Abstract—This article introduces a simplified model for assessing and designing the governance of global health public–private partnerships (PPPs) based on the two concepts of transparency and accountability. The article reviews the literature on partnership governance, which shows many frameworks and recommendations but limited implementation of the proposals. The article proposes a matrix to provide a high-level analytical and planning tool applicable to different types of PPPs in global health. The matrix arranges transparency and accountability as two orthogonal and separate governance dimensions. In the literature, transparency and accountability are two of the most commonly discussed dimensions of governance but they have not been used in this manner to create a model of governance. Transparency is important on its own because it allows learning, contributes to accountability, and shapes organizational performance. Accountability provides a tool to assure that a PPP is achieving its public interest goals and also contributes to improved organizational performance. Both contribute to democracy and public perception. The matrix analyzes transparency and accountability according to three dimensions (relationships, contents, and mechanisms) and assesses the level of each dimension. Using a hypothetical PPP example, the article illustrates how the matrix could be used in practice. The matrix provides a method to assess the levels of transparency and accountability but does not indicate how much of either is good or desirable. The matrix is proposed to improve conceptual clarity and help identify concrete options for action in planning, assessing, and adjusting PPP governance.

Over the past two decades, the number of public–private partnerships (PPPs) in health has expanded enormously, as has the study of this phenomenon. This growth reflects rising societal expectations about what partnerships can and should do to contribute to social welfare. With this growing attention to PPPs, the question of “governance” of partnerships has
become an important topic for analysis and discussion. This article proposes a simplified model of PPP governance, based on a keynote address initially prepared for a workshop, organized by the National Academies of Sciences, Engineering, and Medicine (NASEM), on the evolution and trends in the governance of global health PPPs.

The article is organized as follows: I first briefly review the literature on PPP governance. I then propose a simplified model of governance, with a focus on transparency and accountability. The article then discusses the implications of this model for assessing the governance of existing PPPs in global health and for designing the governance of a new PPP.

THE LITERATURE ON PPP GOVERNANCE

The first question is: “What do we mean by governance?” The term “governance” is a relatively recent word, as shown by a Google analysis of usage that demonstrates an impressive surge in the past two decades and relatively little use before 1970. Governance is sometimes simply defined as “the art of steering societies and organizations.” This definition’s emphasis on governance as an “art” form acknowledges that it involves both creativity and execution; its goal of seeking to “steer” both societies and organizations implies knowing the course that both are expected to follow.

But even the authors of this succinct definition, the Institute on Governance (a not-for-profit public institution in Canada), recognizes the limitations of the steering metaphor:

Some observers criticize this definition as being too simple. Steering suggests that governance is a straightforward process, akin to a steersman in a boat. These critics assert that governance is neither simple nor neat—by nature it may be messy, tentative, unpredictable and fluid. Governance is complicated by the fact that it involves multiple actors, not a single helmsman.

The ambiguity in definition and understanding of governance is heightened when applied to PPPs, precisely because these organizations are partnerships and do not fit neatly into accepted categories of “public” or “private” organizations, businesses, or agencies. In addition, such partnerships often involve multiple partners with no single “owner” or governor and can include entities with conflicting objectives beyond the partnership’s main shared goal. Global health includes many forms of PPPs, which creates additional problems in analyzing the governance of PPPs, as I discuss below. The fundamental nature of partnerships thus creates both strengths and weaknesses for PPPs. These partnerships arise, as I wrote previously, because “both public and private actors are being driven towards each other, with some amount of uneasiness, in order to accomplish common or overlapping objectives” in situations where “neither public nor private organizations are capable of resolving such problems on their own.”

PPPs often bring together organizations with strikingly different cultures—“different values, interests, and world-views”—to a space where “the rules of the game for public–private partnerships are fluid and ambiguous.” These cross-sector collaborations between public and private entities are complicated and time-consuming because societies lack adequate standards or norms about how these new organizations should work (compared to collaborations between only private or only public entities). As a result, each PPP has typically invented how it will operate and be governed de novo. In short, they need to figure out PPP governance for themselves.

The literature on PPP governance in global health has grown substantially in recent years, including peer-reviewed articles, conference reports, consultancy reports, and books, with analyses of single organizations and comparisons of multiple partnerships. A literature scan on partnership governance was conducted by the NASEM research center using five databases (Ebmace, Medline, Proquest, Scopus, and Web of Science) and the publications of 14 global health organizations for materials published since 2000. The scan included the primary search terms of “global health” and “partnerships,” with 13 other keywords such as “accountability,” “corporate responsibility,” “governance,” “transparency,” and others in various combinations. The search identified 519 titles and abstracts. A review of these 519 summaries (conducted by my research associate) found 42 items directly relevant to the theme of PPP governance in global health. These 42 summaries were then read for content and common themes. My assessment of this literature scan led me to focus on the concepts of transparency and accountability, which appeared as central themes in many of the references (24 of 42 for accountability and 17 of 42 for transparency).

My review of the 42 directly relevant items in the literature scan also showed that a number of frameworks have been proposed for PPP governance over time but no single framework stood out as broadly adopted and applied. I therefore decided to consider a higher level model for PPP governance, in the hope that it could be more widely accepted. My goal was to create a model of governance that would simplify the many complex challenges of PPP governance (demonstrated in the literature scan) and that could be applied by implementers and analysts involved in the design, assessment, and revision of actual public–private partnerships in global health.
A SIMPLIFIED MODEL OF PPP GOVERNANCE

This model views PPP governance as consisting of two key dimensions: transparency and accountability. These dimensions are operationalized through various measures and mechanisms, which I discuss below. First, I clarify these two dimensions, which are among the most widely discussed concepts in writing about governance. As Jonathan Fox notes, “A wide range of actors agree that transparency and accountability are key to all manner of ‘good governance.’” This core insight is supported by the literature scan, as noted above, where the two concepts appeared as common themes in the most relevant items found on PPP governance.

Some analyses of organizational governance present transparency and accountability as part of a single category. For example, the authors of an analysis of the Medicines Transparency Alliance wrote, “Transparency is a necessary but not sufficient condition of accountability.” This article takes a different approach. Instead of seeing one concept as a condition of the other (or one inside the other, or one leading to the other), I consider transparency and accountability as orthogonal (separate and independent) dimensions of organizational governance. Viewing transparency and accountability as orthogonal dimensions of governance allows us to think about organizations with high and low transparency and high and low accountability, leading to a two-by-two table of governance possibilities (Table 1).

One might wonder, however, whether transparency and accountability really can be considered as separate and independent dimensions of governance. I believe that they should be considered as independent, even if they are dependent in some circumstances. For example, it is impossible for the board of a PPP to hold the organization’s executives accountable if the board does not receive accurate and timely information on key performance indicators. In this case, the two concepts are linked, and accountability depends on transparency. On the other hand, the lower right quadrant in Table 1, with low transparency and high accountability, might appear to be problematic. But rarely do all actors have access to the same information. In short, one can imagine high transparency for one actor (such as the board of a partnership) while still having low transparency for other stakeholders (such as the general public and beneficiaries) and still produce high accountability (through the board). This situation would result in low transparency (for the public) but still high accountability for the PPP (through the board). For these reasons, and because they serve different purposes (as I discuss below in subsequent sections), I believe that it is important to consider the two concepts as separate dimensions of governance. In addition, the four quadrants of the two-by-two matrix can provide useful governance scenarios to consider.

Let me underline two caveats about this simplified model. First, these two dimensions do not represent all possible aspects of governance for PPPs. The model is not intended as a grand theory of governance; instead, it is “simplified.” I argue that transparency and accountability are two core components of governance and that these two dimensions are essential considerations for planning, assessing, and improving the operations of partnerships. Other dimensions could be included. For example, participation (such as civil society engagement) is sometimes proposed as a separate aspect of governance. I prefer, instead, to see participation as a mechanism for expanding transparency and/or assuring accountability. I decided not to include participation as a separate dimension of PPP governance because it seemed to me to be a key component of both transparency and accountability (through the relational nature of both concepts), because it seemed to be a mechanism to achieve transparency and accountability more than a separate dimension of governance, and because a three-dimensional matrix is too hard to visualize, keep in mind, and use in practice.

For the purposes of thinking about PPP governance I suggest that these two dimensions provide improved conceptual clarity and operational implications. In addition, and most important, improved transparency and improved accountability should lead to improved performance by a PPP in achieving its organizational and societal goals. We should care about these two dimensions of governance because they can influence the partnership’s impacts on society, as I discuss below.

The second caveat is that this simplified model does not tell us how much transparency or accountability is good or desirable. The levels of transparency and accountability are normative questions about the level of governance (along these two dimensions), which have to be addressed through other social processes. Partners and stakeholders may disagree about how much transparency they want for a particular partnership or a particular question, and they may also disagree about how much accountability, and to whom, is desirable. Ethical argument and empirical analysis would probably tell us that the lower left quadrant, with low transparency and low accountability, is not desirable for a PPP, because this would probably contribute to lower social benefits from the partnership. The same approaches would also probably point

| Low Accountability | High Accountability |
|--------------------|---------------------|
| High transparency  | High T, low A       |
| Low transparency   | Low T, low A        |

* T = transparency; A = accountability.

TABLE 1. Two-by-Two Table of Low and High Levels of Transparency and Accountability
to somewhere in the upper right quadrant as desirable, although how far along each axis (and for which stakeholders) would be debatable and contested. Understanding how to move an organization along these dimensions of governance, then, is critical.

This simplified model of a two-by-two table allows us to think systematically about the definitions (and purposes) of transparency and accountability, the ways to measure high and low levels for both concepts, different institutional mechanisms that can change the levels of transparency or accountability, and, eventually, how these two dimensions influence the performance of a partnership. In short, this simplified model is intended to create conceptual clarity about the purposes of PPP governance and also lead to concrete options for action, to promote ethical and effective governance of PPPs in global health. Let us therefore consider these two dimensions of governance in more detail.

TRANSPARENCY

Transparency asks a question that combines contents and relationships: What information (the contents) is available to whom (the relationships)? In addition, transparency involves questions about the quality of information and mechanisms for making information available.

Let us start with the relationship aspect of transparency. This addresses the question of who has access to information from the partnership. The receivers of information can include the core founding partners, nonfounding and noncore partners, stakeholders who are not partners (such as beneficiaries), government agencies (including contracting agencies and regulatory agencies), relevant actors in the public health field, donor agencies, academics, and the general public. Depending on national law, partnerships can be required to make certain information available to specific government agencies and to the general public. For example, in the United States, partnerships that register as nonprofit and tax-exempt charitable organizations (as a 501(c)3 organization) are required to file a financial report (Form 990) with the Internal Revenue Service each year, thereby providing information to the US government. In addition, these organizations are required to make the annual Form 990 available for inspection to the general public during business hours (and many place the forms on their website). Other countries (such as Nigeria and India, for example) require other forms of registration and reporting by PPPs, especially if they seek official recognition as not-for-profit organizations. National law and government policy (including memorandums of understanding with a PPP) can thus specify which information is to be made available to whom.

Most informational relationships are defined at the discretion of the partnership (or at the direction of a partner in a written agreement to initiate the collaboration and in subsequent contracts involving the PPP). For instance, detailed information about salaries of executives and managers at a partnership may be available to the core partners on the board of directors but not to the broader public or the beneficiaries of a PPP. Contracts with suppliers may be reviewed by the core partners but not by noncore partners. Indeed, funders of partnerships can exert high degrees of influence over what is made transparent to whom, sometimes restricting access to information and sometimes expanding it. This pattern illustrates that not all of the “partners” in a partnership are necessarily equal. In short, the uneven distribution of power within a partnership can affect the distribution of information (transparency) both within a PPP and to stakeholders outside the organization.

Next let us consider kinds of information. One way to think about kinds of information for a PPP is around inputs, processes, outputs, and outcomes. This typology is based on the article on transparency in PPPs by Reynaers and Grimmelikhuijzen, although I have added one category (outcomes) and altered the definitions (to fit with standard terms used in the evaluation and management literature). Inputs include the contributions from each partner, such as finances and sources of funding, materials purchased and received by the organization, people who work at the PPP (human resources), as well as any intellectual property and information used by the partnership. Processes include ways of making decisions (including plans and budgets) and related documentation such as agreements signed by the partnership, policy memos and analyses, minutes from internal meetings, expenditures by the PPP (financial reporting), and operational and strategic decisions for the PPP. Outputs include who receives products managed by the PPP and data sets that measure performance of the organization (in terms of relevant metrics or targets or related to the partnership’s mission), such as numbers of beneficiaries, services delivered, or medications received, as well as lessons learned that others can apply. Outcomes specify the ultimate performance objectives in terms of improved health status, client satisfaction, or financial risk protection. In their analysis of four partnerships in The Netherlands, Reynaers and Grimmelikhuijzen found that there was limited attention to inputs and processes; most of the attention focused on outputs, but the output targets were not always clearly specified (which created problems).

The quality and scope of information is also often decided by the partnership. For instance, monitoring information on outputs produced by the PPP is often published in an annual report and made available to the general public. But these
documents rarely contain negative information and usually do not compare performance to targets. The full data set is not usually publicly available, or data may be aggregated in ways that mask results that could be viewed negatively (such as inequitable distribution across regions or income groups). In other cases, raw data are provided but in ways that are not easily understood by people who are not technical analysts or in ways that cannot be readily analyzed. The presentation of contents thus can shape whether the information is intelligible to different audiences.

The final consideration is the mechanisms that assure transparency. Four general types of mechanisms to promote access to information (and transparency) exist\(^6\): access (1) through public dissemination, where information is provided by the organization in publications or on websites or made available in public reading rooms; (2) by request, either as required by law (or lawsuit) or by discretionary decision of the organization; (3) through meetings, including public hearings, advisory meetings, or closed meetings; and (4) through informal means, such as whistleblowing or leaks when confidential documents are provided to individuals, government agencies, other groups, or the press (generally in order to focus attention on mismanagement or corruption).

Other mechanisms for access to information also exist. For example, the funders or founding partners of an organization or PPP can require the reporting of certain information as a condition of receiving financial support (for example, through foundational contracts). Members of the board of directors may have exceptional access to internal information through meetings; these members can include the core partners, noncore partners, and others, depending on how broadly the partnership has defined its board representation. Finally, peer-reviewed publications and evaluations can result in public access to information, including full and original data sets for analysis.

Why do we care about transparency for PPPs? First, transparency contributes to learning. Access to information is a necessary but not sufficient condition for learning. However, transparent sharing of information allows others the opportunity to avoid making the same mistakes and advances knowledge about how to improve the role of PPPs in global health. Through access to information about inputs, processes, outputs, and outcomes, others can learn about what works, how efficient different approaches are, the comparative strengths and weaknesses of different strategies and structures, and many other aspects of partnership performance.

Second, transparency contributes to democracy. Because most public–private partnerships in global health are established primarily in order to fulfill public interests, one can argue that the public has a right to know (in a democratic society) about what these organizations are doing and how they are operating. Indeed, this transparency may be necessary to assure that PPPs are serving their public interest objectives. Laws on the right to know, however, usually apply to government agencies and public records. When PPPs take on public-sector functions, the contracts can include confidentiality clauses that limit access to information within the partnership.\(^12\) These restrictions can limit public information and public deliberation about the specific PPP and its activities.

Third, access to information can contribute to accountability, as discussed below. But transparency (and access to information) does not necessarily lead to action to hold a partnership accountable. An organization can strategically provide partial or altered information to shape perceptions of what it is doing or provide an overwhelming amount of information to obstruct accountability.

Fourth, transparency can shape organizational performance. If a partnership is required to report on certain metrics (such as number of patients treated), then the PPP may seek to produce to that metric, regardless of its overall mission. There may be financial incentives and reputational benefits to report (and to act) in ways that show positive trends in information disclosed.

Finally, transparency can contribute to public perceptions of a partnership. Decisions about transparency shape how positive and negative information is used and influence images that exist in the public sphere about a partnership. A PPP may decide not to disclose harmful or negative information as part of its public relations strategy, or it may use positive information to boost the partnership’s public image and reputation. In addition, PPPs may use their transparency policies to highlight the organization’s adherence to ethical standards for partnerships.

In conclusion, PPPs determine the level of transparency they allow by deciding how to use different mechanisms to channel certain kinds and quality of information to different audiences. Partnerships tend to have wide latitude in deciding which information is provided to whom, the quality of that information, and how it is provided, depending on how the partnership is organized, the nation where the partnership is registered, and the legal requirements for such organizations in that country (that set a minimum rule for transparency). The legal requirements will vary depending on whether the PPP is registered as a formal organization, the kind of organization, and the national laws related to that organizational form.\(^\text{b}\)
Transparency for a PPP has costs (in terms of resources needed for preparing and releasing information to different actors and audience) and can have risks (because releasing information can result in consequences that may negatively affect the partnership). The complexity of transparency in practice (as described above) also complicates the challenges of measuring the degree of transparency for a particular organization. It may therefore be more appropriate to think about transparency with regard to a particular actor, rather than trying to create an aggregate measure across diverse audiences.

ACCOUNTABILITY

Accountability, as with transparency, is a contested concept with multiple definitions. I find Edward Rubin’s definition especially useful, as it captures many common elements of the concept:

[Accountability is] the ability of one actor to demand an explanation or justification of another actor for its actions and to punish the second actor on the basis of its performance or of its explanation.

These two elements are often called “answerability” and “sanctions.” Accountability (in democratic societies) is typically concerned with elected officials (both legislators and the chief executive), whose accountability is exercised through elections (in the traditional view of political accountability of governments). Many well-known problems exist with the notion of elections as a mechanism for assuring accountability. As Rubin wrote in 2005, elections as accountability depends on the idea that an elected official must answer to his constituents for his actions. A realistic, contemporary consideration of elections suggests that this relationship to accountability, although not entirely absent, is a relatively minor aspect of the electoral process.

(One need only glance at the current state of public affairs in Washington, D.C., to understand the limitations of elections as accountability mechanisms.)

Rubin states that his goal is not to solve the problem of administrative accountability but “simply to indicate that holding someone accountable is a complex, technical task.”

This process of “holding accountable” is particularly complicated for PPPs by the challenges of trying to hold a partner accountable—a necessity that may not have been anticipated when the partnership began. In addition, holding one partner accountable is more than a technical task, because it involves questions of values (e.g., which targets are selected for assessing performance) and power (e.g., how actors are pressured to comply). In short, accountability involves ethics and politics as well as technical challenges. For example, accountability may be exercised through specific sanctions for nonperformance related to an agreed-upon metric, but it may also occur through public criticism or a conflict that damage a PPP’s reputation and thereby negatively affect the partnership’s ability to operate.

What does this mean for PPPs in global health? Let us consider accountability for PPPs, first according to relationships and then according to metrics.

Who holds a PPP accountable? As with transparency, accountability needs to be addressed through bilateral relationships. PPPs have a variety of stakeholders who could seek to hold the organization and its officers accountable. Perhaps most directly involved are the founding or core partners, who typically provide funding to initiate the PPP and establish agreements and contractual obligations. These core partners are often represented on the partnership’s board of directors or executive committee, where key strategic decisions are made and supervised. Other nonfounding partners (who may or may not be on the board) also have strong interests in asserting accountability for a PPP, including the intended beneficiaries, related civil society organizations, and relevant governmental or international agencies. A third-party independent monitor may also seek to hold a PPP accountable. National regulatory bodies in the countries where the PPP operates have relationships with the PPP that can entail accountability. National legislative and executive authorities may also have an accountability relationship with a PPP, depending on the field of action for the PPP and the national political context. Whether a PPP is registered as an independent entity (and the kind of organization) in a particular political jurisdiction will have important implications (including legal obligations) for who holds the partnership accountable (and for what and how), as noted above for transparency.

Ambiguous roles and responsibilities in a partnership complicate the process of holding a PPP accountable. Kamya et al. contrast the partnership model of relationships with the contractual model. They state that

Unlike contractual relationships where roles and responsibilities are demarcated and enforceable and where goals are often set by one party and communicated vertically to
another, partnerships are defined by flexible and dynamic allocation of roles and responsibilities and mutual decision-making and goal-setting.

In their paper, Kamya et al. evaluate the GAVI partnership for HPV applications in Uganda, finding that the lack of clear guidelines about roles, responsibilities and terms of references probably reduced its efficiency. They conclude, “[T]he existence of many capable partners does not ensure clear expectations and management of activities and processes.”[14p336] In this case, it was unclear who was accountable to whom, and this ambiguity created confusion and undermined effectiveness.

On the other hand, pushing the differences too far between the partnership model and the contractual model may set up a false dichotomy (as one reviewer commented). The formal contractual model cannot specify all possible problems that may arise, and the processes identified for addressing unexpected problems can have limitations. Of course, well-constructed contracts can help create explicit and shared expectations about the roles and responsibilities of all partners. In contrast, the strength of the partnership model, when it works well, is that effective relationships of trust can allow for creative problem solving, based on mutual understanding of shared goals and how to move forward in difficult unexpected circumstances. Finding the right balance between the two models in practice, for a specific PPP, may be an important challenge for assuring accountability in PPP governance.

The next question is: Accountable for what? Here it is useful to refer back to the four categories of information discussed above for transparency: inputs (resources that go into a program or organization), processes (activities undertaken by the program or organization, including how decisions and plans are made), outputs (what is produced by the activities), and outcomes (the ultimate performance goals or benefits produced by the program or organization). These categories relate to the concepts typically used in logic models for evaluation.[15] As part of assuring accountability, a partnership could have particular metrics or procedures specified as performance targets for these four categories. Different stakeholders could have different interests and capacities for different kinds of targets and may seek to hold the partnership accountable for different kinds of performance metrics. Outsiders, for example, may be keenly concerned with decision-making processes used in partnerships, because they could be allowed to participate and have a voice, thereby influencing decisions and performance on results. Insiders may focus on staff performance metrics for deciding on both sanctions and incentives and thereby influence partnership production of both outputs and outcomes. Insiders, for example, could use “management by objectives” and “key performance indicators” to hold executives or groups or projects responsible for specific targets, with sanctions and rewards depending on performance.

Holding a partnership accountable for final outcomes (such as changes in health status, client satisfaction, or financial risk protection)[16] often involves complex questions of assessing causation. To what extent can partnership actions be causally associated with a specific outcome, and how can you know?[16] A rigorous study to evaluate how a partnership’s actions affect outcomes often entails high costs and can still have high uncertainty, due to multiple factors that affect outcomes (beyond the specific intervention) and that are not under the partnership’s control. An evaluation of 120 pharmaceutical industry-led access-to-medicine initiatives (listed in the International Federation of Pharmaceutical Manufacturers Associations’ Health Partnerships Directory) found frequent claims of positive impacts, but only 47 evaluation studies, including 44 that were of low or very low quality.[16]

Uncertainty in causal attribution requires careful study design and interpretation of analytical results. Whether to hold a partnership accountable for specific outcomes and, if so, which ones therefore represent complex questions.

The third aspect for accountability is: How? What mechanisms can be used to implement PPP accountability for different stakeholders? Many accountability mechanisms exist that can be applied to partnerships. Boards of directors (representing different perspectives) review performance assessments of partnership executives and decide on both incentives (such as financial bonuses) and sanctions (such as firing and demotions). Core partners may decide to increase or reduce their financial commitments to a PPP, or even exit a partnership, based on changes in key performance indicators. National regulatory authorities may require partnerships to submit annual reports to allow the PPP to continue operations within a country. Civil society organizations may use both procedural and substantive measures to assess PPP performance and then, using various strategies (public information campaigns, lobbying politicians, public interest lawsuits), compel the partnership to change its activities or reward the PPP. Open meetings or hearings, attended by key stakeholders, may provide a mechanism for assessing procedural or substantive metrics and allowing public review and criticism, thereby advancing accountability through impacts on public reputation for the PPP. But such public meetings can also be designed to avoid serious questions and consequences, thereby avoiding accountability. In some cases, a partnership may sign contracts with key stakeholders (core partners or beneficiaries) as a way of setting specific performance metrics and specifying consequences if those metrics are not achieved within certain time periods. The judiciary
can also serve as an important force for holding partnerships accountable when other mechanisms are not effective.

In conclusion, holding a PPP and partners accountable seeks to assure that a partnership is achieving its public interest objectives and, if not, what can be done to improve that performance. Analysis of accountability therefore must be connected to practical action.

**IMPLICATIONS FOR ANALYSIS AND ACTION**

The above discussion of transparency and accountability, though seemingly abstract and theoretical, has practical implications for both analysis and action. To elaborate some of these implications, I combined the concepts of transparency and accountability into a “governance matrix for PPPs” (Table 2). This tool allows one to describe and analyze the characteristics and levels of transparency and accountability for a particular organization. It could also be used as a planning tool when designing transparency and accountability relationships for a new public–private partnership. Table 2 applies the governance matrix to a hypothetical partnership to illustrate how the matrix can be used to describe and assess transparency and accountability for a specific PPP. (Note: This hypothetical example is not intended to be either an ideal or a typical partnership; but rather to illustrate, with brief entries, how the matrix could be used.)

One important caveat needs to be noted. Our intuition tells us that improved governance should lead to improved performance, by helping partnerships learn, by correcting nonproductive practices, and by removing or punishing individuals or partners that do not contribute to social goals and PPP objectives. But few rigorous studies have been conducted to assess the connections between either transparency or accountability and the performance of partnerships, making it difficult to draw firm causal conclusions. According to one systematic review of the literature on transparency and accountability initiatives in 2010 (focusing on a selected 43 assessments), case studies for some partnerships suggest various kinds of positive impacts, “at least in certain settings.”17 We need to know more, however, if recommendations to enhance transparency and accountability are to be based on expected consequences.

To use the governance matrix requires the analyst to identify the contents and relationships. For example, for transparency, the analyst selects a relationship between the PPP and some Party B (such as the general public, beneficiaries, or board of directors; information to?). The contents of transparency are then described according to the kind and quality of information made available (information on?), and the mechanisms for making this information available (how informed?). These descriptions then allow the analyst to make a judgment about the level (high or low) of transparency provided for each relationship.

The analyst then conducts a similar assessment for accountability, again selecting a relationship between the PPP and some Party B (such as the general public, beneficiaries, or core partners). The contents of accountability are likewise described according to the kind of standards (accountable for?) used in the accountability relationships (accountable to?) and the mechanisms for assuring that the performance standards are met (how accountable?) by the organization and whether those mechanisms are effectively used. These descriptions then allow a judgment about the level (high or low) of accountability provided for each relationship.

The assessment could also include an analysis of the transparency of accountability processes. In short, how transparent are the

| Relationship: Party B | Contents | Mechanisms* | Level (High/Low) |
|-----------------------|----------|-------------|-----------------|
| **Transparency:** | | | |
| Party A (PPP)| Information to? General public | Information on? Limited number of outputs | How informed? Annual report available on PPP Webpage, written report | Low |
| | Beneficiaries | Information on a few outputs | Board meetings, financial and operating reports | Low |
| | Board of directors | Detailed reports on key inputs, processes, outputs | | High |
| **Accountability:** | | | |
| Party A (PPP)| Accountable to? General public | Accountable for? Limited number of metrics | How accountable? | |
| | Beneficiaries | | Ombudsman and complaints, using public pressure and reputation | Low |
| | Core partners | Detailed metrics on inputs, processes, outputs | Annual reviews of key staff, with firing or bonus, and of key partners | High |

*For mechanisms for transparency and accountability, see discussion above.

**TABLE 2. Governance Matrix for PPPs: Assessing Transparency and Accountability for a Hypothetical PPP Example**
standards and actions of accountability? For example, one could assess (1) whether information on performance standards for a PPP and information on actions taken to address performance problems are available; (2) if so, then to which specific audiences (key stakeholders, general public, key board members); and (3) also how information on accountability standards and actions are made available (through websites, confidential documents, lawsuits, or other means).

This governance matrix leaves many questions unanswered: the metrics by which each dimension is measured, how to collect the information required, and how to judge levels as high or low. These questions can be addressed through repeated use and subsequent adaptation of the tool by actual partnerships. The levels of transparency and accountability may change over time as a partnership evolves. Partnerships will need to monitor implementation and assess gaps between expected performance in transparency and accountability and actual performance. The matrix may be more widely applicable to other kinds of PPPs (those outside of global health) and to other organizations (beyond partnerships, such as public agencies, academic institutions, and private entities).

This approach to transparency and accountability could also be used for normative evaluation (that is, setting specific performance targets for transparency and accountability). This prospect raises process implications. What is the desirable level of transparency and accountability for a PPP? For which audiences? Who should set those levels, and how? In short, who sets the normative rules for public–private partnerships? We could, for example, consider a set of “minimum” standards of governance of PPPs or provide a scale of standards (from bronze to silver to gold level governance) as one reviewer suggested.

These questions return us to broader normative issues about the governance of PPPs, to assure that these organizations are meeting the social goals and public interests that they are intended to pursue. Four broad options emerge to address these normative questions: by nation, by industry, by international organization, or by nongovernmental organizations.

One possible approach is to assign this responsibility to individual nations. National regulatory agencies and national law could address (as currently happens for charitable organizations, for example) the governance requirements of PPPs, specifying the levels and mechanisms of transparency and accountability required.

A second approach would be for each industry to develop standards (through an approach of self-regulation) for transparency and accountability of PPPs. The International Federation of Pharmaceutical Manufacturers Associations, for example, could set metrics and expectations for its directory of “health partnerships” and ask each of the more than 250 organizations to complete a governance matrix.

A third approach would be for an international or multilateral agency to propose good practice standards for governance of public–private partnerships. This could include the development of a symbol of “good partnership practices,” provided by an independent organization, like the symbol for environmentally caught seafood or the good housekeeping seal of approval or an ISO 9000.

The fourth approach would be for individual or multiple public–private partnerships to develop their own code of good partnership practices. This code could include specific metrics and processes for both transparency and accountability and could define specific audiences as important relationships for partnerships.

CONCLUSION

This proposal for a simplified model of governance for public–private partnerships offers a number of suggestions about how to think about governance with a focus on the two key dimensions of transparency and accountability. I present this proposal in the spirit of seeking to move the discussion forward, clarify some key concepts, and indicate ways to apply the ideas in practice. I hope that the proposal will help improve thinking and action about the governance of public–private partnerships in global health.

NOTES

[a] Private health care organizations (such as hospitals) that engage in mergers and acquisitions, on the other hand, can be required by state law in the United States to submit detailed financial reports to state agencies (for example, on price and quality) in order to evaluate likely impacts on consumers. They can also be required to provide annual financial statements (on revenues, profit/losses, and debt) on a regular basis. In some cases, however, private hospital chains have refused to provide these detailed reports and, as a result, have been subjected to fines for noncompliance and threats of noncertification.

[b] The decision of whether to register a partnership as an independent entity (or locate within an existing entity) has important implications for both governance and operations. For example, if a PPP seeks to receive tax-deductible donations in kind or in cash in the United States, it frequently registers as a 501(c)(3) nonprofit organization that is exempt from federal taxes under the US tax code (one of 29 types of tax exempt organizations under 501(c)). This 501(c)(3) status as a private charity or public foundation also results in certain reporting requirements and limitations on political activities, with fines
for noncompliance, and thereby shapes both transparency and accountability.

[c] It is worth noting that some public–private partnerships (for instance, for service delivery within national health systems) have been criticized for conflicts of interest and not serving public health goals or public welfare.23

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