies in their ability to present themselves as impersonal and neutral—as not exercising power but instead serving others… (Barnett and Finnemore 2004, p. 21).

The Global Fund has grown in size and power in the almost ten years of its existence. Its creation was an act of ‘institutional entrepreneurship’ by the UN and the G8 that responded to an appetite for partnerships housed outside of the UN because they were “viewed as a way of getting things done, and, when industry is involved, getting things done efficiently (Buse and Walt 2001, p. 552).” There was belief in the virtue of private sector efficiency and bias for action.

Originally it [the Global Fund] was just to be a financing organisation. I think we were all naïve in terms of its size. Not in terms of money, but in terms of staff. The first concept note talked about 15 people. We were totally off the wall. But as it has grown so has its ambition in terms of policy and not just in AIDS, TB and malaria but now there is this big debate on health systems strengthening (Research Interview Geneva 2010).
Between its founding in 2002 until the end of 2010, the Global Fund has received approximately US$29.8 bn in pledges (The Global Fund 2010d, ‘Resource Mobilization’) and grown its secretariat to over 500 staff (The Global Fund 2010e, ‘Secretariat’). It is included among the ‘Health Eight’ (H8) the other members of whom are the WHO, the World Bank, UNICEF, UNFPA, UNAIDS, GAVI and the Bill and Melinda Gates Foundation. The H8 is associated with the International Health Partnership (IHP+), co-chaired by the Honourable Gordon Brown, former Prime Minister of the United Kingdom and Robert Zoellick, President of the World Bank, which endeavours to align global health institutions, developed and developing country actors and civil society towards fulfilling their respective commitments to the health MDGs. Relative to the H8 and the work of the IHP+, the Global Fund has made two significant global health leadership claims. First, in 2007 the Global Fund’s Board endorsed a move to fund national strategies to align its investments with that of other donors (The Global Fund 2007, ‘Fifteenth Board Meeting’). In 2009 the Global Fund and the GAVI Alliance wrote to the IHP+ Co-Chairs, Prime Minister Brown and Mr. Zoellick, advising of their intention to underpin their leadership in health system investment with a joint programming approach for health systems strengthening (Lob-Levyt and Kazatchkine, 2009). The growth of the Global Fund from new venture towards bureaucracy and its inclusion among the global health leaders speaks to the effectiveness of its legitimisation and sets the stage for the expansion its mandate and scope of authority from that of a financing mechanism towards that of agenda setter.

The Global Fund is reluctant to claim itself as a policy maker; nevertheless, it influences policy at country level. The Global Fund would argue that it is a financing mechanism, not a policy maker. But, because of the scale of funding it provides to individual countries and in sum globally, it is a policy enabler, particularly for the technical policies developed by the WHO, such as the adoption of preferred drug regimens:
It’s one thing to say that the WHO thinks these are the three drugs that should be used for first line [Anti-retroviral – ARV] treatment. Would then the country introduce at scale because it is the WHO that recommends these three drugs? It’s only when the Global Fund says it will make the money available for these three drugs and suddenly it becomes national policy and...[the country] develops programmes to test, counsel and put people on treatment. So it’s an interesting balance. [The Global Fund is]...not making policy but... [it is] influencing policy at country level (Research Interview Geneva 2010).

The Global Fund’s deference to the WHO as a technical policy maker in part retains the purity of its own purpose to “attract, manage and disburse resources (The Global Fund 2009, p. 2)”, in part clarifies division of labour among health actors at global level, and in part avoids contention associated with a GHI rather than a state-centric multilateral making global public good related policy. However, as the case of Malawi’s failed National Strategy Application and the TRP’s feedback on the country’s prevention strategy indicates, the decision making and communication tied to Global Fund grants is an authoritative voice in the national sphere and the role played by global actors including private actors with interests in the provision of a public good is not a neat or straightforward business (Walt and Gilson 1994, p. 355; Stone 2008, p. 29; Okuonzi and MacRae 1995, p. 131; Kickbusch 2000, p. 980; Buse, Drager, Fustukian and Lee 2002, p. 253; Scholte 2004, p. 212; Kaul 2006, p. 91).

The form of authority exercised by the Global Fund has a private character, distinct from that of corporations or for-profit businesses operating in an international context and resembling a form of private authority exercised by private foundations as the Global Fund was originally constituted. Despite its role in the provision of a global public good, the Global Fund’s form of authority cannot be said to be wholly public because it does not originate solely from states (Hall and Biersteker 2002, p. 3; Cutler, Haufler and Porter 1999, p. 366). At inception, the private character of its authority resembled that described by Cutler, Haufler and Porter as rationalist: “effective at reducing transactions [sic] costs relative to atomistic arm’s-length markets where no such authority exists, and relative to public authority based in states and
interstate institutions (Cutler, Haufler and Porter 1999, p. 352).” This focus on efficiency was an important rationale for the Global Fund’s creation (WHO 2002, p. 1).

The narrowness of this form of private authority belies what Cutler et al would describe as authority rooted historic, epochal trends (Cutler, Haufler and Porter 1999, pp. 337-8). The Global Fund was deliberately created as an innovative, independent institution—it was not a programme of a traditional multilateral or designed to be a multilateral institution itself. It was a rejection of traditional multilateralism in favour of seeking a new institutional form which would deliver the transactional efficiency. The Global Fund’s form of private authority is an example of an “epochal trend” evident at the new millennium--a deliberate seeking of an opportunity for “organizational renovation and innovation.”

Despite this rejection of traditional multilateralism, the form of private authority exercised by the Global Fund appears similar to that of multilaterals: at global level its claim to global leadership in health systems strengthening and its participation in the H8 include it among multilateral actors. At country level its authority lies in the donor/recipient relationship practiced by multilaterals, governments of wealthy nations and private foundations alike; however the Global Fund brings a scale more akin to that of powerful states than private wealth. The Global Fund has expanded its scope of influence beyond that of a financing mechanism with authority conferred by its transactional efficiency towards that of a global health actor with influence and scope to affect national strategies and health systems strengthening. This evolution is evidence that the Global Fund’s form of private authority is not only expanding but also changing, becoming a form of political authority, a “fusion of power with legitimate social purpose (Ruggie 1982, p. 382).”

The evolution of the Global Fund’s private authority from an efficiency driven, rationalist form towards political authority and the increase in its influence and power appears to have
been uncontested. The distinction between authority and power has been claimed by some to lie in the former relying on trust achieved through legitimacy and the latter relying on obedience achieved through coercion (Krieger 1977, p. 259; Cutler, Haufler and Porter 1999, p. 334; Hall and Biersteker 2002, p. 4). The nature of ‘coercion’ exercised by the Global Fund, rather than being insidious as the term might imply comes not just from the scale of resources it flows to countries, but also from the reliance of many of these countries on the Global Fund’s resources to provide prevention, treatment and care to its population for the three diseases. In other words its ‘coercive power’ is at the heart of the Global Fund’s mandate, supported by its legitimacy and inherent in the donor/recipient relationship. This is evidenced by the aftermath of Malawi’s failed National Strategy Application and the TRP’s feedback on its prevention strategy when concern was expressed about how to strategically position the country’s next application:

For this Round 10, there is a lobby to focus more on treatment, because there is a concern in the Malawi Government that they will get another rejection. So they said let’s leave out some of the very sensitive areas with these vulnerable groups like men having sex with men and prison populations. It’s all in the prevention strategy but maybe they will not include it as much in Round 10. Because there are concerns about issues that are not yet resolved for Malawian society and there is a concern that if you make it too ambitious that you will get rejected again. There is a lot at stake for this proposal. People are nervous about it (Research Interview Malawi 2010).

Malawi’s reliance on Global Fund resources and consequently its willingness to conform to priorities identified by the TRP reveals a coercive force at work. However, this ‘coercion’ should also be recognised in concert with the role of the Global Fund in responding to MDG 6 and as a result the significant improvements in mortality and morbidity for millions of poor and disadvantaged people around the world. It’s unthinkable to imagine the circumstances in countries like Malawi which had a 14.6% HIV/AIDS prevalence rate in 2000 without the scaled up response that Global Fund resources have enabled. That said, what is troubling about the Global Fund’s exercise of political authority at global and country levels, particularly where there is an expansion beyond its original financing mandate is that the
Global Fund’s exercise of its private authority has none of the accountability that accompanies public authority with this reach and scope.

The Global Fund was a form of institutional innovation when it was created at the beginning of the millennium and in a very short period it as grown in size and scale towards a bureaucracy associated with traditional multilateral organisations. Despite its growing resemblance to these institutions, the Global Fund is not the ‘same old, same old’. It remains a form of institutional innovation owing to the ‘publicness’ of its raison d’être to provide a global public good, its distinct sources of legitimacy and its form of private authority. The expansion of the Global Fund’s form of private authority towards political authority is strategically and institutionally self-reinforcing: “Actors with power create private authority, and private authority creates power. Anticipation of the power derived from private authority can motivate actors to build the institutions needed to produce it (Cutler, Haufler and Porter 1999, p. 345).” The Global Fund’s expanding mandate, its form of private authority and power at global and country levels more and more makes it a peer among traditional multilateral organisations as evidenced by its participation in the H8 and through the dynamics inherent in the ‘coercive’ nature of its donor/recipient relationship with the 144 countries it funds. It remains however a distinct institutional form, one that combines ‘publicness’ and ‘privateness’ without wholly being either.

4.2 The Persistent External Accountability Challenge

At country level in particular the notion of country ownership can be seen as softening the coercive nature of the donor/recipient relationship (Khan and Sharma 2001, p. 14); however, despite benefits such as strengthened in-country leadership capacity and stewardship of health programs (Atun and Kazatchkine 2009, p. S68), the inclusive definition of ‘country’
beyond the state and the creation of a ‘national public’ only serves to complicate the challenge of external accountability:

There is little doubt that mechanisms of accountability have not kept pace with the power and reach of international organizations. Such developments become all the more troubling when it is recognized that IOs [International Organisations] have autonomy and can develop in ways that are not sanctioned by their creators…As international organizations grow in power and scope, more populations are vulnerable to their policies than ever before …(Barnett and Finnemore 2004, pp. 170-1).

For low income, high need countries like Malawi this vulnerability is likely to become increasingly palpable. Consider that in 2009, there were 1.8 million adults and children newly infected with HIV/AIDS in Sub-Saharan Africa (UNAIDS 2010, ‘UNAIDS Report on the Global AIDS Epidemic 2010’). In Malawi, despite the scaled up response to the epidemic, in 2009 279,000 adults and 27,000 children were estimated to be in need of ART (Maida, Schouten, Njala 2009, p. 23). Need in the most endemic countries is not declining, yet resources since the 2008 global financial crisis are under considerable pressure. At its third voluntary replenishment cycle for 2011-2013, the Global Fund received US$11.7 bn, failing to meet its lowest target scenario of US$13 bn which would have allowed for the continued funding of existing programmes, but significantly lower funding for new programmes than in the past (The Global Fund 2010f, ‘Second Meeting of the Third Voluntary Replenishment (2011-2013)’). As noted in a recent report with the indicative title *Sharing the Responsibility* by the Institute of Medicine (IOM) to the U.S. Government (the single largest government funder of HIV/AIDS globally),

No single strategy will offer a magic bullet to meet the challenge of HIV/AIDS; countries will need to adopt multipronged approaches. In particular, African nations—where the burden of HIV/AIDS is the greatest in the world—should plan now for how to respond to this rapidly growing epidemic. Shared responsibility between the United States and African nations will empower these nations to take ownership of their HIV/AIDS problem and to work to solve it (Institute of Medicine 2010 ‘Sharing the Responsibility: Report Brief’).
In resource constrained times, the global public goods nature of achieving MDG 6 may be shifting from a problem addressed through cooperation to one that is the responsibility of affected states. This implies that accountability can only move away from the inclusive but messy notion of country ownership as practiced by the Global Fund back towards the domain of sovereignty. This does not make the external accountability gap go away, but rather heightens the necessity to answer the question who is accountable to those whose lives are affected. The challenge for the Global Fund is not where the lines of private power and public legitimacy blur, but where the lines of private power and public accountability need to be much more clearly drawn and who in the donor/recipient, global/national and public/private domains determines where the boundaries are set.

5 Conclusion

The Global Fund was a form of institutional innovation created at the new millennium to facilitate the attainment of MDG 6, to combat HIV/AIDS, malaria and other diseases. It was conceived as a public/private partnership that was intended as a “break from business as usual” meaning it would operate differently from traditional multilateral institutions even though it was charged with the provision of a global public good. Features of the Global Fund’s design provided new sources of legitimacy which have both public and private characteristics and are distinct from “the doctrine of sovereignty” associated with traditional multilateral organisations. These were its inclusive governance model, the scale of its resource mobilisation and distribution and its transparent and performance-based funding modus operandi. While the Global Fund’s internal accountability which ties the results achieved in countries to investments by donors in a value for money argument is in place, its external accountability to those affected by its decisions, remains elusive.
The Global Fund’s promotion of country ownership, a broad conception of ‘country’ beyond the traditional domain of government, further complicates the Global Fund’s external accountability challenge. As the case of Malawi’s failed 2009 National Strategy Application and the feedback from the TRP on Malawi’s prevention strategy demonstrated, the influence of the ‘national public’ in the face of the power of the donor/recipient relationship fades. The Global Fund’s expansion from its initial function as a financing mechanism for vertical, disease focused interventions towards national strategies and health systems strengthening has not been accompanied by an accountability function that keeps pace with its increasing influence particularly at country level.

The Global Fund’s ‘publicness’ comes from its purpose, to attract, manage and disburse resources to achieve a global public good, MDG 6. Its sources of legitimacy distinguish it from traditional multilateral institutions but are neither wholly public nor wholly private in character. The Global Fund’s ‘privateness’ is reflected in its form of private authority, which resembles that of a private foundation more than a multilateral institution and was rooted in an “epochal trend” that rejected the limits of multilateralism in favour of innovative institutional forms. Despite its growing authority, the Global Fund is not evolving into the ‘same old, same old’ multilateral institution; rather, its unique blend of ‘publicness’ and ‘privateness’ retains a distinctly innovative institutional form.

The Global Fund’s external accountability gap is more apparent as its power grows. This gap is exacerbated as country need, particularly in the most HIV/AIDS endemic countries like Malawi, shows no sign of abating and donor government resources are constrained. This pressure is beginning to erode the global public goods ethos and the broad conception of country ownership as the notion of a state’s ownership of its problems rather than that of cooperation among states begins to reassert itself. The challenge then for the Global Fund is
not where the lines of private power and public legitimacy blur, but where the lines of private power and public accountability need to be much more clearly drawn, and who determines where the boundaries are set.
6 Bibliography


