Gates, GAVI and Giving:
Philanthropic Foundations, Public-Private Partnerships and the Governing of Government

by

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Abstract

International development has become an increasingly fragmented and complex undertaking, with private wealth assuming an increasingly important role. At the forefront of this group sits the Bill and Melinda Gates Foundation, which has put significant resources behind Public-Private Partnerships such as the Global Alliance for Vaccinations and Immunizations (GAVI). Utilizing Foucault's concept of governmentality, this thesis argues that foundations are key catalysts in the formation of such globally oriented partnerships, a trend not indicative of a shift in power from multilateral organizations to non-state actors, but representative of changing rationalities and practices of the government of populations at a global scale. This position is contextualized through a case study of the GAVI Alliance, which demonstrates that in the process of governing specific populations, such conglomerations of public and private actors seek to modify the governmental practices of states, in what Dean (1999) refers to as the "government of government".

List of Abbreviations Used

AMC	Advanced Market Commitment
APR	Annual progress report
BMGF	Bill and Melinda Gates Foundation
BRIC	Brazil, Russia, India, China
CBC	Canadian Broadcasting Corporation
CCPPP	Canadian Council for Public-Private Partnerships
CEO	Chief Executive Officer
CEPA	Cambridge Economic Policy Associates
CSO	Civil society organization
CSS	Civil Society Support
CVI	Children's Vaccine Initiative
CVP	Children's Vaccine Program
cMYP	comprehensive Multi-Year Plan
DAC	Development Assistance Committee
DCVMN	Developing Country Vaccine Manufacturers Network
DQA	Data quality assessment
DTP3	diphtheria/tetanus/pertussis
EPI	Expanded Program on Immunization
GAVI	Global Alliance for Vaccines and Immunizations
GHP	Global Health Program
GNI	Gross national income
GSK	GlaxoSmithKline
Hib	Haemophilus influenzae type b
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
HSCC	Health sector coordinating committee
HSS	Health system strengthening
ICC	Interagency coordinating committee
IFFIm	International Finance Facility for Immunization
IFMPA	International Federation of Pharmaceutical Manufacturers & Associations
INS	Injection safety support
IRC	Independent review committee
ISS	Injection services support
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
NCIRD	National center for Immunization and Respiratory Diseases
NCPPP	National Council for Public-Private Partnerships
NGO	Non-governmental organization
NPO	Non-profit organization
NVS	New and underused vaccines support
PATH	Program for Appropriate Technology in Health
PPP	Public-Private Partnership
PVD	Program for Vaccine Development
RUPE	Research Unit for Political Economy

RWG	Regional working group
TRA	Tax Reform Act
UCI	Universal Childhood Immunization
UN	United Nations
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
VII	Vaccine Independence Initiative
WHO	World Health Organization

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Chapter 1: Introduction

Foreign aid and international assistance has become an increasingly byzantine affair. The dissolution of the polarized Cold War world and the subsequent globalization of the free market capitalist paradigm has left an ever more fragmented and complex world in its wake. Over the past twenty years, a proliferation of new institutions and organizations offering aid and support to the developing world has resulted in more channels through which poor countries can access development funds, each with its own funding requirements and bureaucratic hoops to jump through. Some of the more recent sources of aid include new bilateral non-DAC donors such as the BRIC countries (Brazil, Russia, India and China), vertically funded global programs (e.g. the Global Environment Facility), additional development oriented governmental agencies in OECD donor countries and the ever growing number of international NGOs and local community based organizations.

The "California Consensus" (Desai & Kharas, 2008), a recent convergence of opinion around the effectiveness of privately disbursed foreign aid (from corporations, foundations, individuals and NGOs), argues that private aid – which has doubled over the last decade – stands poised to reconfigure the present aid system as a result of better accountability and monitoring procedures and fewer bureaucratic hindrances. Within this rapidly changing development environment has also emerged a new breed of philanthropists who, flush with massive fortunes gained during the dot.com boom of the 1990s, set up mega-foundations aimed at challenging established practices of delivering aid. Variously referred to as venture philanthropists, social entrepreneurs, or philanthro-capitalists, this new generation of donors enthusiastically claim to be heralding a new age of philanthropy which promises, with private dollars and modern business savvy, to realize the transformations yet to be achieved by public institutions.

Despite the rhetoric, private wealth for public purpose is nothing new or revolutionary. The moral imperative of the wealthy to share with those less fortunate is an ancient social injunction. In the United States, philanthropy has had a long and contentious history. At the turn of the nineteenth century the massive fortunes of a handful of American industrialist "robber barons" such as John D. Rockefeller and Andrew Carnegie were consolidated into general-purpose foundations, marking

important shifts in the conceptualization and conduct of charity in America with broader ramifications for the development of American society and in many instances the entire world.

Throughout the twentieth century, these predominantly American foundations and their activities have been both reviled and revered. The anti-monopolists eyed them with suspicion; workers groups, unions, and radicals saw them as another cog in the machinery of unfettered capitalism and as corrosive to democracy. On the other side of the political spectrum, champions of McCarthyism warned that these institutions were decidedly un-American and subversive to democracy, while populist tax reformers asserted that the unfair tax privileges afforded foundations did not justify their continued existence. Meanwhile, proponents of American pluralism have argued that private foundations have been and remain vital to maintaining a truly diverse and democratic society.

In the twenty-first century, criticism of foundations has been scant; critical analysis has been even more infrequent. Warren Buffett's gift of $31 billion[1] to the Bill and Melinda Gates Foundation (BMGF) in June 2006, resulting in the largest foundation in modern history, brought a great deal of renewed attention to philanthropic foundations, albeit in celebratory and enthusiastic tones. Times have certainly changed: in an age marked by heightened fears and anxiety over a changing climate and the threats of terrorism, attention has been drawn away from the activities of philanthropists and their foundations – and in the process their public image has shifted from self-serving sinners to selfless saints.

Currently the BMGF sits at the forefront of the foundation world. As the world's largest foundation – both in terms of endowment size and total value of distributed grants – it has had considerable impact on the delivery of aid, especially in the area of health. Gates' efforts and convening power has brought diverse development players into Public Private Partnerships (PPPs) such as the Global Alliance for Vaccines and Immunizations (GAVI). Such PPPs reflect the ways states, multilateral organizations and corporations relate to each other and respond to global problems.

[1] All monetary values throughout this paper are in US dollars unless otherwise indicated.

The primary focus of studies and reports on philanthropic foundations – whether supportive, oppositional or analytical – has centred upon evaluating the legitimacy of autonomous wealth in democratic societies. Observers tend to question or defend the rights of wealthy individuals and self-determined foundation boards to decide how resources should be allocated and which purposes and organizations should be funded. Such perspectives conceptualize power as contained within individuals or institutions and as a result are ill-equipped to critically examine how power actually functions through foundations.

In order to better understand how power operates through foundations and the global partnerships in which they increasingly play central roles, the concept of governmentality is turned to as a theoretical perspective capable of elucidating such complex relationships. Through this theoretical lens, foundations are seen to be the catalysts which enable the convening of various state, non-state and supra-state actors around new rationalities of government[2] applied at a global scale.

Fundamental to these processes, as evidenced in the case study of GAVI, are rationalities of neoliberal government which rely on the "powers of freedom" (Rose, 1999): expert knowledge and advice shapes the aspirations and identities of individuals, producing individuals who ostensibly choose to become responsible for their own self-conduct. Furthermore, as GAVI employs techniques to manage risks to health posed by failed markets and failed states, it engages in a "government of government" (Dean, 1999: 211), whereby it seeks to operate upon existing forms of government as opposed to governing processes or things.

This study will proceed in the following manner: first, Chapter One presents the rationale for the study along with key definitions and methodological considerations. Chapter Two will put forward a brief background on private philanthropic foundations and the BMGF. Chapter Three offers a literature review which highlights general trends in academic writing regarding giving, philanthropy and philanthropic foundations. This chapter also introduces the theoretical concept of governmentality, explaining why it is useful framework for understanding philanthropic foundations and public-private partnerships in a global context. Chapter Four presents a case study of GAVI,

[2] The term "government" is used here to refer to an action, not a political body.

highlighting its emergence, composition, programs, operations and impacts. Chapter Five concludes the study with an analysis of the GAVI utilizing governmentality as a theoretical framework.

1.1 Definitions

The following section defines key terms used throughout the study with the intent to provide a clear sense of how words such as "philanthropy", "foundation" and "public-private partnership" have been conceptualized and utilized. These terms have a broad range of meanings and usage, thus it is necessary to be precise in their usage at the outset of this research.

1.1.1 Philanthropy

Philanthropy at its most basic is defined as the love of humankind, with the oldest surviving written record of its use being found in the ancient Greek tragic playwright Aeschylus' work *Prometheus Bound*. In the story Aeschylus recounts the *philanthropos* of Prometheus who defies the will of Zeus by bestowing the gift of fire upon humankind, resulting in Prometheus' eternal punishment. Prometheus' gift is at once an action of love and compassion for the potential of a humanity freed from darkness and fear (through the gift of technology) and a direct challenge to the authority of Zeus, suggesting the existence of an element of democracy and justice in philanthropy.

Discourses of democracy and justice achieved through gifts intending to optimize the quality of human existence continue to remain deeply embedded in understandings of philanthropy today, although the actual practices of loving humankind have certainly changed dramatically over the centuries. This is not to say that philanthropy and democracy or philanthropy and justice are happy bedfellows: a profound tension exists between these concepts in both theory and practice, and is easily observable in the American context. Recounting the entire historical and philosophical genealogy of philanthropy is both too great a task and of limited usefulness for this modest effort; as such I will at present focus on the most recent developments in order to provide a working definition of philanthropy for this study.

Another tension which has long existed among those seeking to improve the human condition can be located between those striving to ameliorate immediate human

suffering and those warning against the encouragement of dependency, pauperism and sloth. Such sentiments are ultimately responsible for both present understandings of benevolence and the institutional formation of the private foundation. At the turn of the 19th century, Standard Oil robber baron John D. Rockefeller and his advisor Frederick T. Gates used the word philanthropy to describe the practice of benevolence utilizing scientific methods and principles. Rather than merely feed the hungry, what Rockefeller and Gates called "retail giving", they endeavoured to uncover the root causes of suffering – "wholesale philanthropy" (Bremner, 1960: 112). The effect was to divide charity from philanthropy, relegating charity to the practice of almsgiving and immediate relief while elevating philanthropy to the pursuit of a wider common good with lasting benefits.

For Robert Bremner, a preeminent authority on philanthropic history in America, philanthropy is a benevolent activity that goes farther than charity and simple almsgiving, aimed at the improvement of the quality human life write large, promoting the "welfare, happiness, and culture of mankind." (1960: 3). Salamon and Anheier expand this definition to include the "giving of gifts of time or valuables (money, securities, property) for public purpose." (1992: 130). Payton and Moody go further, describing philanthropy as "voluntary action for public purpose," including voluntary giving, voluntary action, and voluntary association – all of which are seen as moral responses necessary for a "free, open, democratic, civil society." (2008: 6).

These conceptual extensions of philanthropy to include gifts of time, service, and civic engagement are significant in that people can be considered philanthropic without having to be wealthy or give money. However, the notion that philanthropy addresses long-term change while charity focuses on immediate relief remains. In an attempt to draw on all of these perspectives, this paper shall define philanthropy as *private voluntary action for lasting improvements to human life*.

It is necessary here to explain the distinction between private versus public action. This dichotomy is simply used to denote the difference between the actions or responsibility of individuals and society – society in this case being conflated with the state. In this sense, where public actors are state bodies and institutions, private actors are essentially any non-state entity, including religious bodies, businesses and corporations, individuals, community based organizations and voluntary associations and

philanthropic foundations. The usefulness of this dichotomy in relation to foundations has been questioned (Hall, 2003; Ostrander, 1999; Heimann, 1973) as the lines between public and private action are increasingly blurred. Nevertheless, this dichotomy has been utilized here in order to provide a suitable point of reference in relation to other scholarly research and debate. Philanthropy does not generally exist as a public undertaking since giving by the state is not considered to be voluntary but rather an obligation to uphold a social contract between the state and its citizenry.

1.1.2 Philanthropic foundations

Philanthropic foundations are a diverse group; everything from government agencies to lobby groups to community based organizations can be labelled foundations. Kiger (2000) offers four different definitions of foundations. At the surface, a foundation is a

> "nongovernmental, not-for-profit organization with funds of its own provided by a donor or donors, managed by its own trustees or directors, and with a program designed to maintain or aid socially useful activities and purposes… a foundation must have been primarily set up not to get or make money but to make grants from such funds." (2000: 1).

Kiger notes that the Foundation Center defines foundations by function. Independent foundations are those set up by individuals or families, are often referred to as family or general-purpose foundations, and tend to have very broad goals. Company foundations are established by businesses and for the most part carry out the corporate social responsibilities of the firm, with grants directed to people and communities where the firm conducts its operations. Operating foundations are generally single-purpose organizations which have their own staff and focus on programs rather than grants; examples include orphanages, hospitals, libraries, and research institutes. Community foundations are locally based organizations with endowments acquired from a multiplicity of sources rather than from a few large donors; these foundations tend to make grants for localized needs and purposes.

The Internal Revenue Agency classifies foundations based on the source of its assets. Private foundations are those with assets which come from a single source: an individual, family or a company. Independent, Company and Operating foundations are considered to be private foundations by IRA standards. Public foundation assets come from multiple sources, often through fundraising campaigns or membership. Examples

of public foundations include the United Way, the UN Foundation, the Clinton Foundation, and local community foundations.

Lastly, Kiger classifies foundations by their life-span. Perpetual foundations hold their principal assets in perpetuity, distributing the income from those assets alone as grants. Optional foundations give the trustees the ability to pay out both investment income and principal assets as grants. Liquidating foundations are set up to allocate all of their investment income and principal assets by a specific point in time. Foundation life-span has been a major topic of discussion for those concerned with private foundations, public accountability and the structure of American tax law (Deep & Frumkin, 2006; Simon, 1995; Goulden, 1971); for this study life-span is of little concern.

The focus of this research shall be independent, private, foundations. These foundations dominate international giving in terms of both absolute value and number of grants (Lawrence & Mukai, 2010). While acknowledging the diversity of foundation organization, structure and intent, for the sake of brevity I will refer to independent private foundation as *private foundations*.

1.1.3 Public-private partnerships

Public-private partnerships (PPPs) are defined most simply as "arrangement[s] whereby a public project or service is partially financed or run by a private company" (Oxford Dictionaries, 2010). The Canadian Council for Public-Private Partnerships (CCPPP) more broadly describes a PPP as a "cooperative venture between the public and private sectors, built on the expertise of each partner," which "meets clearly defined public needs through the appropriate allocation of resources, risks and rewards" (CCPPP, 2010).

These definitions generally refer to methods used by states to encourage private sector investment in public infrastructure; common examples would include the construction and operation of highways or bridges, as well as schools or recreational facilities. Such relationships have been operating in the USA for over 200 years (NCPPP, 2010). PPPs gained significant popularity during the 1980s at a time when many developed country governments found themselves operating under significantly strained budgets due to high levels of public debt. Involving the private sector in the provision of public services and infrastructure was – and often continues to be – regarded as a cost-

effective measures which reduces the pressure on state budgets, albeit over the short-term.

Over the last fifteen years, PPPs have come to play an increasingly important role in the provision of development assistance, especially at the global level. These arrangements have involved states, corporations, multilateral organizations and philanthropic foundations. Zadek goes as far as saying that PPPs have graduated from the experimental stage to become "the single most important new actor in development" and "the institutional innovation of the period" (2008: 194). The wide array of purposes and organizational arrangements assumed by various PPPs has precluded the establishment of a single clear definition, a situation made worse by a tendency for any sort of public-private relationship to be labelled a partnership. Even the UN, which touts the potential of PPPs to reduce poverty and whose various agencies increasingly play significant roles in such PPPs, lacks consensus on the term (Ollila, 2003: 42; Richter, 2004: 44).

Nevertheless, attempts have been made at concretely defining PPPs by UN staff. Tesner describes a PPP as a "mutually beneficial agreement" between a UN body and a corporate entity in which each partner uses its comparative advantage to achieve a common objective with a clearly established understanding of responsibilities (2000: 72). Tesner's definition is incomplete as it fails to account for philanthropic foundations, which have come to play an increasingly more important role in PPPs. While often linked to the corporate world by their founders, private foundations are nevertheless non-profit organizations and do not operate under the same principles as corporations or corporate philanthropy.

UN officials distinguish between corporate philanthropy and private foundation dollars: foundation money is perceived to entail less risk of conflicts of interest than corporate funds (Bull & McNeill, 2007: 6, 193). Considering that "the majority of PPPs were formed in the past seven years… corresponding to interest and energy from private foundations" (Meredith & Ziemba, 2007: 133) any definition should not confuse or omit the role of private non-profit organizations such as private foundations. Nelson, drawing on a wide range of sources, suggests that for the UN:

> Partnership is a voluntary and collaborative agreement between one or more parts of the United Nations system and non-State actors, in which all participants agree to work together to achieve a common purpose or undertake a specific task and to share risks, responsibilities, resources, competencies and benefits (Nelson, 2002: 46).

Nelson's characterization of PPPs is perhaps the most useful: it is broad enough to include a great diversity of actors without getting mired in precise legal definitions, yet is narrow enough to exclude relationships which may be merely transactional or contractual and lacking that essential element of voluntarism and common purpose.

Reich suggests that the core partners of a PPP must share a common objective of creating social value – especially for disadvantaged populations (2002: 3). This criterion is especially important for global PPPs – such as GAVI – that seek to improve the quality of life for people in the developing world. In addition, PPPs can be divided into four main categories based on the activities they undertake: policy partnerships, advocacy/ awareness partnerships, resource mobilization/fund-raising partnerships and operational partnerships (Bull & MacNeill, 2007; Tesner, 2000; Zadek, 2008; Meredith & Ziemba, 2007). It must be noted that these typologies are by no means mutually exclusive; a PPP may engage in any or all of these activities.

1.2 Rationale

Why study philanthropic foundations and their role in international development? A recent World Bank briefing note finds that international giving by foundations makes up a very minor component of all grant-making activity and is absolutely dwarfed in comparison to bilateral Official Development Assistance (ODA) (Sulla, 2007). Moreover, of the world's estimated 100,000 foundations, less than one percent undertake activities or grants which could be considered to be related to international development (Sulla, 2007: 1).

However, if one measures the value of international grants as opposed to the total number of international grants a different picture comes to light. Foundation Center data shows that US foundations of all types (independent, corporate, community and operating) gave approximately $7 billion in international assistance in 2008 (Lawrence &

Mukai, 2010: 2). Furthermore, ten independent private foundations were responsible for 63 percent all international giving by US foundations in 2008.[3]

This data demonstrates that international giving by US foundations is highly concentrated among a handful of organizations. When viewing international giving by foundations as an aggregate of the entire field, vital information is glossed over. Downplaying the role of foundations in international development due to the small number engaged in international giving misses the point: it is precisely the fact that such a small number of foundations are making such large contributions abroad which makes them worthy and in need of critical analysis.

Such a position is strengthened by further statistical comparisons. When ODA net disbursements are disaggregated by country and compared with total international giving by US foundations, it can be observed that in 2007 the US foundations would have ranked 8th overall – behind the Netherlands and just ahead of Spain (see Table 1). Also consider similar data from 2006: the top ten international grant-making foundations gave more as a group than the entire nation of Norway, which was ranked twelfth (see Table 2).

The enormous volume and growth in international grant-making by US foundations can largely be attributed to the Bill and Melinda Gates Foundation (BMGF). In 2008 the BMGF gave away US $2.28 billion through its Global Health and Global Development programs (BMGF, 2008: 23), ranking it as the 16th largest provider of ODA – right between Belgium and Switzerland (see Table 3). The fact that one foundation is able to maintain giving at such high levels should be reason enough to undertake a study of this organization; however, there are more.

Consider the fact that each nation giving development assistance carries with it certain funding priorities and divides resources up among various sectors such as education, good governance, environmental protection, humanitarian relief, etc. This results in development assistance being scattered across various sectors. Meanwhile, foundation giving tends to be focused on particular issues. A comparison of ODA outlays for health with the Global Health Program (GHP) at the BMGF for 2008 shows

[3] Calculated from Lawrence & Mukai 2008 by dividing the sum of the top ten foundations' international giving by the total international giving value of $7 billion.

that the BMGF gives more resources for health purposes in developing countries than any other individual developed country. In fact, the BMGF gave more to health in 2008 than Canada, Germany, Japan, France, the UK and Italy combined (see Table 4).

As far as global health funding is concerned, the BMGF easily represents the metaphorical 700 lb. gorilla sitting in the corner of the room. It is the largest private foundation and perhaps the most obvious for critical study. However, the BMGF also characterizes other private foundations with large international assistance outlays and a relatively small number of grants. As we shall see, the potential of well-endowed foundations to dramatically influence the policies and priorities of other non-governmental organizations and multilateral institutions is considerable and certainly deserves academic attention.

One key vehicle through which the BMGF leverages its financial and popular clout is PPPs. The convening power of private foundations such as the BMGF in partnerships between multilateral organizations, transnational corporations and government agencies may present one key to the longevity and success of PPPs such as the Global Alliance for Vaccines and Immunizations (GAVI). PPPs such as GAVI offer new challenges and opportunities for developing countries yet are subject to scant critical examination; philanthropy and partnership are most often cause for celebration and praise these days.

Another point which provides an important rationale for the study of private foundations is their status as non-profit organizations. This designation has resulted in the lumping of foundations together with other private, non-profit organizations of civil society – the so-called third sector – and the ubiquitous non-governmental organization (NGO). NGOs (an ambiguous enough term in its own right) can be perceived to exist in a highly competitive market: they compete with each other for limited government support, for new memberships and donations, and even for new beneficiaries and clients. As such, NGOs are typically recipients of grants and charitable donations themselves.

Private foundations, on the other hand, function in an entirely different manner. Resting on the security of private endowments, foundations act more like government agencies, funding other organizations to put their plans into action. However, foundations differ from public organizations in that they are able to conduct themselves

without any formal accountability mechanisms – be it voters, consumers, or bureaucratic funding priorities – to influence or change decisions made at the Board of Directors' table. The point here is to emphasize the unique autonomy by which foundations operate; to conflate private foundations with other non-profit organizations is somewhat of a misnomer.

Foundations are by no means newcomers to the foreign relief and international aid: the Rockefeller Foundation's overseas efforts to improve public health and medical education predate – and in many ways set the example for – developed countries' efforts in providing foreign aid (Rosenberg, 2003: 251). Most observers would not deny foundations' significant roles in the promotion of scientific research, development of the social sciences, professionalization of medical education, the establishment of social work, or the facilitation of academic exchange.

Much of the work of foundations has been centered on funding knowledge creation, especially at universities. The above efforts, and many others, have since been forgotten as new ideas or programs, in many cases having become normalized within society at large through a 'bringing to scale' by government agencies. Proponents of foundations have celebrated these achievements while critics have called foul, claiming that foundations – especially the 'Big Three' (Carnegie, Rockefeller and Ford) – have exerted direct ideological control over the development of universities and the social sciences with the intent to reproduce and maintain the inequalities of capitalist hegemony. The two sides of this debate – whether private autonomous wealth is justifiable or legitimate in a democratic society – point to the institutions and individuals funded as proof of their arguments yet overlook the opportunity to better understand the trajectories of power within these relationships.

Foundations' role as the financiers of new knowledge has been fundamental to the expansion of the terrain by which society is governed. Much more than just creating new opportunities for entrepreneurship and the growth of capitalism (Acs & Phillips, 2002; Schramm, 2007), foundations' activities contribute to a diversity of questions posed, risks imagined, problems calculated, and techniques deployed. Over the course of the twentieth century, this has generally been foundations' involvement in governmentality: a sort of knowledge broker and laboratory for social experimentation.

Megafoundations like the BMGF are beginning to make their presence known, and in a different way from their predecessors. Often headed by that new breed of philanthropists commonly referred to as venture philanthropists, these foundations are much more interested in achieving results over research. A surge in the number of PPPs aimed at dealing with global problems over the last fifteen years has led some analysts to argued that the emergence of private foundations and PPPs such as the BMGF and GAVI have resulted in a direct loss of power for the traditional authorities in the field of global health – the WHO and UNICEF (Sandberg et al., 2010: 1355; Walt & Buse, 2000: 469). However, this view of power as a zero-sum game obscures the clearer understandings of how these recent aid players have been part of shifting governmental rationalities and how they engage in the government of populations at a global scale.

Foucault's concept of governmentality presents a worthy method of inquiry to elucidate the dynamics of power and rationalities of government underlying the manner in which foundations and PPPs engage in the conduct of global approaches to development. By understanding how power is transmitted through the various actors involved, insights into the workings of some semblance of global government may be ascertained.

1.3 Research Questions

- In an increasingly complex global landscape of development actors, what role do large private foundations play?
- How does unaccountable private wealth, institutionally constituted in private foundations, affect the conduct of international development?
- What is the significance of Public-Private Partnerships and foundations' roles within such organizational frameworks?
- How is power operationalized through GAVI, conducting the conduct of willing developing country state apparati?

1.4 Methodological Considerations

This research is based on analysis of secondary academic literature and publicly available documents from the BMGF. Three main methods have been selected to conduct the research. Firstly, a comprehensive literature review explores various scholarly

approaches to understanding philanthropy and private foundations. Theoretical approaches surveyed include Pluralism, Marxism, neo-Gramscianism, altruism, structural-functionalism, and globalization. The review concludes with an exploration of governmentality, suggesting why it is a useful framework for the study of private foundations and PPPs.

Secondly, a case study of GAVI is undertaken. The case study is selected as a suitable means of investigation because it offers the researcher a way to explore "a program, an event, an activity, a process, or one or more individuals" in great depth and detail (Creswell, 2003: 15). While it is often difficult and even problematic to make generalizations on the basis of single case studies, carefully selected examples can in fact offer valuable insights into similar processes and organizations. In this case, the GAVI Alliance – which has been hailed as a success story by the World Economic Forum – has been regarded as a replicable example for addressing other global issues (World Economic Forum, 2010). As such, GAVI's experiences may influence and shape the practices of other foundations and PPPs operating in the aid industry.

Information on GAVI has been collected from the GAVI website, the BMGF website, scholarly journals, academic publications, media reports and government documents. Interviews and field research were deemed unnecessary due to the thrust of the theoretical framework of analysis, which relies on identifying evidence of specific rationalities of government in published discourses and recorded programming activity; it is not the actual physical experience which is important to this research but the representations and conceptualizations of those physical experiences which are sought.

Finally, the research utilizes Foucauldian concepts of governmentality as a theoretical framework to examine how institutionalized and autonomous private wealth (in the form of the BMGF) operationalizes power through an assemblage of state, non-state and supra-state actors (GAVI). It is argued that through this novel institutional arrangement a governmentalization is made possible which traverses state boundaries. This does not suggest a weakening of states or a submission to external rationalities; rather it demonstrates the continued importance of states as both objects and subjects of global government.

Chapter 2: Historical Context and Gates Biography

This chapter aims to address the historical context of American philanthropic foundations, providing a concise background to the development of present understandings and practices of charity and beneficence. Brief descriptions of the Big Three foundations of the twentieth century – Carnegie, Rockefeller and Ford – are presented as a basis for comparison to the Bill and Melinda Gates Foundation (BMGF). A descriptive analysis of the BMGF rounds out the chapter, highlighting its creation, overall objectives and program activities with the intent of locating this organization within the broader context of foundations and international development. Using primary data collected by McCoy et al. (2009)[4], the BMGF's grant making approach is analyzed and critically analyzed.

2.1 Historical Context

Giving is an ancient practice, and according to some, a form of exchange predating barter and trade (Mauss, 1990; Sahlins, 1972). Reciprocity lies at the heart of the gift relationships among "archaic societies" (Mauss, 1990) studied and described by anthropologists: a gift made obligates a gift returned, establishing mutual obligation, trust and solidarity. Economic stratification and the institutionalization of religious values have played a large role in the changes to giving relationships, and have contributed significantly to the development of philanthropy as understood today.

In Europe, Cohen (2003) traces the first organized charitable activities to 9th monasteries, which built hospitals for the sick, elderly, destitute, handicapped and pilgrims. Guilds were also important institutions which engaged in collective acts of charity, providing mutual charity, dowries for poor girls, financing for feasts, alms, hospitals, lodgings and food. Almsgiving was commonplace; the poor were blessed and the rich needed them in order to gain the heavenly reward that came from helping them meet their earthly needs.

The dramatic demographic changes brought on by the Black Plague changed such views of the poor and poverty (Cohen, 2003). Declining populations and the large

[4] The findings of this research were published in 2009, however I was also able to use the raw data from this project which was provided to me personally by Dr. McCoy.

migrations of the poor translated into increased scarcity of cheap labour. In the process the poor lost their status as blessed and became a feared menace to society and the social order (Cohen, 2003). Receipt of charity became conditional upon moral character: the deserving poor excluded those characterized as whores, thieves, drunks or the slothful.

It is in Elizabethan England where the beginnings of modern American philanthropy materialize. The socio-economic transformations coinciding with the emergence of capitalism in England – the rapid growth of urban poverty, the rise of the merchant class and the decline in rural populations – generated profound change and social disruption. Religious institutions, which had traditionally held the role of ameliorating poverty, seemed unable to meet the gripping needs of the poor. The Tudor rulers, eager to do something, enacted a considerable amount of legislation dealing with the privatization of charity, including the 1601 law of charitable trusts, which enabled men "without much expense, with effective legal protection, and with full freedom from the statute of mortmain to project into perpetuity their aspirations for their own and future ages" (Jordan, 1961:404).

Jordan (1961) observes a dramatic change in English charitable practices as a result. From 1480-1490 about two-thirds of all charitable gifts in England were for religious purposes, yet during the whole of the Elizabethan era these gifts dropped to a mere 7% of the total (Jordan, 1961:402). It was the rising merchant class of London which dominated the field, giving 43% of all the charitable wealth in England, which would be approximately 17% of their fortunes. Similar to present trends, health, education and children were popular causes, with most of this philanthropic activity supporting hospitals, schools and orphanages.

As giving for public purposes became firmly established in English merchant class culture so also arose a different outlook on the causes and cures of poverty and unemployment. Under Elizabeth I hunger, illness, and ignorance moved from being evils which could simply be eliminated by royal edict to being perceived as conditions requiring state intervention to elicit appropriate social action and response (Jordan, 1961). Furthermore, it was realized that poverty presented a threat to national security: an unhealthy, angry population would be less willing and less able to defend the nation. State response to the conditions of the poor was a mixture of punishment and

rehabilitation as the poor, sick, old and infirm were rounded up into workhouses which provided a reliable source of cheap labour while doubling as recruitment centres for the navy (Cohen, 2003).

By the 18th and 19th centuries there was a massive outpouring of charitable resources throughout Europe from both individual and state sources, perhaps due to the increased wealth from increasing industry and trade, but also in response to the wretchedness of the industrial revolution. Poverty had come to be regarded by many as a condition produced by inequalities in society rather than being completely dependent upon the individual's moral faults and lacks and many philanthropists worked to gather statistics on various groups and identify social problems which needed public attention. While liberal thinkers like Thomas Malthus and Alexis de Tocqueville argued in favour of private charity to the exclusion of state intervention on the grounds that state-provided poor relief interfered with normal economic self-regulation and increased immiseration, the level of need across Europe required cooperation between state agencies, wealthy individuals and religious organizations.

Protestant values concerning charity crossed the Atlantic with the settlers and firmly took root in America. Early on tensions arose between those who gave to relieve suffering and those who saw almsgiving as promoting pauperism and dependency. This latter concern was later shared by the self-made men who would create America's first foundations. "Benevolence" in the American colonies was certainly not all good will and cheer: it was often markedly violent and disruptive. Indigenous people, in particular, suffered greatly to have their souls saved by Christ and Science through the efforts of well-intentioned European proselytizers (Wagner, 2000; Bremner, 1960).

Jacksonian America[5], today heralded as an idyllic age of mutual self-help and assistance, was in fact a time where democracy existed in a precarious balance between liberty and equality, between individual rights and community interests (Reich, 2006; Hall, 1999; Hall, 2006). During his travels in America at the time, Alexis de Tocqueville found what he described to be a relatively egalitarian society, where the general disdain for the rich precluded their involvement in public life, limiting the talented to the popular and distinctly American preoccupation of amassing enormous fortunes or pondering the

[5] Approximately 1825 – 1855.

questions of humanity in universities (de Tocqueville, 1997). These sentiments have persisted in American culture and go far to explain how the rich and their foundations could be at once so revered and so reviled.

The American Civil War had a major effect upon the practice of charity. Associations for the assistance of the wounded and displaced multiplied dramatically, leading to efforts at consolidation and more significantly giving several organizations the impetus to take up a broader national focus (Hall, 2006). Such organizations included the US Sanitary Commission and the American Red Cross (Bremner, 1960). As it was with early American philanthropists, pauperism and improper giving remained a major concern in the late 19th century. The "Gilded Age" of the 1870s and 1880s witnessed an explosion in economic growth and expansion, the creation of massive private fortunes, the application of scientific principles to business management, squalid urban conditions, and inequalities previously unseen in the US. It is in this setting that we witness the emergence of the first private philanthropic foundations.

A unique feature of some these early Progressive-era American foundations was their scientific approach to giving. Rather than mitigating or ameliorating poverty through gifts of cash, food, or buildings they sought to identify and study specific causes of social ills and identify lasting solutions (Sealander, 2003). Early pioneers include the Russell Sage Foundation (child welfare, industrial relations, city planning and social work), the Rosenwald Fund (race relations), the Milbank Fund (public health policy), the Commonwealth Fund (public health) and the Twentieth Century Fund (public policy and social security).

Undoubtedly Andrew Carnegie and John D. Rockefeller stand out as the leading figures in the creation of general-purpose foundations in America. In his famed *Gospel of Wealth*, Carnegie defends the inequalities of capitalism as materially beneficial to the working classes and necessary to maintain the balance struck in America between liberty and equality of opportunity. He affirms Protestant values of stewardship, calling on the rich to thoughtfully and discriminately distribute their surplus wealth during their own lifetimes so as to avoid injurious giving and beggar-making and to "promote the permanent good of the communities from which they were gathered" (Carnegie, 1992: 14).

While Carnegie concentrated mainly on building libraries and museums, he ultimately incorporated his foundation, the Carnegie Corporation, in 1911 "to promote the advancement and diffusion of knowledge and understanding" and also as a way to lighten the responsibility of philanthropic decision making. Of great significance was his decision to permit his foundation's trustees to change grant-making priorities as necessitated or desired. Early on the foundation gave to scientific, economic, and policy research institutions and continues to support educational programs and the promotion of peaceful international relations today.

J.D. Rockefeller's foundation, the largest permanent endowment for charitable purposes of its time, followed in 1913 after much muckraking and controversy. Under Roosevelt and Taft suspicions of monopolists ran high; Rockefeller's Standard Oil was undergoing anti-trust hearings and his bid to create a federally incorporated foundation was denied, only to be later incorporated by the State of New York. Rockefeller, under the guidance of Baptist preacher Frederick T. Gates, sought to apply rational practices of business management to charity, moving from what Gates called "retail charity" to "wholesale philanthropy" (Hewa, 1997).

This foundation is responsible for single-handedly transforming medical education in America, changing medicine from an apprenticed trade into an accredited profession. It created Schools of Public Health at John Hopkins and Harvard, (Sealander, 2003), developed a vaccine against yellow fever, funded the development of the social sciences (Karl & Katz, 1981), incited the Green Revolution (Scott et al., 2003), was instrumental in the creation of the World Health Organization (Weindling, 1997) and has provided significant funding to a long list of universities, research institutions and think-tanks in the US and abroad. In addition to these activities, Rockefeller himself is responsible for establishing the University of Chicago, a school which has exercised considerable influence over the ideas which govern the world.

During the inter-war period, foundations led international assistance efforts, institutionalizing American overseas giving. Grants made by the Rockefeller Foundation alone far outstripped those given by the US government, which was in the process of shifting from an isolationist stance to an interventionist position. International peace and understanding initiatives, international academic exchanges and international

organizations like the League of Nations and the Institute of Pacific Relations received significant funding during this time. As government provision of welfare expanded in the US with the New Deal, many foundations sought to have their successful programs taken over by the state in the interests of sustainability.

The disruption caused by World War II forced many of the general purpose foundations into humanitarian roles, and many of the efforts made by the foundations were later continued and taken over by the UN, the Marshall Plan and the US International Cooperation Administration (Frumkin, 2005). In the years following World War II the number and size of foundations grew exponentially, although much of this growth can be attributed to unscrupulous businessmen using foundations as tax shelters. Nevertheless, Frumkin argues that "as the foundations grew in number and as the collective resources of the field expanded, the idea of using philanthropic funds to strengthen a new international agenda became more appealing and feasible" (Frumkin, 2005: 101).

In 1951 the Ford Foundation, created in 1936, moved from the shadows of small family foundation grant-making in Lansing, Michigan to become the largest and most prolific grant-making foundation in the world. This foundation was heavily involved in family planning (at a time when the subject was taboo) and Green Revolution agricultural research, facilitated intellectual exchanges with developing countries around the globe and for many years was the sole representative of American interests in India, holding Nehru's ear when no one else could (Gordon, 1997). The Ford Foundation has also funded a number of Nobel Laureates, helped finance the creation of the Grameen Bank, and has been an important sponsor of the World Social Forum in present times.

Foundations certainly did not pass without serious controversy and scrutiny – from all sides of the political spectrum. The Walsh Report on the Commission for Industrial Relations (1915), unabashedly left-wing and pro-worker, called for a limited life-span, direct government oversight and warned that foundations merely existed to promote the business interests of the wealthy. At the height of McCarthyism the Cox Committee (1952) investigated charges of subversive and un-American activities not in line with national interests. The report concluded that foundations were not communist institutions but the Reece Committee (1954) continued the McCarthyist attack, to no

avail. A common fear underlined all these investigations: that unaccountable wealth carries the ability to undermine the workings of democracy. However, these investigations did highlight that very little was actually known about foundations as a whole and statistical data was alarmingly scarce (Hall, 2003).

Beginning in 1962 the populist Texan congressman Wright Patman scrutinized foundations further, this time focusing on their tax-exempt status and the abuses of many sham tax-shelter foundations. The Ford Foundation's involvement in voter registration smelled of political interference and gave the necessary momentum to institute many of Patman's recommendations in the Tax Reform Act of 1969 (TRA 1969) which defined private foundations under IRS tax law. Minimum payout rates and reporting requirements were established, private foundations gained distinct status from other non-profit organizations and foundations were explicitly forbidden from using funds to directly influence legislation or elections (Deep & Frumkin, 2006; Hall 2003; Ostrander, 1999). Foundation growth declined for a period in the 1970s, but in the process foundations became more open and transparent about their activities, with the hopes of preventing further limitations on their freedoms (Hall, 2003; Frumkin, 1999).

With the fall of communism, the advent of globalization and the associated expansion of global civil society and increased democratization overseas, grant-making by American foundations has continued to grow significantly. New "megafoundations" (Frumkin, 2005: 102) like the Bill & Melinda Gates Foundation, and the William & Flora Hewlett Foundation direct massive amounts of resources to organizations around the world. Massive fortunes gained in the technology and communications sectors have financed these new foundations, and like their robber baron predecessors, a new breed of 'venture philanthropists' have sought to apply their own brand of business administration and management techniques to their philanthropic endeavours. Essentially venture philanthropy attempts to be highly flexible, engage donors with recipients, is concerned with sustainability and demands measurable results of grantees' activities. Whether venture philanthropy is responsible for this shift in conduct or is just a part of a wider societal transition to results-based management is a good question, but one that cannot be answered here.

2.2 The Bill and Melinda Gates Foundation

When BMGF was first established in 1994, it was known as the William H. Gates Foundation and Bill Gates Sr. ran it from his basement while Bill Jr. wrote the cheques. In 1999 the W.H. Gates Foundation was merged with Bill Jr.'s library access program and took its current name, the Bill and Melinda Gates Foundation. Since then the foundation's assets have continued to grow, and with the addition of Berkshire Hathaway CEO Warren Buffett's contributions, announced in 2006, the foundation is now the world's largest with assets totalling $33 billion as of June 30, 2010. Since inception the BMGF has given nearly $23 billion in grants and gave $3 billion last year alone. Through its Global Development Program (mainly agriculture and microcredit) and its Global Health Program (mainly product development, product purchase, research and service provision) the BMGF supports work in over 100 countries, with a focus on sub-Saharan Africa and Asia (BMGF, 2010).

The sheer size of BMGF grant-making sets it apart from comparable predecessors, such as the Rockefeller Foundation and Ford Foundation. If one compared the Ford Foundation's grant-making approach to a shotgun – a massive sum of funding distributed across many recipients – and the Rockefeller Foundation to a sniper rifle – fewer, more targeted high-value grants, the BMGF grant-making would best be described as a computer-guided missile. While BMGF takes its cues from the Rockefeller Foundation by making fewer large grants, the vast amount of resources put into single grants is unparalleled for any organization of its size.

The BMGF tends to favour making grants to intermediary organizations like PPPs, non-profits and NGOs, universities, UN agencies or state/public research institutions rather than provide direct support to beneficiaries or operate its own programs. PPPs figure high at the top of the list. While only twelve of the 398 grantees between 1998 and 2007 were PPPs, their total funding accounted for a whopping $2.9 billion, or one-third of all BMGF Global Health grant dollars (see Table 5). GAVI took the lion's share of this funding, at over $1.5 billion, or 17% of all GHP dollars. At the same time, grants to PPPs accounted for a mere 3.3% of the total number of GH grants.

NGOs and other non-profits also gained very substantial support from the BMGF, being allocated $3.3 billion, or 37% of GHP grant dollars. However, the manner by

which the BMGF funds NGOs contrasts highly to PPP funding: 257 NGOs/non-profits out of 398 grantees were awarded 60% of all grants, meaning grants to NGOs tended to be more numerous but much smaller in value. Certainly, this has much to do with the different needs and nature of tasks undertaken by various organizations. Nevertheless, funding by BMGF within this group remains highly concentrated: ten organizations were awarded 132 out of 659 grants worth $1.9 billion, or 59% of funding given to NGOs and non-profits.

Universities compose the third largest grantee type, taking 20% of GH funds. A similar trend toward concentration can be observed in this group as well: ten universities received 44% of all university grants worth $1.2 billion – two-thirds of the total funds given to this group. The same can be said of the UN group: the WHO was allotted 69 of 99 grants to UN agencies worth a total of $337 million – three-quarters of this sector's GHP funding.

The fact that only 1094 grants were distributed among 398 organizations over a ten year period further demonstrates the tendency by the BMGF to concentrate its grant-making among a handful of recipients. Table 6 shows that thirty-five organizations together received nearly $6.8 billion, or 76% of all BMGF-GH funds; the top ten organizations accounted for over half of all grant dollars at nearly $4.8 billion.

Grants made by the BMGF largely focus on product development, supply purchases and health care delivery, which together captured $7 billion – nearly 80% of all funding (McCoy et al., 2009: 1650). Vaccine and microbicide development and purchases ranked highly, at 37% of funding. Training/education and civil society development efforts did not even garner 1% of total funding. In terms of the diseases targeted by BMGF funding, three-quarters of funding went to HIV/AIDS, malaria, vaccine-preventable diseases, child health, tuberculosis, and neglected tropical diseases. Meanwhile, malnutrition, maternal health and diarrheal diseases only attracted 6% of funding combined, a paltry amount considering the three are leading causes of child mortality in developing countries (McCoy et al., 2009: 1651).

This data illustrates that through the immense size of its grants, considerable potential exists for the BMGF to leverage and exert influence over global activities, programming and policy, stretching across to some of the most prominent institutions and

organizations at work today. However, the size of these grants has also provided some financial stability to certain organizations, promoting cooperation rather than competition – especially among UN agencies like the WHO and UNICEF or UNAIDS (Muraskin, 2005). That being said, the implication is not that the BMGF has become more powerful and UN agencies less, powerful; rather, the relationships and dynamics of power have changed.

The approach employed by BMGF has faced some criticism. Dr. Arata Kochi, director of the WHO malaria program, argues that independent review processes have been undermined as researchers' work – and continued funding – has become increasingly dependent on each others' findings and has created a disincentive to objective analysis, which one observer called "stomach-churning group think" (McNeil Jr., 2008).

Others have reacted to the foundation's highly technological focus, arguing that isolating the scientific and technical aspects of public health issues from the political and social conditions in which they exist only achieves short term gains without any improvements to quality of life (Birn, 2005). The persistence of deprived social conditions creates a setting in which disease thrives while rendering populations dependent on technical and scientific interventions (Birn, 2005; McCoy, 2009). In relation to health, such technological preoccupation can become highly problematic should pathogens develop immunity to new drugs, genetic modifications cross into natural populations or new treatments and strategies be pushed forward without sufficient testing or approval.

BMGF funding patterns can also have negative effects on the developing countries that the foundation tries to assist. Critics contends that BMGF funding can distort available services, send health systems into reverse when the funding tapers off, and retard the development of stable structures necessary for meeting future needs (Finney, 2007). The overwhelming funding of PPPs and other intermediary organizations based in the USA and UK also denies the experience and resources which could be working to build local institutional and civic capacities among developing country civil society organizations and state agencies and ministries (McCoy et al., 2009: 1652). Furthermore, the intermediary organizations working in developing countries

often poach the best and brightest for their programming needs locally – in settings where qualified and educated people are already highly scarce.

Nevertheless, the BMGF has successfully renewed and invigorated global interest and support for addressing health issues ignored by developed countries for far too long. The foundation's ability to rally groups to its cause is only more than a function of its massive financial: its real influence lies in its ability to convene, establish consensus, and determine the major players of an emergent albeit fragmented global health community which together formulate best practices to managing the health of the world's poor. To do so requires more than money: it requires the support of knowledgeable experts and trust between individuals throughout the various partner organizations and institutions.

While this chapter has sought to outline the historical development of the philanthropic foundation alongside an overview of funding patterns at the BMGF, the following chapter will examine key approaches used to understand the overall significance of foundations. As we shall see, both proponents and critics of foundations are highly concerned with the autonomy of foundations and whether or not that autonomy justifies the existence of this rather unique institution. However, normative arguments debating the legitimacy of foundations' existence remain ill-equipped to analyze *how* foundations engage with states, multilateral organizations, NGOs or the private sector in the provision of foreign aid.

Chapter 3: Literature Review

This chapter attempts to provide a succinct yet detailed review of the scholarly literature concerning philanthropy, giving and foundations. The reviewed literature is divided into two main groupings. Firstly, much research has been concerned with evaluating the legitimacy of autonomous wealth and the right of the wealthy to engage in philanthropic behaviour. Proponents generally make the claim that the autonomous gifts made by philanthropists and their foundations serve to strengthen pluralist democracy and scientific advancement in ways the state is incapable of undertaking. Critics of foundations, on the other hand, argue that philanthropy serves the interests of the rich, undermines democracy and furthers the imperialistic tendencies of global capitalist hegemony.

A second set of scholarly literature attempts to understand the motivation to give as a social phenomenon. The various perspectives on the matter range widely, from structuralist accounts of reciprocity to utilitarian debates around altruism versus self-interest to sociological investigations into the moral and religious impulses underlying gifts. After assessing the various contributions and treatments of the subject matter, the chapter concludes by presenting governmentality as a viable theoretical framework for an analysis of the activities of PPPs, providing a conceptual basis for analysis in Chapter 5.

3.1 Legitimacy-oriented research

3.1.1 Proponents

One of the major justifications for foundations is that they provide some sort of social benefit. Andrew Carnegie, in his *Gospel of Wealth*, argues that the inequalities of capitalism are necessary for the creation of wealth and progress; however, philanthropy is necessary to ameliorate the worst social ills brought on by capitalism and thereby maintain the freedoms and liberty afforded by democracy (1992). Schramm echoes Carnegie, asserting that "the private foundation, an institution of democratic capitalism, exists to strengthen and facilitate the mutually supporting American systems of democratic pluralism and a free-market economy" (2007: 357).

Desai and Acs reiterate Carnegie's assessment, calling philanthropy a non-market force of stabilization (2008). Acs and Philips go even further, arguing that philanthropy

fosters future economic growth through investing in institutions such as universities, schools and hospitals and assert that foundations are an essential ingredient to stable economic growth and prosperity (2002). Schramm likens the foundation to Schumpeter's entrepreneur, suggesting that foundations play a disruptive role, "break[ing] the static equilibrium towards which social institutions gravitate and allow the economy's welfare-generating capabilities to continue to expand efficiently and effectively." (2007: 360).

Two functions performed by foundations are the reconstitution of wealth and institutional entrepreneurship, which some argue are vital to capitalism (Schramm, 2007; Desai & Acs, 2008; Ealy, 2005). Foundations are unique in that their independence affords them the ability to be innovative, capable of risk-taking and acting on beliefs (Koch-Weser, 1999). This independence permits a reconstitution of wealth in ways which increase the opportunities for economic growth and participation. For Schramm, the foundation is "inseparable from the fabric of democratic capitalism" (2007: 366); other scholars support this claim, presenting foundations as the product of liberalized market systems, emerging as an institutional response to the many social and economic changes occurring at the turn of the twentieth century (Karl & Katz, 1981; Jacobs, 1999). Anheier & Daly go further, arguing that foundations are an integral "part of the general reorganization of modern societies that involves a reappraisal of the role of the state, more reliance on markets, and a greater emphasis on individual responsibility" (2007: 132).

Foundations were and continue to be a major force in an overall trend towards efficiency, professionalism and scientific objectivity (Karl, 1997; Sealander, 2003; Hammack, 1999; Schramm, 2007: 369; Karl & Katz, 1981). Karl (1997) maintains that foundations were instrumental in not only bringing awareness to the need for an elite class in America (of managers, engineers, intellectuals, bureaucrats, professionals, etc.) but were also responsible for creating and training this elite class. Key sectors undergoing professionalization have included education, health, social work and medicine (Sealander, 2003; Hammack, 1999), a process that continues to the present day.

Most proponents of philanthropy point to the potential of foundations to strengthen pluralism as the prime justification for their continued existence (Anheier & Daly, 2007; Fleishman, 2007; Frumkin, 2005; Schramm, 2007; Prewitt, 1999; Douglas &

Wildavsky, 1978). Foundations, having no accountability through electoral or market mechanisms, are able to act with an independence which allows them to fund and give voice to a diversity of groups, individuals, and causes which might otherwise not have any widespread support. Fleishman argues that limiting the freedom of foundations would "significantly diminish the robustness and creativity of America's non-profit sector and indeed… [the] economy and society as a whole" (2007: xviii).

Cohen (1999) posits that this autonomy from the public domain has, in many instances, led to a lack of communication and even a doubling of efforts as foundations attempt to carve out their own identities and protect themselves from public scrutiny. However, the freedom afforded to foundations also offers the flexibility and latitude to engage in innovative or experimental programs and social ventures which may be generally unpopular yet worthy causes all the same, outweighing the associated costs. Frumkin (1999) argues that this freedom to address needs unfulfilled by state or market mechanisms even justifies the problematic lack of any binding external evaluation mechanisms beyond the IRS monitoring payout rates.

Frumkin (2005) identifies four purposes which he argues justify the existence of foundations: social and political change; innovation; redistribution of resources; and the strengthening of pluralism in America and abroad. Anheier & Daly (2007) put forward an even longer list, adding to Frumkin's rationales the roles of substitute for and complement to state programming as well as the preservation of traditions and cultures. Earlier work by Prewitt (1999) finds that the majority of these purpose-justifications are easily contradicted as the reality of foundations' actual grant-making activity differs markedly from their theoretical potential.

Giving credit to foundations for bringing about massive social and political change may be a dramatic overstatement as participation and engagement with an issue does not equate to causal status; foundation activities can only be seen as part of the dramatic changes which have occurred over the course of the twentieth century, not as their sole cause. Furthermore, the ability of foundations to efficiently use resources for innovation and testing new ideas must be questioned when accountability mechanisms such as peer-review processes are glaringly absent, as is the case with the BMGF (Prewitt, 1999). Finally, redistribution of resources can hardly be said to occur in any

sort of a way which actually benefits the world's have-nots; most funding goes to an upper socio-economic stratum found in universities, hospitals, and research institutes to name a few. Considering that less than 0.02 percent of non-profit revenues come from foundations, these institutions can hardly be seen as forces for economic redistribution (Prewitt, 1999: 20).

Where Prewitt, Frumkin, Anheier & Daly and the other proponents (Douglas & Wildavsky, 1978; Riley, 1992; Cohen, 1999; Fleishman, 2007; Schramm, 2007) agree is on the subject of pluralism. Pluralism here refers to a variety of political and sociological theories which hold that power rests not solely in the state but rather is dispersed among a variety of actors each exerting its own influence, which when taken together defines the common good (Bevir, 2009). Proponents of foundations generally agree that the independence with which foundations can act is critical to the survival of ideas and causes that may not win votes or make money, but which remain vital to establishing more inclusive policies reflecting the needs of all.

The main thrust of proponents' arguments revolve around the implementation of further restrictions on foundation activity – more regulations or higher payout rates would in effect stifle pluralism in America. While some argue that more accountability measures need to be utilized by foundations to better reflect social needs and help philanthropy reach its full potential (Damon, 2006a; Mariano & Verducci, 2006), others argue that foundations and their founders possess the knowledge to make the best decisions – proven by their ability to amass great fortunes – and that a deregulation of the philanthropic sector should commence (Simon, 1995). Some go so far as to say that American philanthropy should be given the same treatment as financial capital in a globalized economy: all barriers to its movement should be lifted (Ruffin, 2003; Flaherty, 1995).

3.1.2 Critics

Early critics of philanthropic foundations, as noted above, feared the potential of wealthy individuals to influence social and political trends, whether in the interest of corporations (Walsh Commission) or to promote subversive un-American activities (Reece Commission). Populist criticism spearheaded by Patman in the 1960s focused on the

abuses of tax privileges to further personal business interests and interfere with politics spurred the regulatory environment created by the Tax Reform Act of 1969.

In the late 1970s and early 1980s a new group of scholarly critiques emerged, arguing against foundations from the theoretical standpoint of Gramscian Marxism. The main thrust of the neo-Gramscian critique holds that foundations – especially Carnegie Corporation, Rockefeller Foundation and Ford Foundation – work to maintain and promote American capitalist hegemony and cultural imperialism at home and abroad (Arnove, 1980; Fisher, 1983). In other words, critics regard foundations as responsible for seeding public institutions with the ideas and ideologies most beneficial to the interests of the upper class. These ideas and ideologies are then absorbed by the rest of society as common sense.

As the Protestant work ethic lost salience at the turn of the twentieth century, rich industrialists sought to use their money, laundered through foundations, to manufacture the ideology necessary to maintain capitalist hegemony (Marks, 1980) and the racial status quo (Anderson, 1980) in America. The construction of cultural hegemony and spread of Western imperialism by foundations occurs through a variety of means: Western medicine (Brown, 1980), academic exchange (Berman, 1983; Parmar, 2002), policy formation and organization (Colwell, 1980), control and direction of the development of social science and legitimate fields of study (Slaughter & Silva, 1980; Fisher, 1983), structural-functionalist ethnography (Fisher, 1986; Salamone, 2000), agricultural improvements (Berman, 1983) and institution building in developing countries (Berman, 1977).

Examples often cited by critics of foundations as evidence of collusion with American foreign policy and the promotion of global capitalism include Rostow's *Stages of Economic Growth*, written during a Carnegie sponsored sabbatical (Hess, 2003). This landmark work provided the rationale for the modernization of underdeveloped and developing countries over the last fifty years and was regarded by its author as the ideological basis necessary to stem the tide of communism. Also closely linked to the efforts against communism was the Green Revolution, technology created by Norman Borlaug through Rockefeller funding and brought to scale in India by Ford Foundation funding (Hess, 2005). Still a contentious issue today, the Green Revolution brought self-

sufficiency in food production to India at the cost of degraded ecosystems and negative health effects, increased social stratification, and a deepened dependency on the agrochemical and biotechnology firms of the developed world. Finally, the so called Chicago Boys and Berkeley Mafia – the technocratic elites who exercised the economic logic behind the brutal regimes of Pinochet and Suharto – were directly financed by the Ford Foundation (Klein, 2007).

Various factors in the late 1960s brought significant changes to the way the Ford Foundation conducted its grant-making activities: domestic discontent with foundations; a fear of further regulatory restrictions after the approval of TRA 1969; reduced family involvement in the foundation; a distancing of a formerly close relationship to the leadership India; a dissatisfaction among foundation staff with the violence and bad press brought about by its involvement with Suharto and Pinochet; and the shift within development circles to a Basic Needs Approach under the World Bank presidency of one-time Ford Foundation president Robert McNamara. Ford changed its style and embarked upon a new grant-making strategy that emphasized human rights and good governance, funding small women's groups, and local NGOs (McCarthy, 1995), providing the initial seed money for Mohammed Yusuf's Grameen Bank, and financing the World Social Forum.

During the tough economic times of the 1980s foundations were seen as potential patrons of an increasingly privatized welfare state; the rhetoric of the Gramscian critics, which attacked foundations for decades of abuses, fell on deaf ears and little came of their efforts, save for the inspiration of a renewed critique in the twenty-first century. Hattori (2003) argues that all foreign aid, understood as gifts, constructs an ethical hegemony where donors ethically judge recipients and compel recipients to accept responsibility for their own plight (153). Many other scholars began looking at the impact of foundations on social movements and civil society, citing many of the same problems with foundation influence as the neo-Gramscians had described in the 1980s. Instead of manufacturing the ideology necessary to maintain capitalism at universities and state agencies, they were now constructing hegemony by co-opting social radical agendas through the professionalization of human rights, gender and environmental activists and media (Roelofs 2003, 2007; Goldman, 2006; Feldman, 2007; Venkatesh,

2002; Guilhot, 2007) or by influencing the development of the social sciences in post-Soviet countries (Guilhot, 2007).

Ultimately, a dependence on foundation funding forces many to adopt reformist agendas rather than maintain radical anti-capitalist stances; activists who cannot sacrifice their values are radicalized further and pushed out or leave such organizations (Roelofs, 2003, 2007; RUPE, 2007; Subramanian, 2007). In addition, by funding international conferences, forums and meetings such as the World Social Forum, foundations are able to exert a controlling influence on who will be a keynote speaker and which organizations will receive travel and accommodation funding – making it significantly more difficult for radical activists and organizations to attend, let alone speak at such events (RUPE, 2007; Subramanian; 2007).

3.2 Motivation-oriented Research

The other major approach within the literature concerning philanthropy and foundations is focused on understanding the motivations behind giving and the role it plays in society. Much of this research stems from the fields of philosophy, economics and anthropology. The overarching questions among this research is, "why give?" and "what is the meaning of the gift?"

Auguste Comte coined the term *altruism* to describe a gift of "money, time or some other commodity contributing to the well-being of another," made without coercion and without any obligation or expectation of future reward (Kennett, 1980a: 184). Durkheim, a student of Comte, sought to understand social solidarity – the bonds that hold together and create an integrated society – and his nephew Marcel Mauss argued that the ties of reciprocity created by gift exchange formed a fundamental source of social solidarity in all societies. For Mauss, there is no free gift, no altruism. The gift is a form of exchange which obligates reciprocation, thereby acknowledging and affirming social solidarity. It is also a sacrifice whereby the benefactor gives up material goods for social benefit. By accepting a gift, the recipient incurs a moral debt which can only be settled by returning the gesture.

Sahlins (1972) sought to expand upon Mauss' work, categorizing and differentiating gifts as a form of economic exchange based on trust, social distance and the level of expectation for return. Sahlins' model lists three types of reciprocity –

general, balanced, and negative. General reciprocity, a gift made without any expectation of future return, requires the highest degree of trust and closest social distance. Balanced reciprocity encompasses all types of unspecified gift exchanges with greater social distance and less trust, while negative reciprocity demands immediate reciprocity as trust and social proximity are minimal. For these structuralists, the motivation to give is explained away by pointing to the social function of the gift. However, structuralist theory still begs the question, why give?

Some suggest that the motivations and methods of the philanthropists at the turn of the twentieth century which gave rise to modern philanthropy can be traced to the changes in secular and religious moral imperatives emerging during the Enlightenment (Hamer, 2002; Hewa, 1997; Herman, 1999). Hamer suggests that these developments provided philanthropists with a framework by which to determine appropriate moral behaviour as wealthy individuals.

Others argue that philanthropy serves as a marker of status and means of constructing one's identity (Ostrower, 1995; Herman, 1999). Herman suggests that philanthropists engage in a moral economy of wealth, appropriating appropriateness as a way to make moral sense of their money, power and privilege. Through giving they are able to symbolically transform power and property into propriety (Herman, 1999: 254). In the process a moral identity is constructed: the "better angel" of capitalism which ultimately serves to demonstrate the promise and purpose of wealth. The moral character of the beneficent elite is measured against a morally abject other – the greedy, the sloth, the miserly, the weak – which simultaneously identifies the cause of an individual's material or moral poverty. In this sense, philanthropy provides a symbolic justification for the inequalities of capitalism beyond the amelioration of material needs spoken of earlier, as self-fulfillment through selflessness.

Alternatively, Hewa invokes Weber's *Protestant Ethic and the Spirit of Capitalism* to assert that the philanthropists of the late nineteenth and early twentieth centuries were merely rationalizing their Protestant religious beliefs in the practice of giving, and not intentionally promoting any ideology which would further the interests of the dominant class (1997: 421). The underlying desire to act as God's stewards of wealth required the robber barons to make productive gifts of social utility, which would not be

consumed, but help realize God's potential glory in humanity while employing reason and rationality rather than emotion. For Hewa, philanthropy is motivated by a higher calling: a duty to God.

On the opposite side of the spectrum from altruism, rational choice theorists like Gary Becker posit that human actions are motivated by a desire to maximize gain to the individual at the lowest cost after rationally weighing the associated costs and benefits. Giving ceases where an extra dollar given does not achieve the same utility as a dollar devoted to another purpose. The gift is merely a rational calculation of maximum benefit. This view of selflessness renders giving – an act of compassion – as an act of consumption. The motivation to give becomes a function of what can be gained and is misrepresented as a unilateral exchange value without attention to cultural obligations, emotion, morality or empathy (Boulding, 1962). The problem for foundations and philanthropists is not an issue of motivation – it is their mandate to give. The more important question is whom to give to, for what reason, and how to do it responsibly and ethically with successful results.

The equilibrium of reciprocity becomes problematic when applied to modern philanthropy and foundation grant-making. Hattori (2001) asserts that the relationship between a donor and recipient in international aid is fundamentally based on material inequality, which renders developing countries incapable of reciprocation. As the social obligations which moderate gift exchange are suspended, recipients of foreign aid become trapped in moral debt as they accept gifts which cannot be returned, reproducing and normalizing the dependency and subordination of aid recipients. Donors exercise a moral judgement of aid recipients, determining which countries constitute the deserving poor (Hattori, 2001).

3.3 Significance of the literature reviewed

The literature on philanthropic foundations presents compelling arguments both for and against these unique institutions. Certainly pluralists present a persuasive defence of foundations, citing the potential they offer for supporting and representing causes neglected by electoral or market mechanisms. The BMGF is an obvious example of this effect in action with its efforts to orchestrate the production and delivery of vaccines affecting the world's poor through GAVI. However, supporters of foundations have also

turned a blind eye towards the many abuses of foundations and the influence which the wealthy are able to bring to bear on democratically elected officials.

Critics of philanthropy and foundations make valid claims against foundations and private philanthropy, noting the dangers of permitting the world's wealthiest to define some notion of the common good and in doing so maintain existing social orders of inequality. Nevertheless, critics overlook the benefits brought to fruition by foundations just as proponents have dismissed any negative effects. Whether or not the actions of individual philanthropists or foundations can be judged as acceptable remains a moot point: foundations give money, are doing so at present and probably will continue to for some time to come.

The beginning of an approach which addresses foundation philanthropy in a global context may be found in Mauss' theory of reciprocity. The theoretical significance of reciprocity is strongest when used to explain the significance of gifts at a micro scale, but unfortunately loses some intelligibility when applied to the government of entire populations. In Mauss' formulation of the gift as a relationship we may begin to examine power as a dynamic relationship rather than something to be wielded, held or exerted.

Hattori's (2001) assessment of foreign aid as a non-reciprocal gift embarks adopts this approach, utilizing Bourdieu's concept of symbolic domination and neo-Gramscian analysis to conclude that giving reproduces the hegemony of the existing unequal international political order. Hattori asserts that by accepting gifts of aid, developing countries are signalling their consent to a subordinate position to donor countries and are left with no choice but to carry out the activities demanded of them by their patrons. While a compelling and interesting account, this position overlooks the potential agency of recipients in this relationship, equating the ability and desire to give to the needy with sovereignty over subjugated states.

In such critical accounts of foundations and philanthropy, power is presented as a zero-sum game whereby an increase in power for the wealthy results in a decrease in power for the poor. However, if we are to understand the gift – and power – as a relationship and process, neo-Gramscian analysis stands unfortunately ill-equipped to grapple with the complexities of present realities. The fragmentation and complexity of the current aid environment, dominated by new players such as PPPs, requires a

theoretical framework which can move beyond the poles of coercion and consent, underscoring the active agency of aid recipients while examining the diffusion of power through a globalized system of government with no clear center.

Governmentality offers a unique theoretical lens to study the dynamics of power between actors as an expression of the underlying mentalities of rule. Through an analysis of government and its rationalities, "the specific conditions under which particular entities emerge, exist and change" are exposed (Dean, 1999: 20), and the targets of government are recast as active and empowered participants in their own informed self-conduct. The next section within this chapter discusses governmentality as a theoretical framework, tracing and defining many of its key concepts, establishing a conceptual basis for an analysis of GAVI as a process of government in the final chapter.

3.4 Governmentality

Foucault's lectures at the Collège de France in 1978 and 1979 mark the beginning of the development of his concept of governmentality. Few of these lectures have been published in English and the audio tapes of these lectures are only available at the Foucault archives in France. Despite the inaccessibility of these lectures a lively debate continues today, especially within Anglophone sociology. In this section I will provide, as briefly as possible, a concise account of Foucault's concept of governmentality. This will establish a theoretical basis for arguments and analysis put forward in the final chapter of the present research.

Government for Foucault does not signify a political entity: government is foremost an activity, a practice not limited to the functions of the state but carried out at multiple sites. As a practice, government can most succinctly be understood as *the conduct of conduct*. Conduct in the first instance can be related to the French *conduire* – to drive, to direct – and in the second instance to *comportement* or *se comporter* – behaviour and self-conduct, or to conduct one's self. So at a very basic level government is the direction of the behaviour of individuals and their self-conduct, a process emerging from the interaction between *savoir* and *pouvoir*, or between accepted knowledge and acceptable interventions.

In the word governmentality we may identify a semantic synthesis of two ideas: *gouverner* (to govern, governing) and *mentalité* (ways of thinking, modes of thought).

Foucault makes this linkage to reinforce the mutuality of these dual elements of government, which cannot be studied in isolation but must be understood and analyzed in relation to each other. To intervene requires the construction of a discursive terrain upon which to act, and to represent a problem assumes the need for intervention informed by a particular political rationality. Governmentality, according to Foucault can be defined in three ways:

1. The ensemble formed by the institutions, procedures, analyses and reflections, the calculations and tactics that allow the exercise of this very specific albeit complex form of power, which has as its target population, as its principal form of knowledge political economy, and as its essential technical means apparatuses of security.
2. The tendency which, over a long period and throughout the West, has steadily led towards the pre-eminence over all other forms (sovereignty, discipline, etc) of this type of power which may be termed government, resulting, on the one hand, in formation of a whole series of specific governmental apparatuses, and, on the other, in the development of a whole complex of *savoirs*.
3. The process, or rather the result of the process, through which the state of justice of the Middle Ages, transformed into the administrative state during the fifteenth and sixteenth centuries, gradually becomes 'governmentalized'." (Foucault, 1991: 102-103)

Drawing on two centuries of anti-Machiavellian literature, Foucault demonstrates a shift beginning in the sixteenth century, where conceptions of rule moved away from relations of force intended to maintain the Prince's sovereignty over a principality to an art of government no longer subordinate to the problematic of the Prince (Foucault, 1991: 89). This notion of rule, which perceives a plurality of modes of government immanent to the state, concerns itself with introducing the concept of economy into the management of the state. In the sixteenth century the term economy referred not to some separate sphere of social relations but to an action: the correct manner of managing individuals, goods and wealth within the family unit. In this sense, governing with economy suggested applying the same meticulous attention a father would employ in the management of the household to the management of the state (Foucault, 1991: 92).

The art of government can be understood as seeking to attain "the right manner of disposing things so as to lead… to an end which is 'convenient' for each of the things being governed" (Foucault, 1991: 95). Government is not an

issue of sovereign rule over a territory, but a matter of the management of a 'complex of men and things' – their relations and connections; their wealth, resources, livelihoods and land; their customs, habits and ways of thinking; and their health, safety and lives – with the ultimate intent of sustaining and optimizing all of these processes for the benefit of the entire population. In this respect, government can be differentiated from the circular exercise of sovereignty: the goal of sovereignty is submission to sovereignty; its ends are achieved through its exercise and enforcement of laws. For government, laws are merely one set of tactics among many employed to achieve a range of specific finalities, ends which have become the objectives of government (Foucault, 1991: 95).

Initial attempts at implementing the art of government – through Mercantilism, then later Cameralism – were unable to escape juridical notions of sovereignty as the prime reason of state and were limited by an economic model based on the family which lacked the ability to make sense of bigger political and financial difficulties. However, as Europe experienced demographic growth and an increase in wealth during the eighteenth century, statistical data and collection began to demonstrate the existence of an entity beyond the function of sovereignty: the population. This was an entity with its own intrinsic characteristics and effects irreducible to the family. This social phenomenon, the population and its overall welfare, became the end toward which government was to work, and family was merely one instrument of government rather than a fundamental underlying logic. The process of shifting away from structures of sovereignty required a new *savoir* capable of comprehending and managing the relationships between population, territory and wealth, a need fulfilled by the emergence of political economy (Foucault, 1991: 101).

Political economy and the liberal government of the eighteenth and nineteenth centuries perceived the relationship between the state and society as one in which the rights and liberties of the individual, *homo oeconomicus*, must be protected and secured from state interference. This economy of polities was ascribed with fundamental laws and rules; state regulation upset this natural balance. Emerging in the twentieth century, neo-liberalism – rooted in the economic thought of the Freiburg and Chicago Schools of

Economics – shifted away from a naturalistic understanding of economy as a distinct and separate social domain, to a view of economy as the underlying principle of all social behaviour, whether among individuals, communities, institutions or the state. Economic logic applied to practices of government provides the ability to weigh and evaluate the most efficient allocation of scarce resources.

Neo-liberalism should not be mistaken for the economic shock therapy of Reaganomics and Thatcherism alone; the acts of reducing the welfare state through tax cuts for the rich and cutting social spending are technologies of government which are comprehensible under and compatible with the governmental rationality of neo-liberalism. Neo-liberal governmentality suggests a broader, more far-reaching reconceptualization of the conduct of conduct. Some important aspects of neoliberal government include the responsibilization of individuals, the attainment of security through the management of risk, and the conduct of rule through the powers of freedom (Rose, 1999; Dean, 1999; Lemke, 2001).

These concepts shall be returned to in Chapter 5; however a brief definition may help to add some clarity. Responsibilization signifies the process by which individuals perceive and mobilize their own responsibility in mitigating or preventing potential risks to the self, based on knowledge attained through a wide variety of sources – family, friends, the media, professional experts, institutions and state agencies (Rose, 1999; Lemke, 2001). For example, the responsible individual avoids lung cancer by giving up cigarettes on the advice of the family physician and family pleading. The state continues to assert responsibility by regulating various aspects of the risky behaviour with punitive incentives. In the case of smoking, fines are given for smoking in public locations and selling cigarettes to minors, and high surtaxes are placed on the product to cover the future cost of health care, making the cost of smoking outweigh any potential benefits while discouraging the practice. However, the individual maintains the right to choose to smoke, as long as particular rules are followed. It can be observed that the underlying assumption immanent to the technologies of the government of smoking – in this case taxes and fines – is one which regards social behaviour as an activity determined by an individual's assessment of costs versus benefits.

Using the same example, we can detect a particular shift in notions of security between liberal and neoliberal mentalities. In the first instance, liberal security would entail securing the liberty of the individual from state intervention – in this case to engage in smoking without interference by state regulations. As a way to protect the liberty of smokers and non-smokers, liberal government might regulate public spaces to accommodate both behaviours and provide spaces for smokers and non-smokers. However, with enough statistical data to demonstrate the negative impacts of smoking on the entire population, liberal government would seek to completely eliminate the risky behaviour, prohibiting the activity and penalizing the individual through legal action. On the other hand, neoliberal governmentalities regard the complete elimination of aberrant behaviour as impossible, even when the costs heavily outweigh any benefit to the individual. As such, the means of intervention shifts from the proscription of risky behaviour among individuals by direct control to one of indirect means through limited interventions based on choice.

It is through this act of choice that neoliberal governmentality asserts a more or less indirect form of rule. By utilizing technologies of intervention which compel individuals to make choices in their own best interest – guided by (sometimes) expert knowledge – individuals are rendered free yet governable, free to choose though not free from desire. In order to make the best possible choice the individual must wilfully subject themselves to the power of the expert. It is through such acts of self-imposed subjection to the domination of another that power operates in neoliberalism. This is not to say that the individual cedes their own power or agency; rather, they choose to be a participant in their own self-care. However, the power to choose entails self-subjection to the domination of an authority – the expert.

In the process of government expert knowledge plays a vital role in influencing the various choices made by individuals in an attempt to achieve their aspirations for success. Studies considering technologies of governmentality have, for the most part, limited analysis to the relations between the individual and specific practices government. I will attempt to extend this analysis to consider how expert knowledge, transmitted through GAVI, produces recipient states as responsibilized actors, knowledgeable of and better able to govern their populations. Furthermore, I will attempt to highlight the

underlying shifts in governmental rationalities evident in the emergence of GAVI. In order to arrive at these conclusions, the following case study provides an account of global vaccine programs leading up to the formation of GAVI and presents details of GAVI programs, funding and disbursements, goals and principles and application and reporting procedures.

Chapter 4: The Global Alliance for Vaccines and Immunizations: A Case Study

The Global Alliance for Vaccines and Immunizations (GAVI), with its mission to save children's lives and protect people's health by increasing access to immunisation in poor countries, is the most recent of several globally orchestrated attempts to improve health through vaccinations. What separates GAVI from previous immunization efforts is more than just the enormous sums of money put into it by the BMGF. GAVI represents a successful case of the growing trend towards Public-Private Partnerships (PPPs), especially in the field of global health – formerly the doggedly guarded territory of the World Health Organization (WHO). GAVI's emergence also reflects the fragmentation in global health interventions – a trend marked by the growing role for philanthropic foundations and private companies and an increasing utilization of business principles and technological solutions in development activities.

Since its launch at the World Economic Forum in 2000 with a whopping $750 million BMGF grant, GAVI has helped avert 5.4 million future deaths and prevent an even greater number of disabilities and illnesses by supporting routine immunizations against hepatitis B, haemophilus influenzae type b (Hib) and diphtheria/tetanus/pertussis (DTP3) along with further support against measles, yellow fever and polio. This PPP – which includes representatives from multilateral institutions, OECD donors, developing country governments, civil society organizations and vaccine manufacturers from the developed and developing nations – has managed to disburse over $2.2 billion to over 70 countries in just ten years, clearly positioning the GAVI at the forefront of the global efforts to immunize children against preventable infectious diseases.

This chapter presents a case study of GAVI, describing the various factors contributing to its emergence and outlining the policies and procedures which underpin its programmes and activities. Of prime importance will be understanding the composition and governance of GAVI and the rationales at work behind programs and GAVI eligible application/reporting requirements. The content of the case study provides the basis of further analysis utilizing Foucault's concept of governmentality in the final chapter.

4.1 Global Immunization Efforts at the Close of the Twentieth Century

While GAVI today widely touts its approach to immunizations and vaccinations as novel and innovative, it is by no means the first globally concerted effort to improve overall vaccination rates. The Rockefeller Foundation and the WHO were the major players in this domain over the course of the twentieth century. Riding high on the success of smallpox eradication, the WHO launched its Expanded Program on Immunization (EPI) in 1974, a major initiative which sought to immunize the world's children using proven and safe low-cost vaccines. At that time, fewer than 5% of children below 13 months of age were immunized against diphtheria, measles, tetanus, whooping cough, polio and tuberculosis. Following initial EPI successes the WHO and UNICEF – in a tense yet successful partnership – sought to accelerate immunization rates even further, launching the Universal Childhood Immunization initiative (UCI) in 1984. The UCI set a target of immunizing 80% of the world's children by 1990, which it achieved.

While the UCI successfully garnered donor support, once UNICEF declared its 80% goal 'achieved', funding quickly dried up. Many factors are involved: the declaration of 'mission accomplished' with the simultaneous WHO Polio Eradication Program in high gear may have shifted donors to the next new cause; the spectre of HIV/AIDS further drew attention away from regular immunizations; and donors may have simply been tired of giving – the chronic problem of 'donor fatigue'. To make matters worse, serious exaggeration and misreporting had occurred on the part of UNICEF. The 80% coverage rate was in reality a global average and the targeted immunization rate had actually not been attained in 107 countries (Hardon & Blume, 2005).

UNICEF followed up the UCI with the Vaccine Independence Initiative (VII) in 1991, which again shifted the vaccination and immunization imperative – this time to long-term financial sustainability. Under the VII, governments were required to allot parts of their national budgets for vaccination programming. The amount a given country was required to set aside depended upon the size of their GDP and population, meaning that low-income countries would be eligible for more financial support than middle-

income countries. The VII was somewhat successful for middle income countries, but the poorest countries continued to fall behind 9in immunization levels.

Hardon and Blume (2005) recall that this early shift to vaccinations and immunization stirred debate among international public health experts, many of whom were concerned that neglecting comprehensive primary healthcare would leave both developing nations and local communities voiceless in determining their own health needs, burdening health care workers with the implementation of immunization strategies on the ground while still being responsible for carrying out their regular duties. Proponents made the argument, and continue to do so today, that strengthening the infrastructure necessary to carry out immunizations presents a vital starting point from which to improve existing components of health care.

Despite the larger debate over immunization programs versus health system funding, in the 1980s many observers began to identify larger fundamental problems in the research and production of vaccines, the implications of which caused great controversy. Many had hoped that the biotechnology revolution which began in the 1970s would lead to dramatic improvements in the vaccines most needed in the developing world. Several factors prevented such hopes from being realized. The Reagan era saw decreased funding for public vaccine research in America, and a withholding of funds previously committed to the WHO. Despite the creation of a Program for Vaccine Development (PVD) within the WHO, the budgetary shortfall meant that even basic research was significantly hindered.

Furthermore, the policies of deregulation and privatization ushered in under Reagan brought about the rapid consolidation of biotech firms and pharmaceutical manufacturers into massive transnational and multinational corporations based in the US and Europe. Previously, many private vaccine manufacturers had viewed their product as a quasi-public service, manufacturing and selling vaccines for less than their full market value (Muraskin, 1996b: 1721). In the wake of this consolidation, massive transnational pharmaceutical companies took over the research and development agenda of vaccines and immunizations, applying the rationale of profit-maximization in the process. This meant that only vaccines with a high-profit potential were considered worthy of expensive research and development costs; vaccines for northern markets took

precedence over those beneficial to the developing world (Hardon & Blume, 2005; Muraskin, 1996a, 1996b, 2002).

Compounding the problem was a lack of communication among researchers, vaccine manufacturers, and the organizations that were procuring and delivering vaccines on the ground. Researchers knew little about the difficult and expensive processes involved in converting their basic research into a deliverable product and generally conducted their investigations without consulting producers or considering the costs of clinical trials, licensing, packaging, marketing or shipping. On the other hand, manufacturers were only paying attention to what was considered profitable research (as alluded to above). Those responsible for delivering vaccines were not consulted by either group and had to make do with whatever the existing system produced.

For a minority of scientists, experts and activists the problem was more complicated than merely increasing vaccine coverage: the disjuncture between various players in vaccine research, development, and distribution was preventing the utilization of existing knowledge and the exploration of potential technological advancements. Calls were made for the development of an inexpensive, single injection, multi-antigen vaccine which would be easily administered by untrained workers and heat stable at tropical temperatures. Key leaders at the Rockefeller Foundation and UNICEF proposed a Children's Vaccine Initiative (CVI), hopeful that sizeable funds from UNICEF would be made available to support applied research – an attempt to bring public funds into the sphere of product development.

The CVI was launched in 1990 with the intent to remedy the dysfunctional vaccine production system. Jim Grant, former Executive Director of UNICEF, referred to this as connecting the "bench guys and the bush guys" (Muraskin, 1996b: 1729). A Children's Vaccine seemed a logical rallying point for multilateral organizations, private companies, donor countries and the general public. Who could resist the protection of children? Key partners in the CVI included the WHO, UNICEF, the Rockefeller Foundation, the UNDP, the World Bank and the International Federation of Pharmaceutical Manufacturers & Associations (IFMPA)[6]. Despite much initial

[6] The IFMPA is a non-profit organization representing various national and regional pharmaceutical industry associations as well as the leading twenty-five international pharmaceutical companies.

optimism, however, the CVI was plagued by tremendous internal strife, crippling any potential for successful partnership.[7]

The WHO felt its authority challenged and was on the defensive; particularly troubling was the expansion of UNICEF into vaccine research. WHO officers looked suspiciously upon unspoken alliances between UNICEF/UNDP and the World Bank/Rockefeller Foundation (Muraskin, 1996b: 1733). Moreover, the very existence of the CVI as a separate entity from the WHO was a *de facto* criticism of the effectiveness of its PVD. European parties were also extremely suspicious of the CVI, regarding it as an American project intended to further American scientific and commercial interests. By 1994 the CVI was formally incorporated into the WHO, further alienating private sector partners; the CVI mission changed from seeking out a Children's Vaccine to introducing existing vaccines to developing countries (mainly the Hib vaccine), finally becoming more of an advocacy partnership (Bull and MacNeill, 2007: 77). With Gro Harlem Brundtland's installation as Director-General of the WHO in 1998 expectations were high that the CVI would be reformed, with an increased role for industry. However, many were shocked when Brundtland abruptly terminated the CVI without open dialogue or debate, leading to formal letters of protest from the CEOs of the four largest vaccine manufacturers at the time (Muraskin, 2005).

Meanwhile, a Seattle-based NGO called the Program for Appropriate Technology in Health (PATH) sought to initiate a new international vaccine initiative. Particular individuals at PATH were able to inspire Bill and Melinda Gates to enter the field, encouraging the BMGF's creation of the Children's Vaccine Program (CVP) at PATH (Sandberg et al., 2010: 1353). When key individuals from the CVI sought to reorganize their partnership into what would become GAVI, Gates' CVP provided the necessary funds to prevent interagency competition and promote further cooperation (Muraskin, 2002: 154). As the new alliance emerged the BMGF played a vital role in its institutional formulation and eventually took on a central and active management and policy-making role. Tore Godal, a Norwegian health minister, was also vital to the emergence of GAVI, bridging some of the lingering fissures from the CVI (Sandberg et al., 2010).

[7] For a detailed account of this compelling story, see Muraskin 1996a, 1996b, 2002, 2005.

4.2 GAVI: A Global Health Partnership

By bringing together the skills and expertise of the various public and private sector agencies, institutions, and organizations, GAVI asserts that it can overcome the weaknesses and obstacles faced by each. Through such collaboration GAVI aims to accelerate access to existing but underused vaccines while introducing new vaccines and immunization technologies, to strengthen the capacity of health systems to deliver immunizations and other health services, and to provide predictable and sustainable long-term financing for national immunization programmes while continuing to expand GAVI's relevance through improved efficiency, advocacy, and innovation.

4.2.1 GAVI Operating Principles

GAVI operates under twelve principles which are intended to guide its activities and financial support. These principles iterate GAVI's commitments to contribute to the achievement of the Millenium Development Goals and to be consistent with the Paris Declaration on aid harmonization, while being innovative, flexible and results-oriented. Most significantly, GAVI is committed to "support nationally-defined priorities, budget processes and decision-making" (GAVI Alliance, 2008a: 7), signifying that it does not seek to directly govern recipient states but is more concerned with ensuring that the governmental mechanisms needed for national vaccination programmes are in place and contextually relevant. The complete list of operating principles is available in the Appendix 1.

4.2.2 Funding and Disbursements

GAVI is supported financially by a number of countries (mostly North American and European OECD countries), the International Finance Facility for Immunization (IFFIm), other private donors, and the Bill and Melinda Gates Foundation. From 2000-2009, GAVI received US$ 4.49 billion in direct contributions, of which BMGF accounts for 25.4% and IFFIm proceeds account for 34.7%. Major government donors include the USA (12.7%), Norway (9.8%), the Netherlands (4.3%) and Canada (3.3%). In this same period GAVI has disbursed over $2.2 billion to more than 70 countries (GAVI Alliance, 2011a).

IFFIm was created in 2006 with major support from the United Kingdom. Further legally binding pledges from France, Italy, Spain, the Netherlands, Sweden, South Africa and Norway have raised a total of US$ 5.9 billion for immunizations, to be paid out over the next 23 years (IFFIm, 2011) under legally binding agreements. With this combination of secure funding commitments and treasury management provided by the World Bank, IFFIm is able to convert these pledges to cash by issuing triple-A rated bonds leveraged against donors' commitments. Grants paid out from the cash raised through IFFIm bonds provide a very predictable source of funding for the purchase of vaccines today, which avert future suffering (GAVI Alliance, 2011c).

Another major funding innovation utilized by GAVI is the Advance Market Commitment (AMC), which seeks to overcome disincentives to manufacturing vaccines for developing countries. For example, an AMC for a pneumococcal vaccine was initated in June 2009 with a total commitment of US $1.5 billion from Italy, the UK, Canada, Russia, Norway and the BMGF. GAVI will add another $1.3 billion to this AMC, providing vaccine manufacturers with an incentive to invest in vaccine research and expand manufacturing capacity. GSK and Pfizer have signed legally binding agreements to provide 600 million doses of pneumococcal vaccine to GAVI-eligible countries at a maximum price of $3.50 per dose over the next ten years, which is about 90% less than the cost of this vaccine in developed countries (GAVI Alliance, 2011c). Pneumococcal vaccine manufacturers are entitled to an additional $3.50 per dose from the AMC funds for the first 20% of committed vaccines. Recipient countries are required to co-finance the cost of the pneumococcal vaccines. As more firms enter the market to meet developing country demand, it is expected that the price will drop, making the pneumococcal vaccine more affordable to non-GAVI countries.

As GAVI continues to capture the attention of bilateral donors, its funding grows. GAVI has indeed been able to raise significantly the amount of donor funding directed towards immunizations. However, this has also resulted in the WHO facing considerable challenges to access bilateral funding for non-GAVI immunization priorities (CEPA, 2010).

4.2.3 Alliance Board Membership

With membership drawn from a range of partner organisations, as well as experts from the private sector, the Board provides a forum for balanced strategic decision making, innovation, and partner collaboration. The Board consist of representatives from donor countries, developing countries, vaccine manufacturers of developed and developing nations, the World Bank, WHO, UNICEF, technical and research institutes, civil society organizations (CSOs), and of course the BMGF. GAVI is governed by the GAVI Alliance Board, which is responsible for setting all policies, overseeing operations and monitoring programme implementation (GAVI Alliance, 2011b).

The four founding partners of GAVI – UNICEF, WHO, the World Bank and the BMGF – have permanent seats on the Alliance Board. The rest of the seats on the Alliance Board are non-permanent. Each partner brings a specific strength to the partnership. UNICEF is responsible for vaccine procurement and delivery. The WHO provides expert knowledge for the purposes of standard-setting in vaccine research and development, vaccine regulation and quality, immunization financing and immunization system strengthening. The World Bank engages in policy dialogue with ministries of finance and ministries of health in support of immunizations and new vaccine development, offers loans and credit to developing countries for immunization programming, and provides consultation services concerning financing mechanisms for accelerated vaccine development (GAVI Alliance, 2011b). The BMGF has committed $1.5 billion to finance GAVI activities and plays a vital role in convening the talent, resources and political will required to undertake GAVI's ambitious goals.

Donor countries are assigned five seats on the Alliance and are rotated within within sub-groupings. These sub-groupings are: USA/Canada/Australia, UK/Norway/ Ireland, Italy/Spain, France/Luxembourg/European Commission/Germany, and Netherlands/Sweden/Denmark. All of these representatives are highly trained and experienced individuals with backgrounds in medicine, public health, and international development. Their primary responsibility is to advocate for an adequate channelling of ODA to health purposes, but they also work towards ensuring that international development policies related to immunization emphasize the needs of the world's poor, that health is prioritized in poverty-reduction strategies, and that the need for vaccinations

is communicated to national governments as well as their health provision and research institutions (GAVI Alliance, 2011b).

Developing country government Alliance Board members are not sub-grouped in a comparable manner, but have been chosen in a geographically diverse way to represent the overall constituency of GAVI-eligible countries. These members liaise with their regional peers, keeping countries up to date with GAVI activities and policies, advocating for immunization and sharing regional views with the Alliance Board. Currently, developing country Board members hail from Nicaragua, Yemen, Vietnam, Rwanda and Chad. These representatives are all highly trained and experienced individuals, with all but one having degrees in medicine and public health. All of the current developing country Board members also serve as Ministers of Health for their respective nations. Past board members have been drawn from Armenia, Ethiopia, Ghana, Cambodia, Bangladesh, Benin, India, Mali, Mozambique, Mongolia, Bhutan and Zimbabwe (GAVI Alliance, 2011b).

Vaccine manufacturers are given two seats, one for firms based in OECD countries and one for firms from developing countries. Currently GlaxoSmithKline (GSK) holds the seat for OECD based firms. Other vaccine producers which work with GAVI include Crucell, Novartis, Merck & Co., sanofi-pasteur, Wyeth-Ayerst Pharmaceuticals, Chiron Vaccines, and Pfizer. These companies produce the majority of the world's vaccine supply (GAVI Alliance, 2011b). With the participation and expertise of developed country manufacturers on the Alliance Board GAVI aims to foster more efficiently the development and distribution of new and under-used vaccines most needed by the world's poor.

Developing country vaccine manufacturers are currently represented by the Serum Institute of India. GAVI only works with members of the Developing Country Vaccine Manufacturers Network (DCVMN), whose members are pre-qualified by the WHO to provide vaccines to domestic and international markets. DCVMN companies currently working with GAVI are based in a number of countries around the world, including Indonesia, Brazil, Cuba, Senegal, South Korea and India (GAVI Alliance, 2011b). By including DCVMN representation on the Alliance Board, GAVI hopes to

increase the entry of vaccine producers into the market with the objective of lowering vaccine costs.

Research and technical health institutes are represented by the National Center for Immunization and Respiratory Diseases (NCIRD). Previous organizations holding this seat have included: the International Vaccine Institute, the Centers for Disease Control and Prevention, Health Canada, Institut Pasteur and the University of Gothenburg. The intent of this seat is to provide knowledge and experience from the wider research community to the Alliance Board, notify the research community of policy directions taken by GAVI partners, provide technical staff for operations, and help build research and development capacity (GAVI Alliance, 2011b).

GAVI tries to give a voice to CSOs, organizations which GAVI values for their roles in advocacy, public policy and providing immunization services – especially in remote and underserviced areas. CSOs have contributed to the creation of GAVI policies through participation on the GAVI Board, various GAVI Board Committees, and through a consultative group which brings together between forty and fifty CSO representatives from around the world (GAVI Alliance, 2011b). However, there remains much room for GAVI to expand its engagement with CSOs at the Alliance Board level. In ten years only four CSO representatives have sat on the Board: the Bangladesh Rural Advancement Committee (current member), the International Pediatric Association, the Sierra Leone Red Cross and the Children's Vaccine Program at PATH (which was established with BMGF funding).

Finally, there are several seats occupied by private unaffiliated individuals with key expertise in fields such as investment, auditing and fundraising. These individuals play important roles as advisors, offering their expertise in developing GAVI's programming policies, financial investment and accounting mechanisms, and monitoring & evaluation tools and requirements (GAVI Alliance, 2011b).

4.3 Programs and Funding Requirements

4.3.1 Immunisation Services Support (ISS)

ISS funding is a cash investment which countries use in any way they choose, so long as the end result is increased DTP3 coverage (GAVI Alliance, 2011d). ISS recipients who

are able to exceed the coverage targets as outlined in the application process receive a cash reward for every extra person immunized under the age of 12 months. The baseline immunization data for reward calculations is provided by WHO/UNICEF. To prevent misreporting of data – intentional or unintentional – GAVI requires ISS approved countries to undergo data quality audits (DQA) in the second year of funding.

An external audit team reviews the country's data recording and reporting processes for DTP3 immunization and compare what they observe at the primary data source with data reported at the district level. When data recorded in the country matches data recounted by auditors, a verification factor of 1.00 is achieved. GAVI considers any verification factor below 0.80 to be unreliable. Independent evaluators found that in most cases, countries identified as having an unreliable verification factor under the initial DQA were able to dramatically improve the quality of their data recording by the second DQA, achieving very high verification factors in a matter of two or three years (CEPA, 2010). In this regard, the ISS program has had a positive effect on data collection in many countries.

However, on average about 50% of available ISS funds sit unused (CEPA, 2010). It also appears that ISS funding tends only have a positive effect on countries with initial DTP3 coverage between 65%-80%. The rewards available through ISS funding generally remain inadequate to provide coverage for that final, hard-to-reach 10%-20% of unimmunised people. Sustaining DTP3 coverage after ISS funding ends may prove to be a highly difficult task without continued support from GAVI (CEPA, 2010).

4.3.2 New and underused Vaccines Support (NVS)

NVS support assists countries to introduce immunizations against HepB, Hib, rotavirus, yellow fever, measles, and pneumococcus. Eligibility for this coverage is dependent on disease burden: if WHO criteria confirms that disease burden is high enough to be considered appropriate for immunization programming, GAVI will assist (GAVI Alliance, 2011d). Hepatitis B, Hib, rotavirus and pneumococcal vaccines are only provided if eligible countries are not already funding the vaccine and have achieved a minimum of 50% DTP3 coverage. Hepatitis B, Hib, pneumococcal vaccines are approved by the WHO for use in all GAVI-eligible countries, while rotavirus support is available only to Latin American and European countries. Countries with less than 50%

DTP3 coverage may apply for yellow fever vaccination support only, as they are perceived to have the greatest programmatic and safety challenges to overcome. GAVI will also provide support for second dose measles coverage as long as it is included in the country's comprehensive multi-year plan (cMYP) and has endorsement by WHO (currently only Vietnam and North Korea receive second dose measles support).

When introducing new vaccines countries receive a one-time cash grant to finance any associated costs aside from co-financing. This might include training, public information and social mobilisation, cold chain upgrades and maintenance, vaccine delivery, printing and purchase immunisation cards, or surveillance. Introducing a different vaccine presentation for the same antigen also qualifies for this type of cash grant (for example switching from the tetravalent vaccine to the pentavalent vaccine). To obtain this grant, countries must identify the activities to be undertaken in preparation for the vaccine's introduction, provide a detailed budget of introduction costs (other than the cost of the vaccines), and explain how the grant will be spent (GAVI Alliance, 2011d).

Approval of NVS support is contingent upon a country's agreement to co-finance vaccine costs, excluding second-dose measles coverage. The application for NVS support must align with national health planning and budgetary cycles, reference WHO data demonstrating disease burden, demonstrate the cost-effectiveness of the vaccine and the ability of the country to co-finance, outline how vaccine wastage and drop-out rates will be minimized, provide plans for improved injection safety, and include costing and financing plans for the purchase of vaccines and immunization services .

Co-financing is an important component of NVS programming. GAVI requires a minimum contribution from the applicant country towards the cost of vaccines and determines the size of a contribution by the country's income level (see Table 7 for a complete categorization of GAVI co-financing groups). Countries classified as "fragile states" pay US$0.10 per dose for the first vaccine, the next group of poorest countries pay $0.20 per dose, while intermediate and the least poor countries pay $0.30 per dose. All countries must pay $0.15 per dose for any additional vaccines. GAVI's objective in demanding that countries co-finance vaccines is "to encourage rigorous national decision-making and to help countries strive for financial independence." (GAVI, 2008a: 35)

Overall, the NVS program has contributed to the accelerated introduction of yellow fever vaccines, HepB and Hib while demonstrating that GAVI eligible countries are fully capable of bringing immunization programs to scale. GAVI has successfully secured pneumococcal vaccines through its AMC and made HepB and Hib vaccines much more affordable. Yellow fever vaccines have not, unfortunately, been made more affordable by GAVI and commitments from the private sector to produce rotavirus vaccines have yet to materialize (CEPA, 2010).

4.3.3 Injection safety support (INS)

INS support is offered to all 72 GAVI eligible countries already approved for at least one other form of GAVI support. Countries are either supplied with the necessary auto-disable syringes and disposal boxes needed to safely vaccinate infants (calculated according to the WHO-EPI vaccination schedule) or given a cash equivalent to purchase the materials. In order to receive INS support countries must have a national policy on injection safety in place as well as a strategic plan for the improvement of injection safety and syringe disposal, both of which must be presented in the cMYP. Support is provided for a maximum of three years for each vaccine, after which GAVI expects countries to transition to full national financing (GAVI Alliance, 2011d).

An independent evaluation found that the INS program created a positive impact in participating countries, contributing to the development of injection safety policies and an uptake in usage of safe injection equipment, which has in many cases has been sustained after GAVI INS funding concluded. Unfortunately, resource constrained countries continue to face challenge in financing safe waste management and disposal of these devices (CEPA, 2010).

4.3.4 Health System Strengthening (HSS)

HSS is also available to all GAVI eligible countries. This funding is intended to help countries overcome barriers to the delivery of, or demand for immunizations. Countries with a GNI less than $365 per capita can receive US $5 per newborn child per year; countries with a GNI above $365 per capita can obtain US $2.50 per child born per year (GAVI Alliance, 2011d). Countries are recommended to use HSS funds to: mobilize the health workforce through training, by improving motivation or by addressing

workforce shortages; organizing the management of health services, especially at local and district levels; and improve supply, distribution, and maintenance systems for drugs, equipment and infrastructure for primary health care. However a country decides to strengthen its health system is acceptable under HSS guidelines, "as long as the proposal shows how it will improve and/or help sustain immunisation coverage in the country" (GAVI, 2008a: 41).

Proposals for HSS funding must be coordinated by country's HSCC since this type of support provided by GAVI extends beyond the national level immunization program and into the wider health sector. This proposal must include an assessment of the barriers and impediments to the health system.

4.3.5 Civil society organization support (CSS)

Two types of CSS are offered. CSS type A is meant to strengthen the coordination of CSOs involved in immunization, child health care and health system strengthening, and to improve the representation of CSOs among national and regional health sector and interagency coordination committees (GAVI Alliance, 2011d). To obtain CSS type A funding countries must provide a detailed description of how they will undertake and manage a CSO mapping exercise, explaining the methodology to be used with the ultimate goal of creating a CSO database. This database documents which CSOs are contributing or might contribute to a country's cMYP or HSS efforts.

CSS type B support is currently only offered to ten countries and is still operating in its pilot phase. Type B funding enables the recipient country to enlist CSOs to assist in the the implementation of its HSS proposal or cMYP. Such activities might include provision of immunization services, training services, monitoring & evaluation, or research. Local NGOs active in child health and immunization are encouraged to submit requests for support, outlining plans for program implementation and detailed budgets. The country's HSCC is ultimately responsible for selecting which CSO will be included in the overall CSS proposal submitted to GAVI.

A general lack of clarity concerning program objectives, combined with delays in approval and disbursement of already rather small grants has caused a low level of demand for the CSS program, particularly for CSS type A funding. While there may be potential in this program to improve the level of engagement between national and

district health authorities with health related CSOs, the CSS programs are still to be fully tested and may require some fine tuning (CEPA, 2010).

4.4 Eligibility

GAVI designates countries eligible for funding on the basis of Gross National Income (GNI): those countries which had a GNI of less that $1000/capita in 2003 are eligible for support. This type of targeting is consistent with approaches utilizing the Batson-Evans grid, which won the support of vaccine manufacturers under the CVI[8]. At the time of writing there were 72 eligible countries, mostly in Sub-Saharan Africa and Asia. Of these, only East Timor receives no GAVI support, surprising pessimists who had predicted low participation rates. GAVI support is contingent upon successful submission of an expert reviewed country proposal.

4.5 Application procedures and processes

Governments of countries eligible for GAVI funding develop proposals in collaboration with their interagency coordinating committees (ICCs) for ISS, NVS and INS funding, or with their health sector coordinating committees (HSCCs) for HSS and CSS funding. Applicants must also consult with GAVI regional working groups and donor country partners. Once a proposal is completed it is submitted to GAVI's Independent Review Committee (IRC). After meeting IRC criteria the proposal is passed to the GAVI Alliance Board for final approval. Countries are informed of the Board's decision by the GAVI Secretariat, the body responsible for carrying day-to-day operations and communicating directly with countries. Countries approved for GAVI support must then submit annual process report (APRs) and successfully complete a data quality audit (DQA) (GAVI Alliance, 2008a).

Governments of GAVI eligible countries must initiate the application for GAVI support. They must then lead the development of health sector strategic plans and cMYPs in collaboration with coordinating committees (ICCs and HSCCs). Once

[8] The Batson-Evans grid, developed by Amie Batson and Peter Evans, plots countries on a graph according to their GNP and population in order to assess countries' vaccine procurement and production needs (CVI 1992). This importance of this method of distinguishing countries' immunization needs is found in the implicit conclusion that intervention should occur where markets have failed; those countries which *can* pay *should* pay. Muraskin (2002) argues that using the use of Batson-Evans grid by the CVI sent a message to industry partners that real negotiation between public and private sectors was actually possible.

countries receive HSS or ISS funding they must decide how to best utilize these resources. Another role of countries in the GAVI process is to collect data on immunization coverage and disease burden, and establish a process to involve CSOs in the implementation of health sector strategic plans.

ICCs include representatives from senior government officials, partner agencies, international donors and organizations and very often CSOs as well. Some ICCs focus specifically on immunization while others include this goal as part of a broader concern for improving maternal and child health in general. These bodies are generally chaired by senior ministry of health officials, facilitating the activities of governments and their external partners. ICCs are responsible for reviewing and endorsing ISS, NVS, and INS proposal submissions, as well as preparing and submitting APRs (GAVI Alliance, 2008a).

HSCCs are similar to ICCs in composition but are usually chaired by a planning department within the ministry of health, directing and managing activities across the health sector. HSCCs guide the development and implementation of HSS and CSS proposals in collaboration with the national immunization program, other departments in the ministry of health, ministry of finance and other partners. HSCCs also participate in the preparation and submission of APRs (GAVI Alliance, 2008a).

GAVI regional working groups (RWGs) are staffed by GAVI partner representatives, most often from WHO. The provide technical support to GAVI applicants, coordinate technical assistance to national immunization programmes, and liaise between GAVI and government representatives, informing countries of new policies or decisions made by GAVI while representing the interests of those countries to GAVI. RWGs also provide feedback to GAVI concerning new policies and procedure and offer comments on countries' annual progress report (GAVI Alliance, 2008a).

An integral part of every GAVI sponsored national immunization program, the cMYP must be submitted when applying for ISS, NVS and INS funding. The cMYP integrates a country's immunization initiatives over a period of 3-5 years into one overarching strategy with the intent of avoiding duplication of immunization efforts while linking costing and financing assessments with planning cycles to promote financial sustainability (GAVI Alliance, 2008a). As a result of GAVI's funding

requirements, over 50 countries had produced cMYPs by 2006, using guidelines established by WHO-UNICEF.

4.6 Reporting procedures

APRs are mandatory for countries receiving GAVI support; continued funding is contingent upon submission and approval of the APR. These reports are "intended to be beneficial both to the government and the external partners of GAVI" (GAVI, 2008a: 63). By conducting APRs countries, RWGs, and the Alliance Board are able to review programming achievements, examine how received funds were utilized, identify problems and constraints, evaluate the status and sustainability of financing mechanisms, forecast future vaccination needs, and measure progress against stated objectives. Such processes provide the wherewithal to improve programming and policy towards achieving GAVI's four stated goals.

4.7 Conclusion

Many observers, recalling the difficulties of the CVI were doubtful at best of GAVI's staying power. If the CVI sought to connect the "bench guys" with the "bush guys" and failed, GAVI may still be in existence today because it has found a way to bring the bank guys into the equation. Gates' money brought sustainability, cooperation and legitimacy to this somewhat quixotic endeavour to immunize the world's children through Public-Private Partnership. The legacy of previous attempts to immunize the children of the world have informed and shaped many of the ways GAVI has chosen to operate.

The story of GAVI is more than the triumph of the champions of vaccines and immunization within global health circles; it is also an example of the changing rationalities and practices of government at work in early twenty-first century. In the next chapter I will discuss how GAVI is representative of a shift among the aid community towards neoliberal mentalities of government which seek more indirect forms of rule through the responsibilization of states, risk management and conducting markets. In the case of GAVI, budgeting practices, national policy and strategy development, surveillance procedures and data collection have been key governmental techniques in producing states which better know – and thus are better able to govern – their populations. It will be seen that PPPs present a means of global government in a world

which has no clear central authority and which requires the coordination of multiple actors.

Chapter 5: Discussion

The preceding four chapters have sought to bring some rather disparate yet connected elements together. In chapter one a case was made for the relevance of foundations as significant actors in an increasingly fragmented aid environment. Chapter two presented a brief historical context of philanthropic foundations and review/critique of the Bill and Melinda Gates Foundation. The third chapter, outlining two major themes in the academic literature dealing with philanthropy, foundations and giving – legitimacy and motivation – concluded by summarizing Foucault's concept of governmentality as an alternative framework for understanding the workings of power in this fragmented global field. The preceding chapter presented a case study of the BMGF's flagship project: the GAVI Alliance, providing a concise genealogy of its emergence and detailed descriptions of its governance, programs, application procedures, and funding requirements.

This chapter will analyse the GAVI case as a site of an emergent global governmentality, underlining recent shifts from classic liberal to neoliberal rationalities evident in development interventions. Some of these shifts include the responsibilization of states as actors, conducting supply and demand in failed markets, and the management of risk and form of government.

5.1 Neoliberal health vs. liberal health

A few conceptual comparisons need to be drawn between the rationalities underlying classical liberalism and neoliberalism and how these logics differ when applied to the practice of health before fully embarking upon an analysis of GAVI. Neoliberal governmental rationalities of health arise from the problematization of classical liberal rationalities. As we shall see, the emergence of GAVI itself springs forth from the problematization of previous health policies.

Under the assumptions of classical liberalism, the inalienable rights of the individual to civil liberty need to be protected from an ever-encroaching state. As a result, the provision of health is a matter of ensuring the conditions for health and healthy living are in place; to do anything more would be an infringement on the rights of the individual. Such provisions might include clean water, functioning sewage systems, staffed and supplied clinics, trained doctors, professional standards, etc. Under this

classic liberal practice of health any improvements to the health of the population are merely by-products of state provision and policing. Health is understood in a naturalistic manner, as having an absolute and determinate goal: one can only be healthy or unhealthy, normal or abnormal. The liberal government of health acts indirectly on the health of individuals by imposing techniques of security (Osborne, 1997).

The art of governing health has rested upon a precarious balance of state provision of health – health as a right – and state policing of health – health as the regulation of action. Indeed, the introduction of the first modern vaccine – Edward Jenner's smallpox vaccine – exemplifies this difficult balance. In 1840 England began providing Jenner's vaccine to the poor completely free of charge, eventually making the vaccine compulsory for all children under the age of fourteen. Those who refused the vaccine faced severe fines and even time in prison. The policy was regarded by many as a completely unacceptable intrusion by the state upon individual liberty, to the extent that violent riots and protest broke out in several English cities and towns as late as the end of the nineteenth century leading to the abolition of penalties for non-compliance and the creation of a conscientious objector clause in English law (Wolfe & Sharp, 2002).

Neoliberal governmentalities of health, in contrast to classic liberalism, can be regarded fundamentally as constructivist in that they must work towards the realization of a social reality which is claimed to already exist. Health moves from the pursuit of normality – through the elimination of that which is abnormal – to a process of normativity whereby socially valued activity is encouraged, while activities which ought not to occur are discouraged or prevented. The indeterminate nature of health figures centrally here: health is a condition often understood in the negative (i.e. health as the absence of illness). As such, an absolute of health – a condition of perfect or completely achieved health – can never be attained, but only sought after.

This indeterminate quality is marked by a constant expansion of the field which constitutes health; as aspects of health policy come into contact with and overlap other policy terrain, the sphere of what constitutes ill-health widens further. Targets, metrics and variables are fundamental to neoliberal practices of health, which serve to represent more abstract ideas relating to financial sustainability, efficiency or supply and demand.

Some examples of such variables include recovery rates, waiting lists, waiting time, or patients treated (Osborne, 1997).

Another major aspect of neoliberal health is responsibilization, a process which mobilizes individuals to become accountable for their own health. This process should not be misread as an oppressive force; rather, it works more subtly and with creative effect, operationalizing the individual's desire and aspirations to take advantage of opportunities to improve one's condition while being a participant in the achievement of some sought after outcome. Expert knowledge is vital to this mode of government as individuals must negotiate their own identities with often competing and conflicting sources of information. Consulting trusted experts empowers individuals to engage in their own self-care.

5.2 Vaccines for Children: Problematizing the Alma-Ata Declaration and Health for All

The movement which began in the 1980s to develop a children's vaccine, the technological silver bullet to be brought to fruition by the wonders of biotechnology and culminating in the creation of GAVI, resulted from a series of problematizations of the existing international system for improving world health. A problematization of government is "the calling into question of how we shape or direct others' and our own conduct" (Dean, 1999: 27). As illustrated in the case study, various individuals from a number of institutions, organization and agencies began to ask serious questions about how to best manage the improvement of world health among populations with the greatest need. This process followed two major lines of problematization: first, the government of the existing vaccine system, especially the coordination and management of vaccine research, development, production and distribution; the second, the government of health under the WHO's *Health for All* strategy.

The decline in immunization rates of preventable diseases led many experts and immunization advocates to question how all of the various agencies, institutions and organizations working toward the production of vaccines for the world's poor could be striving for similar ends yet working in apparent isolation. Inadequacies were apparent throughout: the EPI-UCI had been unable to reach target immunization levels where they were needed the most, the PVD was incapable of producing anything more than basic

research, the lack of interest among pharmaceutical companies to develop and produce low-profit vaccines left developing countries undersupplied, and funding cuts to the WHO and American vaccine research institutions emphasized competition over collaboration. The solution which arose – minimizing competition between organizations by creating yet another organization – may have seemed counter-intuitive at first glance. However, GAVI (and its predecessor, the CVI) represent a fundamentally different approach: it conducts the conduct of the whole system of immunization for resource poor countries through the practice of public-private partnership.

The second line of problematization relates to the outcome of the Alma Ata Declaration of 1978, which called for commitments throughout the international community to support primary health care, especially within developing countries. The Declaration brought about the adoption of the Global Strategy "*Health for All*" by the WHO. The aim of this strategy was to achieve an equitable level of health permitting every person to lead economically productive and socially fulfilling lives by 2000. Significant public resources were directed into projects and infrastructure to eliminate malnutrition, unsafe drinking water, unhygienic housing and illiteracy, while ensuring access to basic health care services by increasing the number of doctors, health workers, hospital beds, medicine and immunizations.

Health for All operated, certainly by Osborne's standards, under a classically liberal governmental approach to health: it sought to act on populations indirectly by seeking to improve external conditions of health without directly interfering with individual liberties or individual state sovereignty. It was assumed that if the right conditions existed, the health of all individuals would be realized (or at least improved). The underlying conceptualization of health informing this strategy was both naturalistic and absolute: health was regarded as a right and as an achievable state of being, with particular inherent and measureable qualities.

The academic and activist champions of vaccines for the developing world engaged directly in a problematization of *Health for All*, articulating a different sort of rationality congruent with broader societal shifts toward neoliberal governmentalities occurring at the same time. Vaccine supporters eschewed the liberal rights-based perspective of health in favour of more direct technologies aimed at achieving specific,

measurable targets. While the technique applied – in this case immunization – is determinate, health retains an indeterminate quality. Receiving immunity against a disease does not qualify one as healthy; the odds of achieving good health are merely improved. The recipient of a vaccine must continue to engage in health-seeking behaviour, employing various technologies and practices upon the self.

Furthermore, vaccine advocates were able to shape a discourse of vaccination around the concept of empowerment and self-actualization which also contained a moral imperative: protecting children's lives.[9] Children occupy a unique position in that they are not able to take responsibility for their own health. GAVI continues to present the position that childhood vaccinations empower parents to better provide for their children, as their productivity is not spent on caring for sick children. Similarly, vaccinated children are said to have better educational performance, potentially contributing to their self-actualization as adults.

5.3 Immunization as a form of government

For Foucault, government is understood as "the conduct of conduct". Dean expands on this definition considerably, presenting government as "any more or less calculated and rational activity, undertaken by a multiplicity of authorities and agencies, employing a variety of techniques and forms of knowledge, that seeks to shape conduct by working through our desire, aspirations, interests and beliefs for definite but shifting ends and with a diverse set of relatively unpredictable consequences, effects and outcomes" (1999: 11). Certainly, it is plausible to identify the GAVI Alliance as one actor engaged in the practice of government through its various immunization programs.

Of greater interest is the manner in which GAVI, through the logic of partnership, has fostered a convergence among various state, non-state and supra-state actors, which has had the effect of consolidating expert knowledge while facilitating a much more inclusive and broad based response to the improvement of global health. This pooling of authority also serves to decentralize the locus of power among partners as each takes

[9] Foucault emphasizes these productive aspects of power, arguing that the existence of power does necessarily result in a loss of liberty for the individual, but on the contrary produces free individuals engaged in their own self-improvement (Lemke 2001: 5).

responsibility over its own specialized area of expertise in the overall exercise of government.

5.3.1 Conducting Market Behaviour

GAVI governs vaccine production by employing techniques to adjust the market forces regulating the supply and demand. These are determinate techniques, targeting specific vaccines for used in resource-poor settings, consistent with the neoliberal mentalities of health explained above. The rationalities informing these interventions are similar to the problematization of capitalism put forward by the Freiburg School: whereas the Freiburg School theorized that the problem with capitalism was not its irrational rationality but a failure by the state to properly regulate and manage the system by encouraging fair competition (Gordon, 1991), GAVI addresses the lack of appropriate vaccines for the poor countries not as a failure of capitalism, but as a failure to establish a socially appropriate regime of research, development, manufacturing, and distribution for vaccines within the global capitalist system. With the right combination of limited interventions based on market principles, a morally acceptable market system may be put into place.

The AMC mechanism is one technique used in an attempt to govern the supply side of vaccine production. By enticing manufacturers to enter the market through "front-loading" – offering a premium for the first 20% of vaccines produced – GAVI expects prices to drop as the supply increases, by which time developing countries will be able to purchase the vaccines without support. The willingness of GSK and Pfizer to take lead roles in manufacturing pneumo vaccines for GAVI at below market rates demonstrates that these GAVI partners are motivated by more than maximizing profits and advertising potential: this could also be construed as an instance of shaping conduct on the basis shared interests and values. However, GAVI also worked to secure the involvement of Big Pharma by making guarantees of a tiered pricing system, safeguards of against the re-export of vaccines to rich countries and the prohibition of compulsory licensing, which would ensure that manufacturers retain ownership of all associated intellectual property (Hardon & Blume, 2005).

GAVI also governs vaccine production through techniques to increase overall demand. By consolidating particular vaccination needs for all GAVI-eligible countries a

stable, predictable, sizeable demand is created. As more firms enter the market the price eventually drops to rates affordable to developing countries and presumably a sustainable market will have been constructed.

5.3.2 Responsibilization of the State

Just as individuals become responsibilized by submitting to governmental practices which require the individual to self-impose technologies of the self, so too could this be said for states, with the caveat that states are not understood in this context as unified entities, but each as a unique collection of assorted institutions and agencies with competing and changing goals and rationalities. For the purposes of this enquiry, these qualities will be bracketed within the term 'state' so as to ease and facilitate analysis.

In the case of GAVI, states become complicit in their own subjection to governmental power by applying for funding. States are not forced or continually solicited to apply but informed of their eligibility to submit applications; thus the act of applying constitutes the action of rational-choice making and wilful participation based on the advice of an expert/authority. The process of applying for funding thus renders a state governable, at least to some degree. This condition is reinforced by the desire to create a healthy population, further strengthening the country's commitment to apply the prescribed technologies.

Instead of applying technologies of the self, GAVI application and funding requirements impose upon recipient countries a series of self-applied technologies of the state. This is a process of governmentalizing government: GAVI acts upon existing governmental structures and processes – in this case national budgets and state ministries – in such a way as to conduct the state's conduct of budgeting practices, national policy and strategy development, surveillance procedures and data collection. GAVI does not directly govern states, and is committed to support nationally-defined priorities, budget processes and decision-making – as long as certain governmental techniques are put into place which serve to produce states as self-knowing entities.

The primary outcome of this governmentalization of government is an improved capability for states to know and thus govern their populations. Through this process, GAVI's explicit goals of improving child health through increased access to immunizations and strengthening health systems while contributing to the achievement of

millennium goals are met. The question remains whether or not these will be lasting outcomes, in terms of political will and/or financial sustainability. One determining factor may be the degree to which people who live in GAVI recipient countries come to assume that vaccinations are a normal part of everyday life.

5.3.3 Governing Risk

Risk, at the most basic level, is an action or condition which exposes one to potential loss or harm. For Ulrich Beck, risk is "a systematic way of dealing with hazards and insecurities induced and introduced by modernization itself" (1992: 21). As modernity progresses, risks continue to expand, both fuelled and quelled by science. Some suggest an inability of Foucauldian analysis to comprehend risk (Turner, 1997: xviii), leading to a tension between risk society and governmentality. Dean reconciles these differences by reinterpreting Beck's realist-ontological formulation of risk as a *condition* of human existence characteristic of specific types of society to a *process* which renders risk calculable and governable. For Dean, what is important about risk is not risk itself, it is:

> "the forms of knowledge that make it thinkable, such as statistics, sociology, epidemiology, management and accounting; the techniques that discover it, from the calculus of probabilities to the interview; the technologies that seek to govern it, including risk screening, case management, social insurance and situational crime prevention; and the political rationalities and programmes that deploy it, from those that dreamt of a welfare state to those that imagine an advanced liberal society of prudential individuals and communities." (Dean, 1999: 178)

GAVI governs epidemiological risks by facilitating the immunization of populations in resource-poor settings. Morbidity and mortality rates relating to targeted diseases among targeted populations provide the numeric base upon which to calculate risk and subsequent intervention. Vaccine research, production and distribution occurs through a multiplicity of sites, actors and process, requiring GAVI to seek out the prevention of risk across the entire spectrum: among the at-risk population of unimmunized children in developing countries, developing country field workers handling immunizations, vaccine producers, donor countries and among the developing country ministries as well. This entails utilizing a whole array of governmental techniques to forge some semblance of a working partnership, a vaccination community.

The status of certain populations as "at-risk" to preventable diseases and illnesses is a result of unequal distributions of wealth within and among states. In undertaking

risk prevention – rather than restoration or redress, as would be the goal of social insurance (for example unemployment insurance) – GAVI seeks to govern those mechanisms which will improve access to vaccines, rather than address inequalities of wealth.

Underlying the government of risks is a strong moral injunction to *not* engage in risky behaviour. To illustrate with a simple example used previously in the literature review, scientific evidence demonstrates that second-hand smoke not only puts the smoker at risk of developing pulmonary disorders such as cancer or emphysema, but also places other non-smokers in the same vicinity as "at-risk". Public service advertisements often try to dissuade smokers from engaging in this risky behaviour in their homes based on the immorality of rendering their children "at-risk" for these diseases despite their not participating in the risky behaviour. On the same moral grounds governments around the world have been able to ban smoking in all public spaces.

Moral injunctions exist within the government of health by GAVI as well, but operate in much different ways. Vaccines have been shown to remove the risk of contracting a wide variety of illnesses and diseases. Populations without access to basic childhood vaccines are not immoral for living without vaccines – a type of risky behaviour – as they are not living under this condition voluntarily. The moral injunction to provide the poorest populations of the world with basic childhood vaccines is aimed at donor countries with the ability to support such an endeavour and at vaccine firms to conduct themselves as morally responsible, manufacturing vaccines for those who need them despite the reality of low potential profits. There is also a moral injunction directed at GAVI-eligible countries to provide basic vaccine coverage to their citizens as a way to secure the conditions of health and improve the conditions for economic productivity within their populations.

5.3.3.1 Technologies of Risk Management

Ultimately, risks are brought into existence by the very interventions meant to abrogate them: without the existence of immunizations an illness ceases being a preventable or treatable risk, and instead remains an incalculable danger. As GAVI proceeds with the government of immunization, engaging in the surveillance of the various organizations and processes involved, new risks are identified requiring subsequent interventions.

The primary technology of risk management deployed by GAVI is immunization. By providing immunizations to children in the world's poorest countries, GAVI intends to minimize the risk of death, disability and chronic illness. Expert knowledge at GAVI suggests that even minimal increases in immunization coverage contribute to the overall immunity of the population; higher coverage rates reduce the vectors of transmission of diseases, thereby providing what is termed 'herd immunity' (John & Samuel, 2000). However, immunization as a physical act entails further risks: the further spread of diseases, especially HIV/AIDS. Through its INS program, GAVI offers countries a means to minimize this risk as well, providing funds to purchase safe disposal boxes and auto-disable syringes contingent upon the state's creation and implementation of injection safety procurement and practice policies, which many countries have been quick to implement.

Furthermore, GAVI suggests that immunizations contribute to minimizing the risks illness pose to labour productivity and education, in terms of mothers spending less time caring for sick children and better academic performance due to improved health. The degree to which GAVI's immunization programs actually minimize these risks is questionable: immunizations do not protect against unclean drinking water, poor sanitation, malnutrition, or compromised transportation and energy infrastructure. In contexts where children are continually exposed to such circumstances, immunizations may do little to minimize risks to labour productivity and education.

International financing is difficult to mobilize and sustain, and the inability to maintain donor support was a major shortcoming for the EPI-UCI vaccination program of the 1980s. GAVI has recognized the risk posed to its programming should donors fail to keep up their promised commitments. In order to eliminate this risk, GAVI requires donors to the IFFIm to sign legally binding contractual agreements that hold donors responsible for those funds in the future. This provision is seen as necessary for IFFIm to function: in order to realize the immediate financial gains to be made from issuing IFFIm bonds, GAVI needs to provide complete confidence to prospective investors.

Finally, the governmental processes GAVI governs also address issues of risk. Data quality audits (a requirement of ISS support) minimize the risk of misreported DTP3 coverage rates but more importantly lead to improved data collection and reporting

practices in low-income countries. This sort of surveillance increases the state's knowledge of its population and guides further immunization action. Likewise, by requiring the inclusion of budgetary lines for vaccines in national budgets, subject to the approval of the country's Ministry of Finance, GAVI governs the risk that low commitment to immunization programs might lead to their abandonment in the future. Including vaccinations as a distinct line in a national budget routinizes and normalizes the process and concept of allotting resources towards this purpose. cMYPs (formerly FSPs: financial sustainability plans) government processes of financial planning are governed by GAVI guidelines.

5.3.3.2 Security

The ultimate goal of minimizing risk through technologies of government is to acquire a level of security which allows for the attainment of that "right disposition of things arranged so as to lead to a convenient end" (Foucault, 1991:93). Liberal forms of government, by a process of government of the state, seek to arrive at this "right disposition of things" by securing the social and economic processes necessary to attain the welfare of the individual and by proxy the entire population. In neoliberal government we observe a different process at work: securing the very processes of government itself. This government of government, rather than securing broader social and economic processes, attempts to emplace the budgetary, policy drafting, auditing, reporting, data gathering and surveillance processes necessary for efficient and sustained government of risk.

GAVI's activities fall very much in line with a neoliberal rationality of security, which is evident through the technologies utilized in the government of risk and responsibilization of states.

5.3.3.3 Identity formation

Risk also constitutes the basis of identity formation among states. States are first identified as eligible or not eligible for GAVI support. Beyond this, GAVI-eligible countries are further designated as "fragile", "poorest", "intermediate" and "least-poor". These definitions are based upon a country's ability to co-finance vaccines, as well as political stability. Critics might point to the pejorative qualities found in the semantics of

these terms; however, these classifications do not consequently produce international hierarchies or reproduce relations of economic dominance by rich nations and multi-national corporations.

The designation of a country's risk status locates the country within a global community of actors seeking to increase immunization coverage through a host of governmental practices. The act of naming a country's status invokes the state to actively engage in a sort of analysis or reflection on its population's health, and determine the best means to achieving a better quality of life for all. Under neoliberal governmental rationalities this is very much perceived as an empowerment of the state, and is related to the process of responsibilization discussed above.

This process could be compared to Foucault's concept of *le regard*, whereby the individual wilfully seeks out the authoritative and knowing evaluation of the doctor. By undergoing diagnosis the individual's risks to health are identified, after which the individual may deploy disciplinary measures of self-government in order to achieve a better quality of life through the government of risk. The individual is empowered to take responsibility for their own health through an increased knowledge of the dangers to health posed by particular risky behaviours as well as methods of managing those risks. Individuals further exercise their agency by determining how and which risk factors will be minimized – for example, by choosing yoga rather than jogging yet continuing to smoke cigarettes – or whether to change lifestyle at all.

At any rate, the clinical comparison is not completely transferable: GAVI ascribes the identity of "fragile", or "poorest", etc. according to internationally accepted data. What is important here is that in applying for GAVI funding, eligible countries accede to the identity ascribed them by a collective of international health experts. Furthermore, by applying for GAVI funding and undertaking the required governmental practices, these states are participants to the government of their own risk, and with GAVI resources are empowered to manage the immunization efforts of their populations.

5.3.3.4 Territorialization

Rose suggests that governmentality inexorably entails a territorialisation of states, countries, populations and societies, a "matter of marking out a territory in thought and

inscribing it in the real, topographizing it, investing it with powers, bounding it by exclusions, denying who or what can rightfully enter" (Rose, 1999:57). In the case of GAVI we observe this territorialisation occurring in a very interesting manner.

The problematizations relating to *Health for All* outlined above resulted in a coalescence of expert knowledge in global health around vaccinations and immunizations, establishing vaccines and immunizations as a viable epistemological realm of health intervention. GAVI's use of GNI per capita as criteria for funding eligibility physically demarcates which populations around the globe face the greatest risks to compromised health from preventable diseases. In this respect, GAVI territorializes a community of the needy by excluding those countries which, it is assumed, are capable of providing vaccines to their populations without external support.

This is not an exclusively top-down process, however. By providing states with the guidance and funds to carry out immunization yet leaving the matter of the carrying out immunization programs up to participant states, GAVI encourages states to improve the health of its populations by utilizing the techniques and practices of government. A further process of territorialisation happens within the immunizing state as state authorities, CSOs and individuals undertake the government of health through immunization.

5.4 Conclusion: Toward a global governmentality

Foucault's original definition of government as "the conduct of conduct" presents a very open definition, in that he never qualified any boundaries limiting the scope or scale of government. Despite the absence of limitation to the application of governmentality as a framework of analysis, the majority of such studies tend to remain located within the nation-state, which is somewhat ironic considering that the majority of studies in governmentality were put forth in the 1990s during the height of scholarly and popular fascination with globalization (Larner & Walters, 2004a: 5). Few theorists have attempted to articulate a more concrete conceptualization of a global governmentality, perhaps out of a general tendency to eschew grandiose and totalizing meta-narratives or perhaps because governmentality remains more useful for analytics than theory-building.

Many researchers have, however, sought to connect globalization with governmentality. Cerny (2008) argues that global governmentality is the logical

extension of government to the international system; or more succinctly a governmentalization of world politics. In the absence of an "embryonic global state" or a fully integrated "world marketplace", the provision of order, security and public goods occurs through the "complex, multilayered, fungible and increasingly hegemonic set of simultaneous globalizing and governmnentalizing political practices" (Cerny, 2008: 221).

Ó Tuathail et al. (1998) equate global governmentality with Robert Cox's *internationalization of the state*. This perspective posits that states must relinquish sovereign power to quasi-governmental and quasi-private transnational institutions and actors in order to participate in the hierarchical negotiations which determine a consensus of global economic practices and policies. To meet the new demands of the global economy states must adjust their internal structures, and in doing so become conduits for the transmission of rules and requirements of this global economic consensus (Ó Tuathail et al., 1998: 15). Poor states have little choice or voice, as they have less power; in order to be successful in the new global economy they have no option but to internalize the practices and techniques of neoliberal capitalism. In this "clash of rules" (21), the logic of the old statist order is broken apart, creating a gap filled by a new transnational corporate order of power, regulation, discipline and production. Government merely facilitates and enables globalization to occur (15).

The problem with positions such as those provided by Cerny or Ó Tuathail et al. is that government appears to be confused with governance: power retains a more realist political quality as something to be wielded for dominance and effect, whereby an increase of power for one means the loss of power for another; governmentality is presented as a means of rule rather than the analytical tool of the researcher. Furthermore, neither Cerny nor Ó Tuathail et al. offer much in the way of a delineation of the forms of knowledge, the mentalities, practices, techniques or actors which constitute globalization as government. For Ó Tuathail et al. especially, government is conflated with neoliberal economic policies and transnational corporate dominance over the continually weakening nation-state.

Others suggest that globalization is itself a governmental rationality (Perry & Maurer, 2003; Larner & Walters, 2004b; Sidhu, 2006). When globalization is conceived of as governmentality, as that ensemble of "institutions, procedures, analyses and

reflections… calculations and tactics" (Foucault, 1991: 102) which permits the exercise of a power that targets population through their productive capacities, globalization can be wrested from the sense of inevitability and certainty so pervasive through much of the globalization literature (Sidhu, 2006).

What is common throughout these various studies of globalization and governmentality is an attempt to apply governmentality beyond the nation-state in order to better understand global processes involving a multiplicity of actors, sites, knowledge, rationalities and risks. My intention here is certainly not to present a grand theory of globalized government or global governmentalization, or to contribute to globalization debates, but to attempt a definition of a global governmentality and to uncover at least some of the ways in which government is currently being practiced at a global scale, particularly in relation to the involvement of private philanthropic foundations in catalyzing public-private partnerships.

Global government, to use a rather Foucauldian turn of phrase, conducts the conduct of conduct. This assemblage of procedures, practices, calculations and techniques carried out by an assortment of actors – institutions, state agencies, corporations, foundations, individuals, NGOs, multilateral organizations – occurring at multiple sites not limited to the nation-state and working through the overlapping interests, desires, beliefs and motivations of the various actors involved ultimately endeavours toward the well-being of a globally re-territorialized population by securing the governmental mechanisms necessary for the management of globally perceived risks.

The GAVI Alliance, as a public-private partnership, represents a coalescence of a diversity of multilateral, bilateral, global, local, private and state actors with shared commitments and motivations in the government health through various techniques related to vaccine production, development, disbursement, financing and reflection. Key to this process for GAVI has been convening power and financial stability afforded the Alliance by one of its founding partners: the Bill and Melinda Gates Foundation. This leads to some final notes and considerations regarding global government and PPPs.

Analyses of government assume that if the *savoir* exists the *pouvoir* will naturally follow. What we can learn from the present research is that a concrete materialism is at work in the processes of global government. Resources are necessary in order to finance

the processes of government, especially when conducting the conduct of resource-poor states. In some way or another, this provision of resources on the global stage requires the participation of an independent wealth benefactor. Without the moral injunctions fostered by the will of generosity, such undertakings are quickly viewed as self-interested, self-effacing actions by corporations and a further extension of capitalist hegemony by institutions like the World Bank. In this sense the Gift becomes more than an exchange relationship, benevolence, or base self-interest: we may begin to appreciate the Gift as a mode of government as well.

Ultimately, the importance of this research is that it provides insights into some of the ways in which power operates at a global scale in a fragmented, multi-layered system with no clear center of authority through a diversity of actors. Foundations have been shown to play a vital role convening state, non-state and supra-state actors where shared interest exists. This is partially a function of their autonomous control of massive financial resources, but is also related to some sense of credibility of intent: they are presently perceived to be genuine in their intent to solve the world's problems.

While GAVI has been declared a success, it may be too soon to tell whether the vast sums of money spent by the BMGF and committed by OECD countries will have a lasting impact. Certainly some successes are likely as well as some failures. Whether or not GAVI programming will prove sustainable in the poorest of countries remains anyone's guess. Many countries will continue to face difficult choices in the allocation of very limited resources and there is no guarantee that vaccinations will remain a priority. What will be particularly important is the extent to which the poorest states seek to conduct the activities of its citizenry in the interest of the entire population.

A bigger concern is the potential for PPPs to become regarded as a panacea for development efforts among major players of the global aid community. Engaging in a partnership does not necessarily provide a guarantee of success or appropriateness: careful consideration of the specificities and suitability of partnership in relation to the outcomes being sought is absolutely vital to this process. For this to occur, the needs, desires and motivations of all partners – especially the recipients of aid efforts – must be firmly and clearly taken into account.

Appendix I: Tables

Table 1: ODA by Donor, 2007 – Net Disbursements, billions USD

Rank	Donor	Amount (billions USD)
1	USA	21.79
2	Germany	12.29
3	EC	11.63
4	France	9.88
5	UK	9.85
6	Japan	7.68
7	Netherlands	6.22
	US Foundations	***5.4***
8	Spain	5.14
9	Sweden	4.34
10	Canada	4.08
11	Italy	3.97
12	Norway	3.73
13	Australia	2.67
14	Denmark	2.56
15	Belgium	1.95
16	Austria	1.81
17	Switzerland	1.68
18	Ireland	1.19
19	Finland	0.98
20	Korea	0.70
21	Turkey	0.60
22	Greece	0.50
23	Portugal	0.47
24	Luxembourg	0.38
25	Poland	0.36
26	New Zealand	0.32
27	Czech Republic	0.18
28	Hungary	0.10
29	Slovak Republic	0.07
30	Iceland	0.05
Total		117.17

Source: Foundation Center, 2008; OECD, 2010a

Table 2: ODA by Donor, 2006 – Net Disbursements, billions USD

Rank	Donor	Amount (billions USD)
1	USA	23.53
2	UK	12.46
3	Japan	11.14
4	France	10.60
5	Germany	10.44
6	EC	10.24
7	Netherlands	5.45
	US Foundations Int'l Grants	***5.0***
8	Sweden	3.96
9	Spain	3.81
10	Canada	3.68
11	Italy	3.64
	Top Ten US Fdn Int'l Givers	***2.97***
12	Norway	2.95
13	Denmark	2.24
14	Australia	2.12
15	Belgium	1.98
	Bill and Melinda Gates Foundation – Int'l grants	***1.97***
16	Switzerland	1.65
17	Austria	1.50
18	Ireland	1.02
19	Finland	0.84
20	Turkey	0.71
21	Korea	0.46
22	Greece	0.42
23	Portugal	0.40
24	Poland	0.30
25	Luxembourg	0.29
26	New Zealand	0.26
27	Czech Republic	0.16
28	Hungary	0.15
29	Slovak Republic	0.06
30	Iceland	0.04
Total	(excluding foundation grants)	116.5

Source: Foundation Center, 2008; OECD, 2010a.

Table 3: ODA by Donor, 2008 – Net Disbursements

Rank	Donor	Amount (billions USD)
1	USA	26.84
2	EC	14.76
3	Germany	13.98
4	UK	11.50
5	France	10.91
6	Japan	9.58
7	Netherlands	6.99
8	Spain	6.87
9	Italy	4.86
10	Canada	4.79
11	Sweden	4.73
12	Norway	3.96
13	Australia	2.95
14	Denmark	2.80
15	Belgium	2.39
	BMGF GH+GD	***2.28***
16	Switzerland	2.04
	BMGF Global Health	***1.82***
17	Austria	1.71
18	Ireland	1.33
19	Finland	1.17
20	Korea	0.80
21	Turkey	0.78
22	Greece	0.70
23	Portugal	0.62
24	Luxembourg	0.41
	BMGF Global Development	***0.46***
25	Poland	0.37
26	New Zealand	0.35
27	Czech Republic	0.25
28	Hungary	0.11
29	Slovak Republic	0.09
30	Iceland	0.05

Source: BMGF, 2008; OECD, 2010a.

Table 4: ODA by Sector, 2008: Health (billions USD)

Rank	Donor	Amount (billions USD)
	DAC, total	4.866
	G7	2.989
	Bill and Melinda Gates Foundation – Global Health	***1.818***
	G7 minus USA	1.748
1	USA	1.241
2	UK	0.547
3	EC	0.400
4	Canada	0.364
5	Netherlands	0.336
6	Germany	0.298
7	Spain	0.282
8	Japan	0.267
9	Korea	0.238
10	Belgium	0.202
11	Norway	0.182
12	France	0.179
13	Sweden	0.152
14	Australia	0.147
15	Ireland	0.123
16	Italy	0.123
17	Switzerland	0.049
18	Turkey	0.049
19	Austria	0.044
20	Luxembourg	0.037
21	Finland	0.035
22	Denmark	0.019
23	New Zealand	0.015
24	Portugal	0.008
25	Greece	0.007
26	Czech Republic	0.003

Source: BMGF, 2008; OECD, 2010b.

Table 5: BMGF Global Health Program Funding, 1998 – 2007

Recipient Group	Total value of grants made	Grants as % of total	Number of recip-ients within group	Recipients as % of total	Grants made	Grants as % of total
NGOs/NPOs	$3,268,437,917	36.52%	257	64.57%	659	60.24%
PPPs	$2,912,148,922	32.54%	12	3.02%	36	3.29%
Universities	$1,785,792,422	19.95%	85	21.36%	231	21.12%
UN Agencies	$449,563,435	5.02%	9	2.26%	99	9.05%
World Bank Group	$140,286,883	1.57%	2	0.50%	14	1.28%
Public/State Agencies	$115,720,367	1.29%	11	2.76%	22	2.01%
Intergovernmental orgs	$113,990,173	1.27%	1	0.25%	3	0.27%
Private for-profit	$80,217,466	0.90%	13	3.27%	16	1.46%
Other	$57,258,557	0.64%	3	0.75%	6	0.55%
Research Institutes	$26,004,067	0.29%	5	1.26%	8	0.73%
Total	***$8,949,420,209***	***100%***	***398***	***100%***	***1,094***	***100%***

Source: McCoy et al. 2009.

Table 6: Top 35 BMGF Global Health Grant Recipients, 1998 – 2007.

	Organization	Funds received	Grants received	Org. Type	% Total GH Funding
1	GAVI	$1,512,838,000	5	PPP	**16.90%**
2	PATH	$949,603,525	47	NGO	**10.61%**
3	Global Fund	$651,047,850	5	PPP	**7.27%**
4	WHO	$336,883,296	69	MLO	**3.76%**
5	Aeras Global TB Vaccine Foundation	$308,581,409	4	NGO	
6	University of Washington	$279,162,976	12	UNI	
7	Johns Hopkins University	$228,273,765	21	UNI	
8	Medicines for Malaria Venture	$202,000,000	3	PPP	
9	IAVI	$155,280,244	6	PPP	
10	Institute for One World Health	$146,324,286	9	NGO	**Top Ten cumulative: 53.30%**
11	International Bank for Reconstruction and Development	$134,486,883	12	MLO	
12	Global Alliance for TB Drug Development	$129,423,823	3	PPP	
13	Save the Children Federation	$126,317,495	26	NGO	
14	International Vaccine Institute	$113,990,173	3	INT ORG	
15	FIND	$109,509,796	5	PPP	
16	Liverpool School of Tropical Medicine	$109,147,462	4	UNI	
17	Columbia University	$93,425,838	15	UNI	
18	President and Fellows of Harvard College	$90,587,678	18	UNI	
19	London School of Hygiene and Tropical Medicine	$89,924,649	10	UNI	
20	Imperial College London	$83,605,989	9	UNI	
21	CONRAD/Eastern Virginia Medical School	$79,792,344	5	UNI	
22	Infectious Disease Research Institute	$77,004,095	3	NGO	

	Organization	Funds received	Grants received	Org. Type	% Total GH Funding
23	Seattle Biomedical Research Institute	$75,303,254	10	NGO	
24	United States Fund for UNICEF	$70,577,678	15	MLO	
25	UN Foundation	$69,020,965	11	NGO	
26	University of Maryland	$66,374,423	4	UNI	
27	International Partnership for Microbicides	$60,127,319	1	PPP	
28	GAIN	$58,752,944	2	PPP	
29	Americans for UNFPA	$57,871,181	9	NGO	
30	University of North Carolina at Chapel Hill	$57,673,797	3	UNI	
31	National Institutes of Health	$57,310,846	10	GOV	
32	Fred Hutchinson Cancer Research Center	$56,768,238	6	NGO	
33	Family Health International	$55,634,671	7	NGO	
34	Albert B. Sabin Vaccine Institute, Inc.	$54,391,154	6	NGO	
35	Carter Centre	$47,239,547	5	NGO	
	Total	**$6,794,257,593**	**383**	**35**	**Top 35 cumulative: 75.92%**
	Total Global Health Grants	**$8,949,420,209**	**1094**	**395**	

Source: McCoy et al. 2009.

Table 7: GAVI Co-financing Groupings

GAVI grouping	Country	Definition	Policy
Poorest Group	Bangladesh, Benin, Bhutan, Burkina Faso, Cambodia, Chad, Comoros, Ethiopia, Gambia, Guinea, Guinea-Bissau, Lao PDR, Lesotho, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Sao Tome and Principe, Senegal, Solomon Islands, Tanzania, Togo, Uganda, Yemen, Zambia	GNI under $1000 per capita and classified by the UN as LDC country.	Countries will pay 20 cents per dose of the first vaccine, and 15 cents per dose for the 2nd and 3rd vaccines.
Intermediate Group	Cuba, Ghana, India, Kenya, Korea Dem. Rep., Kyrgyz Republic, Moldova, Mongolia, Nicaragua, Nigeria, Pakistan, Papua New Guinea, Tajikistan, Uzbekistan, Vietnam, Zimbabwe	GNI under $1000 per capita and not classified by the UN as LDC country.	Countries will pay 30 cents per dose of the first vaccine, and 15 cents per dose for 2nd and 3rd vaccines.
Least Poor Group	Armenia, Azerbaijan, Bolivia, Cameroon, Djibouti, Georgia, Guyana, Honduras, Indonesia, Kiribati, Sri Lanka, Ukraine	GNI over $1000 per capita.	For the first year, countries will pay 20 cents per dose of the first vaccine, and 15 cents per dose for 2nd and 3rd vaccines. Countries will increase their co-payment with 15% annually.
Fragile Group	Afghanistan, Angola, Burundi, Central African Republic, Congo Rep, Congo DRC, Côte d'Ivoire, Eritrea, Haiti, Liberia, Sierra Leone, Somalia, Sudan, Timor Leste	GAVI-eligible country meeting the GAVI fragile state criteria.	Countries will pay 10 cents per dose of the first vaccine, and 15 cents per dose for 2nd and 3rd vaccines.

Source: GAVI Alliance 2008b.

Appendix II: GAVI Operating Principles

The GAVI Alliance abides by the following 12 principles when undertaking activities and/or providing financial support:

1. Contribute to achieving the Millennium Development Goals (MDGs), focusing on performance, outcomes and results
2. Promote equity in access to immunization services within and among countries
3. Support nationally-defined priorities, budget processes and decision-making
4. Be supportive of country participation through absence of earmarking of funds
5. Focus on underused and new vaccines – as opposed to upstream research and development activities
6. Contribute to the development of innovative models and approaches that can be introduced and applied more broadly
7. Be coherent with GAVI Alliance partners' individual institutional obligations and mandates
8. Be catalytic and time-limited (though not necessarily short-term) and not replace existing sources of funding
9. Support activities that over time become financially sustainable, or do not need to be sustained in order to have accomplished their catalytic purpose
10. Through market impact and innovative business models render vaccines and related technologies more affordable for the poorest countries
11. Be based on accountability, transparency, efficiency and effectiveness
12. Be consistent with the principles of harmonization as agreed by OECD/DAC Paris High Level Forum

Source: GAVI Alliance 2008.

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