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Global Public-Private Partnerships and global health governance

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Selected Key issues of the topic

Partnership, a good feelings “evocative concept”, is one of the most trendy key-words in the international development jet set today. Repeatedly, declarations and commitments summarising international events conclude launching new global partnerships to solve the problems they have been addressing.

The need for a wide commitment and shared responsibilities in the pursuit of development goals is often being mystified with the establishment of structured narrowly focussed public-private partnerships whose promotion often responds more to ideological criteria than to sound comprehensive evaluation of costs and benefits.

The notion of partnership for development is not new, however in the language of international meetings sponsored by, or with the participation of, UN agencies and other international and bilateral public actors, the rhetoric of partnership has now become dominant assuming the “need” for public-private joint-ventures, notwithstanding the lack of any evidence for that declared *need*.

Meeting Challenges

Indicated as the eight Millennium Development Goal and otherwise understood mainly in terms of shared values, goals, commitment and responsibilities, in the text of the Millennium Declaration the idea of partnership is translated into a pledge for «strong *partnerships* with the private sector and civil society organizations in pursuit of development and poverty eradication».

At the eve of the 21st century, Global Public-Private Partnerships have become one of the most notable feature of the global arena. Pretending lack of public resources - where the reality is one of reduced public commitment and of progressive privatization of international aid - the GPPP model is repeatedly proposed at every *Summit* as the answer to the most varied and dramatic issues that the world is facing today. Including the GAVI – which served as a prototype - and the GFATM mostly imposed by a preconceived political agenda, at present there are more than 90 different health-related GPPP, duplicating efforts and further fragmenting global action for health, with heavy consequences also in terms of governance of national health systems and provision of health-care of beneficiary countries.

Conclusions and recommendations

GPPPs offer easy “quick-fix” solutions to avoid more complex and disturbing global political rethinking and decisions. They involve issues of growing concern that need to be understood in the wider socio-economical context of dominating neo-liberal ideologies that have influenced public policy since the early ‘80s, with a growing commercialization of health care and the incapacity of WHO to keep up to its mandate and leadership. Important strategic decisions about health policies, appear to be taken in the new public-private setting, while WHO own legitimate authority is undermined, and its role reduced to pure technical assistance, in times when global health governance is widely felt as a critical issue.