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ACCOUNTABILITY

Mathias Koenig-Archibugi

Do international organizations (IOs) suffer from a deficit of accountability? Many people think so, but that is hardly surprising. After all, as Jonathan Koppell has noted wryly, '[n]o one will ever be criticised for excessive emphasis on accountability'.¹ In relation to international organizations, the term 'accountability' has the rare distinction of being appealing both to analysts with a managerialist interest in organizational performance and to critical scholars bent on uncovering the deep power structures of world politics. Pollitt and Hupe place accountability among what they call 'magic concepts':² it has a very broad meaning, it is difficult to be against it, it suggests consensus in an otherwise highly divided field, and it is fashionable in academic, policy-making, and funding circles. It is therefore tempting to approach the topic of accountability and IOs by considering not the thing itself but *discourses* of accountability, and the interests and power they serve. Such discourses may then be interpreted as, for instance, a strategy of legitimization aimed at stabilizing control and domination in a turbulent environment, or as a manifestation of 'governmentality'.³ However, this chapter is based on the assumption that accountability is a genuinely useful analytical tool that can help scholars capture certain relationships of communication and power better than other concepts. In other words, if done properly, conceptualizing certain social interactions as

¹ Jonathan G. S. Koppell, *World Rule: Accountability, Legitimacy, and the Design of Global Governance* (Chicago: University of Chicago Press, 2010), 293.

² Christopher Pollitt and Peter Hupe, 'Talking About Government: The Role of Magic Concepts', *Public Management Review* 13/5 (2011): 641–58.

³ Edward Weisband and Alnoor Ebrahim, 'Forging Global Accountabilities', in *Global Accountabilities: Participation, Pluralism, and Public Ethics*, ed. A. Ebrahim and E. Weisband (Cambridge: Cambridge University Press, 2007).

accountability relationships may illuminate, rather than obfuscate, their core features, dynamics, and implications.

The conceptual aspects of accountability are less vague and contested than sometimes believed. To be sure, the most influential analytical frameworks and typologies are not identical and it is worthwhile discussing their respective merits and potential for synthesis. However, a key point of this chapter is that the research questions deserving most intense theoretical and empirical attention are, first, *who* should be accountable *to whom* and, second, to what extent they actually are. The chapter outlines some approaches to answering these questions, highlights what I would consider to be the most promising one, and sketches the contours of a possible solution to a major problem that plagues that approach.

PERSPECTIVES ON ACCOUNTABILITY

The potential contribution of the concept of accountability to the study of IOs has been enhanced by some compatible attempts at defining accountability in an analytically useful way. Since international organizations are *international* and *organizations*, the academic disciplines that are most interested in them are international relations, public administration studies, and public law. In recent years, there has been a remarkable degree of convergence in the basic conceptualization of accountability among accounts that have been influential in their respective fields.⁴ In a relatively recent but already influential article, Allen Buchanan and Robert Keohane suggest that accountability includes three elements:

first, standards that those who are held accountable are expected to meet; second, information available to accountability holders, who can then apply the standards in question to the performance of those who are held to account; and third, the ability of

⁴ See e.g. Barbara S. Romzek and Melvin J. Dubnick, 'Accountability in the Public Sector: Lessons from the Challenger Tragedy', *Public Administration Review* 47/3 (1987): 227–38; Richard Mulgan, *Holding Power to Account: Accountability in Modern Democracies* (Basingstoke: Palgrave Macmillan, 2003); Mark Bovens, 'Analysing and Assessing Accountability: A Conceptual Framework', *European Law Journal* 13/4 (2007): 447–68; Ruth W. Grant and Robert O. Keohane, 'Accountability and Abuses of Power in World Politics', *American Political Science Review* 99/1 (2005): 29–43; Robert O. Keohane, 'Global Governance and Democratic Accountability', in *Taming Globalization: Frontiers of Governance*, ed. D. Held and M. Koenig-Archibugi (Cambridge: Polity, 2003); Jennifer Rubenstein, 'Accountability in an Unequal World', *Journal of Politics* 69/3 (2007): 616–32; Allen Buchanan and Robert O. Keohane, 'The Legitimacy of Global Governance Institutions', *Ethics & International Affairs* 20/4 (2006): 405–37; see also Mathias Koenig-Archibugi, 'Accountability in Transnational Relations: How Distinctive Is It?' *West European Politics* 33/5 (2010): 1142–64.

these accountability holders to impose sanctions—to attach costs to the failure to meet the standards.⁵

In a similar vein, Mark Bovens writes that ‘Accountability is a relationship between an actor and a forum, in which the actor has an obligation to explain and to justify his or her conduct, the forum can pose questions and pass judgement, and the actor may face consequences.’⁶ Using an element from Buchanan and Keohane’s conceptualization, we can add to Bovens’s definition that the justification of the conduct needs to occur with reference to standards that both the actor and the members of the forum are aware of and (ideally) recognize as legitimate. Accountability is mainly an *ex post* mechanism of control, but prior common knowledge of the conditions of its exercise is crucial for the kind of effect it has on behaviour. Indeed, the fact that standards of judgement are known to both power-wielder and accountability-holder in advance is one of the features that distinguishes accountability from unpredictable and arbitrary punishment.

There is also a relatively high level of agreement at a lower level of conceptual abstraction, namely with respect to the identification and classification of different forms or types of accountability mechanisms. For instance, from the perspective of public administration Romzek and Dubnick identified ‘bureaucratic’, ‘legal’, ‘professional’, and ‘political’ accountability.⁷ From the perspective of global politics, Grant and Keohane list seven mechanisms of accountability: ‘hierarchical’, ‘supervisory’, ‘fiscal’, ‘legal’, ‘market’, ‘peer’, and ‘public reputational’.⁸ Bovens has developed one of the most sophisticated classifications of accountability forms, which is based on four dimensions: depending on the nature of the forum, accountability can be political, legal, administrative, professional, or social; depending on the nature of the actor, accountability can be corporate, hierarchical, collective, or individual; depending on the nature of the conduct, accountability can be financial, procedural, or for products; and depending on the nature of the obligation, accountability can be vertical, horizontal, or ‘diagonal’, namely indirectly linked to a hierarchical relationship.⁹

The definitions and typologies proposed by the authors cited and by others do not coincide perfectly, but they have enough in common to suggest that research on IO accountability need not be hindered by conceptual incommensurability. It is encouraging that, on the whole, the debate on

⁵ Buchanan and Keohane, ‘The Legitimacy of Global Governance Institutions’, 426.

⁶ Bovens, ‘Analysing and Assessing Accountability’, 450—emphasis removed.

⁷ Romzek and Dubnick, ‘Accountability in the Public Sector’.

⁸ Ruth W. Grant and Robert O Keohane, ‘Accountability and Abuses of Power in World Politics’, *American Political Science Review* 99/1 (2005): 29–43.

⁹ Bovens, ‘Analysing and Assessing Accountability’, 455, notes that his classification of forums is not limitative and indeed there are good reasons for regarding ‘the market’—that is, consumers and investors—as a forum of accountability, as do Grant and Keohane (‘Accountability and Abuses of Power in World Politics’).

specific forms of accountability fruitfully revolves around substantive rather than conceptual disagreements. A few examples must suffice. Legal scholars disagree on how, and indeed whether, IOs and their staffs should be subject to legal accountability for their operations and specifically for their involvement in peacekeeping operations and post-conflict administration.¹⁰ A debate concerns the effectiveness of administrative accountability mechanisms such as the World Bank Inspection Panel.¹¹ An emerging literature in political science analyses the political accountability of IO bureaucracies to member states through the lens of principal–agent theory.¹² One of the most important fields of research in global governance examines whether, when, and how civil society organizations can function as channels of accountability between global power-holders and those who are subject to global policies.¹³

An important debate concerns the question of whether multiplying the actors to whom (and forums in which) IOs owe accountability improves or hinders their effectiveness in eliciting compliance and/or solving the problems that motivated their creation.¹⁴ Jonathan Koppell has made an important recent contribution to the debate by applying a theoretical framework to twenty-five governmental and non-governmental global governance organizations.¹⁵ His main thesis is that these organizations struggle to balance two conflicting imperatives, and that this dilemma puts a stable solution of the problem of accountability out of reach. On the one hand, their perceived normative legitimacy depends on their conformity to governance norms imported from their democratic member states: the structure and decision-making of IOs must be perceived as based on

¹⁰ See e.g. Frederick Rawski, 'To Waive or Not to Waive: Immunity and Accountability in UN Peacekeeping Operations', *Connecticut Journal of International Law* 18/1 (2002–3): 103–32; and Eric De Brabandere, 'Immunity of International Organizations in Post-Conflict International Administrations', *International Organizations Law Review* 7/1 (2010): 79–119.

¹¹ See e.g. Dana Clark, Jonathan A Fox, and Kay Treacle, *Demanding Accountability: Civil Society Claims and the World Bank Inspection Panel* (Boulder, Col.: Rowman & Littlefield Publishers, 2003); and Thomas N. Hale, "'Info-Courts" and the Accountability of International Organizations: Evidence from the World Bank Inspection Panel', paper read at 4th Global Administrative Law Seminar, Viterbo, Italy, 13–14 June 2008, <http://www.iilj.org/GAL/documents/Hale.pdf>.

¹² See e.g. Daniel L. Nielson and Michael J. Tierney, 'Delegation to International Organizations: Agency Theory and World Bank Environmental Reform', *International Organization* 57/2 (2003): 241–76; and Darren G. Hawkins et al. (eds.), *Delegation and Agency in International Organizations* (Cambridge: Cambridge University Press, 2006).

¹³ See Jan Aart Scholte, *Building Global Democracy? Civil Society and Accountable Global Governance* (Cambridge: Cambridge University Press, 2011); Jens Steffek, Claudia Kissling, and Patrizia Nanz (eds.), *Civil Society Participation in European and Global Governance: A Cure for the Democratic Deficit?* (Basingstoke: Palgrave Macmillan, 2007); Jonas Tallberg and Anders Uhlin, 'Civil Society and Global Democracy: An Assessment', in *Global Democracy: Normative and Empirical Perspectives*, ed. D. Archibugi, M. Koenig-Archibugi, and R. Marchetti (Cambridge: Cambridge University Press, 2011).

¹⁴ David Held and Mathias Koenig-Archibugi (eds.), *Global Governance and Public Accountability* (Oxford: Blackwell, 2005).

¹⁵ Koppell, *World Rule*.

clear and impartial rules, equal representation and participation, and the achievement of goals that are equally valued by all members. Koppell links these desiderata to a dimension of accountability that he calls 'responsibility'. On the other hand, the pragmatic authority of IOs—understood as the extent to which the rules created by the IOs affect the actual behaviour of those to whom they are addressed—depends on the satisfaction of the vital interests of 'vital' members, namely those whose market position or other sources of power gives them a credible option to stay out of, or leave, the organization. Koppell notes that the satisfaction of the preferences of those key members is also in the interest of other members, because rules that fail to be adopted by the former bring no or limited benefits to everyone else. For Koppell, the need to satisfy the demands of powerful members compels IOs to emphasize a dimension of accountability that he calls 'responsiveness'. While in some contexts legitimacy and authority reinforce one another, he argues that the specificities of global governance organizations commonly create a tension between the demands of normative legitimacy and pragmatic authority, and hence between accountability as responsibility and accountability as responsiveness. This tension is reflected in the way organizations are structured, in the way they create rules, and in the way they promote adherence to those rules.

Koppell's theoretical and empirical analysis significantly advances the debate on IO accountability. However, two of his analytical moves are not quite persuasive. The first concerns the posited symmetry between the legitimacy–authority conflict and the responsibility–responsiveness conflict. In so far as the responsibility dimension of accountability is conceived as being constrained by laws and rules, as Koppell does, in most cases it may be plausible to identify it with equality and impartiality (although occasionally laws formalize inequality, as the United Nations (UN) Charter provisions on the UN Security Council do). But in so far as the responsiveness dimension of accountability is conceived as attention to the demands of the constituencies being served, there is no logical link between this dimension and the unequal treatment of different constituencies. In other words, responsiveness can be either impartial or biased, and it seems problematic to conflate the question 'accountable for what?' (attention to demands) with the question 'accountable to whom?' (the 'vital' members). Koppell's overall analysis confirms the view that the latter question is the crucial source of tensions in global governance.

The second aspect of Koppell's account that raises questions is his conceptualization of normative legitimacy. It is said to entail a commitment of the 'one state, one vote' rule and other design features aimed at promoting equal influence among IO members. Koppell refers to them as 'democratic principles' and attributes their influence to the governance norms prevailing in democratic member states. However, as he himself notes, equal representation for geographic constituencies of unequal size is often considered an undemocratic element in existing democracies.

When it exists, most notably in federal states, it is often tolerated in the name of principles other than democracy. Moreover, the governance norms prevalent in democratic member states assume that the constituent units are themselves democratically representative, which is not the case with regard to many member states of IOs. The non-democratic nature of some members can be used to challenge their right to an equal influence on the IOs. Hence, the normative legitimacy of the ‘one state, one vote’ and similar rules does not seem to be rooted in democratic domestic norms, but rather in the norm of the sovereign equality of states, which is meant to confer rights irrespective of size and domestic institutions. But the uneasy coexistence of democracy norms and sovereign equality norms as foundations for normative legitimacy opens the possibility that that tensions between alternative legitimacy principles can be as severe as the tension between legitimacy and authority that Koppell emphasizes. That tension highlights the crucial role of the question ‘accountable to whom?’ This question is the focus of the remainder of this chapter.

PARTICIPATION AND DELEGATION AS BASES FOR ACCOUNTABILITY

A good starting point to consider the ‘accountable to whom?’ question is the distinction between two ‘basic models’ of accountability made by Grant and Keohane: the participation model and the delegation model. The authors note that the two models ‘differ fundamentally in their answer to the question: ‘Who is entitled to hold the powerful accountable?’ In the participation model, the performance of power-wielders is evaluated by those who are affected by their actions. In the delegation model, by contrast, performance is evaluated by those entrusting them with powers’.¹⁶ As noted earlier, sovereign equality of states is sometimes considered a normatively desirable and important feature of world politics. A preference for the delegation model of accountability can be seen as a reflection of the value of sovereign equality, since IOs are often seen as having authority on certain matters because and in so far as it has been delegated to them by states.

Judgements on the roots and severity of the ‘accountability deficit’ in global governance vary greatly depending on whether the delegation or the participation model is employed.¹⁷ Grant and Keohane note that within democratic states the same mechanisms of accountability, such as elections, can be justified both in terms of the participation and the delegation models, with no conflict between them. By contrast, in global politics there is ‘a fundamental tension between claims derived from delegation models and claims derived from participation models of accountability.’¹⁸ This tension partly emerges because the delegation model can accommodate

¹⁶ Grant and Keohane, ‘Accountability and Abuses of Power in World Politics’, 31.

¹⁷ Miles Kahler, ‘Defining Accountability Up: The Global Economic Multilaterals’, *Government and Opposition* 39/2 (2004): 132–58.

¹⁸ Grant and Keohane, ‘Accountability and Abuses of Power in World Politics’, 41.

major structural inequalities of power: Grant and Keohane refer to the example of the World Bank and the International Monetary Fund (IMF) being particularly accountable to their largest shareholder—a state of affairs that is more justifiable from the perspective of the delegation model, or at least some versions of it, than from the perspective of the participation model.

The distinction between participation and delegation is a fruitful way to approach the question of which systems of accountability raise the normative legitimacy of IOs, and it can inspire several research agendas. One research agenda would examine the attitudes of various categories of people (policy-makers, elites, ordinary citizens, etc.) and ascertain who makes legitimacy judgements on the basis of a participation frame and who makes them in accordance with a delegation frame. Within this agenda, analysts can identify abstract criteria that help structure surveys or interview questionnaires, but whether and how those criteria are applied by respondents is ultimately an empirical matter. A different research agenda would start by providing a philosophical justification for one of the two models in the context of global politics, then identify what legitimate distribution of opportunities for holding power-holders accountable that model would entail, and only then move onto the empirical level and examine how various existing IOs fare with respect to those criteria.¹⁹

The remainder of this chapter contributes to the latter research agenda and focuses specifically on the challenge of operationalizing the participation model for the assessment of the quality of accountability of actual IOs. There are three reasons for focusing theoretical and empirical efforts in this direction. First, and most subjectively, the participation model is closest to the value orientation of the present author, which is inspired by cosmopolitan theory.²⁰ Second, the obstacles to the application of accountability mechanisms based on the participation model at the global level, notably the absence of a ‘global public’ emphasized by Grant and Keohane, are certainly real but probably not as damaging as those authors maintain.²¹

Third, the participation model is an increasingly important influence on the attitudes of international organization staff, policy-makers, civil society organizations, and citizens. I have no hard data to support this conjecture, but circumstantial evidence seems to point towards a trend. Thérien and Bélanger Dumontier show how the notion of global democracy and various policy implications attached to it rose to prominence in both the discourse and the policies of the UN

¹⁹ Thomas D. Zweifel, *International Organizations and Democracy: Accountability, Politics, and Power* (Boulder, CO: Lynne Rienner, 2006).

²⁰ David Held, *Democracy and the Global Order: From the Modern State to Cosmopolitan Governance* (Cambridge: Polity Press, 1995).

²¹ For a justification of this claims see Robert E. Goodin, ‘Global Democracy: In the Beginning’, *International Theory* 2/2 (2010): 175–209; and Mathias Koenig-Archibugi, ‘Is Global Democracy Possible?’, *European Journal of International Relations* 17/3 (2011): 519–42.

Secretariat during the 1990s and 2000s.²² UN Secretary General Boutros-Ghali noted in 1995 that, ‘A few years ago, no one ever spoke of making the United System more democratic. Today, the question is on every agenda.’²³ The UN General Assembly passed several resolutions (by majority vote) proclaiming ‘the right to equitable participation of all, without any discrimination, in domestic and global decision-making’.²⁴ Other developments are less explicit but still important. Grant and Keohane note that:

the World Bank (2000) acknowledges the importance of ‘empowerment’ of poor people in order to increase the ‘accountability and responsiveness’ of public sectors to them. The language of empowerment suggests a participatory model of accountability, the logic of which could easily be extended to imply more empowerment within the Bank itself for the people who are affected by its policies, whether they are represented through state leaders or NGOs.

Finally, attempts to determine the level of ‘democracy’ of countries are usually based on criteria determined by researchers rather than on what ‘public opinion’ or political actors think about the democratic quality of institutions and political processes,²⁵ and a similar method seems legitimate for the analysis of the participatory quality of accountability in IOs.

A WAY FORWARD FOR ASSESSING ACCOUNTABILITY TO AFFECTED INTERESTS

Using the participation model to assess the quality of accountability of a given IO encounters an obvious problem: ‘having the right to participate in politics as an affected party is ambiguous at the global level’.²⁶ The difficulty of identifying who is affected by the decisions of a power-wielder, or affected in a way that justifies a participatory entitlement, is a recurring theme in the literature on the so-called ‘all-affected principle’. Recent discussions of the principle owe much to the influence of Robert Dahl, who expressed it as, ‘Everyone who is affected by the decisions of a government

²² Jean-Philippe Thérien and Madeleine Bélanger Dumontier, ‘The United Nations and Global Democracy From Discourse to Deeds’, *Cooperation and Conflict* 44/4 (2009): 355–77.

²³ Cited by Thérien and Bélanger Dumontier, *ibid.*, 360.

²⁴ *Promotion of a Democratic and Equitable International Order*, UN General Assembly, Res. A/RES/61/160.

²⁵ Gerardo L. Munck and Jay Verkuilen, ‘Conceptualizing and Measuring Democracy Evaluating Alternative Indices’, *Comparative Political Studies* 35/1 (2002): 5–34.

²⁶ Grant and Keohane, ‘Accountability and Abuses of Power in World Politics’, 33.

should have the right to participate in that government' and opined that, for all its problems, it 'is very likely the best general principle of inclusion that you are likely to find'.²⁷

The all-affected principle can be specified in many ways, which tend to cluster into two broad approaches. The more restrictive approach to the notion of affectedness equates it to being a target of laws that create obligations for individuals and that can be coercively enforced on them. The idea that individuals subject to such laws should have the opportunity to participate in their making is more accurately referred to as the 'all-subjected principle' or 'subject-to-the-law principle'.²⁸ Arguably the all-subjected principle is relevant to some IOs. The clearest case is probably the UN Security Council, whose resolutions adopted under the authority of the UN Charter can legally require member states to adopt laws and regulations that impinge on the rights and obligations of people within their jurisdiction. For instance, the Security Council requires states to freeze the financial assets of people suspected to have links with terrorism, with no guarantee of due process. An element of legal accountability emerged gradually, as a targeted individual obtained from the European Court of Justice a ruling against European Union (EU) and UK measures based on the Security Council's decision.²⁹ However, the liability aspect of accountability is limited to encountering legal obstacles to the implementation of preferred policies. Other cases of law-making by IOs would trigger participatory entitlement under the all-subjected principle. However, the all-subjected principle seems too restrictive a basis for assessing the accountability of IOs. Most instances of international law become binding only after states have ratified and/or transposed them, and so it is not clear whether accountability of IOs is necessary beyond the accountability of individual member states. Even more importantly, IOs create policies and rules that do not qualify as laws but which are widely seen as giving rise to accountability claims: the decisions by the World Bank and the IMF on their conditional lending policies and the agreements they conclude with governments are prominent examples.

It seems therefore that the application of the participation model to IOs needs to be based on an understanding of affectedness that is broader than being subject to law and that includes being causally affected by decisions and policies. Goodin is a vocal defender of the principle, but he has also demonstrated its expansionary tendencies. He shows that the most coherent and cogent

²⁷ Robert A. Dahl, *After the Revolution?: Authority in a Good Society* (New Haven: Yale University Press, 1970), 64. For critical discussions of the all-affected principle see Hans Agné, 'A Dogma of Democratic Theory and Globalization: Why Politics Need Not Include Everyone It Affects', *European Journal of International Relations* 12/3 (2006): 433–58; Ludvig Beckman, 'Democratic Inclusion, Law, and Causes', *Ratio Juris* 21/3 (2008): 348–64; Sofia Näsström, 'The Challenge of the All-Affected Principle', *Political Studies* 59/1 (2011): 116–34; Johan Karlsson Schaffer, 'The Boundaries of Transnational Democracy: Alternatives to the All-Affected Principle.' *Review of International Studies* 38/2 (2012): 321–42.

²⁸ Karlsson Schaffer, 'The Boundaries of Transnational Democracy'.

²⁹ Toby Vogel, 'Top EU Court Clears Saudi Terror Suspect', *The European Voice*, 18 July 2013.

interpretation of the principle is that a say should be given to anyone who might *possibly* (or *probably*) be affected by any *possible* decision arising out of any *possible* agenda, and not just those who are *actually* affected by the course of action *actually* decided upon. He also notes that the logical implication of this interpretation may well be that virtually everyone in the world should be entitled to vote on any proposal or any proposal for proposals.³⁰

The expansionary implications of the all-affected principle have led some authors to question its appropriateness for assessing accountability relationships. For instance, Keohane points out that: ‘Merely being affected cannot be sufficient to create a valid claim. If it were, virtually nothing could ever be done, since there would be so many requirements for consultation, and even veto points.’³¹ The goal of using the principle to assess accountability deficits in IOs would be unattainable if the yardstick became impossibly demanding. The rest of this section tries to develop a solution to this predicament.

If we follow Goodin and interpret the principle as mandating that a say should be given to anyone who might probably be affected by any possible decision arising out of any possible agenda, then the *content* of decisions cannot be used to differentiate between persons or groups entitled to participation and those who are not. This is because the content of a decision will depend on who is included and thus it cannot help determining who is to be included. But the amount of *power* wielded by decision-makers matters, because the more powerful an actor is, the more likely it is to have a significant impact on the lives of a broader set of people. In short, more power requires accountability to a wider circle of people.³² But what does this mean for IOs?

Let’s start by considering different dimensions of policy-making in the global arena. Broadly speaking, policy-making entails (a) the framing of policy problems and the setting of policy agendas, (b) the creation or selection of the IO or other polity meant to address that policy problem, (c) the development and choice of policies made within that IO, and (d) the implementation of the policies by the agents of the IO. While this list is similar to those developed in the ‘policy stages’ literature, it is important to bear in mind that these are not necessarily sequential stages, and that significant feedback loops exist between them. The key point for our purposes is that, in different ways, decisions made in relation of one of these dimensions have the effect of limiting the power that decision-makers can exercise in relation to other dimensions.

³⁰ Robert E. Goodin, ‘Enfranchising All Affected Interests, and its Alternatives’, *Philosophy & Public Affairs* 35/1 (2007): 40–68.

³¹ Keohane, ‘Global Governance and Democratic Accountability’, 141.

³² For a fuller discussion of this theoretical point see Mathias Koenig-Archibugi, ‘Fuzzy Citizenship in Global Society’, *Journal of Political Philosophy* 20/4 (2012): 456–80, where he also explores its implications for states’ obligations to offer participatory rights to outsiders.

Limits on power (in the form of material resources, legal mandate, etc.) restrict the effective range of options that actors can choose from.

Three sets of relationships are especially relevant. (1) Decisions made with regard to policy implementation are constrained by the choice of policy instruments. For instance, if policy-makers decide to promote certain behavioural changes by changing laws rather than allocating material resources, those in charge of implementation will have to devote scarce resources to monitoring and enforcement activities rather than offer conditional transfers and services to the targets of the interventions. (2) Decisions made with regard to policy choice are constrained by decisions about the features of the IO within which those choices are made. For instance, if an IO has not explicitly been endowed with the authority to create binding international law, normally this option will not be on the agenda of policy-makers working within that IO. Similarly, if the 'constitution' of the IO requires unanimity among all members for major policy decisions, then this limits de facto the range of policies that can realistically be chosen during the 'regular' policy-making process. (3) Decisions with regard to the nature of the policy problem place significant constraints on all other dimensions of policy, and specifically on the creation or selection of the relevant IO.

This focus on power and constraints allows us to develop an approach to specifying accountability entitlements that preserves the intuitively appealing aspects of the all-affected principle without succumbing to the counterintuitive implication that virtually everyone in the world should be equally able to hold any person involved in an IO accountable for any aspect of their work. The approach is based on the following propositions:

- The process of framing policy problems determines the definition of global priorities and thus the allocation of global efforts and resources among a wide variety of possible uses. Global priority-setting presumably affects virtually everyone in the world, hence the all-affected principle mandates an accountability regime that is as inclusive as possible. This obligation concerns less the 'invention' of policy frames than the selection of priorities for global action. However, problem-framing and prioritization tend to be diffuse processes and this hinders the identification of power-holders and the creation of institutionalized mechanisms of accountability.
- The process of creating and selecting IOs is influenced by the way that policy problems have been framed, but power-wielders can still choose among a wide range of IO designs, including some with significant depth and scope of authority. Like priority-setting, IO selection affects virtually everyone in the world, hence the all-affected principle would require an accountability regime that is as inclusive as possible. Moreover, IO selection and design is not as diffuse a process as problem-

framing, and hence it is feasible to identify power-holders and imagine how institutionalized mechanisms of accountability for policy selection could be designed.

- IO design creates procedural and substantive constraints on the range of policies that can be chosen by policy-makers. These constraints typically restrict the set of people who will probably be affected by the policies decided *within* the IO. One reason for this is that the IO may be expected to address only a limited number of policy issues, which are likely to have a significant impact only on certain communities but not on others. Another reason is that the IO may be under tight constraints with regard to its ability to extract and allocate resources, which in turn limits its ability to affect the interests of many people. The narrower the range of policies that an IO can effectively choose, the smaller the circle of those who have a valid claim to an accountability entitlement.
- The choice of policies limits the courses of action of decision-makers who are responsible for policy implementation. For instance, those decision-makers may have a limited amount of material resources to be spent to the benefit of a circumscribed set of beneficiaries according to specific guidelines. In such cases, the set of people who will probably be affected by their decisions may well be relatively small. Policy-implementers should typically be accountable to fewer people than policy-makers.

What do these abstract and general propositions mean for the empirical study of accountability deficits in IOs? Several guidelines can be derived from them. (1) Researchers should examine who is affected by IO selection and design *given the policy problem as it has been defined*. Then they should assess to what extent (and how) those stakeholders can actually hold power-wielders accountable for the selection and design of IOs. (2) Researchers should examine who is affected by policy choice *given the IO as it has been created or selected*. Then they should assess to what extent (and how) those stakeholders can actually hold accountable the power-wielders involved in policy choice. (3) Researchers should examine who is affected by policy implementation *given the policies as they have been chosen*. Then they should assess to what extent (and how) those stakeholders can actually hold accountable the power-wielders involved in policy implementation.

Establishing guidelines for the analysis of policy problem-framing is more difficult than with the other dimensions, because of the highly diffuse and fluid nature of the process. Researchers from a variety of traditions agree that influence on policy-framing is highly unequal and

concentrated in the Global West,³³ but in practice it may be impossible to identify *ex ante* actors with a disproportionate capacity to influence global discourses and norms before they are instantiated in specific IOs and policies.³⁴ A more practicable route is to identify the sources of systematic biases in the formation of global discourses, which allow some of them to become dominant without being thoroughly challenged by alternative discourses in an efficient ‘marketplace of ideas’ or a Habermasian ‘ideal speech situation’.

In the light of these considerations, it becomes clear that the selection and design of IOs plays a special role in overall assessments of accountability. On the one hand, power in problem-framing is often too diffuse to allow an *ex ante* identification of the main power-wielders; and, on the other hand, policy-making within IOs is generally heavily constrained by prior decisions made with regard to IO design. For instance, decisions taken *within* the World Health Organization (WHO) may be much less consequential than decisions *about* the WHO taken by governments. Focusing on accountability for the selection and design of IOs also has the advantage of attracting the attention on the behaviour of the most powerful actors in global politics—usually the governments of large industrial countries. There is little doubt that their power *within* IOs is important, but their ability to determine the power *of* IOs is usually even more consequential. This orientation is especially useful if we consider that criticisms of IO accountability often target bureaucrats, who are often relatively powerless and/or constrained.

AN ILLUSTRATION OF THE APPROACH: GLOBAL HEALTH POLICY

To show how the framework outlined in the previous section can be used to assess specific IOs, this section sketches its application to the domain of IOs addressing global health issues, with special attention to the WHO and a *sui generis* IO, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund). The aim of this section is to provide a concrete illustration of the questions to be asked in empirical research, rather than comprehensive and definitive answers. We need ask two questions for each of the four dimensions highlighted above (agenda setting, design, policy-making, and implementation). First, which actors wield significant power in relation to that specific dimension? Second, to what extent and how are those actors accountable to the people who are most affected by their decisions? We consider the four dimensions in turn.

³³ See e.g. Robert W. Cox *Production, Power, and World Order: Social Forces in the Making of History* (New York: Columbia University Press, 1987); and John W. Meyer et al., ‘World Society and the Nation State’, *American Journal of Sociology* 103/1 (1997): 144–81.

³⁴ On the discursive democratization in global governance see John S. Dryzek, André Bächtiger, and Karolina Milewicz, ‘Toward a Deliberative Global Citizens’ Assembly’, *Global Policy* 2/1 (2011): 33–42.

The Framing of Policy Problems and the Setting of Policy Agendas.

The context in which health-oriented IOs have operated in the past twenty years has been shaped by some powerful new frames. Three of them deserve special mention: the ‘emerging diseases frame’, the ‘AIDS exceptionalism frame’, and the ‘securitization’ frame. The founding moment of the ‘emerging diseases’ frame can be traced back to a conference co-sponsored by the National Institutes of Health and Rockefeller University in May 1989. The conference addressed ‘emerging viruses’, a concept introduced by the conference chair Stephen S. Morse to encompass new pathogens such as HIV, Ebola, hantaviruses, as well as antimicrobial-resistant strains of familiar organisms.³⁵ What King calls an ‘emerging diseases worldview’ came to dominate American understandings of international health over the next decade. The world-view was articulated and diffused most effectively by the Institute of Medicine (IoM) of the National Academy of Science, notably through two reports published in 1992 and 1997 respectively. The 1992 IoM report (titled *Emerging Infections: Microbial Threats to Health in the United States*) presented an extensive discussion of the factors leading to the emergence and re-emergence of infectious diseases, dividing them into six categories: human demographics and behaviour, technology and industry, economic development and land use, international travel and commerce, microbial adaptation and change, and breakdown of public health measures. Among the measures recommended by that report were the establishment of an effective global surveillance network on emerging infectious diseases, with four components: a mechanism for detecting new or unusual diseases; laboratories capable of identifying and characterizing infectious agents; an information system to analyse and disseminate data; and a response mechanism for providing feedback to reporting agencies and for mobilizing investigative and control efforts of local and international agencies.

The IoM reports were a particularly influential part of a broader movement that has been described as a shift toward a ‘paradigm of global health’ on the part of US public health policy-makers.³⁶ In the mid-1990s, the National Intelligence Council, the Centres for Disease Control (CDC), and the National Science and Technology Council produced reports expressing similar positions as the IoM. In 1995 the CDC launched the journal *Emerging Infectious Diseases*, and the following year thirty-six medical journals in twenty-one countries agreed to publish special issues or articles on emerging and re-emerging infectious diseases.³⁷ While this movement was complex and different actors emphasized different aspects of the emergent disease paradigm, it shared a common ideational core: a number of factors, some of which connected with globalization, are

³⁵ Nicholas B. King, ‘Security, Disease, Commerce Ideologies of Postcolonial Global Health’, *Social Studies of Science* 32/5–6 (2002): 763–89.

³⁶ Supinda Bunyavanich and Ruth B. Walkup, ‘US Public Health Leaders Shift Toward a New Paradigm of Global Health’, *American Journal of Public Health* 91/10 (2001): 1556–8.

³⁷ King, ‘Security, Disease, Commerce Ideologies of Postcolonial Global Health’.

creating an epidemiologically borderless world that threatens the vital interests of the United States and other developed countries. Since physical *cordons sanitaires* are largely ineffective in dealing with the new challenge, developed countries should promote and support the creating of a global surveillance system that can provide what King calls ‘informational cordons’—that is, mechanisms able to detect possible risks as soon as they emerge anywhere in the world and to contain outbreaks before they spread globally.

The second frame is what is sometimes referred to as ‘AIDS exceptionalism’.³⁸ It posits that AIDS represents an exceptional global threat demanding an exceptional global response. In the words of the Joint UN Programme on HIV/AIDS (UNAIDS):

The AIDS pandemic is as serious a threat to humanity’s prospects for progress and stability as global warming or nuclear proliferation. It is exceptional in its scale, complexity and the consequences across generations, in severity, longevity and its impact. It can only be defeated with sustained attention and the kind of ‘anything it takes’ resolve that Member States apply to preventing global financial meltdowns or wars.³⁹

UN Secretary General Kofi Annan also stressed the exceptionality of the disease: ‘AIDS is a new type of global emergency—an unprecedented threat to human development requiring sustained action and commitment over the long term.’⁴⁰

A third, and related frame, is securitization—that is, the process by which a policy problem is transformed into a security threat.⁴¹ In the late 1990s, sectors of the US security policy communities came to accept and propagate the argument that infectious diseases represent a threat to American security interests. Foreign policy think-tanks published reports on the security/global health nexus—for instance, the Council on Foreign Relations and the Milbank Memorial Fund published a report on *Why Health Is Important to US Foreign Policy* in 2001. Probably the most consequential expression of the new interest in infectious disease among security experts and policy-makers was the declassified intelligence estimate on *The Global Infectious Disease Threat*

³⁸ Whiteside 2009; and Alex Waal, ‘Between Exceptionalism and Revisionism: Children and Global AIDS Policies’, *IDS Bulletin* 39/5 (2008): 19–26.

³⁹ UNAIDS, *AIDS Epidemic Update* (Geneva: UNAIDS, 2006), cited by Waal, ‘Between Exceptionalism and Revisionism’.

⁴⁰ Kofi Annan, ‘Preface.’ In *2004 Report on the global AIDS epidemic*, ed. UNAIDS (Geneva: UNAIDS, 2004).

⁴¹ Barry Buzan, Ole Wæver, and Jaap De Wilde, *Security: A New Framework for Analysis* (Boulder: Lynne Rienner Publishers, 1998); Sara E. Davies, ‘Securitizing Infectious Disease’, *International Affairs* 84/2 (2008): 295–313; Stefan Elbe, ‘Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security.’ *International Studies Quarterly* 50/1 (2006): 119–44.

and Its Implications for the United States produced by the National Intelligence Council in 2000, which reviewed a number of developments and scenarios and concluded that:

New and reemerging infectious diseases will pose a rising global health threat and will complicate US and global security over the next 20 years. These diseases will endanger US citizens at home and abroad, threaten US armed forces deployed overseas, and exacerbate social and political instability in key countries and regions in which the United States has significant interests.

The process of securitization extended beyond the United States. In January 2000 the UN Security Council devoted a session exclusively to the threat to Africa from HIV/AIDS. Following 9/11, Canada, the European Commission, France, Germany, Italy, Japan, Mexico, the United Kingdom, and the United States launched a Global Health Security Initiative, which linked the threat of international biological, chemical, and radio-nuclear terrorism to the goal of strengthening public health preparedness.

These developments, which decisively shaped the agenda of institutional reform and innovation in the 1990s and 2000s, illustrate very well the difficulty of assessing accountability for how policy problems are framed. Promoters of the frames included epidemiologists and other scientists from some of the world's most authoritative health research and policy institutions, notably the CDC and WHO. These scientists commanded global reputations and often extensive funding for biomedical research on infectious diseases. They gained a number of allies, notably among military planners, makers of foreign policy, and the media. News corporations are interested in highlighting the emergence of novel, mysterious, and dangerous diseases. Journalistic accounts such as Richard Preston's *The Hot Zone* (1994) and Laurie Garrett's *The Coming Plague* (1994) helped create what Tomes calls a 'germ panic' among the American public.⁴² These individuals and organizations arguably exercised what Barnett and Duvall call 'productive power', which 'concerns discourse, the social processes and the systems of knowledge through which meaning is produced, fixed, lived, experienced, and transformed'.⁴³ But the diffuse nature of such processes inevitably implies fragmented accountability, if any. To the extent that the frames were promoted by medical experts, a key mechanism of accountability was reputational: assertions that could not be supported by the standards of argument and evidence generally accepted by the scientific community risked being discredited.⁴⁴ Boards of institutions such as the IoM and editorial boards of peer-reviewed scientific

⁴² Nancy Tomes, 'The Making of a Germ Panic, Then and Now', *American Journal of Public Health* 90/2 (2000): 191.

⁴³ Michael Barnett and Raymond Duvall, 'Power in Global Governance', in *Power in Global Governance*, ed. M. Barnett and R. Duvall (Cambridge: Cambridge University Press, 2005), 20.

⁴⁴ Even staunch critics of conventional approaches such as Paul Farmer conceded that 'The research and action programs elaborated in response to the perceived emergence of new infections have, by

journals exercised a controlling role. In the case of governmental institutions such as the CDC, loss of scientific reputation may lead to funding cuts and political interventions. It is notable that these mechanisms of accountability operated mainly within a country (the United States). However, WHO staff was also heavily involved in promoting the frames, which involved them in the accountability relationships that are typical of established IOs (see below).

It is also important to note that attempts to exercise productive power can fail because of ‘checks and balances’ (rather than accountability) mechanisms. In particular, the securitization frame has been contested. An example of this opposition is the Intergovernmental Meeting (IGM) on Pandemic Influenza Preparedness, which was convened in November 2007 to address a crisis in the vaccine sharing arrangement managed by the WHO. The crisis was triggered by the Indonesian government’s decision in early 2007 to stop sharing influenza virus samples with the WHO and its request that vaccines developed from Indonesian samples would be sold to Indonesia at discounted prices. In a tense IGM, the EU delegates attempted to include a reference to ‘global health security’ in the official statement of the meeting, as well as a reference to ‘international regulations’—namely the newly revised International Health Regulations (IHR). But several representatives from developing countries rejected the inclusion of global health security in the statement, which was dropped after lengthy discussions. One of the opponents was the representative of Brazil, who declared that Brazil ‘was not committed to working under the security concept’.⁴⁵

The Selection and/or Design of IOs.

The framing of the policy problem constrained the range of institutional solutions that policy-makers were prepared to consider. The focus on emerging diseases and the exceptional threat posed by HIV/AIDS resulted in some organizational changes in the WHO as well as the creation of new organizations, most importantly the Global Fund. With regard to the former, institutional change developed in three areas. First, the WHO responded to the increasing attention paid to emerging diseases in the 1990s by channelling resources and priorities in that direction. It stressed the importance of emerging diseases in its strategic plans and created a new Division of Emerging and Other Communicable Diseases Surveillance and Control in 1995 (later changed with different names and structures). Second, the WHO increased its collaboration with other actors to build up a system of global surveillance, which relies on a variety of governmental and non-governmental

and large, been sound’: Paul Farmer, *Infections and Inequalities: The Modern Plagues* (Berkeley: University of California Press, 2001), 39. His criticism was more directed at the previous lack of official concern with the devastation produced by diseases such as TB in poorer countries, with powerlessness translating in invisibility (47–8).

⁴⁵ Sangeeta Shashikant, ‘WHO Meeting on Avian Flu Virus Ends with Draft Documents’, *TWN Info Service on Health Issues* Nov. 07/04 (28 November 2007).

sources to identify potential public health emergencies of international concern. Third, the WHO member states adopted revised International Health Regulations in 2005, which requires them to provide comprehensive information to the WHO about ‘all diseases and health events that may constitute a public health emergency of international concern’, and to build capacities to manage the cross-border spread of infectious agents.

In the early 2000s, the governments of industrial countries also agreed to a major increase in the funding for AIDS, malaria, and tuberculosis in the developing world, but decided to channel it through new organizations, and specifically the Global Fund, rather than the WHO or the UN system.

In relation to both the reform of the WHO structures to address infectious diseases and on the creation and design of the Global Fund, the governments of Western countries were clearly the most powerful actors. While the revision process of the IHR was driven by WHO staff, the content of the revised regulations reflected the bargaining power of the Western government delegates. For instance, during the negotiations the delegates of developing countries requested an international transfer of resources to build the national surveillance capabilities mandated by the revised IHR, but no provisions to this effect were included in the final agreement.⁴⁶ Similarly, the creation and design of the Global Fund reflects the preferences of the largest donors. Three decisions were of fundamental importance. First, large donors wanted to create a financial instrument that would specifically channel resources towards malaria, tuberculosis, and especially HIV/AIDS, rather than fund other types of interventions, such as the strengthening of primary health care services. Second, they wanted the new financial mechanisms to have no connection to the UN and the WHO. Perceived shortcomings of the WHO’s Global Programme on AIDS (created in 1986) had already led to the establishment of UNAIDS in 1996. The UN General Assembly held a ‘Special Session on AIDS’ in June 2001, in which a number of institutional options for the new financing were discussed, but especially the United States, the European Commission, and Japan rejected the option of letting either the WHO or UNAIDS manage the funds.⁴⁷ Third, the main donor governments wanted to avoid a classical intergovernmental model, and as a result the Global Fund was constituted as a non-profit foundation under the Swiss Civil Code and given an unusual

⁴⁶ Mary Whelan, *Negotiating the International Health Regulations*, Global Health Programme Working Paper No. 1 (Geneva: Graduate Institute, 2008).

⁴⁷ Amy Barnes and Garrett Wallace Brown, ‘The Global Fund to Fight AIDS, Tuberculosis and Malaria: Expertise, Accountability and the Depoliticisation of Global Health Governance’, in *Global Health Partnerships and Private Foundations: New Frontiers in Health and Health Governance*, ed. O. Williams and S. Rushton (Basingstoke: Palgrave Macmillan, 2011).

governance structure.⁴⁸ The board of the Global Fund consists of ‘representatives’ of donors, developing countries, civil society, and the private sector, all with voting rights.

These decisions were controversial, and ‘It was far from inevitable that NGOs, foundations and the private sector would be given unprecedented voting rights on the Global Fund Board.’⁴⁹ Several governments had expressed strong reservations when the UN Economic and Social Council approved the inclusion of NGOs as non-voting members within the UNAIDS Programme Coordinating Board seven years before the establishment of the Global Fund. Some developing countries—notably South Africa—objected to a strong presence of NGOs on the governing body of the Global Fund, but NGOs from developing and developed countries succeeded in presenting themselves as legitimate representatives of people affected by diseases and donor governments supported their demands.⁵⁰ But the very decision to create a special fund for AIDS and other two diseases was not the preferred outcome for some governments, especially if it came with restrictions on how the funds had to be used. With regard to the policy of funding antiretroviral therapy, UNAIDS Director Peter Piot reported that at the 2001 UN General Assembly Special Session on AIDS:

all donors except for France, all African countries, all Asian countries, were totally opposed of mentioning the word antiretroviral therapy and to have a target or a goal on treatment for people living with HIV and so in that declaration of commitment that came out of it you see only some very vague type of view and compromised language.⁵¹

The actors with most influence on the selection and design of IOs in global health were those with the ability to provide substantial funding and with stronger capabilities to contain the domestic spread of diseases with unilateral measures: the governments of rich Western states. These are accountable to voters in their respective states, but generally not to people elsewhere. From the perspective of the all-affected principle, this dimension of policy-making suffers from a substantial deficit of accountability.

⁴⁸ Anna Triponel, ‘Global Fund to Fight Aids, Tuberculosis and Malaria: A New Legal and Conceptual Framework for Providing International Development Aid’, *North Carolina Journal of International Law & Commercial Regulation* 35 (2009): 173–232.

⁴⁹ James Sherry, Sangeeta Mookherji, and Leo Ryan, *The Five-Year Evaluation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria: Synthesis of Study Areas 1, 2 and 3* (Macro International, 2009).

⁵⁰ Sonja Bartsch, ‘Southern Actors in Global Public-Private Partnerships: The Case of the Global Fund’, in *Health for Some: The Political Economy of Global Health Governance*, ed. S. McLean, P. Fourie, and S. Brown (Basingstoke: Palgrave Macmillan, 2009), 134.

⁵¹ Peter Piot, *AIDS: Exceptionalism Revisited: Lecture at the London School of Economics and Political Science, 15 May 2008* (Geneva: UNAIDS, 2008), 1.

Could it be argued that the publics of Western countries exercise a form of ‘surrogate accountability’ on behalf of the publics of poorer countries, with the former punishing their own governments for decisions that the latter would have disapproved?⁵² In other words, would decisions on institutional design have been the same if Western governments had been accountable to non-Western populations? There are reasons to believe that they would not have been. There is some evidence to suggest that AIDS is not the top priority for citizens in the regions most affected by AIDS. The most thorough study has been conducted by Dionne et al.⁵³ Their analysis is based on a range of methods and sources: the cross-national Afrobarometer survey, panels of the longitudinal survey in rural Malawi covered approximately 4,000 respondents, a survey of 122 village headmen, semi-structured interviews, and logs of conversations. These sources consistently showed a weak demand for AIDS resources compared to the demand for resources for other issues, specifically for health and development more generally. In most countries, respondents thought that additional resources should be devoted to other problems rather than AIDS. On average, the demand for AIDS services is not stronger in countries with higher HIV prevalence, nor is it significantly stronger among people who have lost a relative or close friend to AIDS. A panel survey in rural Malawi showed that AIDS ranked as the lowest priority on average, and that even HIV-positive respondents, who are most likely to benefit from the new resources for antiretroviral therapy, expressed preferences for clean water, agricultural development, and health services over additional AIDS services in their area. More generally, a study of twenty-seven countries by Esser and Keating Bench finds only a weak statistical correlation between, on the one hand, what beneficiaries in Africa, Latin America, and the poorer parts of Asia consider the most severe causes of ill-health and, on the other hand, the uses to which donors allocate pledged official development assistance for health.⁵⁴ This provides indirect evidence for the conclusion that it matters who can hold global health policy-makers accountable.

The Development and Choice of Policies and Policy Instruments

The way in which health IOs are designed—notably their mandate, funding modalities, and decision-making procedures—significantly constrain the choices of decision-makers within a given institutional context and therefore the set of people who are most likely to be significantly affected by their decisions. Because of the prior decision to focus the Global Fund on three diseases, its

⁵² Rubenstein, ‘Accountability in an Unequal World’.

⁵³ Kim Yi Dionne, Patrick Gerland, and Susan Watkins, ‘AIDS Exceptionalism: Another Constituency Heard From’, *AIDS and Behavior* 17/3 (2013): 825–831.

⁵⁴ Daniel E. Esser and Kara Keating Bench, ‘Does Global Health Funding Respond to Recipients’ Needs? Comparing Public and Private Donors’ Allocations in 2005–2007’, *World Development* 39/8 (2011): 1271–80.

decisions are highly relevant to people living with those diseases or most at risk of contracting them, but less so to people whose main concerns are, for instance, respiratory illnesses. Sridhar and Batniji remark that ‘Even those who point to the inclusive board of the Global Fund or its country-coordinating mechanism must acknowledge that the priorities of the Global Fund, namely HIV/AIDS, tuberculosis, and malaria, were included in the organisation’s mandate.’⁵⁵ The mandate of the WHO is much wider, but it shares the accountability deficits that plague traditional intergovernmental organizations. WHO staff are accountable to the Director General, who is accountable to the members of the Executive Board and the World Health Assembly, who in turn are accountable to the governments of the member states that appointed them. In line with the intergovernmental model, governments are the only channel of accountability to affected communities, which creates two major sources of accountability gaps: governments may themselves lack democratic accountability to their populations, especially the most vulnerable people; and financial and other inequalities between governments influence the content of policies in ways that do not reflect patterns of affectedness.

To what extent can the unusual governance structure help the Global Fund avoid such sources of accountability problems? Within the constraints set by its mandate and funding arrangements, the Board of the Global Fund (and to a lesser extent its Secretariat) retains significant room for manoeuvre with regard to policy choices. It exercises significant power by accepting or rejecting specific grant applications, but also through more general decisions, such as the balance of funding between the three diseases; the balance between treatment, prevention, care, and health system strengthening; the types of treatment regimes to be supported; whether and how to accept in-kind donations; which entities can apply for funding; and other important aspects that can have a deep impact on the health of a large number of people. A Technical Review Panel (TRP) considers and assesses each grant proposal and its judgements have great influence on the final decision because the Board cannot review every proposal in detail—it accepts the recommendations of the TRP in 90 per cent of cases.⁵⁶ But since the Board has the ultimate authority on grant decisions (and the composition of the TRP), it deserves most attention.

The twenty voting members of the Board include seven representatives from developing countries (one from each of the six WHO regions and one additional representative from Africa), eight representatives from donors; and five representatives from civil society and the private sector. When decision by consensus is not possible, decisions require a two-thirds majority of those present of both: (a) the group encompassing the eight donor seats, one private sector seat, and one private

⁵⁵ Devi Sridhar and Rajaie Batniji, ‘Misfinancing Global Health: A Case for Transparency in Disbursements and Decision Making’, *The Lancet* 372/9644 (2008): 1185–91, 1190.

⁵⁶ Barnes and Brown, ‘The Global Fund to Fight AIDS, Tuberculosis and Malaria’.

foundation seat; and (b) the group encompassing the seven developing country seats, the two NGO seats, and the representative of an NGO who is a person living with HIV/AIDS or from a community living with tuberculosis or malaria. This allows various coalitions, and not only donors, to block decisions. On many issues, however, a deadlock is more damaging to recipient governments and civil society representatives than to donor governments and the private sector.

The governance structure of the Global Fund shows that the participation model of accountability has relevance not only for external observers but also for some policy-makers. The Framework Document that provided the constitutional foundations for the Global Fund stated that it ‘should be a multisectoral partnership between governments, civil society, the private sector and affected communities’.⁵⁷ Having interviewed several Board members and policy-makers closely associated with the Global Fund, Amy Barnes and Garrett Brown found that:

not a single participant believed that the Global Fund should *only* be accountable to *one* sector or group. All interviewees, without being able to clearly delineate a percentage or hierarchy, suggested that both shareholders *and* stakeholders had a legitimate right to demand a certain level of answerability from the Global Fund as an organisation.⁵⁸

Board members are called ‘representatives’ of ‘constituencies’. But to whom are they accountable? Formally, *individual members* of the Board are accountable to the Board as a whole, since the latter can remove Board members and select new members. Removal would be most likely if a member no longer has the confidence of his or her constituency. The accountability relationship between Board member and constituency varies in strength. It is strongest in the case of donor and recipient governments that have their own representatives on the Board. Governments with no national on the Board have less opportunity to sanction the representative of their constituency. Similar imbalances arise in relation to NGO representatives. First, Bartsch notes that there is a bias with regard to disease focus: ‘Board members tend to represent NGOs from the area of HIV/AIDS, and organizations from the areas of tuberculosis and malaria are often absent from the wider NGO Board delegations.’⁵⁹ Second, as Bartsch notes, there is little transparency in the selection process for NGO representatives.⁶⁰ Effective accountability to people living with HIV/AIDS or from a community living with tuberculosis or malaria is particularly weak. Finally, in relation to the accountability of the Board as a whole to the various constituencies, there is a widespread

⁵⁷ Cited by Garrett Wallace Brown, ‘Multisectoralism, Participation, and Stakeholder Effectiveness: Increasing the Role of Nonstate Actors in the Global Fund to Fight AIDS, Tuberculosis, and Malaria’, *Global Governance: A Review of Multilateralism and International Organizations* 15/2 (2009): 169–77, 170.

⁵⁸ Barnes and Brown, ‘The Global Fund to Fight AIDS, Tuberculosis and Malaria’, 69.

⁵⁹ Bartsch, *Southern Actors in Global Public-Private Partnerships*, 135.

⁶⁰ *Ibid.*, 140.

perception of highly unequal accountability relationships: ‘In almost every case, stakeholders criticised the Global Fund for being too focused on and interested in remaining accountable to donor nations. Indeed the perception of donor favouritism was echoed by almost every interviewee who was not part of the Global Fund Secretariat or member of a donor country.’⁶¹

On some decisions, the medical and scientific community could be seen as exercising a form of ‘surrogate accountability’ on behalf of the most affected people, through their ability to affect the reputation and credibility of Global Fund decision-makers. A prominent example occurred in 2004, when a group of malaria researchers accused the Global Fund of ‘medical malpractice’, because it financed the use of chloroquine and sulfadoxine-pyrimethamine, which were said to be generally ineffective, while it should have financed highly effective artemisinin-based combination treatments (ACTs).⁶² The Global Fund and the WHO issued defensive statements, but the challenge seems to have had a major effect:

Four months after the Lancet piece appeared, the Global Fund held a closed-door meeting in Geneva. Afterwards, the organisation’s senior officials declared that African countries should retrospectively adjust all malaria grants awarded to specify ACTs. Global Fund officials estimated that the cost of this policy change would be more than a US\$1 billion over five years.⁶³

Policy Implementation

The role of health IOs in implementing their own policies can vary greatly. At one extreme, they may merely adopt a set of rules or standards and have no influence over whoever decides to implement them in a particular geographical or sectoral context. At the other extreme, the core staff of the IO takes responsibility for implementing the policies ‘on the ground’, for instance through field missions that perform surveillance tasks in areas affected by disease outbreaks. Between those two extremes, there are various degrees of involvement and control, and implementing actors can be seen at least partially as ‘agents’ of the IOs. Such agents may be formally employed by the IOs or critically depend on IO funds and other resources for their activities.

Within the various constraints set by the IO’s policies, the choices made by implementing agents can deeply affect the lives of intended beneficiaries. An extreme case occurs when the agents decide to misappropriate funds and provide no services at all. So an important question is: to what extent are implementing agents accountable to those who are most directly affected by their

⁶¹ Barnes and Brown, ‘The Global Fund to Fight AIDS, Tuberculosis and Malaria’, 69.

⁶² Gavin Yamey, ‘Researchers Accuse WHO and Global Fund of Malpractice’, *BMJ: British Medical Journal* 328/7433 (2004): 183.

⁶³ IRIN, *Killer Number One: The Fight against Malaria* (Nairobi: IRIN, 2006), 13.

decisions? The latter can exercise accountability as citizens or as consumers of health services provided by the agents. In practice, citizenship accountability is usually exercised through participatory institutions and mechanisms embedded in national and local governments, and therefore the question of the accountability of IO agents largely coincides with the extent and quality of general political accountability in a country, district, or municipality. With regard to health-provider accountability to consumers, the question we need to ask is to what extent IO-supported services formally incorporate accountability mechanisms and, if so, how well they work in practice. Unfortunately there is relatively little research on health-provider accountability to consumers, and even less research that singles out IO-supported programmes and projects.⁶⁴ Some IOs have endorsed the norm of health-provider accountability to users.⁶⁵ The World Bank has attracted much attention (and criticism) for promoting market mechanisms as a means to increase user accountability in the health sector, but it has also studied and applied mechanisms based on community participation. For instance, in a controlled experiment in India, World Bank researchers used meetings, posters, and hand-outs to inform poor villagers about the right to access government services and complaint mechanisms, and found that informed communities experienced improvements in mobilization and better health services compared to control communities.⁶⁶ But existing research does not tell us how common accountability mechanisms are in IO-sponsored initiatives, or whether the participation of IOs in the design and financing of health programmes and projects leads to the incorporation of more accountability mechanisms than there are in comparable initiatives with no IO involvement. Even when the introduction of community participation mechanisms in IO-supported programmes and projects is documented, researchers find that their actual impact is limited, as in a study of eighteen World Bank-supported health sector reform projects.⁶⁷

⁶⁴ David Berlan and Jeremy Shiffman, 'Holding Health Providers in Developing Countries Accountable to Consumers: A Synthesis of Relevant Scholarship', *Health Policy and Planning* 27/4 (2012): 271–80; Sassy Molyneux et al., 'Community Accountability at Peripheral Health Facilities: A Review of the Empirical Literature and Development of a Conceptual Framework', *Health Policy and Planning* 27/7 (2012): 541–54.

⁶⁵ Sanjay Agarwal, Rasmus Heltberg, and M. Diachok, *Scaling-up Social Accountability in World Bank Operations* (Washington, DC: World Bank, 2009); WHO, *Keeping Promises, Measuring Results: Commission on Information and Accountability for Women's and Children's Health* (Geneva: World Health Organization, 2011).

⁶⁶ Priyanka Pandey et al., 'Informing Resource-Poor Populations and the Delivery of Entitled Health and Social Services in Rural India: A Cluster Randomized Controlled Trial', *Journal of the American Medical Association* 298/16 (2007): 1867–75.

⁶⁷ Ranjani K. Murthy and Barbara Klugman, 'Service Accountability and Community Participation in the Context of Health Sector Reforms in Asia: Implications for Sexual and Reproductive Health Services', *Health Policy and Planning* 19/Supp. 1 (2004): i78–i86.

It should be noted that, for all the support given to consumer/user/community accountability in the documents of some IOs, the emphasis is still very much on upward accountability to donors. This priority is expressed formally in the 2001 Framework Document of the Global Fund. The section entitled ‘Defining accountability’ states that:

Grantees need to be: a) accountable to government, private sector and foundation donors (for the use of funds, achievement of results); b) responsive to developing countries (to help them fight the three diseases in their countries); c) responsive to the needs of those infected and directly affected by the three diseases.⁶⁸

As Barnes and Brown note, the choice of words is revealing: grantees are formally required to be *accountable* to donors, but merely *responsive* to developing countries and those infected and directly affected by the three diseases.⁶⁹

CONCLUSIONS

This chapter argues that the research questions deserving most intense theoretical and empirical attention in relation to IO accountability are, first, *who* should be accountable *to whom* and, second, to what extent they actually are. The most persuasive answer to the first question remains some version of the principle that everyone who is affected by a political decision should be able to influence that decision. Even under conditions of global interconnectedness, this does not mean that everyone should have a say on any decisions taken anywhere else: decision-makers should be accountable to specific constituencies in proportion to the power they wield over those constituencies. It is hoped that the approach outlined in this chapter, and the illustrative analysis of global health policy here, will be useful to others who aim to answer the second question through empirical research that is sensitive to the complex and multifaceted ways in which power is exercised in global governance.

⁶⁸ Global Fund, *Framework Document of the Global Fund* (2001), http://www.theglobalfund.org/documents/core/framework/Core_GlobalFund_Framework_en.

⁶⁹ Barnes and Brown, ‘The Global Fund to Fight AIDS, Tuberculosis and Malaria’.