Private Financing in Global Health Partnerships: Influences and Choices
(CSEND Working Paper)

CSEND Policy Brief No. 11

ISSN 2235-8048
September 2013

Lichia Yiu[1] , Sarah Zeiss[2] and Raymond Saner[3]

---

[1] Lichia Yiu, President, CSEND, Geneva
[2] Sarah Zeiss, Research Assistant, CSEND, Geneva
[3] Raymond Saner, Director, DiplomacyDialogue, CSEND, Geneva

Table of Contents

Summary /

I. Introduction

   a. Objective of this study and research questions
   b. Why partnership approach
      i. Rationale
      ii. Evolution of the concept and approach (from MDG to Bushan)
   c. Defining Non-State Actors and their roles in the global health delivery Classifications and Sectors

II. Global Health Partnerships under study and respective profiles

   a. Missions of selected global partnerships
   b. Corporate Governance of Global Partnerships
   c. Role of private sector within these partnerships
   d. Performance measures used by these partnerships

III. Sources of Funding for Global Health Agenda

   a. Changes and trends over Time - Changing Financing Patterns of Global Partnerships 2000-Present
   b. Key Sources
   c. Influence of funding (note: need to define on what, e.g., decision making process, policy priorities, target populations, success criteria etc.)

IV. Sources of Power

   a. Power and accountability of boards
   b. Funding sources power on boards
   c. Funding and grant destinations on boards
   d. Influence of funding changes on governance structure

V. Funding as a Means to Power

VI. Annexes
  a. Ideology Comparison Development
  b. Financial breakdown by year
  c. Corporate governance structure of organizations and board membership
  d. BMGF expenditure breakdown by year
VII. Bibliography

Chapter 1: Introduction

I.A. Objective of this Study and Research Questions

I. A. i. Objective

The objective of this study and its consequent report is to trace the influence of the inclusion of private finance in the global health development context through its involvement in current public private partnerships throughout the 21st century. It will highlight the impact of private financing, particularly through the Bill and Melinda Gates Foundation, on the subsequent goals and indicators of the partnerships it funds, as well as the ability of those goals to address global health goals set by the MDGs and monitored by the WHO.

I. A. ii. Research Questions

I. Who are the key contributors to private finance in global health partnerships?
II. Who is responsible for decision making within the selected partnerships?
III. What is the relationship between private finance and the decision-making mechanisms of the selected partnerships?
IV. How does private finance impact the development of organizational governance structure within the selected partnerships?
V. How does private finance impact the ability of the selected partnerships to meet the partnership's internal goals?
VI. How does private finance impact the ability of the selected partnerships to meet general Global Health Development goals?
VII. How does private finance impact the allocation of funds, resources, and overall attention given to global health development goals?
VIII. How does private funders benefit from sustaining relationships with the selected partnerships?
IX. Does sustaining a relationship with the selected partnerships allow private funders to better achieve its goals?

I.B. Why Partnership Approach

I. B. i. Rationale

The Public-Private Partnership (PPP) approach allows multiple actors to accomplish their goals through by acting in coordination to achieve a common goal. PPPs exist to address a broad spectrum of issues from a local to a global level. In general, the UNECE defines PPPs as:

'Innovative methods used by the public sector to contract with the private sector, who bring their capital and their ability to deliver projects on time and to budget, while the public sector retains the responsibility to provide these services to the public in a way that benefits the public and delivers economic development and an improvement to the quality of life[4]' (1).

[4] UNECE Guidebook on Promoting Good Governance in Public-Private Partnerships. 2008. Accessed 5 April, 2013 at www.unece.org/ceci/publications/ppp.pdf.

PPPs have previously existed within a national development context with success, but it was not until the introduction of the Millennium Development Goals that international, and more specifically, Global Health, PPPs gained the momentum and attention to tackle large, developmental issues on a comprehensive scale.

Within the specific context of global health, the WHO further defines PPPs as 'Public Private Enterprises,' stating that these PPPs are:

' an approach to addressing public health (and social development) problems through the combined efforts of public, private, and development organizations. Each partner makes a contribution in its area of a special competence, bringing in expertise that is often not available in development project. The partners in a PPP rally around a common cause, while at the same time pursuing some of their own organizational objectives[5]." (4)

PPPs are charged with coordinating governing mechanisms to oversee the conflicting goals and drivers of diverse actors operating in different. Notably, regarding the sustainability of PPPs in the long run, conflicting views exist within the United Nations surrounding the motives and definition of the private sector in the PPPs. A 2009 McKinsey & Co. evaluation on PPPs found that "allowing private sector partners to reap commercial benefits helps sustain participation and bolsters their contributions[6]," which would typically be substantial and promote the further inclusion of the private sector in PPPs. However, the UN Office for the Coordination of Humanitarian Affairs and the World Economic Forum contradict this verdict by stating, "collaborative efforts with the humanitarian community to alleviate human suffering should not be used for commercial gain[7]." Without some form of gain, businesses sustain a loss, therefore losing motivation to contribute to PPPs in a sustainable manner. With their argument for mutual benefits between partnerships and the private sector, McKinsey&Co includes a six-point explanation of the possible benefits to the private sector through their involvement in partnerships, mainly:

- Better public image
- Bolstering knowledge and market understanding
- A happier workforce
- Greater productivity and access to resources
- New demands for goods and services
- Sharing risk and investment[8]

There will always be collateral impact of the involvement of private entities in the development agenda and public sector; however that does not mean that all private benefits have a negative impact on the development agenda. As the agenda continues to change, the current actors will have to adapt to the methods that benefit development as a whole. While private financing will have to adapt to the methods of the partnerships, the global development community must also accept their presence and contributions. Evidence of

[5] World Health Organization. 2001. Public-Private Partnerships: Mobilizing Resources to Achieve Public Health Goals

[6] McKinsey&Company. 2009. Public-Private Partnerships: Harnessing the Private Sector's Unique Ability to Enhance Social Impact

[7] McKinsey&Company. 2009. Public-Private Partnerships: Harnessing the Private Sector's Unique Ability to Enhance Social Impact

[8] McKinsey&Company. 2009. Public-Private Partnerships: Harnessing the Private Sector's Unique Ability to Enhance Social Impact

these changes is present and evolving. In the 2012 Rio+20 Outcome Document, the present parties acknowledged that;

"New partnerships and innovative sources of financing can play a role in complementing sources of financing for sustainable development. We encourage their further exploration and use, alongside the traditional means of implementation[9]" (Item 48)

I. B. ii. Evolution of Concept and Approach (From MDG to Bushan)

Public Private Partnerships have played a significant role in raising and allocating funds throughout the pursuance of the Millennium Development Goals. The partnerships have also been key to bring inclusion of the private sector and private finance into the development agenda. At the inception of the MDGs, the possibility of the success through PPPs was not definite[10]. Their inclusion in subsequent declarations and indicators relative to the MDGs grew as state and non-state actors realized the relevance of private finance in the achievement of the MDGs and see the benefits of this engagement.

While the MDGs are inclusive of the most pressing development needs, many of them relate directly with the development of healthcare and global health issues. The Global Health Observatory (GHO) of the WHO cited the following themes of global health within the established MDGs:

- MDG1: Child underweight
- MDG4: Child Health
- MDG4: Immunization
- MDG5: Maternal and Productive Health
- MDG6: HIV/AIDS
- MDG6: Malaria
- MDG6: Neglected tropical diseases
- MDG6: Tuberculosis
- MDG7: Water and sanitation
- MDG8: Essential medicines[11]

With a more direct inclusion of PPPs in the goals of the development agenda, a new development arena with additional actors started to take shape. While the original agenda was generally set by countries, the global health development agenda (see chart below) began to change so that it would benefit from the innovations of partnerships, while also aiming to provide the recipient countries with more power over the implementation process.

[9] United Nations. 2012. Rio+20 Outcome Document: The Future We Want.
[10] Dr. S. Mookherji et al. (2009). Five-Year Evaluation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria: Synthesis of Study Areas 1, 2, and 3. Macro International, Inc.
[11] http://www.who.int/gho/en/

Timeline of Private Inclusion in Global Health Development Agenda

Year	Item	Brief
2000	MDG8	Goal: Develop a Global Partnership for Development
2002	Monterray Consensus	Mobilizaing international resources for development: foreign direct investment and other private flows
2003	Rome Declaration on Harmonization	Includes private agencies in the harmonisation progress goals at the country level
2005	Paris Declaration for Aid Effectiveness	Lays out a practical, action-oriented roadmap to improve the quality of aid and introduces private and public private in the agenda for mutual accountability.
2008	Accra Agenda for Action	Highlights the need for developing coutnries to have more ownership in their development plans, while incorporating the actings agents in their developments, inclusive of and have participate fully, all partnerships
2008	Doha Declaration	Included a goal of national ownership of development strategies
2009	Health Systems Funding Platform	Working towards MDG goals 4 and 5; GAVI, GF, World Bank; to streamline health system strengthening support and align with country budgetary and programmatic cycles by supporting; 1) One comprehensive health plan that integrates both domestic funding and international aid; 2) one joint assessment of the national health strategy; 3) one budget; 4) one tracking system for funds
2011	Busan Partnership for Effective Development Co-Operation	Highlighted the new complexities of global co-operation, and their need to emphasized in a way that was not highlighted through the creation of MDG8
2012	MDG8 Working Group Report	Highlights the importance, specifically of GAVI and the Global Fund, in realizing MDG8 target E relating to access to aforadable essential medicines

Sources
OECD: Development Assistance Committee. (2012). *Proposed Indicators, Targets, and Process for Global Monitoring of the Busan Partnership for Effective Development Cooperation* . Paris.
United Nations. (2012). *The Global Partnership for Development: Making Rhetoric a Reality ; Millennium Development Goal 8* . New York, NY.
United Nations Department of Public Information. (2003). *Monterrey Consensus on Financing for Development* . New York, New York.
United Nations System Task Team on the Post-2015 UN Development Agenda. (2013). *Renewed Global Partnership for Development* . New York, New York.

Throughout this time, a majority of financial support was flowing from various governments, giving partnerships the ability to implement large-scale initiatives and grants. However, the main driving force for the innovation within PPPs was the presence of private finance into their vertical prioritizations[12]. Within a PPP, the main goal is a focused, vertical goal meant to achieve goals addressing a specific issue area. Private 'angel funds,' coming from sources such as the Bill and Melinda Gates Foundation and the Rockefeller Fund, allowed PPPs to develop their internal structures to push funding requests through their approval mechanisms within a PPP's board and governance structures at a faster rate than typical public organizational structures.

I.C. Defining Non-State Actors and Their Roles in The Global Health Delivery, Classifications and Sectors

Outside of the public sector and PPPs, key actors providing development assistance for health in the current global health agenda (DAH) consist of civil society organization, non-governmental organization, philanthropic representatives, or the private sector. In the context of PPPs, the private sector could represent private individual donors or private corporations.

The basic classifications of PPPs can be defined through their main actions: coordination, funding, product development, or delivery. Three partnerships in particular have helped bridge the gap between these separate definitions through their innovative operational

[12] Grace Chee et al. (2008). Evaluation of GAVI Phase 1 Performance. Bethesda, MD: *Abt Associates Inc.*

developments, particularly relating to the inclusion of private finance: The GAVI Alliance (GAVI), The Global Fund, and Medicines for Malaria Venture (MMV)[13].

The developments of these three partnerships have been improved by, and continue to bring into focus, private sector involvement. The involvement of the private sector, and these innovations, could not be properly accredited to the partnerships without also mentioning one additional key actor: The Bill and Melinda Gates Foundation. The financing provided by this foundation to these three partnerships has surpassed the contributions of many governments. It has allowed the foundation to accomplish its goals through the focus areas of the partnerships[14].

Chapter 2 : Global Health Partnerships under Study and Respective Profiles

□ Goals of Chapter 2:
The second chapter should introduce the key actors that will be analyzed throughout the paper. It will first define the types of actors that are possible, further elaborating on information provided in the introduction.

The second chapter will then enter into elaboration on organizational profiles. The purpose of the profiles is to give the reader a general insight to the setting of the analysis. Each organization should be developed from an external view and an internal view, in a brief manner. After reading the profiles, the reader should have a basic understanding of the general functions, goals, mechanisms, and history of the organization. The profiles should present how each organization measures and achieves their success, as well as the current governing mechanisms of each organization and end with a brief summary challenges and opportunities facing these partnerships.

It will first focus on the Bill and Melinda Gates Foundation, being the main financier of the partnerships. This should provide the reader with an understanding of where the private money being analyzed is coming from.

It will then move onto a profile introduction of the three partnerships being analyzed: MMV, GAVI, Global Fund (in order of annual budget). After reading this section, the reader should understand a similar level knowledge about these organizations as they do the Gates Foundation. They should also understand the similarities and differences between the activities of the partnerships.

Finally, the WHO will be presented as a monitoring body over all of these above organizations. Along with the WHO, a conceptual map displaying the general interactions between the three organizations should be displayed.

Once the organizations have been generally developed in the eyes of the reader, a general introduction to their interactions with the Millennium Development Goals will be presented, ensuring that the reader understands the reporting mechanisms and responsibilities of the WHO in the Global Health Spectrum. A comparative representation showing each organization and their goals, stakes, and indicators in the MDGs will help represent and introduce the interconnectivity of the actions of each of the organizations, and the MDGs

---

[13] McKinsey&Company. 2009. Public-Private Partnerships: Harnessing the Private Sector's Unique Ability to Enhance Social Impact
[14] Internal Analysis of both GAVI and GF

themselves. If the organization has specified any internal indicators that are relevant or shared with the MDGs, they should be included in this section. At this point, it may also be beneficial to introduce the concept and obligations of country financing during the MDG period to get an idea of all of the actors in a comparative sense.

Bill and Melinda Gates Foundation (BMGF)

The organizational structure of the Bill and Melinda Gates Foundation was a simple one. It is chaired by only two people, Bill and Melinda Gates, and has operated in that manner since it was established in 2000. There is an operations committee that oversees the progress of the organization to ensure efficiency.

Mission

Guided by the belief that *every life has equal value*, the Bill & Melinda Gates Foundation works to help all people lead healthy, productive lives. In developing countries, it focuses on improving people's health and giving them the chance to lift themselves out of hunger and extreme poverty. In the United States, it seeks to ensure that all people—especially those with the fewest resources—have access to the opportunities they need to succeed in school and life.

The Gates Foundation is in the business of writing grants, which they use to develop unique innovations for development and educational purposes that otherwise, would not be possible.

Health Focus

Bill & Melinda Gates Foundation Global Health Priorities
Discovery and Translational Sciences
Enteric and Diarrheal Diseases
HIV
Malaria
Neglected Infectious Diseases
Pneumonia
Tuberculosis

[15]

The WHO has defined the health focus of the Gates Foundation as

- Health systems strengthening
- Maternal/reproductive health
- Newborn health
- Child health[16]

Organization

Here you need to put down the organisational structure of the foundation.

[15] http://www.gatesfoundation.org/what-we-do
[16] http://www.who.int/pmnch/members/list/gates_foundation/en/index.html

Budget and Financing

Bill and Melinda Gates Foundation		
2011 Expenditures	$	3,208,166,000.00

Zeis, CSEND 2013
Source: 2011 Annual Report

Medicines for Malaria Venture (MMV)

Medicines for Malaria Venture is a product development Public-Private Partnership. It focuses on funding the development of new vaccines and medicines with the goal of reducing deaths caused by Malaria. They accomplish this by managing funds and sourcing them to various organizations and groups to fund the research and development surrounding the stages of medicine development. They receive funding from both public and private donors, but they provide most of their funding to companies that work in the medicinal field instead of towards different countries. Their incorporation with different countries would start if there was a successful remedy ready for distribution.

Mission
To bring public, private, and philanthropic sector partners together to fund and manage the discovery, development and registration of new medicines for the treatment and prevention of malaria in disease-endemic countries.

Health Focus

MMV R&D Goals: *Develop products that will provide:*
Efficacy against drug-resistant strains of Plasmodium Falciparum
Potential for intermittent treatments (infants and pregnancy)
Safety in small children (less than 6 months old)
Safety in pregnancy
Efficacy against Plasmodium Vivax (including radical cure)
Efficacy against sever malaria
Transmission-blocking treatment

[17]

[17] http://www.mmv.org/research-development/rd-portfolio

Organization
"The MMV office in Geneva comprises of about 35 staff responsible for management of daily operations of what?

MMV Organizational Governance Structure					
		Board of Directors			
		President and CEO			
Chief Officers and Executive Vice Presidents					
EVP Bussiness Development	EVP Operations	Chief Scientific Officer R&D	CFO	EVP Corporate Development	EVP Global Access
	Expert Scientific Advisory Committee	Authorization for Phase III Advancement Committee		Access and Delivery Advisory Committee	

Activities
MMV has more than 40 projects in its portfolio, which it states is the largest antimalarial drug research portfolio ever. Projects are distributed across the three main stages of drug research and development: early discovery projects and mini-portfolios (how many, give a breakdown); projects in translational research (???); and clinical development projects (???).

Who owns the intellectual properties coming out of these projects?

Budget and Financing

MMV			
2011 Financing	$ 67,160,211.00		
Contributing Sectors	**State**	**Philanthropic**	**Private**
Amount	$ 19,652,531.00	$ 46,982,870.00	$ 524,810.00
Percentage	29.26%	69.96%	7.40%

Zeis, CSEND 2013
Source: 2011 Annual Report

Start-up contribution by the Gates Foundation

The GAVI Alliance (GAVI)
Intro
GAVI, formerly known as the Global Alliance for Vaccine Initiatives, is a Development PPP that focuses on the importance of vaccines in the global health development context. They pool funds from public and private sources, and allocate those funds to developing countries who apply for funding for their global health programs.

Mission
To save children's lives and protect people's health by increasing access to immunization in poor countries.

GAVI Strategic Objective

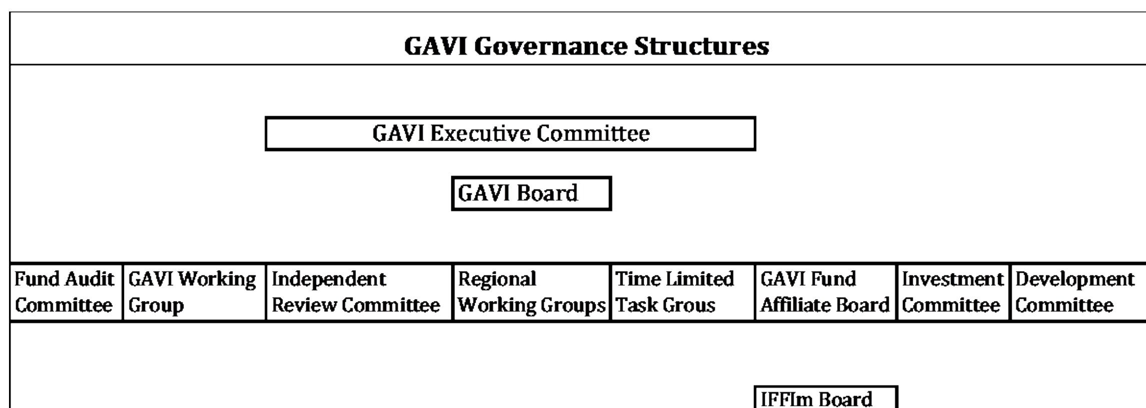
Improve access to sustainable immunization services
Expand the use of all existing safe and cost-effective vaccines and promote delivery of all appropriate interventions at immunization contacts
Support the national and international accelerated disease control targets for vaccine preventable diseases
Accelerate the development and introduction of new vaccines and technologies
Accelerate research and development efforts for vaccines needed primarily in developing countries
Make immunization coverage a centrepiece in international development goals

Health Focus
The WHO has defined the health focus of the Gavi Alliance as:

- Maternal/reproductive health
- Newborn health
- Child health[18]

Organization
"The GAVI Alliance Board establishes all policies, oversees the operations of the alliance and monitors program implementation. GAVI also relies on two other boards – the IFFIm Board and GAVI fund Affiliate Board – who administer the International Finance Facility for Immunisation (IFFIm).

The GAVI Secretariat is responsible for day-to-day operations, including: mobilizing resources; coordinating program approval and disbursement; legal and financial management; and administration for the two governing Boards. Offices are located in Geneva, Switzerland and Washington, DC, USA.



[19]

[18] http://www.who.int/pmnch/members/list/gavi/en/index.html
[19] http://www.gavialliance.org/library/publications/gavi-progress-reports/gavi-alliance-progress-report-2006/

Activities
GAVI was designed to improve access to new and underused vaccines and has since become a leader in supporting cutting-edge innovation in vaccine financing and delivery. Its activities include support to eligible developing countries with with a Gross National Income (GNI) per capita equal or below to US$1,550[20] (see map XX below) who wish to introduce new and underused vaccines and/or target health system barriers to improved immunization.

Budget and Financing

GAVI			
2011 Financing	$ 433,094,000.00		
Contributing Sectors	State	Philanthropic	Private
Amount	$420,362,000.00	$5,917,000.00	$6,815,000.00
Percentage	97.06%	13.70%	15.70%

Zeis, CSEND 2013
Source: 2011 Annual Report

Start-up contribution by the Gates Foundation

The Global Fund to Fight AIDS, Tuberculosis, and Malaria (The GF)
Intro
The Global Fund is a Development PPP that focuses on financing the global health development agenda by focusing on the three diseases that represent the main causes of death in the developing world. They work through a financial platform, where they pool money from donors and allocate that money to program development in different developing countries.

Mission
To dramatically increase resources to fight three of the world's most devastating diseases, and to direct those resources to the areas of greatest need.

The Global Fund Principles

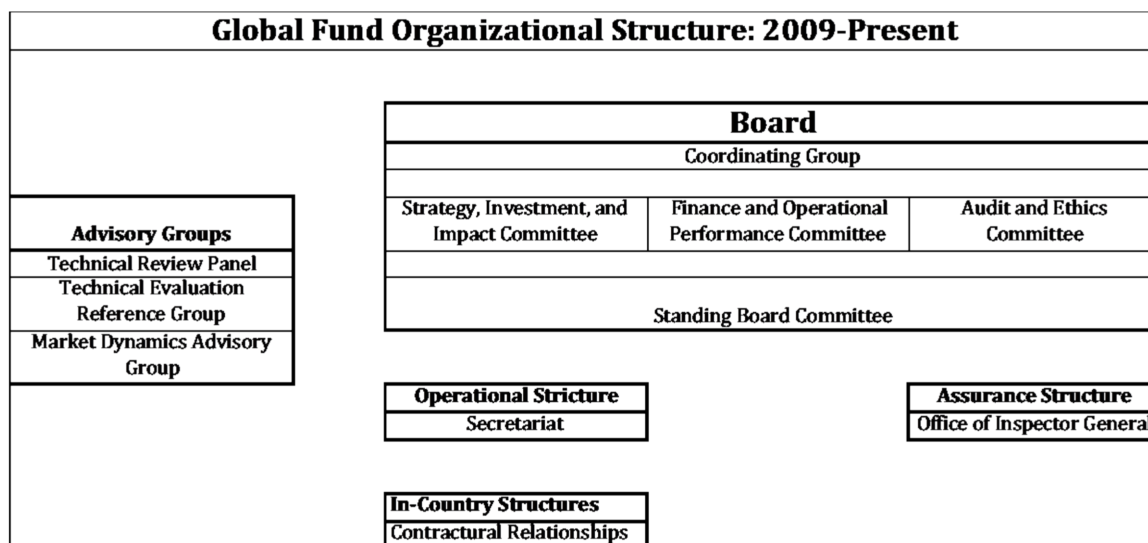
[20] http://www.gavialliance.org/support/apply/countries-eligible-for-support/

Operate as a financial instrument, not an implementing entity
Make available and leverage additional financial resources
Support programs that Evolve from national plans and priorities
Operate in a balanced manner in terms of different regions, diseases and interventions
Evaluate proposals through independent review process
Operate with transparency and accountability

Health Focus
The WHO has defined the health focus of the Global Fund as:

- Health systems strengthening
- Maternal/reproductive health
- Newborn health
- Child health[21]

Organization
"The Global Fund's secretariat is responsible for day-to-day operations, including mobilizing resources from the public and private sectors, managing grants, providing financial, legal, and administrative support, and reporting information on the Global Fund's activities to the Board and the public. The secretariat's staff, based in Geneva, comprise of ~370 employees representing ~80 nationalities.



Activities
The Global Fund was designed as a financing PPP. Local oversight is undertaken by Country Coordinating Mechanisms (CCMs), which are committees consisting of local stakeholder organizations in-country that include government, NGO, UN, faith-based and private sector players.

Budget and Financing

[21] http://www.who.int/pmnch/members/list/global_fund/en/index.html

The Global Fund			
2011 Financing	$ 2,725,755,999.00		
Contributing Sectors	State	Philanthropic	Private
Amount	$2,517,360,000.00	$175,507,000.00	$ 32,888,999.00
Percentage	92.35%	64.40%	12.10%

Zeis, CSEND 2013
Source: 2011 Annual Report

Start-up contribution by the Gates Foundation

World Health Organization (WHO)
Intro
Mission Statement
WHO is responsible for providing leadership on global health matters, setting norms and standards, technical support to countries and monitoring and assessing health trends. WHO is the directing and coordinating authority for health within UN system.

Health Focus
The WHO has defined its health focus as:

- Health systems strengthening
- Maternal/reproductive health
- Newborn health
- Child health[22]

WHO Global Health Agenda
Investing in Health to Reduce Poverty
Building individual and global health security
Promoting universal coverage, gender equality, and health related human rights
Tackling the determinants of health
Strengthening health systems and equitable access
Harnessing knowledge, science and technology
Strengthening governance, leadership and accountability

[23]

Organization
Activities
Budget and Financing
Contribution from the Gates Foundation

Key Indicators for Success

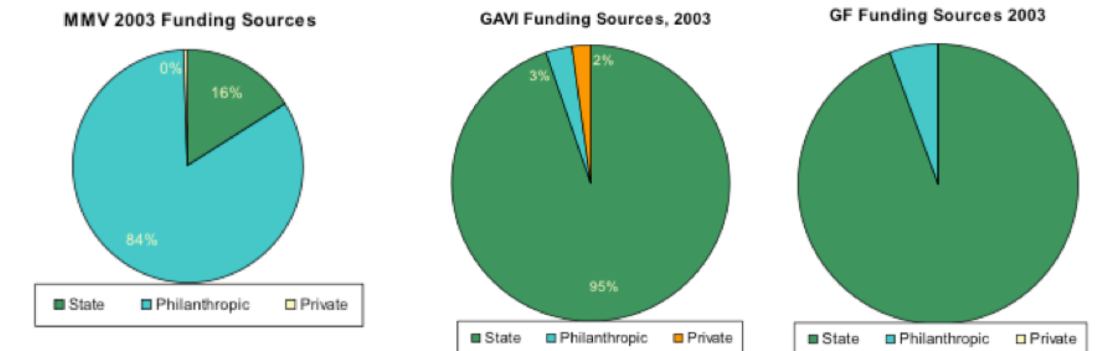
3. Sources of Funding for Global Health Agenda

[22] http://www.who.int/pmnch/members/list/who/en/index.html
[23] http://apps.who.int/iris/bitstream/10665/69379/1/GPW_eng.pdf

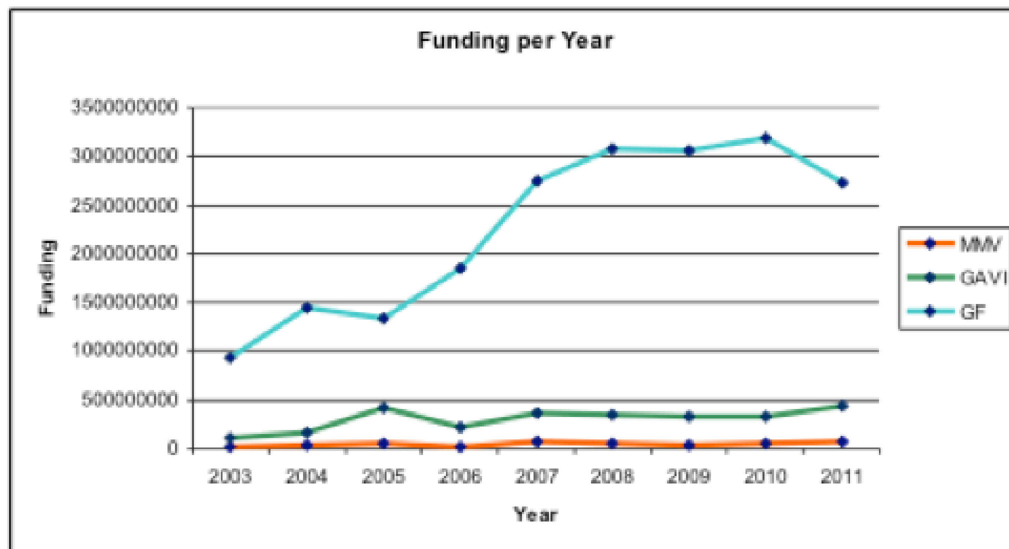
3.1 Changes and trends over Time - Changing Financing of Global Partnerships 2000-Present

While MMV was able to maintain independent from government financing, the two key partnerships, the GAVI Alliance and the Global Fund to fight AIDS, Tuberculosis and Malaria started the era of global partnerships with a heavy dependency on state funding. The GAVI Alliance's funding requires an additional note, as its original financial flows and growth are attributed to the aid of the Bill and Melinda Gates Foundation. [24]

Funding Sources per Partnership: 2003



Zeis, CSEND 2013
Medicines for Malaria Venture. (2004). *Annual Report 2003.* Retrieved 13 Mar. 2013 from <http://www.mmv.org/newsroom/publications/annual-report-2003>
The Global Fund. (2004). *Annual Report 2003.* Retrieved 8 Mar. 2013 from <http://www.theglobalfund.org/documents/publications/annual_reports/Corporate_2003Annual_Report_en/>
The Vaccine Fund. (2004). *Annual Report 2003.* Retrieved 11 Mar. 2013 from <http://www.gavialliance.org/library/publications/gavi-progress-reports/gavi-alliance-progress-report-2003>



Zeis, CSEND 2013
Representing a collection of final funding numbers per year, per organization, collected from the annual reports of the organizations of the stated year. For a further breakdown, refer to Annex B.

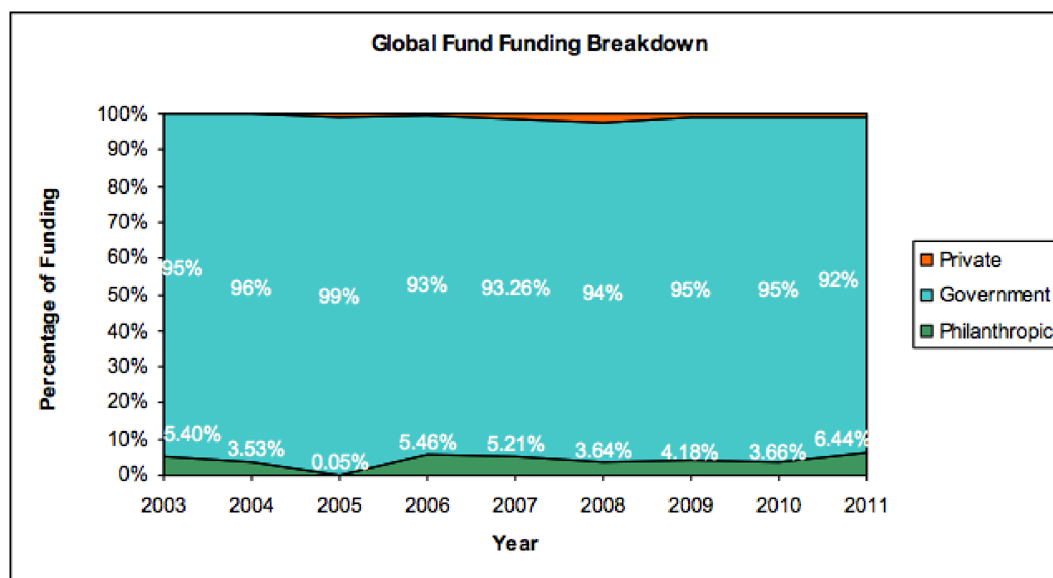
Despite growing participation of government donations throughout MDGs commitment, partnerships had difficulty securing private sector investments. In its First Evaluation

---

[24] Grace Chee et al. (2008). Evaluation of GAVI Phase 1 Performance. Bethesda, MD: *Abt Associates Inc.* Retrieved April 4, 2013 from http://www.gavialliance.org/library/gavi-documents/evaluations/first-gavi-evaluation-2000-2005/

Report, the GAVI alliance acknowledges that misaligned goals between the partnerships and vaccine manufacturers may contribute to this gap.[25] In the Global Fund's Five-Year Evaluation, they voiced similar misconceptions between the partnerships and additional private sector representatives, particularly surrounding areas of procurement. (44)[26]. To help mitigate these acknowledged inhibitors and risks surrounding private sector financing, the Global Fund, the GAVI Alliance, along with other partnerships, signed up to the Busan Partnership for Effective Development Co-Operation, with a goal to "enable the participation of the private sector in the design and implementation of development policies and strategies to foster sustainable growth and poverty reduction." (10)[27]

Early in its development stage, the Global Fund maintained an awareness of their dependency on state funding, relative to their overall funding, so they established a goal of attaining a level of having 10% of its funding derived from non-state actors or alternative funding mechanisms.[28] While they have yet to achieve this goal, they have been able to increase the percentage of their total funds represented by non-state actors to 8%, while still increasing overall funding (see Figure XX below) by promoting private sector engagement from within. They leverage their private internal connections, which has helped lead to an overall increase in private funding[29].



Zeis, CSEND 2013.
For references, see Annex 1.

[25] Grace Chee et al. (2008). Evaluation of GAVI Phase 1 Performance. Bethesda, MD: *Abt Associates Inc.* Retrieved April 4, 2013 from http://www.gavialliance.org/library/gavi-documents/evaluations/first-gavi-evaluation-2000-2005/ ()100()
[26] Dr. S. Mookherji et al. (2009). Five-Year Evaluation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria: Synthesis of Study Areas 1, 2, and 3. Macro International, Inc. Retrieved April 4, 2013 from http://www.theglobalfund.org/documents/terg/TERG_FiveYearEvaluationSynthesisOfSAsSummary_Report_en/
[27] High Level Forum on Aid Effectiveness. (2011). *Busan Partnership for Effective Development Co-Operation.* Retrieved April 4, 2013 from http://www.oecd.org/dac/effectiveness/49650173.pdf
[28] Dr. S. Mookherji et al. (2009). Five-Year Evaluation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria: Synthesis of Study Areas 1, 2, and 3. Macro International, Inc. Retrieved April 4, 2013 from http://www.theglobalfund.org/documents/terg/TERG_FiveYearEvaluationSynthesisOfSAsSummary_Report_en/
[29] Dr. S. Mookherji et al. (2009). Five-Year Evaluation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria: Synthesis of Study Areas 1, 2, and 3. Macro International, Inc. Retrieved April 4, 2013 from http://www.theglobalfund.org/documents/terg/TERG_FiveYearEvaluationSynthesisOfSAsSummary_Report_en/

The World and Economic Survey of 2012 also reported that the newly normalized "predictability of aid for health" (85)[30] has been recently developed due in part to Global Health partnerships like GAVI and the Global Fund. While this predictability may be due in part to large commitments by donor governments, new initiatives such as ??????, started by the funds have helped diversify funding and decrease funding risks.

The GAVI Fund initiated IFFIm Funding Models (see annex XX), which has provided an increasing funding supply since its inception in 2006 prior to the Alliance's first evaluation report. IFFIm has provided a gateway for the GAVI alliance to ensure donor commitments for longer periods of time; therefore it will be better suited to make medium-to long-term funding expectations. (PAGE)[31][32]

While the future of Global Health Partnerships depends on current developments, the impact of these existing partnerships on the growing emphasis of Global Health as a priority is clear and has a direct impact on donor focus on immunization and health efforts. (84)[33]

3.1.1 Key Requests

Throughout the development of Global Health PPPs since the creation of the MDGs, there have been four key requests and identified issues related to funding that the partnerships have identified: *predictability, parallel systems, recipient empowerment, and untied funds.*

Predictability

The predictability allows PPPs to develop long-term goals. In 2006, MMV experienced a deficit for the first time. Predictability is impacted by donor governments, but also but the inclusion of funding from the Gate's Foundation.

Parallel Systems

Through the development and cooperation of PPPs, they were able to address parallel systems that exist in the healthcare networks of developing countries. Some of these parallel systems existed in the government infrastructure, and others within the PPPs themselves. This lead to a partnership of partnerships, to cut administrative costs and enables the recipient countries more.

Recipient Empowerment

The ability of the recipient countries to use PPP grants, funding, and programs has been key to their global health developments. One of the main difficulties throughout the past decade has been integration into the countries. Initially, the PPPs structured their systems so that the recipient country would have to format to their needs within the partnership. The partnerships took initiative to integrate their systems, while also working to integrate their systems to each country, reversing the integration efforts to the more stable partnerships.

Untied Funds

---

[30] UN Department of Economic and Social Affairs. (2012). *World Economic and Social Survey 2012: In Search of New Development Finance*. United Nations, New York. Retrieved April 4, 2013 from http://www.un.org/en/development/desa/policy/wess/wess_current/2012wess.pdf

[31] CEPA LLP. (2010). GAVI Second Evaluation Report. *Applied Strategies*. Retrieved April 4, 2013 from http://www.gavialliance.org/library/gavi-documents/evaluations/second-gavi-evaluation-2006-2010/

[32] **Insert footnote explaining MDG8 Development report explaining the importance of long term funding expectations to transparency and effectiveness**

[33] CEPA LLP. (2010). GAVI Second Evaluation Report. *Applied Strategies*. Retrieved April 4, 2013 from http://www.gavialliance.org/library/gavi-documents/evaluations/second-gavi-evaluation-2006-2010/

Untied funds allow partnerships to accomplish their goals without distraction, and they also allow partnerships to make innovative changes, like the recent systems integrations. Untied funding has not changed much throughout the past years.

3.2 Key Private Financing Sources

The funding of partnerships allows them to continue to operate towards their goals. As the Global Fund, GAVI, and MMV all operate primarily by allocating their funding to accomplish their goals through other capable operations, funding is key to their operations. Funding, however, can lead to controversy and questions of transparency. By bringing non-country funding into the development agenda of the partnerships, it raises the question of whose goals aid provided by these organizations will need to accomplish. Non-country participation in the funding of development goals is growing as a total number, but the question remains whether or not the alignment of inter-organizational goals exists between the PPPs and the "private" portion of their titles.

3.2.1 Significance of Private Financing in Sampled Partnerships

MMV
MMV is the most dependent of the three case studies on private financing, and among those private sponsors, they the most dependent on the Gates foundation (BMGF). BMGF Funding has accounted for over 50% of the funding of MMV since its inception. The influence of BMGF can be seen most significantly in 2006, when it gave no money to MMV.

GAVI
GAVI has a heavy dependence on the public sector and the BMGF for their funding. In 2003, 2004, 2006, and 2011 significant drops in funding from the BMGF, or even a complete withdrawal of funding, had an impact on their overall funding. The absence of the BMGF caused a notable shift in the percentage of funding from non-country funding sources that they received.

Global Fund
The Global Fund is far less dependent on the private sector funding than MMV and GAVI for their financing. They have continuously maintained and failed to achieve the goal to have at least 10% of their funds coming from the non-governmental sources.

In comparison to The Global Fund and GAVI, the private funding that MMV receives represents a larger percentage of their overall funding. This funding also comes primarily from the Gates Foundation. MMV, in a funding perspective, is a Product Development Fund, where GAVI and the Global Fund are strictly funding organisaitons.

3.2.1: The Bill and Melinda Gates Foundation (BMFG)

Within the main funding sources of Medicines for Malaria Venture (MMV), The Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the GAVI Alliance, during fiscal years 2003-2011, BMGF was the only non-state organization capable of providing funding amounts of equivalent or greater value than those amounts given by the most generous

states. [34] This deep financial commitment provided BMGF "unequal" influence in influencing the operations of the above mentioned global health partnerships.

3.2.2: Debt2Health

The Debt2Health initiative has allowed Indonesia, Pakistan, and Cote d'Ivoir to have certain debts forgiven by creditors[35], under the requirement that the country uses the forgiven debt to develop healthcare through a Global Fund program.

3.2.3: (Product)RED and Partners

(Product)RED and Partners represents an innovative private branding scheme, where a company will produce and sell one of their products with the (Product)RED label, and a certain portion of the profits from each of those specific items sold is donated to the Global Fund. The portion varies from product and company. Apple donates a set monetary value for each (Product)RED product sold, while other products donate a percentage of gross profits up to 50%.[36] As of 2010, the donation amounts to $161629,938 USD from (Product)Red.

3.3 Influence of Non-State Funding on Organizational Priorities & Policies

The contributions of non-state actors to partnerships have increased and diversified since the early 2000s, which has helped provide better cooperation and transparency among these partners and their goals in global partnerships. The presence of non-state actors on a large donor level to partnerships is one of high value and has been emphasized in developing organizational priorities throughout the decade in both the Global Fund[37] and the GAVI Alliance[38].

3.3.1: Bill and Melinda Gates Foundation and the GAVI Alliance

At its inception, the GAVI Alliance was aware of the significant impact that contributions from the Bill and Melinda Gates Foundation would have on the definition of its organisational structure. [39] Gates Foundation wanted the GAVI Alliance to produce output quickly. In the GAVI's First Evaluation Report, it is stated that "GAVI's rich resources mitigated the needs to make strategic allocation decisions . . . the emphasis was on spending money." (143)[40] The freedom Gates Foundation granted to the GAVI Alliance gave the partnership ability to become a leader amongst Global Health Partnership innovation and development field. The attention brought to the Alliance by the initial promises of the Gates Foundation also helped enlist other non-state actors to become GAVI donors. (84)[41]

---

[34] See Annex XX

[35] Germany forgave 50 Million Euros, requiring Indonesia to invest 25 Million Euros into its health development (2007), Germany forgave 40 Million Euros, requiring Pakistan to invest 20 Million Euros (2008), Australia forgave 75 Million Euros, requiring Indonesia to invest half that amount into health (2010), Germany forgave 19 Million Euros, requiring Cote D'Ivoire to reinvest half of that into health

[36] (RED) FAQs. (2012). *(Product)red.* http://www.joinred.com/wp-content/uploads/2012/pdf/(RED)%20FAQs.pdf

[37] Dr. S. Mookherji et al. (2009). Five-Year Evaluation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria: Synthesis of Study Areas 1, 2, and 3. Macro International, Inc. Retrieved April 4, 2013 from http://www.theglobalfund.org/documents/terg/TERG_FiveYearEvaluationSynthesisOfSAsSummary_Report_en/

[38] CEPA LLP. (2010). GAVI Second Evaluation Report. *Applied Strategies*. Retrieved April 4, 2013 from http://www.gavialliance.org/library/gavi-documents/evaluations/second-gavi-evaluation-2006-2010/

[39] Grace Chee et al. (2008). Evaluation of GAVI Phase 1 Performance. Bethesda, MD: *Abt Associates Inc.* Retrieved April 4, 2013 from http://www.gavialliance.org/library/gavi-documents/evaluations/first-gavi-evaluation-2000-2005/

[40] Grace Chee et al. (2008). Evaluation of GAVI Phase 1 Performance. Bethesda, MD: *Abt Associates Inc.* Retrieved April 4, 2013 from http://www.gavialliance.org/library/gavi-documents/evaluations/first-gavi-evaluation-2000-2005/

[41] CEPA LLP. (2010). GAVI Second Evaluation Report. *Applied Strategies*. Retrieved April 4, 2013 from http://www.gavialliance.org/library/gavi-documents/evaluations/second-gavi-evaluation-2006-2010/

3.3.2: "Tied" Aid and Donors

Within the Millennium Development Goal 8, a tied aid is defined as aid requiring "recipients to spend the aid they receive on goods and services provided by suppliers based in the donor country. As such, tied aid may reduce the cost-effectiveness of aid by limiting the recipient's choice of providers. It also weakens national ownership of the use of aid resources, which can erode alignment with national development priorities" (16)[42]

Tied aid, in the cases of public-private partnerships, may come in the form of aid from countries or different organizations. It may also come in the form of "in-kind" donations, which refers to a non-monetary form of aid to the partnership. Keeping in line with their goals as a financing institution, the Global Fund has neglected to accept "in-kind" donations, though tied aid is still represented in the aid it receives. Tied aid limits the ability of a partnership to achieve its own goals by being required to use the aid to accomplish the goals of another organization. While it is beneficial if these goals are aligned, they are not always equally weighted. However, the partnerships are unlikely to refuse a form of monetary donation that they would otherwise not be in possession of.

The percentage of tied aid within the three partnerships from 2003-2011 (data not publically available)

Partnerships	Global Fund	MMV	GAVI Alliance
Average annual funding received	USDxxxxx	USDxxxxx	USDxxxxx
Average amount of tied aid	USDxxxxx (xxx%)	USDxxxxx (xxx%)	USDxxxxx (xxx%)

4. Sources of Power

The sources of power within a partnership show where the legitimate decisions are sourced. Within the three partnerships being analyzed, the main decision mechanism is the Board. By tracing board developments related to private financing of partnerships and their inclusion in decision-making, we can weigh where the decision capabilities lie and how they are weighted amongst the actors involved.

4.1 Power and Accountability of Boards

The ability to have a decisive power within the partnership is dependent on the powers of the Board. The Global Fund, GAVI, and MMV all have their own unique, functioning boards that are delegated decision mechanisms, particularly surrounding the decisions of the destinations of their funding. The make-up and transparencies of the Boards vary from partnership to partnership, and these Boards have evolved as better governance structures for partnerships have been developed.

[42] The Global Partnership for Development: Making Rhetoric a Reality; Millennium Development Goal 8. (2012). New York, NY: United Nations. Retrieved April 3, 2013 from http://www.un.org/millenniumgoals/2012_Gap_Report/MDG_2012Gap_Task_Force_report.pdf

4.1.1Current Board Activities and Organization

The actors and representatives on the Boards of partnerships today have several aspects in mind when attending meeting and making decisions. They must act to the goals of the partnership, while attempting to put their best knowledge forward, without creating a personal compromise of interest. The financing partnerships currently provide the best platform for cooperation in decision making between diverse actors. The Global Fund and GAVI have established Boards with representation of their funding sources, destinations, and goals. MMV, as a product development partnership, has focused on the development of their Board around expertise, instead of any funding matters.

The Global Fund *Board Composition*			
Voting Members	**20**	**NonVoting Members**	**8**
Developing Countres	7	Board Chair	
Donors	8	Board Vice-Chair	
Civil Society & Private	5	WHO Representative	
NGO Developing		Joint UN Program	
NGO Developed		Partners Constituency	
Private Sector		Global Fund Trustee	
Private Foundation		Swiss Citizen	
NGO Rep Personally Affected by Diseases		Global Fund Executive Director	
Board Meetings	At minimum, twice per year		
Board Committees			
	Strategy, Investment, and Impact		
	Finance and Operational Performance		
	The Audit and Ethics Committee		

GAVI *Board Composition*			
Representative Seats	**18**	**Unaffiliated Individuals**	**9**
GAVI Alliance CEO			**1**
Permanent Seats	**5**	**Time Limited Seats**	**24**
BMGF		Independent Individuals	9
The World Bank		Government Donors	5
UNICEF		Developing Countries	5
WHO		Vaccine Industry Developing	
		Vaccine Industry Developed	
		Civil Society Organization	
		Research and Technical Health Institute	
		CEO GAVI Alliance	
Board Meetings	At minimum, twice per year		
Board Committees			
	Executive Committee		
	Programme and Policy Committee		
	Governance Committee		
	Investment Committee		
	Audit and Finance Committee		
	Evaluation and Advisory Committee		

MMV *Board Composition*	
Available Seats	18
Available to:	
	Academics
	NGO Representatives
	1 Representative BMGF
Board Meetings	At minimum, 3 times per year
Committees	
	Access and Product Management Advisory Committee
	Expert Scientific Advisory Committee
	Global Safety Board

4.1.2 Evolution of the Board

The Global Fund

Since its establishment in 2002, the Global Fund has maintained the most stable Board of the three partnerships under review. The initial membership of a board maintained a balanced representation of civil society, donors, recipients, and experts. . This multistakeholder approach persists till today. As stated in
The Five-Year Evaluation of the Global Fund that, "at the level of governance of the Global Fund, there has been unprecedented and largely successful participation of civil society, the private sector and other international development organizations in the Global Fund model." (33)[43] Since the Global Fund was able to establish a well-balanced board at its creation, it has had very few developmental changes.

[43] Ryan, Sarriot, Bachranch & Co. (2007). *Macro International, Inc.* Evaluation of the Effectiveness and Efficiency of the Global Fund to Fight Aids, Tuberculosis and Malaria. Accessed April 11, 2013 at http://www.theglobalfund.org/documents/terg/TERG_SA1_Report_en/

GAVI

Upon its creation, GAVI was composed of two separate boards, the GAVI Alliance Board and the GAVI Fund Board.

GAVI Boards Prior to 2008 Merger		
GAVI Alliance Board		**Vaccine Fund Board**
Functions		**Functions**
	Govern Policy Development and Implementation	Monitor income, budgets, funding, and determine sources of funding
	Monitor and Oversee Program Areas	Monitor investment and asset liabilities
Renewable Members		**Unspecificied Members**
	UNICEF	Individual Volunteers with Financial Expertise
	WHO	
	BMGF	Influential Individuals Committed to GAVI mission
	World Bank	
Rotating Positions		** Not necessarily in the real of global public health
4	Developing Country Governments	
4	Donor Country Governments	
	Research & Technical Health Institute	
	Industrialized Country Vaccine Industry	
	Developing Country Vaccine Industry	
	Civil Society Organization	

In 2008, the two separate boards merged into one. A separate board was also established to govern the IFFIm. This lead to an internal sense that ". . . decision making can be more protracted and beaurocratic given the size of the Board and the number of stakeholders involved" (117)[44] Even with all of the representatives present, it would be impossible to form a productive board that could represent all of the different needs of all developing countries fairly. Each developing country has different, independent needs. They also have different internal governing mechanisms and levels of political stability, so expecting five representatives to represent all of these challenges in the developing world is irrational. However, the merger of the two boards brought a renewed transparency to the program, and a new input from the developing sectors into the allocations and decisions surrounding the funding of GAVI programs that was previously missing.

MMV

Since its establishment, MMV has maintained a board that is exclusively representative of experts in their respective areas, as opposed to providing a board that is also representative of their donors. In 2005, the partnership made a slight change to their board representative policy by allowing a representative from their donor, the Bill and Melinda Gates Foundation, to hold a seat on the board as well. Despite the one representative from civil society, a 2005 MMV Internal Evaluation recommended that it should ". . . continue to include the best qualified individual," (5)[45] as opposed to allowing additional donors to be represented on the board.

[44] CEPA LLP. (2010). GAVI Second Evaluation Report. *Applied Strategies*. Retrieved April 4, 2013 from http://www.gavialliance.org/library/gavi-documents/evaluations/second-gavi-evaluation-2006-2010/

[45] Fairlamb, Bragman, Mshinda, Lucas. *Independent Review of Medicines for Malaria Venture*. DFID Health Resource Centre. (2005). Accessed April 15, 2013 at http://www.mmv.org/sites/default/files/uploads/docs/publications/MMV_Final_Report_7.7.05.pdf

MMV has made variations to its board membership in order to accommodate organizational change. In 2006, when MMV expanded its mission to include both access and delivery of malaria medicine, they subsequently added the Access and Delivery Advisory Committee (ADAC) to operate under its board so as to monitor and ensure effective undertaking of these actions.

In 2007, MMV Board also altered the maximum number of membership on the board from 12 to 14, and cited their 2009 Organizational Report that "its composition is expected to evolve as MMV grows and matures." (18)[46]

4.1.3 Impact of the Evolution of Boards on Private Influence in Decision Making

Several - factors are key to the ability of private organizations to have a greater impact on funding decisions within a partnership board. The size of the board plays an important role. The expansion in size of the GAVI and MMV boards over time dilutes the power of each individual member of the board.

Introduction of permanent members on the board also represents a key influence in decision making influence. The fact that the Gates Foundation holds one of the four permanent seats on the Board of the Global Fund shows the influence that individual investment can have in the development of decision-making mechanisms.

However, the most defining factor on private influence in decision-making comes from a quota system applied to the boards' composition. Both GAVI and the Global Fund have set quotas of representatives from certain representative areas.

4.2 Funding as Sources of Power within the Boards

4.2.1 Percentages of Funding Sources within Each Board[47]

The Global Fund
The Global Fund has eight seats available to donors, however these members represent the donor countries. Private organizations are represented on the Global Fund board also and are allocated two seats. Bill and Melinda Gates Foundation and Anglo American, PLC currently hold these positions.

For fiscal year 2011, Anglo American, PLC donated .04% ($1,000,000) of the Global Fund's total received contributions. Of the five total private donors to the Global Fund in 2011, two private donors actually contributed more than Anglo American without occupying a seat in the Board. These two private donors did not make any prior contributions to the Global Fund.

For the same fiscal year, Bill and Melinda Gates Foundation contributed 5.50% ($150,000,000) to the Global Fund. *GAVI*

[46] Faster Cures Philanthropy Advisory Service. (2009) *Medicines for Malaria Venture Organizational Report.* Accessed April 15, 2013 at http://www.mmv.org/sites/default/files/uploads/docs/publications/faster_cures.pdf
[47] For Full Fiscal Information by year, see ANNEX XX

Apart from its four permanent seats, GAVI's opportunities for private donors on the board, hold the titles of: Vaccine Industry Developing Country, Vaccine Industry Industrialized Country, Civil Society Organization, and Independent Individual.

Of the private organizations and corporations represented on the GAVI Alliance Board for the fiscal year 2011, none were representing prior fiscal donors to the GAVI Alliance.

Name	**Organization / Corporation**
Wayne Berson	BDO US LLP
Dwight L. Bush	Urban Trust Bank
Ashutosh Garg	Guardian Lifecare PVT Ltd.
George W. Wellde Jr.	Goldman Sachs

MMV

MMV's only donor representative on their Board is one from the Bill and Melinda Gates Foundation. Bill and Melinda Gates Foundation represents well over 50% of the total funding provided to MMV since their creation.

4.2.2 Power of the Individual

The individual power on a board depends on the individual's standing on the board. An individual board member must first have a position on their board defined as observer or voter. While both observers and voters can influence a decision, only a voting member can make the final decision. Similar to the involvement in the decision making process, individual power on a board is also dependent on the size of that board, and the decision making mechanisms in place. The individual power may also be limited by term limitations. The longer an individual serves on a board; their influence over decisions through input may increase. If term limits exist, it puts a cap on the time available to individual for these strategies.

4.2.3 Private Affiliate Representatives on the Board[48]

Outside of the individual power of the board member, there is an additional capacity to gain power through affiliates present on the board. Affiliates may be partner organizations, share similar goals, or maybe just have attended the same school. No matter the means, a shared mentality of some sort gives a common mind-set and a form of alliance, giving more power to the goals of these representatives. The Gates Foundation is a notable example is this context, in addition to provide funding and global attention to the three partnerships in question, they also provide funding to many of the board representatives present in the three partnerships.

Gates Affiliates on Global Fund Boards

[48] For full list of representatives see ANNEX XX

McKinsey & Company (2003-2008)
Roll Back Malaria Partnership (2010)

Gates Affiliates on GAVI Boards

GlaxoSmithKline (2008-2010)

Gates Affiliates on MMV Boards

Burroughs Wellcome Fund, USA (2003-2005)
GAVI (2005)
Merck & Co, Inc. (2008-2011)
Merck-Banyu Research Laboratories (2007-2011)

Board Members Exposed to Multiple Boards

In a few cases, some of the board members were representatives on more than one of the three researched partnerships. At one point in time, each one of the stated cases also served on the board of MMV. While there is no record of this having an impact on the board's functions, and each member was said to be acting in their own capacity, they are still noted as:

Awa Marie Coll-Seck
Ms. Coll-Seck was the only individual who held a seat on each of the three boards. Between 2007-2010, she was present on the Board of MMV, while listed as the chair of the ADAC. In 2010, she served on the Board of the Global Fund under the organization of Roll Back Malaria. In 2011, she represented the country of Senegal on the GAVI board.

Tore Godal
Tore Godal acted on the GAVI Board in 2003 while listed under the WHO. In 2005, he acted as a member of the MMV Board in the capacity of the expertise he had gained as the former executive secretary of GAVI.

Regina Rabinovich
Regina Rabinovich was representative of Bill and Melinda Gates Foundation during her board presence on the MMV Board and the Global Fund Board. From 2005-2010, she held the Gates Foundation seat on the MMV board. During that time, from 2006-2008, she also represented the Gates foundation on the Global Fund board.

4.3 Funding and Grant Decisions on Boards

4.3.1 Who makes the Decisions

The Global Fund

The Global Fund's ultimate decider for funding destinations is the Board, however this may be a deterrent for private actor engagement, both in funding and in board representation. Since board members and grant recipients must maintain that they hold no stake in the

funding decisions, members of the private sector may hold off from providing funding that is directed only towards accomplishing the goals and mission of the Global Fund. (42)[49]

GAVI

While GAVI has recently established a defined structural mechanism to guide their decisions; until 2005 they actually had no framework in place to guide formal decision-making. [50] Until that time, it was known that the GAVI Fund Board ultimtely made the grant destination decisions, but they had no key indicators or guidelines. The GAVI Fund Board, at that time, was composed of private sector representatives.

MMV

MMV has maintained that their board makes the decisions on the destination of funding. As their projects develop into the various phases of vaccination trials, the various committees oversee the futures of the projects.

5. Funding as a Means to Power

The presence of non-transparent funding in PPPs has helped promote the overall goals of the PPPs through increased funding and global attention. The Gates foundation has particularly influenced these developments through their funding. Since the concept of PPPs in the global health development world is relatively new, the coordination of these many actors has in fact helped to build a stronger structure.

The internal changes and enhancements made by each of these organizations has helped to reflect the overall goals of the organizations that preceded them, as well as those of the organizations and ideals that have been developing along-side them. As these changes developed, it is becoming clear that these PPPs strive for the overall beneficiary of their work to be the country receiving the donations. This convergence of organizational mentalities has lead to a great praise from the global health development world.

In the context of the less transparent, private organization that is funding a PPP, their presence is growing and more increasingly demanded for inclusion. While there are few legal requirements surrounding private inclusion funding in partnerships, they must remain aware of their overall impact on the predictability of funding within a partnership, as well as the ability of a partnership to continue functioning without their presence.

The ability of a private actor to promote their own goals within a partnership is becoming increasingly fragmented with the coordination of PPPs and the overbearing goals of the global health development sector. While their ability to directly impact the final allocation of funds is increasingly difficult due to the trend of diversifying and growing

[49] Ryan, Sarriot, Bachranch & Co. (2007). *Macro International, Inc.* Evaluation of the Effectiveness and Efficiency of the Global Fund to Fight Aids, Tuberculosis and Malaria. Accessed April 11, 2013 at http://www.theglobalfund.org/documents/terg/TERG_SA1_Report_en/

[50] Grace Chee, Vivikka Molldrem, Natasha Hsi, Slavea Chankova. October 2008. Evaluation of GAVI Phase 1 Performance. Bethesda, MD: Abt Associates Inc. Accessed April 11, 2013 at http://www.gavialliance.org/library/gavi-documents/evaluations/first-gavi-evaluation-2000-2005/

boards, their main ability to impact financing decisions in partnerships lies through in-kind and tied donations.

Through these types of donations, a private sector can influence the directional capabilities of a partnership by limiting their ability to allocate money. While this does not need to be viewed as a negative influence on partnerships, it diverts attention away from the overall global health development agenda, as well as those agendas operating within the partnerships.

The Gates Foundation has made significant contributions the development sector, and their transparency throughout the process has been growing with those of the different partnerships it helps to fund. In his first annual letter, Bill Gates expressed concern about managing the differences between the business world and the public and development worlds. As his foundation's presence in the latter has become increasingly noteworthy, they have changed their own functions and expectations to pair with those in the global health development sector. This cross-coordination of actors' expectations and goals has lead to an increased capability for cooperation, and a better ability for individual actors to benefit from each other and achieve reasonable goals.

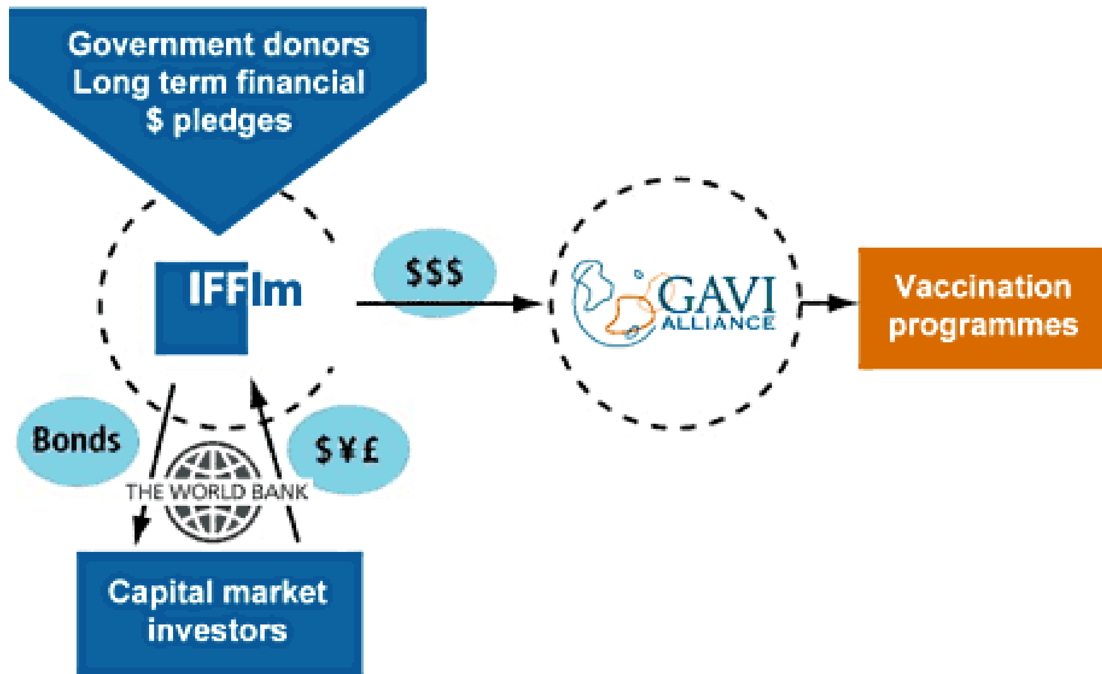
Annexes

IFFIm

"The International Finance Facility for Immunisation (IFFIm) uses long-term pledges from donor governments to sell 'vaccine bonds' in the capital markets, making large volumes of funds immediately available for GAVI programmes.

Launched in 2006, IFFIm was the first aid-financing entity in history to attract legally-binding commitments of up to 20 years from donors and offers the "predictability" that developing countries need to make long-term budget and planning decisions about immunisation programmes.[51]"

[51] http://www.iffim.org/about/overview/



52

Annex B: Financial Breakdown by Year

[52] http://www.iffim.org/about/overview/

Annex 1.1: 2003 Annual Contributions

Contributor	Sector	% MMV	MMV ($)	% GAVI	GAVI ($)	GF ($)	%GF
Government							
Canada	Government			4.10%	4,800,000	25,000,000	2.6978%
China	Government					2,000,000	0.2158%
Denmark	Government					13,791,000	1.4882%
Dutch Government (NMDC)	Government	5.89%	1,228,880				
European Commission (EC)	Government			1.11%	1,300,000	52,434,000	5.6582%
France	Government					62,230,000	6.7153%
Germany	Government					37,427,000	4.0388%
Ireland	Government			0.51%	600,000	11,161,000	1.2044%
Italy	Government					106,542,000	11.4970%
Japan	Government					79,993,000	8.6321%
Kingdom of Norway	Government			18.62%	21,800,000		
Kingdom of Sweden	Government			2.05%	2,400,000		
Kuwait	Government					1,000,000	0.1079%
Luxembourg	Government					1,095,000	0.1182%
Monaco	Government					44,000	0.0047%
Netherlands	Government			14.09%	16,500,000	43,590,000	4.7038%
New Zealand	Government					734,000	0.0792%
Norway	Government					17,710,000	1.9111%
Poland	Government					20,000	0.0022%
Portugal	Government					400,000	0.0432%
Russa	Government					4,000,000	0.4316%
Saudi Arabia	Government					2,500,000	0.2698%
Spain	Government					35,000,000	3.7769%
Sweden	Government					11,488,000	1.2397%
Swiss Government SDC	Government	2.91%	607,700			4,406,000	0.4755%
Thailand	Government					1,000,000	0.1079%
UK DFID	Government						
United Kingdom	Government	7.36%	1,536,659	4.78%	5,600,000	40,033,000	4.3200%
United States	Government			49.53%	58,000,000	322,725,000	34.8253%
Zimbabwe	Government					158,000	0.0170%
Total % Government		**16.16%**	**3,373,239**	**94.79%**	**111,000,000**	**876,481,000**	**94.58%**
Philanthropic							
Bill & Melinda Gates Foundation	Philanthropic	71.88%	15,000,000	2.99%	3,500,000	50,000,000	5.3955%
Rockefeller Foundation	Philanthropic	4.79%	1,000,000				
Wellcome Trust	Philanthropic	3.09%	644,472				
World Bank	Philanthropic	3.59%	750,000				
Other						32,000	0.0035%
Total % Philanthropic		**83.36%**	**17,394,472**	**2.99%**	**3,500,000**	**50,032,000**	**5.40%**
Private							
ExxonMobil	Private	0.48%	100,000				
Treatment Action Campaign	Private					11,000	0.0012%
Other				2.22%	2,600,000	172,000	0.0186%
Total % Private		**0.48%**	**100,000**	**2.22%**	**2,600,000**	**183,000**	**0.02%**
Total %		**100.00%**	**20,867,711**	**100.00%**	**117,100,000**	**926,696,000**	**100.0000%**

Zeis, CSEND

Medicines for Malaria Venture. (2004). *Annual Report 2003*. Retrieved 13 Mar. 2013 from
<http://www.mmv.org/newsroom/publications/annual-report-2003>
The Global Fund. (2004). *Annual Report 2003*. Retrieved 8 Mar. 2013 from
<http://www.theglobalfund.org/documents/publications/annual_reports/Corporate_2003Annual_Report_en/>
The Vaccine Fund. (2004). *Annual Report 2003*. Retrieved 11 Mar. 2013 from
http://www.gavialliance.org/library/publications/gavi-progress-reports/gavi-alliance-progress-report-2003

Annex C: Corporate Governance Structure of Organizations and Board Membership

Annex 3.1

GAVI Board Representation and Growth

Name	Representing	2003	2004	2005	2006	2007	2008	2009	2010	2011	Years on Board
Infranta Christina of Spair	"la Caiza" Foundation									1	1
Suraya Dalil	Afghanistan									1	1
Tatul Hakabyan	Armenia						1	1			2
AFM Tuhal Haque	Bangledesh									1	1
Michael Comdessus	Bank of France		1	1	1						3
Wayne Bersun	BDO Seidman, LLP			1	1	1	1	1	1	1	7
Mahima Datla	Biological E. Limited									1	1
Allan C. Golsten	BMGF			1		1					2
Jaime Sepulveda	BMGF						1	1	1		3
Orin Levine	BMGF									1	1
Patty Sonesifer	BMGF	1									1
Richard D. Klausner	BMGF		1								1
Faruque Ahmed	BRAC						1	1	1		3
Graca Machel	Commonwealth Foundation, Foundation for Community Development	1	1	1	1	1	1	1			7
George Bickerstaff	CRT Capital Group, LLC				1	1	1				3
Johan van Hoof	Crucell									1	1
Zalfiqar A. Bhutta	Division of Women and Child Health, Aga Kahn University, Karachi, Pakistantan									1	1
Mary Robinson	Ethical Globalization Initiative	1	1	1	1	1	1	1	1		8
Tedros Ghebreysus	Ethiopia						1				1
Jacques Delors	European Commission	1									1
Maria C. Freire	Foundation Institutes of Health									1	1
Gustavo Gonzalez	French Ministry of European and Foreign Affaires						1	1	1	1	4
Rita Süssmith	Germany		1	1	1						3
Jean Stéphanne	GlaxoSmithKline Biologicals						1	1	1		3
George W. Wellde	Goldman, Sachs and Co.	1	1	1	1	1	1	1	1	1	9
Ashoutosh Garg	Guardian Lifecare Pvt Ltd				1	1	1	1	1	1	6
Amartya Sen	Harvard University	1	1	1	1						4
Lawrence Summers	Harvard University	1									1
Jacques Francois Martn	International AIDS Vaccine Initiative	1									1
John Clemens	International Vaccine Institute						1	1			2
Alberto Mantovani	Italy						1				1
Queen Rania Al Abdullah	Jordann	1	1	1	1	1					5
Jen Stltenberg	Labour Party Parliamentary Group	1	1								2
Yifei Li	Man Group									1	1
Uffe Ellemann Jensen	Ministry of Foreign Affairs, Denmark		1	1	1	1					4
Andrei Usatii	Moldova									1	1
Mstislav Rostropovich	National Symphony Orchestra, Washington DC	1	1	1							3
Jocelyn S. Davis	Nelson Hart, LLC		1	1	1						3
Nelson Mandela	Nelson Mandela Children's Fund	1	1	1	1	1					5
Guillermo Gonzalez	Nicaragua								1		1
Dogfinn Hoybraten	Norway					1	1	1	1	1	5
Paul Fife	Norway							1	1		2
Angela Santoni	Pasteur Institute -Fondazione Cenci Bolognetti									1	1
Richard Sezibera	Rwanda						1	1	1	1	4
Dwight Bush	Sallie Mae Corporation	1	1	1	1	1	1	1	1	1	9
Awa Marie Coll-Seck	Senegal									1	1
Suresh Jadhav	Serum Institute India						1	1	1		3
Fidel Lopez Alvarez	Spain							1			1
Anders Molin	Sweden							1			1
Anders Norström	Swedish Ministry of Foreign Affairs								1	1	2
Julian Lob-Levyt	The GAVI Alliance & Fund		1	1	1	1	1				5
Alan Himan	The Task Force for Child Survival and Development									1	1
Christian C. Baeza	The World Bank								1		1
Julian Schweitzer	The World Bank						1	1			2
Christine J.D. Ondoa	Uganda									1	1
Geeta Rao Gupta	UNICEF									1	1
Saad Houry	UNICEF						1	1	1		3
Gavin McGillivray	United Kingdom						1				1
Simon Bland	United Kingdom									1	1
Amie Batson	United States								1		1
Anne Schuchat	United States								1	1	2
Gloria Steele	United States						1	1			2
Robert Clay	United States									1	1
Charles J. Lyons	US Fund for UNICEF	1	1	1							3
Trinh Quan Huan	Vietnam						1	1	1		3
Daisy Mafubelu	WHO							1			1
Denis Aitken	WHO						1				1
Flavia Bustreo	WHO								1	1	2
Tore Godal	WHO	1									1
Jean Louis Sarbib	World Bank Group				1	1	1	1			4
Abdulkarim Yehia Rasae	Yemen						1	1	1		3
Total Board Members Per Year		15	16	16	16	14	27	25	22	27	

Zeis, CSEND 2013

GF Board Representation and Growth

Non-Government Global Fund Board Members

Name	Representing	2003	2004	2005	2006	2007	2008	2009	2010	2011	Total Years on Board
Cheik Tidiane Tall	African Council of AIDS Service Organizations (AfriCASO)									1	1
Helene Rossert-Blavier	AIDES	1	1								2
Brian Brink	Anglo American PLC							1	1	1	3
Ernest Loevinsohn	BMGF								1		1
Regina Rabinovich	BMGF				1	1	1				3
Stefano Bertozzi	BMGF									1	1
Todd Summers	BMGF							1			1
Helene D. Gayle	BMGF	1	1	1							3
Mphu Ramatlapeng	Clinton Health Access Initiative									1	1
Carol Nawina	Community Initiative for Tuberculosis HIV/AIDS and Malaria							1			1
Shaun Mellors	Foundation for Professional Treatment									1	1
Rita Arauz Molina	Foundation Nimehuatzin		1	1							2
Asia Russell	Health GAP (Global Access Project)					1	1				2
Milly Katana	Health Rights Action Group	1									1
Abdul Azeez Yoosuf	IGM Hospital							1			1
Anandi Yuvaraj	India HIV/AIDS Alliance		1	1							2
Alvaro Bermejo	International HIV/ AIDS Alliance									1	1
Javier Hourcade Bellocq	International HIV/AIDS Alliance					1	1				2
Rajat Gupta	McKinsey & Company	1	1	1	1	1	1				6
Francoise Ndayishimiye	National Aids Council				1						1
Aida Kurtovic	Partnerships in Health (Bosnia and Herz)									1	1
Morolake Odetoyinbo	Positive Action for Treatment Access								1		1
Joanne Carter	Results/Results Education Fund							1	1		2
Awa Marie Coll-Seck	Roll Back Malaria Partnership								1		1
Peter van Rooijen	Stop AIDS Now!			1	1						2
Edmond Tavernier	Tavernier Tschanz						1	1	1		3
Axel van Trotsenburg	The World Bank							1	1		2
Philippe le Houerou	The World Bank						1				1
Michel Sidibé	UNAIDS							1	1		2
Peter Piot	UNAIDS						1				1
Jorge Bermudez	UNITAID							1			1
Karlo Boras	Yugoslav Youth Association Against AIDS							1	1		2
Elisabeth Mataka	Zambia National AIDS Network				1	1	1				3
Total Non Government Board Members		4	5	5	5	5	8	10	9	7	

Governmental Representatives

Name	Representing	2003	2004	2005	2006	2007	2008	2009	2010	2011	Total Years on Board
Jose Viera Dias van-Hunem	Angola			1							1
Carol Jacobs	Barbados		1	1	1						3
Lieve Fransen	Belgium	1	1	1	1						4
Sheila Donilshe Tlou	Botswana				1	1					2
Alexandre D. Grange	Brazil	1									1
Tonka Varleva	Bulgaria						1	1			2
Seydou Bouda	Burkina Faso						1				1
Bedouma Alain Yoda	Burkino Faso					1					1
Emmanuel Gikoro	Burundi						1				1
Urbain Olanguena Awono	Cameroon		1	1	1						3
Huang Jiegu	China	1	1	1	1	1	1	1	1	1	9
David Stevenson	CIDA									1	1
Diane Jacovella	CIDA								1		1
Ernest Loevinsohn	CIDA		1	1				1			3
Ricardo Lucque Nunez	Colombia						1				1
Georges Marius Moyen	Congo							1	1		2
Carsten Staur	Denmark			1	1						2
Abdallahi Maguel	Djibouti			1	1	1	1				4
Tedros Adhanom	Ethiopia							1	1		2
Kristian Schmidt	European Comission									1	1
Luis Riera Figueras	European Commission					1	1	1	1		4
Louis Charles Viossat	France					1	1				2
Mireille Guigaz	France	1	1								2
Mireille Guigaz	France									1	1
Patrice Debré	France							1	1		2
Serge Tomasi	France			1	1						2
Martina Metz	Germany				1	1	1				3
Ursula Mueller	Germany									1	1
Albin Kingsford Sumana Bagbin	Ghana									1	1
Leslie Ramsammy	Guyana								1		1
Florence Duperval Guillaume	Haiti									1	1
Anbumani Ramadass	India			1							1
Sushma Swaraj	India		1								1
Broto Wasisto	Indonesia				1	1					2
Martin Greene	Ireland									1	1
Alain Giorgio Maria Economides	Italy					1					1
Elisabetta Belloni	Italy						1	1	1		3
Giuseppe Deodato	Italy	1	1	1							3
Lucia Fiori	Italy				1						1
Eiji Yamamoto	Japan						1	1			2
Jun Yamazaki	Japan					1					1
Koichi Aiboshi	Japan									1	1
Masaru Tsuji	Japan			1	1						2
Masaya Fujiwara	Japan								1		1
Shigeki Sumi	Japan	1	1								2
Adul Azeez Yoosef	Maldives						1				1
Jorge Saveedra	Mexico					1					1
Jose Antonio Lyayolo	Mexico							1			1
Moinafouraha Ahmed	Ministère de la Santé, de la Solidarité, de la Cohésion sociale et de la Promotion du Genre									1	1
Sigrun Mogedal	Ministry of Foreign Affairs						1				1
Sigrun Mögedal	Ministry of Foreign Affairs					1					1
Umakant Chaudhary	Nepal								1		1
Marijke Wijnroks	Netherlands							1	1		2
Adetokunbo O. Lucas	Nigeria	1									1
Ejay Rahim	Pakistan	1	1								2
Eugen Nicolaescu	Romania			1							1
Ovidiu Brinzan	Romania		1								1
Alexander Kouzmin	Russia				1	1					2
Manto Tshabalala-Msimang	South Africa		1								1
Palitha Maheepala	Sri Lanka									1	1
Bahar Idriss Abu Garda Abulgassim	Sudan									1	1
Lennart Hjelmaker	Sweden	1	1								2
Suwit Wibulpolprasert	Sweden	1									1
Jim Muhwezi	Uganda	1									1
Caitlin evans	UK									1	1
Carol Presern	UK			1	1	1					3
Hillary Benn	UK	1									1
Simon Bland	UK						1	1	1	1	4
Andrej Pidaev	Ukraine	1									1
Eric Goosby	USA							1	1	1	3
Randall Tobias	USA			1							1
Tommy G. Thompson	USA	1	1								2
William Steiger	USA				1	1	1				3
Hiroki Nakatani	WHO						1	1	1		3
Abdulkarim Yehia Rasae	Yemen							1			1
	Board Members Per Year	14	14	15	15	15	16	15	14	15	

Annex D: BMGF Global Health Expenditure Break Down by Year

MMV Board Representation and Growth

Name	Representing	2003	2004	2005	2006	2007	2008	2009	2010	2011	Total Years on Board
Awa Marie Coll-Seck	ADAC					1	1	1	1		4
Baroness Lynda	Africa Matters, Ltd.			1	1	1	1	1	1		6
Regina Rabinovich	BMGF			1	1	1	1	1	1		6
David Brandling-Bennett	BMGF									1	1
Erbest Darkoh	BroadReach Healthcare							1	1	1	3
Enriqueta Bond	Burroughs Wellcome Fund, USA	1	1	1							3
R.A. Mashelkar	Council of Scientific and Industrial Research (CSIR)	1	1	1	1						4
Pascoal Mocumbi	European and Developing Countries Clinical Trials Partnership	1	1	1	1	1	1	1			7
Eyitayo Lambo	Federal Ministry of Health						1				1
Tore Godal	GAVI			1							1
Pedro Alonso	Hospital Clinic Universitat de Barcelona					1	1	1	1	1	5
Baron Peter Piot	LSHTM								1		1
Peter Smith	LSHTM							1	1		2
Winston Gutteridge	LSHTM	1	1	1	1	1	1	1	1	1	9
Perd Wold-Olsen	Merck & Co, Inc.						1	1	1	1	4
Dennis Schmatz	Merck-Banyu Research Laboratories					1	1	1	1	1	5
Christ Hentschel	MMV	1	1	1	1	1	1	1			7
David Reddy	MMV								1	1	2
Dinna Cohen	MMV								1	1	2
Francis Nkrumah	Noguchi Memorial Institute for Medical Research, University of Ghana	1	1	1							3
Carlos Morel	Oswaldo Cruz Foundation			1	1	1	1	1	1		6
Leon Rosenberg	Princeton University	1	1	1	1						4
Christopher J. Elias	Programme for Appropriate Technology in Health					1	1	1	1		4
Trevor Jones	The Association of the British Pharmaceutical Industries	1	1	1	1						4
James Cochrane	TNT				1	1	1	1	1		5
Ray Chambers	UN Secretary-General's Special Envoy for Malaria								1	1	2
Dame Briget Ogilvie	University College London	1	1	1							3
Michael Fergusm	University of Dundee									1	1
Anarfi Asamoa-Baah	World Health Organization				1						1
David Alnwick	World Health Organization	1									1
Jack Chow	World Health Organization	1	1								2
Robert Newman	World Health Organization							1	1	1	3
Board Members per Year		11	10	13	11	11	13	15	17	11	

Annex 4.1

Expenditure Priorities, BMGF					
Year	Total	GH	MMV	GAVI	GF
2003	1182791000	576624000	15000000	3500000	50000000
2004	1261110000	447003000	20000000	5000000	50000000
2005	1356327000	843742000	45000000	154300000	0
2006	1562514000	916339000	0	0	100000000
2007	2011675000	1220008000	57000000	75000000	100000000
2008	2800144000	1818624000	30000000	75000000	100000000
2009	3045194000	1826446000	24000000	75000000	100000000
2010	2470345000	1485337000	36000000	75000000	100000000
2011	3208166000	1977507000	44010000	2971000	150000000
Expenditure Priorities, Percentages of Total					
Year	Total	GH	MMV	GAVI	GF
2003	100	48.75%	1.27%	0.30%	4.23%
2004	100	35.45%	1.59%	0.40%	3.96%
2005	100	62.21%	3.32%	11.38%	0.00%
2006	100	58.65%	0.00%	0.00%	6.40%
2007	100	60.65%	2.83%	3.73%	4.97%
2008	100	64.95%	1.07%	2.68%	3.57%
2009	100	59.98%	0.79%	2.46%	3.28%
2010	100	60.13%	1.46%	3.04%	4.05%
2011	100	61.64%	1.37%	0.09%	4.68%
Expenditure Priorities, Percentages of Global Health Expenditures					
Year	GH	MMV	GAVI	GF	
2003	100%	2.60%	0.61%	8.67%	11.88%
2004	100%	4.47%	1.12%	11.19%	16.78%
2005	100%	5.33%	18.29%	0.00%	23.62%
2006	100%	0.00%	0.00%	10.91%	10.91%
2007	100%	4.67%	6.15%	8.20%	19.02%
2008	100%	1.65%	4.12%	5.50%	11.27%
2009	100%	1.31%	4.11%	5.48%	10.90%
2010	100%	2.42%	5.05%	6.73%	14.21%
2011	100%	2.23%	0.15%	7.59%	9.96%

Zeis, CSEND 2013

Bibliography

UNECE Guidebook on Promoting Good Governance in Public-Private Partnerships. 2008. Accessed 5 April 2013 at www.unece.org/ceci/publications/ppp.pdf.

World Health Organization. 2001. Public-Private Partnerships: Mobilizing Resources to Achieve Public Health Goals. Accessed April 11, 2013 at http://www.who.int/entity/management/partnerships/private/PublicPrivatePartnershipMobilizingResources.pdf

McKinsey&Company. 2009. Public-Private Partnerships: Harnessing the Private Sector's Unique Ability to Enhance Social Impact. Accessed April 13, 2013 at https://mckinseyonsociety.com/downloads/reports/Global-Public-Health/Public_Private_Partnerships_Enhancing_Social_Impact.pdf

United Nations. 2012. Rio+20 Outcome Document: The Future We Want. http://www.uncsd2012.org/content/documents/727The%20Future%20We%20Want%2019%20June%201230pm.pdf

Dr. S. Mookherji et al. (2009). Five-Year Evaluation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria: Synthesis of Study Areas 1, 2, and 3. Macro International, Inc. Retrieved April 4, 2013 from http://www.theglobalfund.org/documents/terg/TERG_FiveYearEvaluationSynthesisOfSAsSummary_Report_en/

Grace Chee et al. (2008). Evaluation of GAVI Phase 1 Performance. Bethesda, MD: *Abt Associates Inc.* Retrieved April 4, 2013 from http://www.gavialliance.org/library/gavi-documents/evaluations/first-gavi-evaluation-2000-2005/

RED) FAQs. (2012). *(Product)red*. http://www.joinred.com/wp-content/uploads/2012/pdf/(RED)%20FAQs.pdf

CEPA LLP. (2010). GAVI Second Evaluation Report. *Applied Strategies*. Retrieved April 4, 2013 from http://www.gavialliance.org/library/gavi-documents/evaluations/second-gavi-evaluation-2006-2010/

The Global Partnership for Development: Making Rhetoric a Reality; Millennium Development Goal 8. (2012). New York, NY: United Nations. Retrieved April 3, 2013 from http://www.un.org/millenniumgoals/2012_Gap_Report/MDG_2012Gap_Task_Force_report.pdf

Ryan, Sarriot, Bachranch & Co. (2007). *Macro International, Inc.* Evaluation of the Effectiveness and Efficiency of the Global Fund to Fight Aids, Tuberculosis and Malaria. Accessed April 11, 2013 at http://www.theglobalfund.org/documents/terg/TERG_SA1_Report_en/

Fairlamb, Bragman, Mshinda, Lucas. *Independent Review of Medicines for Malaria Venture*. DFID Health Resource Centre. (2005). Accessed April 15, 2013 at

http://www.mmv.org/sites/default/files/uploads/docs/publications/MMV_Final_Report_7.7.05.pdf

Faster Cures Philanthropy Advisory Service. (2009) *Medicines for Malaria Venture Organizational Report*. Accessed April 15, 2013 at http://www.mmv.org/sites/default/files/uploads/docs/publications/faster_cures.pdf

Annual Reports

GAVI

The Vaccine Fund. (2004). *Annual Report 2003*. Retrieved 11 Mar. 2013 from http://www.gavialliance.org/library/publications/gavi-progress-reports/gavi-alliance-progress-report-2003

The Vaccine Fund. (2005) *GAVI Progress Report, The Vaccine Fund Annual Report 2004*. Retrieved 13 Mar. 2013 from http://www.gavialliance.org/library/publications/gavi-progress-reports/gavi-alliance-progress-report-2004

GAVI Alliance. (2006). *GAVI Alliance Progress Report 2005*. Retrieved 18 Mar. 2013 from <http://www.gavialliance.org/library/publications/gavi-progress-reports/gavi-alliance-progress-report-2005>

GAVI Alliance. (2007). *GAVI Alliance Progress Report 2006*. Retrieved 11 Mar. 2013 from <http://www.gavialliance.org/library/publications/gavi-progress-reports/gavi-alliance-progress-report-2006>

GAVI Alliance. (2008). *GAVI Alliance Progress Report 2007*. Retrieved 18 Mar. 2013 from <http://www.gavialliance.org/library/publications/gavi-progress-reports/gavi-alliance-progress-report-2007>

GAVI Alliance. (2009). *GAVI Alliance Progress Report 2008*. Retrieved 18 Mar. 2013 from <http://www.gavialliance.org/library/publications/gavi-progress-reports/gavi-alliance-progress-report-2008>

GAVI Alliance. (2010). *GAVI Alliance Progress Report 2009*. Retrieved 11 Mar. 2013 from <http://www.gavialliance.org/library/publications/gavi-progress-reports/gavi-alliance-progress-report-2009>

GAVI Alliance. (2011). *GAVI Alliance Progress Report 2010*. Retrieved 21 Mar. 2013 from <http://www.gavialliance.org/library/publications/gavi-progress-reports/gavi-alliance-progress-report-2010/>

Global Fund

The Global Fund. (2004). *Annual Report 2003*. Retrieved 8 Mar. 2013 from <http://www.theglobalfund.org/documents/publications/annual_reports/Corporate_2003Annual_Report_en/>

The Global Fund. (2005). *Annual Report 2004*. Retrieved 13 Mar. 2013 from <http://www.theglobalfund.org/documents/publications/annual_reports/Corporate_2004Annual_Report_en/>

The Global Fund. (2006). *Annual Report 2005*. Retrieved 13 Mar. 2013 from <http://www.theglobalfund.org/documents/publications/annual_reports/Corporate_2005Annual_Report_en/>

The Global Fund. (2007). *Annual Report 2006*. Retrieved 11 Mar. 2013 from <http://www.theglobalfund.org/documents/publications/annual_reports/Corporate_2006Annual_Report_en/>

The Global Fund. (2008). *Annual Report 2007*. Retrieved 18 Mar. 2013 from <http://www.theglobalfund.org/documents/publications/annual_reports/Corporate_2007Annual_Report_en/>

The Global Fund. (2009). *Annual Report 2008*. Retrieved 18 Mar. 2013 from <http://www.theglobalfund.org/documents/publications/annual_reports/Corporate_2008Annual_Report_en/>

The Global Fund. (2010). *Annual Report 2009*. Retrieved 11 Mar. 2013 from <http://www.theglobalfund.org/documents/publications/annual_reports/Corporate_2009Annual_Report_en/>

The Global Fund. (2011). *Annual Report 2010*. Retrieved 18 Mar. 2013 from <http://www.theglobalfund.org/documents/publications/annual_reports/Corporate_2010Annual_Report_en/>

MMV

Medicines for Malaria Venture. (2004). *Annual Report 2003*. Retrieved 13 Mar. 2013 from <http://www.mmv.org/newsroom/publications/annual-report-2003>

Medicines for Malaria Venture. (2005). *Annual Report 2004*. Retrieved 13 Mar. 2013 from <http://www.mmv.org/newsroom/publications/annual-report-2004>

Medicines for Malaria Venture. (2006). *Annual Report 2005*. Retrieved 13 Mar. 2013 from <http://www.mmv.org/newsroom/publications/annual-report-2005>

Medicines for Malaria Venture. (2007). *MMV Annual Report 2006*. Retrieved 13 Mar. 2013 from <http://www.mmv.org/newsroom/publications/mmv-annual-report-2006>

Medicines for Malaria Venture. (2008). *MMV Annual Report 2007*. Retrieved 18 Mar. 2013 from <http://www.mmv.org/newsroom/publications/mmv-annual-report-2007>

Medicines for Malaria Venture. (2009). *MMV Annual Report 2008*. Retrieved 13 Mar. 2013 from <http://www.mmv.org/newsroom/publications/mmv-annual-report-2008>

Medicines for Malaria Venture. (2010). *MMV Annual Report 2009*. Retrieved 15 Mar. 2013 fro < http://www.mmv.org/newsroom/publications/mmv-annual-report-2009>

Medicines for Malaria Venture. (2011). *MMV Annual Report 2010*. Retrieved 15 Mar. 2013 from < http://www.mmv.org/newsroom/publications/mmv-annual-report-2010>

BMGF

Bill and Melinda Gates Foundation. (2004). *Annual Report 2003*. Retrieved 4 April 2013 from
<http://www.gatesfoundation.org/~/media/GFO/Documents/Annual%20Reports/2003
Gates%20Foundation%20Annual%20Report.pdf>

Bill and Melinda Gates Foundation. (2005). *Annual Report 2004*. Retrieved 20 Mar. 2013 from
<http://www.gatesfoundation.org/~/media/GFO/Documents/Annual%20Reports/2004
Gates%20Foundation%20Annual%20Report.pdf>

Bill and Melinda Gates Foundation. (2006). *Annual Report 2005*. Retrieved 20 Mar. 2013 from
<
http://www.gatesfoundation.org/~/media/GFO/Documents/Annual%20Reports/2005G
ates%20Foundation%20annual%20Report.pdf>

Bill and Melinda Gates Foundation. (2007). *Annual Report 2006*. Retrieved 20 Mar. 2013 from
<http://www.gatesfoundation.org/~/media/GFO/Documents/Annual%20Reports/2006
Gates%20Foundation%20Annual%20Report.pdf>

Bill and Melinda Gates Foundation. (2008). *Annual Report 2007*. Retrieved 3 April, 2013 from
<http://www.gatesfoundation.org/~/media/GFO/Documents/Annual%20Reports/2007
Gates%20Foundation%20Annual%20Report.pdf>

Bill and Melinda Gates Foundation. (2009). *Annual Report 2008*. Retrieved 20 Mar. 2013 from
<http://www.gatesfoundation.org/~/media/GFO/Documents/Annual%20Reports/2008
Gates%20Foundation%20Annual%20Report.pdf>

Bill and Melinda Gates Foundation. (2010). *Annual Report 2009*. Retrieved 20 Mar. 2013
from
<http://www.gatesfoundation.org/~/media/GFO/Documents/Annual%20Reports/2009
Gates%20Foundation%20Annual%20Report.pdf>

Bill and Melinda Gates Foundation. (2011). *Annual Report 2010*. Retrieved 20 Mar. 2013
from
<http://www.gatesfoundation.org/~/media/GFO/Documents/Annual%20Reports/2010
Gates%20Foundation%20Annual%20Report.pdf>

Bill and Melinda Gates Foundation. (2012). *Annual Report 2011*. Retrieved 20 Mar. 2013 from http://www.gatesfoundation.org/~/media/GFO/Documents/Annual%20Reports/2011Gates%20Foundation%20Annual%20Report.pdf

Additional Works Cited

GAVI Alliance. (2013). *Cash Received 2000-2012*. Retrieved March 7, 2013 from http://www.gavialliance.org/library/gavi-documents/funding/cash-received-by-gavi-2000-2012-as-of-31-december-2012/

GAVI Alliance. (2012) *Declaration of Interest 2012*. Retrieved March 7, 2013 from http://www.gavialliance.org/about/governance/gavi-board/minutes/2012/12-june/minutes/01a---declarations-of-interest/

The Global Fund. (2011.) *Consolidated Transformation Plan*. Retrieved March 21, 2013 from http://www.theglobalfund.org/documents/board/25/BM25_04ConsolidatedTransformationPlan_Report_en/

GAVI Alliance. (2010). *GAVI Alliance By-Laws*. Retrieved March 20, 2013 from http://www.gavialliance.org/library/gavi-documents/legal/gavi-alliance-by-laws/

GAVI Alliance. (2008). *GAVI Alliance Statutes*. Retrieved March 20, 2013 from http://www.gavialliance.org/library/gavi-documents/legal/gavi-alliance-statutes/

The Global Fund. (2012). *Core Governance Handbook: Overview*. Retrieved March 20, 2013 from http://www.theglobalfund.org/documents/core/guides/Core_GovernanceHandbookSection1Overview_Handbook_en/

The Global Fund. (2012). *Core Governance Handbook: Core Structures*. Retrieved March 20, 2013 from http://www.theglobalfund.org/documents/core/guides/Core_GovernanceHandbookSection2CoreStructures_Handbook_en/

The Global Fund. (2012). *Core Governance Handbook: Funding Model*. Retrieved March 20, 2013 from http://www.theglobalfund.org/documents/core/guides/Core_GovernanceHandbookSection3FundingModel_Handbook_en/

The Global Fund. (2012). *Core Governance Handbook: Global Fund Board*. Retrieved March 20, 2013 from http://www.theglobalfund.org/documents/core/guides/Core_GovernanceHandbookSection4GlobalFundBoard_Handbook_en/

The Global Fund. (2012). *Core Governance Handbook: Board Operations*. Retrieved March 20, 2013 from

http://www.theglobalfund.org/documents/core/guides/Core_GovernanceHandbookSection8BoardOperations_Handbook_en/

The Global Fund. (2012). *Core Governance Handbook: Financial Resources*. Retrieved March 20, 2013 from http://www.theglobalfund.org/documents/core/guides/Core_GovernanceHandbookSection9FinancialResources_Handbook_en/

McKinsey & Company. (2005). *Global Health Partnerships: Assessing Country Consequences*. Retrieved March 20, 2013 from http://www.who.int/healthsystems/gf16.pdf

Wilson et al.: Community-based organizations in the health sector: A scoping review. Health Research Policy and Systems 2012 10:36. Retrieved April 3, 2013 from http://bit.ly/14lQUBw.

UN System Task Team on the Post-2015 UN Development Agenda. (2013). *Renewed Global Partnership for Development*. New York, New York. Retrieved April 8, 2013 from http://www.un.org/en/development/desa/policy/untaskteam_undf/glob_dev_rep_2013.pdf

United Nations Department of Public Information. (2003). *Monterrey Consensus on Financing for Development*. New York, New York. Retrieved April 3, 2013 from www.un.org/esa/ffd/monterrey/MonterreyConsensus.pdf

UN Department of Economic and Social Affairs. (2012). *World Economic and Social Survey 2012: In Search of New Development Finance*. United Nations, New York. Retrieved April 4, 2013 from

UN ECOSOC. (2012). *Private Philanthropic Organizations in International Development Co operations: New Opportunities and Specific Challenges*. Retrieved April 4, 2013 from

http://www.un.org/en/ecosoc/newfunct/pdf/philanthropy_key_messages(19_jun).pdf

DESA (2012). *World Economic and Social Survey 2012: In Search of New Development Finance*. Accessed April 3, 2013 at http://www.un.org/en/development/desa/policy/wess/wess_current/2012wess.pdf