

The Third Channel – New Development Aid Financing in Global Health

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Abbreviations

AAPI	Africa AIDS Prevention Initiative
AfDF	African Development Fund
AHIF	Avian and Human Influenza Trust Fund
AMC	Advance Market Commitment
ARV	Antiretrovirals (antiretroviral drugs)
BETF	Bank-Executed Trust Fund
BMZ	Bundesministerium für wirtschaftliche Entwicklung und Zusammenarbeit /Federal Ministry for Economic Development and Cooperation
BoD	Burden of Disease
BPMRLI	Booster Program for Malaria Control in Africa
BRICS	Brazil, Russia, India, China, South Africa
CAS	Country Assistance Strategy
CDU	Christian Democratic Union
CFP	Concessional Finance and Global Partnerships Vice Presidency (now Dfi)
CFPTO	Concessional Finance and Global Partnerships, Trust Fund Operations
CRS	Creditor Reporting System
CSR	Controllers, Strategy and Resource Management Vice Presidency
CSU	Christian Social Union
CTF	Clean Technology Fund
DAC	Development Assistance Committee
DAH	Development Assistance for Health
DCD-DAC	Development Co-operation Directorate - Development Assistance Committee
DED	Deutscher Entwicklungsdienst (German Development Service)
Dfi	Development Finances Vice Presidency
DFID	Department for International Development
EFA-FTI	Education for All Fast Track Initiative
EU	European Union
FAO	Food and Agriculture Organization
FDP	Free Democratic Party
FIF	Financial Intermediary Fund
FY	Fiscal Year
GAIDS	Global HIV/Aids Partnership

Abbreviations

GAVI	General Alliance for Vaccine Immunisation
GDI	German Development Institute (Deutsches Institut für Entwicklungspolitik DIE)
GDP	Gross Domestic Product
GEF	Global Environmental Facility
GFATM	Global Fund to Fight HIV/Aids, Tuberculosis and Malaria
GIZ	Gesellschaft für Internationale Zusammenarbeit (German federal Enterprise for International Cooperation, former GTZ)
GNI	Gross National Income
GPE	Global Partnership for Education (formerly Education for All Fast Track Initiative)
GPEP	Global Program to Eradicate Poliomyelitis
GPDD	Global Partnership for Disability and Development
GTZ	Gesellschaft für Technische Zusammenarbeit (German Society for Technical Cooperation, now GIZ)
HEDP	Health and Economic Development Program
HICF	Health Insurance Challenge Fund
HNP	Health Nutrition and Population Program
HNPSF	Bangladesh Health, Nutrition and Population Sector Multi-Donor Trust Fund
HRI	Health Results Innovation Trust Fund
HRH	Human Resources for Health Trust Fund
HSFP	Health System Funding Platform
IAD	Internal Audit Department of the World Bank
IBRD	International Bank for Reconstruction and Development
ICSID	International Centre for the Settlement of Investment Disputes
IDA	International Development Association
IEG	Independent Evaluation Group of the World Bank
IFC	International Finance Corporation
IFFIm	International Finance Facility for Immunisation
IHP+	International Health Partnership plus
IR	International Relations
KfW	Kreditanstalt für Wiederaufbau
M&E	Monitoring and Evaluation
MAR	Multilateral Aid Review
MDTF	Multi-donor trust fund
MIGA	Multilateral Guarantee Agency

Abbreviations

MSF	Médecins Sans Frontières (Doctors Without Borders)
NATF	Norwegian AIDS Trust Fund
NPO	Non-Profit Organisation
OCP/APOC	Onchocerciasis Control Program/ African Program for Onchocerciasis Control
ODA	Official (Net) Development Assistance
OECD	Organisation for Economic Co-operation and Development
PEPFAR	President's Emergency Plan for AIDS Relief
PHGF	Pharmaceutical Governance Fund
POLIO	Polio Buy-Down Program
PPP	Public-Private-Partnership
RBM	Roll Back Malaria Initiative
RETF	Recipient-Executed Trust Fund
SAP	Structural Adjustment Program
Stop TB	Global Partnership to Stop Tuberculosis
TDF	Tropical Disease Research
The Bank	The World Bank Group
The Gates Foundation	The Bill and Melinda Gates Foundation
TQC	Trust Fund Quality Assurance of the World Bank
TTL	Task Team Leaders
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US/USA	United States of America
USD	US Dollar
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
World Bank	The World Bank Group

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1 INTRODUCTION AND RESEARCH DESIGN

“We should have done so many things. Healthcare systems should have been built. There should have been monitoring when the first cases were reported. There should have been an organised response”
(World Bank's President Jim Kim in a speech after the outbreak of Ebola in *the Guardian*: Washington 2014).

The outbreak of the Ebola epidemic in 2014 showed in a devastating manner how fast diseases can spread and kill thousands of people with the world community being unable to contain the epidemic. It also confirms what global health scholars have been warning about for the last years: Organisations such as the World Health Organization (WHO) and the World Bank¹ are not able to act reliably, quickly and with adequate resources. Furthermore, the international organisations (IOs) are diagnosed with being completely dependent on donors' willingness to provide additional funding. This direct influence of donors can have highly negative effects on the organisations' independence and their ability to fulfil their main functions (Fink 2014; Hanrieder 2014).

However, it's the IOs that claim to control, re-allocate, disburse, and organize individual and governmental resources and actions. They are an important part of the development aid structure that officially aims at bringing equity, prosperity, and first and foremost peace to all human beings around the world.

With the creation of the United Nations (UN) Millennium Development Goals (MDGs²) in 2000, the international community stressed the importance of a broad approach for development that has to aim for more than just economic wealth but gender equality, better education, and better health for all. Especially health is seen as a fundamental

¹ The terms “World Bank” and “the Bank” are widely used in this study and refer to the World Bank Group that comprises of the following five institutions: International Bank for Reconstruction and Development (IBRD), the International Development Association (IDA), the International Finance Corporation (IFC) as well as the Multilateral Guarantee Agency (MIGA) and the International Center for Settlement of Investment Disputes (ICSID).

² MDGs: 1: eradicate extreme poverty and hunger, 2: achieve universal primary education, 3: promote gender equality and empower women, 4: reduce child mortality, 5: improve maternal health, 6: combat HIV/AIDS, Malaria and other diseases, 7: ensure environmental sustainability, 8: global partnership of development (United Nations 2000).

aspect of development as poor people often live in unhealthy housing conditions, suffer from more communicable and non-communicable diseases and injuries and have insufficient access to health care. This field of global health governance is particularly interesting as numerous agencies (IOs, non-governmental organisation (NGOs), foundations, and the private sector (with philanthropists and companies) all compete over resources, legitimacy and authority of how to achieve ‘better health for all’.

In general the IOs’ budgets consist of contributions from their members, mostly governments. In general, governmental donors have two different options to direct their development assistance: contributing bilaterally directly to the recipient country or channelling their resources towards multilateral agencies that distribute the contributions according to their own programmes and priorities. Beside these two financing forms of development assistance, a third channel of funding has been on the rise: multi-bilateral funding³. Multi-bilateral (often referred to as multi-bi or extra-budgetary) funding can be best defined as additional voluntary contributions to a multilateral agency. This specification is called earmarking and amounts to 11% of overall Official Development Assistance (ODA) contributions (OECD 2010, 13). This third channel of development aid serves as a means for governmental and non-governmental donors to provide additional money to projects with a specific scope, (region, country or sector).

Especially in health-related development assistance, multi-bi funding has become crucial for the existence of multilateral agencies like the WHO and the World Bank. Today almost 25% of the World Bank budget comes from multi-bi funding and the WHO receives more than 70% in additional voluntary contributions (WHO 2011, 15; World Bank, Concessional Finance & Global Partnerships 2013, 27).

What can be seen from the above empirical observation is that global health governance is a highly contested field where IOs and donors are shaping international development aid and where IOs struggle due to their lacking ability to achieve effective health-related aid that is adequately able to answer sudden epidemics as well as long-term shortcomings within the health-systems of recipient countries.

³ Third channel funding and multi-bi(lateral) funding will be used as equivalent in this work.

This study analyses the World Bank as one of the biggest and most powerful donors in global health. The World Bank's mechanism for multi-bi funding is a system of trust funds. In the last years, health has been receiving by far the largest amount of multi-bi contributions at the World Bank: 42% of all trust fund disbursements are health-related (World Bank, Global Partnership & Trust Fund Operations 2009). These contributions can either be directed towards trust funds that are closely attached to the core-business of the Bank (Bank-executed trust funds [BETFs] and recipient-executed trust funds [RETFs]) or towards trust funds that are located at the fringe of the organisation where the Bank only has a trustee role (financial-intermediary funds [FIFs]).

Since the 1960s and the first creation of a World Bank trust fund, their number has grown tremendously in size and scope to currently almost 1100 trust funds. Multilateral agencies welcome multi-bi funding as additional resources. With the opportunity to earmark multilateral contributions, donors obtain similar control over resources as through bilateral funding. For recipients, multi-bilateral funds can for instance fill funding-gaps and reduce transaction costs. It seems like all partners profit from the benefits of cost-reduction, pooling of resources, and the harmonization of donors and programmes.

However, multi-bi funding or as I call it, third channel funding, also has risks: IOs become increasingly dominated by donors which leads to a limited ability to pursue own strategies. Donors on the other hand risk losing visibility of their contributions as the contributions carry the IO's label when they are disbursed instead of a national proof of origin. Recipients of multi-bi funded development aid complain about less control over received means. This conflict between IOs, donors, and recipients is at the centre of this study. Until now, academic research has paid only very little attention to the topic of multi-bi funding, especially concerning the case of the World Bank in the health sector. This introductory chapter is structured as follows: First, the research puzzle and the main research questions are introduced briefly. Second, the data material used for this study is described. The analytical approach is then recapitulated in a summarizing table. Finally, the structure of the thesis with its main findings is described to provide an overview of the whole study.

1.1 Research questions

The puzzle in this case study is the *usage and continuous growth of third channel funding through the World Bank in global health*.⁴ The study aims at explaining the reasons for donors to channel their funding through the IO, the incentives for the IO to uphold them, and the consequences of the funding of trust funds for the health sector.

Therefore, the main question is as follows: why and how is third channel funding of the World Bank increasing and what implications does it have for global health governance? From this overall research question, four research-structuring questions evolve that guide the research design (Aoki 2001; Lijphart 1971, 689).

The four sub-research questions are as follows:

- (1) Why do donors channel their health-related development aid resources through the third channel and why are they conducting their third channel funding differently in terms of core and non-core multi-bi funding?

The first research question focuses on the interests of selected donors (the UK and Germany) and their incentives to provide third channel funding. First, it is necessary to explain the benefits and challenges for third channel funding for donors in general. As not all donors channel their resources according to the same share towards the core and the fringe of the IO, a second question is added: why do donors channel their resources differently in terms of core and non-core third channel funding?

For the first research question, a synchronic comparative analysis is chosen focusing on the years 2012 and 2013. As the donors' foreign aid policy is regarded as relatively stable, it is not necessary to analyse their strategies towards the trust fund system over time. The main goal of this analysis is to identify the reasons why donors are supporting the trust fund system as such.

A most-similar case design is chosen to analyse the motives for third channel funding and to show the differences of the donors' funding patterns (Blatter, Janning, and Wagemann 2007, 140 ff; 170 ff; Colomer 2009; Jahn 2010; Meuser and Nagel 2009).

The second research question addresses the IO-level.

⁴ The case is defined, following Bennett, as “an instance of a class of events of interest to the investigator” (Bennett 2004, 20; for more on case selection and design see Blatter, Janning, and Wagemann 2007, 123 ff; Flick 2007, 158 ff; Lauth, Pickel, and Pickel 2009).

(2) Why is an IO facilitating increased third channel funding from governmental and non-governmental donors?

Here, the institutional and policy-related changes towards a growing pressure from inside and outside of the organisation, and the developments within an IO to facilitate additional funding are analysed. Therefore, it is necessary to identify a time frame in which institutional and policy-related changes and adaptations are visible. As the organisation is increasingly facilitating multi-bi funding over the last decades, it is necessary to observe the organisation analytically over a certain period of time. The analysis of significant moments identifies strategic choices and changes. Only the analysis of change over time can show how the organisation adapted to inner and outer pressures. These processes help to answer the second research question which aims to understand why the organisation is increasingly supporting the trust fund system. The changes are located at two levels, structural and policy-related, and are indicated through a difference in the number of and contributions to trust funds. It is also analysed how the IO changes towards the management and how it controls the trust fund system. Four points in time indicate organisational change: 1990 with a structural change, 2000/2002 with a policy-related change, 2004 with a structural change, and 2012/2013 with a policy-related as well as a structural change.

This combination of methodological approaches allows for the creation of a theory-driven explanation of the trust fund system from the two relevant perspectives. The result of this analysis is the development of the third channel model that takes both perspectives (donors/synchronic and IO/diachronic) into account. Therefore, the combination covers static and evolutionary elements of change.

The third research question deals with the sources and effects the organisational changes have on the World Bank.

(3) What are the sources for organisational change and the effects on the IO?

While the second research questions asks for the form of changes, this research questions examines the drivers for change and whether the changes are the result either from active internal changes of the organisation or changes that result from externally induced pressures. Furthermore, the third research question allows the examination of the effects

of the different pressures for change that lead to the current trust fund system of the World Bank.

The fourth research question analyses the implications of third channel funding on the actual health-related development aid projects.

(4) What implications does third channel funding have for global health governance?

Academic literature and the debates on health-related development aid argue that the quality of aid depends on improvements on two levels. On a structural level, approaches are necessary that limit aid fragmentation and competition among donors to improve aid efficiency. On a policy-related level, improvements in regard to sustainability and health system strengthening are necessary. This implies the hypothesis drawn from the literature that the more improvements in terms of global health governance on a structural and on a policy level are implemented, the better are the chances that global health governance faces less challenges and, as such, results in better health-related development aid. To operationalise *implications for global health governance*, certain categories are used as significant indicators. On a structural level, *high fragmentation of the aid system* and *strong competition among donors* indicate negative implications for global health governance. On a policy-related level *lacking aid effectiveness* and a *high share of vertical approaches* indicate negative implications for global health governance. For this analysis also a synchronic comparative approach is used that identifies positive and negative implications with data derived from the literature focussing on the years 2012 and 2013.

1.2 Data material and analytical approach

Besides academic literature, grey literature and databases on development aid financing are used. To support the arguments, this work additionally relies on data drawn from qualitative, semi-structured expert interviews with World Bank experts and practitioners from donor institutions.

Academic Literature

Academic literature specifically on third channel funding in health is very scarce and research on this issue has only been published more frequently in the last few years (see

for instance Sridhar and Woods 2013; Sridhar 2012b; Grépin and Sridhar 2012; Sridhar and Woods 2010). To be able to understand the success of third channel funding comprehensively, the work draws on literature on foreign aid, international organisations, and international development. The search for literature is structured through overarching category-building topics that are relevant for the research questions.⁵ The publications were then analysed through in-depth document analysis to extract the relevant information in regard to the research questions (Krumm et al. 2009, 327 f).⁶

Data reports and grey literature

This study mainly draws on data from the Organisation for Economic Co-operation and Development- Development Assistance Committee (OECD-DAC), the WHO and the World Bank (especially publications by its Independent Evaluation Group (IEG) and the Concessional Finance and Global Partnerships (CFP) department). The IEG report on the World Bank trust fund system serves as the most important source of data and analysis for this work, as it gives an overview of the benefits and challenges for the IO and also provides additional information from an internal organisational perspective that would otherwise be unavailable.

⁵ The following research category-building topics are mainly relevant: international governmental organisations, organizational change, donor influence, global health governance, development aid financing, health aid financing, multilateralism and bilateralism, multi-bilateralism, core-funding and non-core funding. All collected articles were pretested for usability to ensure that the information of the literature allows for the making of assumptions or provides useful information about the specific topics. The aim of this pretesting is to select the relevant literature that is able to provide information in order to answer the research questions. The literature was also tested in regards to whether it offers arguments on the different causalities and relationships between the variables. Often the articles provide information on actors, structures and processes within the field of research, and enable specification of the search for additional literature and information which is able to fill existing gaps. During the structured document analysis regarding academic literature, it became apparent that issues like global health governance, health aid financing and its debates and discourses are best covered by academic journals like *The Lancet*, *British Medical Journal*, *Global Health Policy*, *Health Policy and Planning* and others.

⁶ Regarding *research question one*, the following categories are most relevant: interest-driven foreign aid, reasons for bilateralism/multilateralism, control over resources, visibility, interests, power, efficiency/pooling of resources, trust in IOs, outsourcing of administrative and executive tasks, position towards the World Bank/IOs, donors' aim to enhance own development aid institutions, and health-related development aid policy of donors. Regarding *research question two*, the following categories for document analysis are most relevant: organizational change (structural and policy related), strategic acting of IOs, challenges and benefits of additional resources for IOs, donor influence, and health-related development aid policy of the World Bank. Regarding *research question three*, the following categories are most relevant: adaption to internal and/or external pressures, role of IOs in its international environment, effects of earmarking/multi-bi funding. Regarding *research question four*, the following categories are most relevant: fragmentation of aid system, competition among donors, donor coordination, quality of health-related development aid, sustainability through Health System Strengthening, and share of horizontal/vertical approaches, and health-related development aid policies.

Additionally, reports from widely noted and academically cited think tanks (for instance the Center for Global Development, CGD) and non-governmental organisations (NGOs) (for instance Global Health Watch) are used as a source of information. Similar to the proceedings with the academic literature, a structured document analysis provides the possibility to retrieve the relevant information regarding the research categories for the in-depth analysis.⁷

Interview material

As there is no satisfactory information about the policy processes, the decision making and the reasons for the increasing third channel funding towards the World Bank, it is necessary to collect additional data. The information has to be collected from experts that are either involved in the direct process, or have knowledge about the process of third channel funding of the World Bank. To obtain this information, expert interviews were conducted (Bogner, Littig, and Menz 2005; Flick 2007, 214 ff; for a detailed discussion on the role of experts see for instance Meuser and Nagel 2009).

The focus of this research is aimed at the internal knowledge of the experts. Therefore, a semi-structured questionnaire is chosen to structure the interviews.⁸ The semi-structured questionnaire also makes the statements of the interview partners comparable with each other, whilst leaving enough room for the experts to explain and evaluate complex processes (Flick 2007, 223). A semi-structured questionnaire aims at combining the benefits of a quantitative-oriented method (comparability, structured through the interviewer) with the qualitative-oriented method (in-depth explanations, flexibility, some structuring can be given through the interview partner) (Froschauer and Lueger 2003, 35).

Among the experts, two groups are most relevant for this work: those with *system-intern expertise* and those with *field-intern expertise* (Froschauer and Lueger 2003, 37).⁹ The *system-intern expertise* is provided by experts working directly at the World Bank, for

⁷ However, the use of this kind of material from think tanks and NGOs requires care and consideration. A critical examination of the authenticity and the correctness of the primary and secondary data material used for the study is necessary (Krumm et al. 2009, 328).

⁸ See *Annex 1* for questionnaires and *Annex 2* for the interview partners (anonymized list).

⁹ Froschauer and Lueger use the terminology “systeminterne Handlungsexpertise”, “feldinterne Reflexionsexpertise” and “externe Expertise”. For a better understanding these terms were translated by the author (Froschauer and Lueger 2003, 37 f).

instance in the Health, Nutrition and Population (HNP) department, the CFP department, or experts from the donors' institutions that are providing funding. These experts are directly involved in the policy processes of the trust fund management or funding. They are able to provide experience and implicit knowledge of the subject (Froschauer and Lueger 2003, 37). The *field-intern expertise* is provided by experts who have in-depth knowledge on the World Bank's management processes and policies in general and on the outer environment of the Bank within the global health governance structure. These experts obtain first and second hand experiences with the Bank and the donors and are able to evaluate internal and external processes of the wider environment of the trust fund system. Moreover, they are often able to provide a more relational, reflexive and abstract interpretation of the subject. This additional information is necessary regarding the in-depth description and further explanation of the case (Froschauer and Lueger 2003, 40). All interview partners belong to one of these two groups. Some former World Bank staff members provide both perspectives and some of the interview partners also account as having *external expertise*, as they additionally have further knowledge on the research subject and serve as providers of analytical evaluation (Flick 2007, 217 f; Froschauer and Lueger 2003, 38).

Overall, 14 interviews with 16 experts from the following institutions have been conducted: World Bank trust funds' staff members (Task Team Leaders and other decision makers), global health experts from American, British, and German universities and think tanks, staff members of the British Department for International Development (DFID) as well as the German Ministry of Economic Cooperation and Development (BMZ), and the German federal enterprise for international cooperation (GIZ). Every interview lasted between 40 and 60 minutes.

All interview partners agreed to the usage of the material provided that their anonymity was ensured.

Similar to the other data material, the interview material is analysed with a *structured content analysis* (Blatter, Janning, and Wagemann 2007, 74; Froschauer and Lueger 2003, 106). The content analysis is conducted by summarizing the material according to the categories, and finding representative definitions for the statements. This procedure is based on the summarizing approach of qualitative content analysis by Philipp Mayring (Mayring 1990, 54 ff, 2010). The method allows for the detection of not only the relevant

information that could also have been decoded with the document analysis method that provides a solely thematic examination (Froschauer and Lueger 2003, 107; 158 ff; Mayring 1990). The qualitative content analysis also allows for the identification of conflicting or congruent positions and arguments, and leaves room for interpretations from interviewees of the research subject (Albin 2001; see for instance the studies from Crawford 2002). It also enhances the understanding of the implicit knowledge within the text (Froschauer and Lueger 2003, 106; Krumm 2009, 302). The units of analysis for this work derive from the research categories that are already pre-structuring the analysis, and allow the comparability of the statements of the experts. According to the categories that are also used for the document analysis, the interview material is structured and the relevant information and the interviewees' interpretations and arguments are extracted. After the extraction of the information according to the categories, all statements of a specific category are collected, analysed, and compared with each other. This collection of statements then provides the body of additional material to the information already extracted from the literature (see also: Froschauer and Lueger 2003, 90; Krumm et al. 2009, 313; Mayring 1990, 56). Often, the most representative quote is selected to illustrate the statements and arguments of the experts. This procedure allows a replicable method (despite the limited number of interviews), and is able to reveal the relevant information while at the same time putting each interview into perspective with the others. As the statements of the experts are compared with each other, their validity can be assured as much as possible (method of context elaboration) (Froschauer and Lueger 2003, 88).

Summary of the analytical approach

To conclude, the following table sums up the methodological approach of this work.

Overarching research question: Why and how is third channel funding increasing and what implications does it have on global health governance?

Table 1: Analytical and methodological approach

Research-structuring questions	(1) Why do donors channel their health-related development aid resources through the third channel and why are they conducting their third channel funding differently in terms of core and non-core multi-bi funding?	(2) Why are IOs facilitating increased third channel funding from governmental and non-governmental donors?	(3) What are the sources for organisational change and the effects on the IO?	(4) What implications does third channel funding have on global health governance?
Research design	Synchronic most similar case study (UK/Germany)	Diachronic case study (World Bank)	Diachronic case study (World Bank)	Synchronic case study (Global health governance)
Purpose of research design	Analysis of the reasons for (different) third channel funding	Analysis of the organisational change at different critical events in time and evaluation of costs and benefits of the trust fund system for the Bank	Analysis of sources for organisational change and the effects on the organisational structure	Analysis of implications of third channel funding on global health governance
Body of data material	Academic literature, grey literature, data reports and data from semi-structured qualitative expert interviews			
Most relevant categories for analysis	Categories that stem from theoretical approach: Interest-driven foreign aid, reasons for bilateralism/multilateralism other categories: control over resources, visibility, interests, power, efficiency/pooling of resources, trust, outsourcing of administrative and executive tasks, position towards the World Bank, aim to enhance own development institutions.	Categories that stem from theoretical approach: organisational change (structural and policy related), strategic acting, role of IO in its environment	Categories that stem from theoretical approach: adaption to internal and/or external pressures, mechanisms of layering and conversion, role of IO in its environment Other categories: donor influence, effects of earmarking	Categories that stem from the structural level: fragmentation of aid system, competition among donors Categories for the policy-related level: aid effectiveness, share of horizontal/vertical approaches

Source: own compilation

This table shows that in order to answer the overarching research question with its four research-structuring questions different methodological approaches are necessary. With the in-depth structured qualitative document analysis and the qualitative content analysis of the interview material according to the research categories, this work provides a methodical approach that aims to understand and explain complex processes on various levels.

1.3 Structure of the thesis

As the research subject of the World Bank trust funds is a rather new and under-researched one, the first contribution of this work is to describe the phenomenon of third channel funding in detail. The *second chapter* discusses first the role of the World Bank in global health governance and then explains the trust fund system of the Bank with particular focus on the health-related trust funds. Trust funds can be either situated close to the core (BETFs and RETFs) or at the fringe of the organisation (FIFs). Their structural characteristics and differences towards the core-business of the Bank are explained in detail to gain a detailed picture of the research subject. Drawing on these empirical observations the research questions are elaborated in further detail.

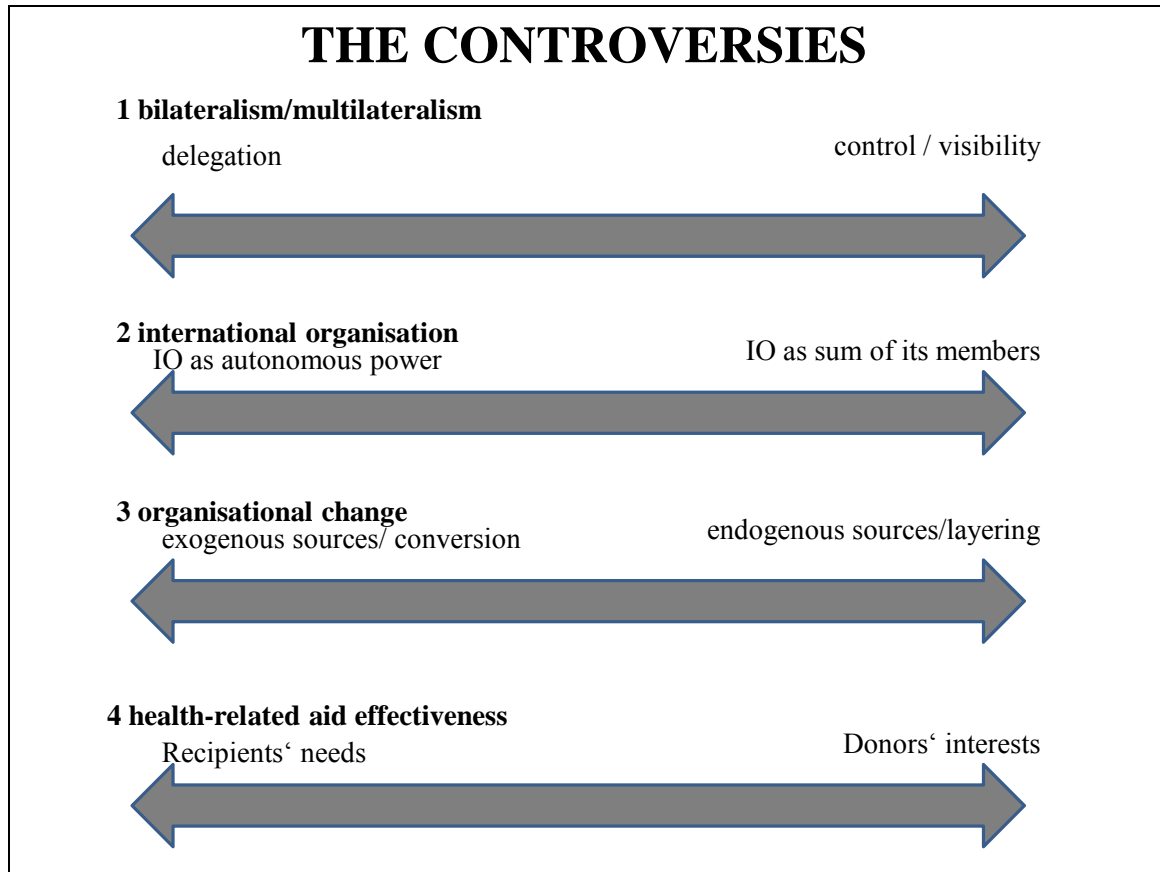
The *third chapter* fulfils a two-folded task. On the one hand it identifies the existing literature on the World Bank trust funds and presents academic knowledge on the role of the trust fund system. As the literature and academic knowledge on the particular subject is scarce, the scholarly literature on the WHO – the other important organisation in health that also receives multi-bi funding – is evaluated to use the insights on this similar case for this study.

The *fourth chapter* first discusses the existing theoretical approaches that appear suitable for explaining the third channel. Institutional and constructivist theoretical approaches provide a concept for finding theory-guided solutions for the debates around the role of IOs and the processes of organisational change. On basis of the empirical insights and the theoretical concepts the third channel funding of the World Bank in global health is analysed in four empirical chapters. Each chapter deals with one research question and its controversy deriving from the wider academic debates.

The controversies are established in the *chapters three* and *chapter four* as a frame for the research questions. The following graph illustrates the four controversies regarding

trust funds that this work addresses. The aim of this study is to localize the research subject of the third channel within each of these four controversies.

Figure 1: The controversies around the third channel



Source: own compilation

Controversy I

The scholarly literature on the financing of development aid reveals that with the two classic funding options of multilateral and bilateral development aid donors chose between the ability to obtain control and visibility over their resources (bilateral funding) and the possibility to save resources through pooling and to delegate administrative and organisational tasks towards a multilateral agent (multilateral funding) (*controversy I*). If one wants to find out the reasons for donors to provide multi-bi funding (*research question one: Why do donors channel their health-related development aid resources through the third channel and why are they conducting their third channel funding differently in terms of core and non-core multi-bi funding?*) one has to analyse what options third channel funding offers (and whether the option is similarly suitable for all

donors). The *fifth chapter* examines the reasons for donors to provide third channel funding in health. However, the biggest donors for trust funds show a very different funding pattern. Some are focussing more on funding of inner-core trust funds (BETFs and RETFs) supporting core-businesses of the Bank directly and some are focussing on outer-core trust funds (FIFs) that are only loosely attached to the Bank. Therefore, this chapter not only examines the incentives for third channel funding in general but also analyses the reasons for different funding patterns among donors. This donor analysis is conducted with a comparative case study of two big trust fund donors – the UK and Germany. The chapter finds that the reasons for their different funding patterns are due to their differences considering their position towards the World Bank and their different strategies to enhance their own development aid institutions.

Controversy II

Theoretical approaches on IOs have increased tremendously within the last decade, acknowledging increasingly that IOs are able to act on their own behalf proving their autonomous role in IR. However, many scholars still perceive of IOs – especially the World Bank – as highly dependent on their members mainly fulfilling the role of a platform for members' interests (*controversy II*). Looking at the discussions on the WHO and the multi-bi funding, the IO is often perceived as a victim of donors' pressure that is being undermined by earmarked funding. However, the World Bank has increased the trust fund system significantly within the last decades. Therefore, there is the assumption that the IO might also be actively fostering the trust fund system to strive for power and influence. The second controversy mirrors these theoretical debates around the role of the IO as an autonomous actor versus being a mere sum of its members and looks at whether third channel funding makes the IO into a more independent actor or not (*research question two: Why is an IO facilitating increased third channel funding from governmental and non-governmental donors?*). The *sixth chapter* examines the changes the World Bank undertook to manage the trust fund system and analyses the costs and benefits the trust fund system has for the World Bank. The trust fund system offers the Bank the opportunity to expand its role, obtain additional resources and get affiliated with high reputational projects such as the Global Fund. However, the third channel also bears risks for the Bank due to the high number of different funds, the high management costs, the risk that the increasing influence of donors is undermining the Bank's business, and

the risk of losing strategic alignment due to trust funds that aim for different goals than the general World Bank strategy.

Controversy III

The *controversy III* is closely related to the previous debate as it ranges around the question whether organisational change is the result of external or internal pressures. With the massive increase of the World Bank's trust fund system one has to be able to explain whether external sources of change (donors or international norms) or internal pressure (resulting from staff members and strategic decisions of the Bank's decision-makers) have led to this change (in form of massive growth of the trust fund system). Here, the academic literature differs regarding the possible powers that can lead to a change of the organisation as well as regarding the different effects the change can have on the organisation (*research question three: What are the sources for organisational change and the effects on the IO?*). The *seventh chapter* shows that the Bank is actively trying to increase the trust funds' benefits and limit their costs. The organisational changes that adapt to external and internal pressures lead to conversion and layering mechanisms. These mechanisms have led to a fundamental transformation of the organisation as such and the trust fund system in particular.

Controversy IV

The *controversy IV* in the academic literature that is connected to the research subject surrounds the debate on how to achieve health-related aid effectiveness. Still, health-related development aid mainly is conducted according to donors' development policies that often focus strongly on disease-specific projects. However, academia, health experts and recipients continuously call for a greater inclusion of recipients' interests and a more horizontal approach of health-related development aid that focuses on strengthening health systems (*research question four: What implications does third channel funding have for global health governance?*). The *eighth chapter* therefore looks at the third channel within its environment of global health governance. It analyses whether the third channel enforces or weakens processes such as fragmentation of health-related aid, the competition among donors, as well as aid effectiveness, and whether it is able to support the much called-for health system strengthening. This chapter evaluates whether the trust

fund system is able to answer recipients' needs or whether it is rather a tool for donors to push for their policy strategies.

The concluding chapter (*chapter nine*) then summarizes the findings and brings together the theory-guided empirical analyses in the third channel scheme that aims for explanatory power beyond this particular case study.

Coming back to the beginning of this chapter and the critical case of Ebola: this work's analysis of the third channel of the World Bank in global health governance serves as a contribution to the debate on how donor countries increasingly impose their interests on IOs and the question whether IOs are being increasingly forced to take the donors' interests into account.

In this study, I argue that the third channel in global health is a significant mechanism for development aid and serves the interests of donors and the IO alike. The World Bank is actively changing its institutional structures and policies to prevent external pressure as much as possible but at the same time benefits from external resources, increased influence and power. As the trust fund system largely serves the interests of donors and the World Bank, the recipients do not profit from the third channel funding as much as they should. Therefore the challenges in global health governance such as fragmentation of aid, failed aid effectiveness and deficient system strengthening approaches are not sufficiently addressed by third channel funding.

2 THE WORLD BANK'S TRUST FUND SYSTEM IN GLOBAL HEALTH

“Trust funds are a flexible arrangement that enables the World Bank Group to engage in a wide range of partnerships and leverage development assistance at the country, regional and global levels.”

(World Bank, Concessional Finance & Global Partnerships 2012a, 4)

The World Bank is the single largest recipient of multi-bi funding, with 1072 different trust funds and USD 29.2 billion held in trust in Fiscal Year 2012 (FY 12), followed by the World Food Programme (WFP) and the United Nations Development Programme (UNDP) ((World Bank, Concessional Finance & Global Partnerships 2013). The World Bank is also the largest recipient of health-related multi-bi funding among actors involved in global health. The multi-bi funding at the Bank is organized through a system of trust funds.

The aim of this chapter is to provide an understanding of the trust fund specifications and the differences of the various types of trust funds. First, it describes the general role of the World Bank in health-related development aid, showing that the World Bank is one of the biggest providers in global health governance. Then the trust fund system is described in general and in comparison to the general World Bank's health policy structure. After presenting the empirical facts around the trust fund system the terminology is further clarified.

The empirical description then provides an in-depth explanation of the specific decision-making processes and governance structures in the trust fund system and sheds light on the different types of trust funds that are to a different degree affiliated with the Bank with special attention to the health-related trust funds.

2.1 The World Bank's role in health-related development aid

In 1945, the World Bank was founded as a special organisation of the United Nations. The World Bank Group consists of five development institutions: the International Bank for Reconstruction and Development (IBRD), the International Development Association (IDA), the International Finance Corporation (IFC), the Multilateral Guarantee Agency (MIGA), and the International Centre for the Settlement of Investment Disputes (ICSID).¹⁰ The organisation is based in Washington D.C., USA. The World Bank consists of 188 member countries that are the shareholders of the World Bank Group and hold decision-making power. They are members of the governing process within the Boards of Governors and the Board of Directors (Marshall 2008; for more on the World Bank's governance see for instance World Bank 2011a). The general process of the World Bank's allocation and disbursement policy is organized as follows: donors pay in their contributions to the World Bank and the Bank "invests these resources in the international capital markets until funds are disbursed to final recipients for development projects" (Marshall 2008; World Bank, Concessional Finance & Global Partnerships, Vice Presidency no date, 3). The regular funding to the World Bank by governmental donors is either directed at the IDA or the IBRD institutions. The governmental donors contribute to the World Bank according to their financial capacities (according to GDP shares). The decision-making power is then distributed according to the stakeholder's shares (World Bank 2014a, 2014b).¹¹ Private actors, such as corporations, have the possibility to direct resources to the IFC (for more on the regular Bank business, see Marshall 2008).

In terms of resources, the World Bank is the biggest organisation in the development aid system, as it provided USD 65,6 billion in loans, credits and other investments to recipient countries in 2013 alone (World Bank 2014c, 3). The goal of the World Bank is to reduce poverty, to promote prosperity and to provide financial assistance for developing countries. The Bank provides financing, analysis, and policy advice to support recipient countries in their fight against poverty by supporting access to health care, and investing in education, infrastructure, water and sanitation.

In the 1970s, the World Bank increasingly started to focus on health-related issues. This engagement was expanded during the 1980s and 1990s, with the structural adjustment

¹⁰ The term World Bank is mostly referring to IBRD and IDA.

¹¹ With the IBRD and the IDA, the USA have the largest voting power among all states with a share of 15 % (IBRD) and 10.7% (IDA).

programmes (SAPs) that imposed conditions on the provision of loans and grants for developing countries (S. Davies 2010, 47; for critique on the SAPs see for instance: Fox and Brown 1998a; Lurie, Hintzen, and Lowe 1995). Since the beginning of the 21st century, the World Bank has renewed its engagement in poverty reduction and development. For example, it began to focus more on health-related issues due to the awareness that numerous diseases are directly related to poverty. This led to a strategy that simultaneously aims to fight against poverty and diseases.

This shift towards health resulted the World Bank becoming one of the biggest players in global health (Harman 2009; Lele et al. 2004; McCoy 2007; Ruger 2007). Health projects are financed according to the Bank's Health, Nutrition and Population (HNP) department's strategy, which is defined as:

“Strengthening health systems is at the center of the World Bank's global strategy for health, nutrition, and population. We don't focus on one disease or condition; we look at health as a whole: what is preventing people from being healthy, how we can change this, and what impact it will have on development” (Baeza et al. 2007; World Bank 2011b; World Bank, Independent Evaluation Group 2009).¹²

Concerning health programmes, the World Bank provides health packages, runs immunization campaigns, provides medical equipment and medical care, builds up infrastructure such as hospitals, and provides training for medical personnel.

As shortly described in the *first chapter*, the World Bank is similar to other IOs such as the WHO that are increasingly dependent on extra-budgetary resource allocations.

The share of this kind of multi-bi funding (or also called non-core funding) has seen a peak in 2008 and 2009 (37% and 40% of ODA), and the ODA channelled to and through multilateral organizations has also reached a historic high during that time. The OECD argues that the “underlying reason for this recent surge is a large increase in non-core funding to the multilaterals” (OECD 2011, 26), while core funding has decreased¹³.

¹² For an extended discussion on the World Banks health nutrition and population policy and role in global health please refer to (Birn and Dmitrienko 2005; Harman 2007; Kohlmorgen 2007; Pavignani 2000; Ruger 2007; Sridhar and Batniji 2008; Weaver 2007; World Bank, Independent Evaluation Group 2009; Yamey 2002a).

¹³ In overall development aid, Australia, Norway, Spain, and the United States provide the highest shares of non-core multilateral ODA to the multilateral organisations, ranging above the 29% average of all DAC donors. France, Greece and Germany are reported to have the lowest shares, but the DAC report assumes this is due to underreporting (OECD 2010, 14).

Within the last few decades, new financing mechanisms have evolved in the shadow of the World Bank in order to facilitate earmarked funding: trust funds. Their specific character and affiliation to the Bank is now explained in detail. This is necessary because their differences prove to be relevant for the analysis of the Bank, as the IO is involved to a different extent in the various trust funds. The specific characteristics and differences among the trust funds are also relevant for the donor-analysis and donors' decisions to pursue third channel funding.

2.2 The trust fund system and health-related trust funds

Trust funds are financing mechanisms for donor contributions that are, to varying degrees, affiliated to and administered by the World Bank. Currently, over 1000 funds exist, dealing with very different issues while having a country-specific, regional or global scope (World Bank 2008a, 2008b).¹⁴ The first trust fund was created in 1960 to co-finance the Indus Basin project (World Bank, Independent Evaluation Group 2011, 11).¹⁵

The Bank uses trust funds to complement to IDA and IBRD financing in order to mobilize and direct concessional resources to its strategic development priorities. Moreover, they are also used as a mechanism for new partnerships with other development actors (World Bank, Partnership and Trust Fund Policy Unit 2008, 1). Trust funds provide “a collaborative platform for partners that seek to magnify the reach and impact of their bilateral aid in contributing to the larger development agenda” (World Bank, Concessional Finance & Global Partnerships, Vice Presidency 2007, 1).

A typical trust fund is comprised of contributions from one or more donors to support development-related activities for certain beneficiaries. Trust funds provide financing support in various ways: investment purposes, co-financing to fill funding gaps, financing

¹⁴ Considering the information policy on the trust funds, the World Bank publishes an annual report on the trust funds indicating cash contributions, disbursements, and the yearly developments of the trust fund system. Since 2006 these reports are published in a single report, before that, the reports were included in the regular World Bank Annual Reports. Since 2009, every annual report receives a single audit that is attached to the report. Additional reporting on trust funds is available at the Donor Center (<http://clientconnection.worldbank.org>). It provides donors with information about their active trust fund portfolio and monthly reports. However, this site is available for registered donor institutions only. The pages World Bank Finances (<https://finances.worldbank.org>) and AidFlows (www.aidflows.org) also provide detailed data on the trust funds. This makes external research on donors, the amount of contributions, allocations of disbursements and objectives of supported projects very difficult. The 2003 established World Bank policy to enhance transparency, dissemination of information and promoting dialogue has not yet fully reached the full transparency regarding the trust funds.

¹⁵ The Indus Basin project is a water project launched by India and Pakistan also in 1960.

debt reduction, special assistance on grant or IDA terms for non-members who are not able to borrow from the bank, and financial support for post conflict/ post-disaster countries (World Bank, Partnership and Trust Fund Policy Unit 2008, 2 ff).

There are three different types of trust funds: Bank-executed trust funds (BETFs), Recipient-executed trust funds (RETFs) and Financial Intermediary Funds (FIFs).¹⁶ BETFs scale up the World Bank's advisory work and knowledge agenda, and "(t)he Bank manages the funds and implements or supervises the activities financed" (World Bank, Concessional Finance & Global Partnerships 2010b, 3). The trust funds can be provided by a single-donor, or they can be multi-donor funded (MDTF). For the BETFs, the projects and aims have to be tightly aligned with the Bank's strategies. They are handled similarly to the core of banking and financial services. The World Bank provides allocating, holding, disbursing, monitoring, and reporting on the funds. The Bank also holds decision-making authority pertaining to the use of the funds and may also provide more operational services and partnership support. So, BETFs are strongly linked to, and included in, the Bank's businesses and rules.

RETFs are used to scale up and co-finance the World Banks' IBRD/IDA projects and investments in recipient countries. RETFs are also the main instrument to finance investment in conflict-affected countries, where donor countries lack experience and staff. As they are treated like IBRD/IDA resources they are also affiliated closely to Bank's business.

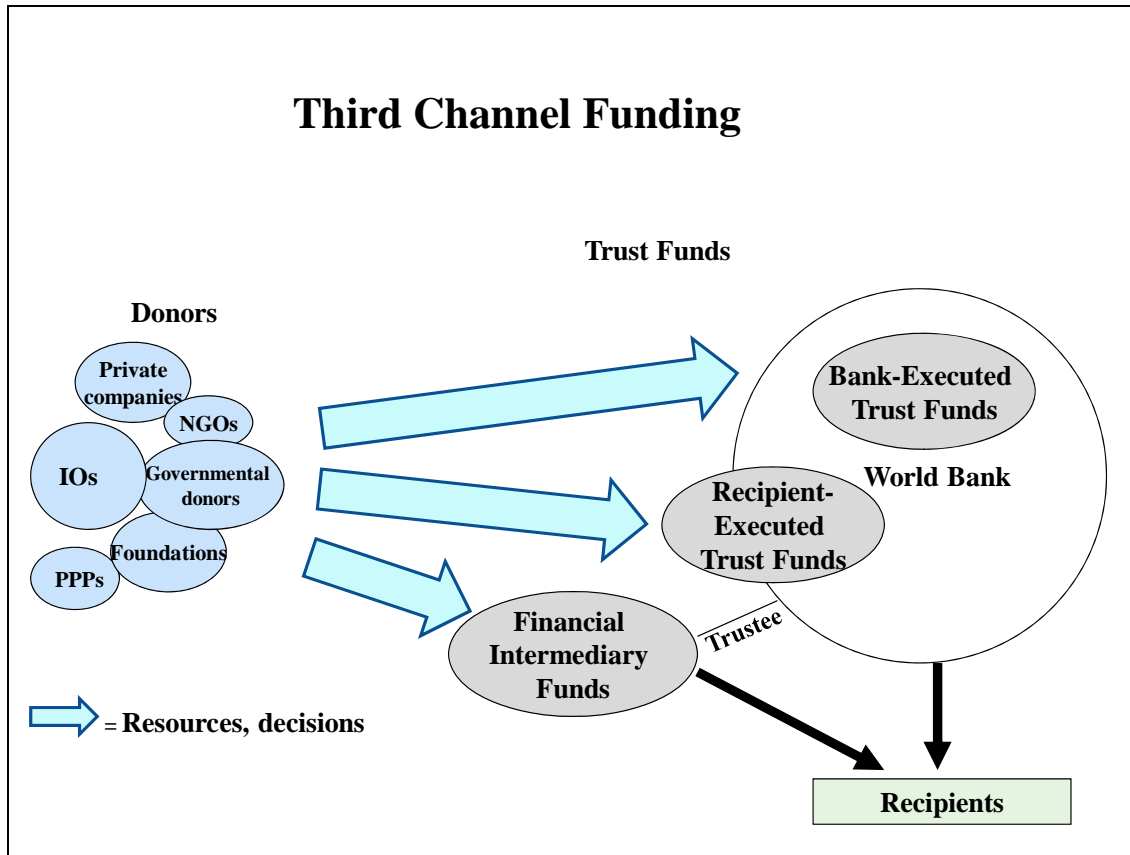
FIFs are different from BETFs and RETFs as they are not closely affiliated with the Bank's internal and external work and investment programme. For FIFs, the Bank only acts as financial intermediary and trustee to facilitate the flow of funds from donors to recipients (World Bank, Concessional Finance & Global Partnerships 2010b, 2 f, 2011c). The Bank may provide administrative services if requested.

In this work, the three types of trust funds are defined according to their degree of affiliation, which ranges from inner-core (BETFs), to close-to-core (RETFs) to non-core

¹⁶ Within the years 2002-2010 FIFs received the biggest share of contributions (53%) compared to IDA/IBRD trust funds (these are BETFs, RETFs and MIGA (Multilateral Guarantee Agency) trust funds) with 43% and the IFC (International Finance Corporation) trust funds with 4 % (World Bank, Independent Evaluation Group 2011, 15). As the share of the IFC trust funds and the MIGA trust funds (0.5%) is so little and the financing modes are very different from the BETFs, RETFs and FIFs, these trust funds are not part of this work's analysis. However, some reports include them in their data reporting without indicating their share separately.

(FIFs). Their respective specifications are explained in more detail in the forthcoming sections. The following table demonstrates the different locations of trust funds:

Figure 2: Third channel funding of the World Bank



Source: own compilation

In regards to the procedures within each of the trust funds, there is a general protocol for all trust funds and additional regulations that apply to each of the trust fund types:

“There is a common core of banking/financial services that applies to all, including receiving, holding, investing, disbursing and reporting on funds. Beyond that core, the Bank may provide operational services covering activity identification and then preparation and execution, or appraisal and supervision. It may also provide administrative services including program administration and donor partnership services” (World Bank, Partnership and Trust Fund Policy Unit 2008, 4 f).

The specific services that are provided are agreed between the donors of the trust funds.

The following section explains this work’s approach to understanding the trust funds as a third channel within the context of the mechanisms surrounding the structure of the trust fund system and the Bank’s core business.

2.3 The third channel and its differences towards core-business of the Bank

The funding of trust funds is defined as multi-bi funding, according to several organisations that increasingly use that terminology. However, as argued in the *first chapter*, this work defines the funding of World Bank trust funds as third channel funding, in order to fully include all trust funds in the definition.¹⁷ The terminology of the third channel is used, as it stands for a specific type of funding that is different from bilateral and multilateral funding, and includes earmarked funding to IOs, non-core funding to IOs and funding to financing mechanisms like the Global Fund and GAVI (that already cover a much delimited scope of issues). All these types of funding are argued to work with similar logics for donors and similar consequences for the IO, and together they form a third channel (next to the two channels of bilateral and multilateral funding).

When we look at the World Bank trust funds concerned with health issues, we see several differences in relation to the Bank's own Health, Nutrition and Population programme. Most of the trust funds are more donor specific, as the donors decide where the disbursements are spent. They are also open for non-World Bank members and private donors such as foundations and NGOs. In comparison, the HNP programme is quite recipient specific, clearly aims for health system strengthening and long term projects, provides money to governments that can apply for financial support for specific projects, and is directly under the control and management of the IDA and IBRD.

Therefore, the World Bank system offers two different mechanisms of health aid provision, the HNP programme and the trust funds (Baeza et al. 2007). The first is part of the annual contributions governments are obliged to provide according to their share in the Bank. The trust funds consist of voluntary additional contributions from donors.

To understand the differences between the third channel and the regular Bank's governance system, a general comparison of the World Bank system with the trust fund system is necessary. This comparison is pursued according to categories set up by Koremenos et al. (Koremenos, Lipson, and Snidal 2001, 771 ff) that help to differentiate the two structures from each other, and help understanding the different characteristics

¹⁷ For official data, this work has to rely on the general definitions made by the OECD and others that sometimes include financial mechanisms like the Global Fund into their calculations of multi-bi funding, and sometimes they define these institutions as multilateral organisations.

and governance structures of the programmes (see also *fourth chapter*). The comparison analyses the following categories: membership dimension, scope covered, centralization, control, and flexibility.

The *membership* dimension is supposed to give answers pertaining to who belongs to the institution and how membership is designed. Only governments can become members of the World Bank. With the foundation of the IFC, the World Bank has started to cooperate more closely with private sector actors. The third channel additionally allows the Bank to receive resources from non-governmental donors directly for its RETFs, BETFs and FIFs. Between the World Bank and the trust funds, there is a clear difference regarding the membership category.

The *scope* as defined by Koremenos et al. (2001, 771) stands for the issues that are covered by the institution. The World Bank has significantly changed its focus over time, and even within the field of global health, with its current emphasis on health system strengthening. The scope within the HNP is decided by the World Bank within its general HNP strategy and Country Assistance Strategies (CASs). The trust funds are created and the scope is decided according to the requests of the donors (or the Bank's proposal). These are more limited in scope and, as the table of health-related trust funds (see *ANNEX 4, health related trust funds*) shows, they are often disease-specific and cover a limited scope. Therefore, the third channel provides a specification tool for donors to specifically fund selected aspects within one sector.

Centralization deals with the scope of tasks that are performed by a single focal entity. Centralization in this sense does not mean centralized enforcement, but the dissemination of information, the reduction of bargaining and transaction costs, enforcement, control, and flexibility (Koremenos, Lipson, and Snidal 2001, 771).

In these dimensions lies the crucial point that is highly relevant for the World Bank/ third channel issue, as the centralization is very different in these two institutions. The centralization of World Bank decisions is embedded substantially in the Executive Board's rules and patterns. However, the centralization of the trust fund system is complex and makes it difficult for the Bank to secure information, monitoring and control in this complex system. This highly fragmented system has huge transaction costs for the Bank. These costs are the main reasons for several policy-related and institutional changes that have been made by the Bank to enhance alignment, manageability and control. Trust Funds provide a reduction of bargaining and transaction costs for donors.

The *control dimension* category investigates how collective decisions are made and how voting arrangements, rules for electing key officials, and the financing of the institution are designed (Koremenos, Lipson, and Snidal 2001, 771). The weighted votes at the World Bank have an important influence on the benefits member states can expect. These disproportionate votes can serve as a crucial factor for some governments to provide money to the third channel, as the weighted vote system limits changes and extended contributions by states, in addition to the defined proportional contributions. Therefore, the trust fund system offers opportunities to circumvent bank decision-making rules for extra-budgetary funds, as the third channel does not use the Bank's voting rules system. It is up to the donors (together with the Bank) to decide all aspects of the funds.

Flexibility refers to the scope of whether an institution is able to adapt to new circumstances and challenges with new rules and procedures. The authors differentiate between two kinds of flexibility: adaptive and transformative (Koremenos, Lipson, and Snidal 2001, 773). Preserving the whole institution from too much influence from external pressures is the goal of that adaptive arrangement. Here, the Bank adapts to outer pressure by transforming rules and installing the trust fund system to enable external demands. With the third channel, the Bank has a flexible means for answering donors' interests, and opens-up towards the private sector and non-governmental actors. At the same time, the flexibility of the trust fund system prevents the inner core to a certain degree from the need to adapt to outer pressure (this is further discussed in the *seventh chapter*).

In summary, with the World Bank's core governance and the third channel, the World Bank has two different mechanisms at its disposal that function in very different ways and pursue different goals in terms of design and scope of the projects funded.

2.4 Decision-making processes and responsibilities in the third channel

In accordance with the regulations of the specific trust funds, the Bank has decision-making authority on the use of the funds (BETFs and RETFs).

The trust fund management at the Bank is organised in seven Vice Presidential Units that administer the trust funds. These units are accountable for ensuring the Bank's responsibilities and authorities. They oversee whether the management and control structures are adequately maintained, and whether the implementation processes are correct (World Bank, Partnership and Trust Fund Policy Unit 2008, 9).

The Bank is responsible for overseeing the implementation of grant activities, assessing the alignment with grant objectives, and reporting on the use of the funds (World Bank, Partnership and Trust Fund Policy Unit 2008, 5). The investment management process involves certain stages of review and approval, as well as monitoring and control (the detailed process of investment management as well as investment objectives and strategies are explained here: World Bank, Concessional Finance & Global Partnerships 2010b, 6 ff).

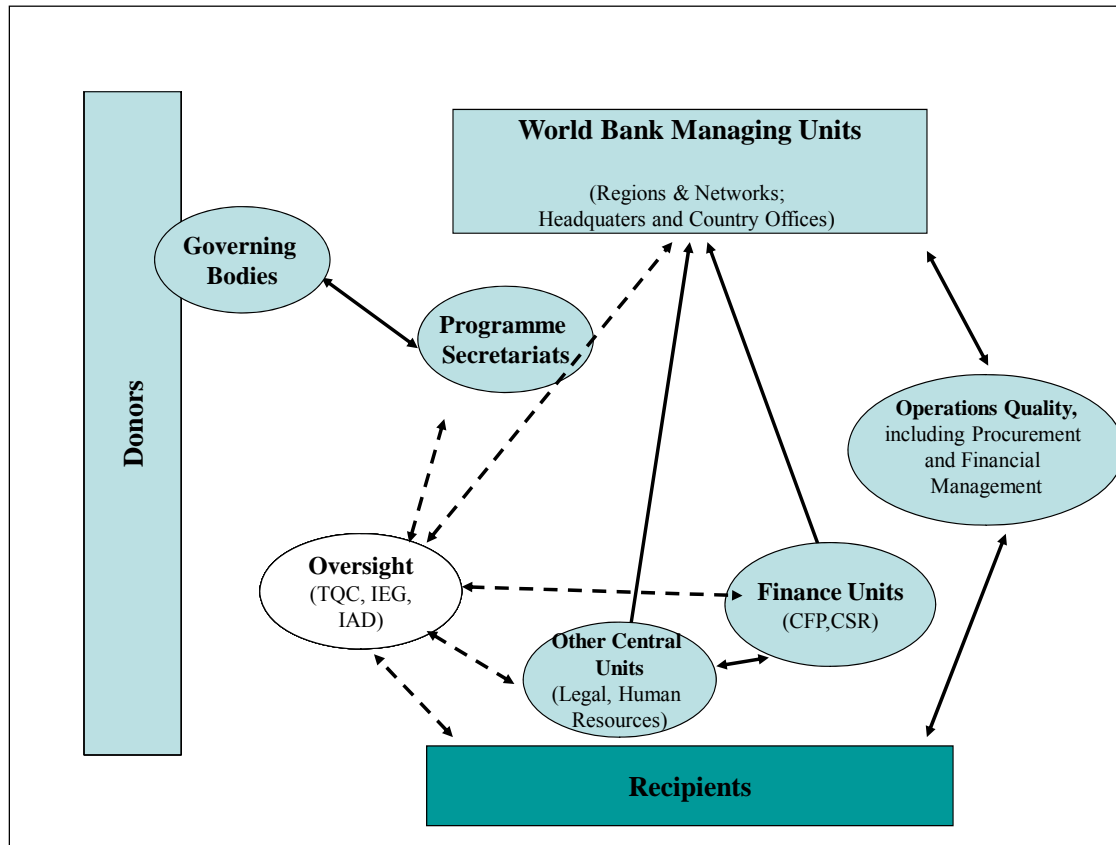
The individual trust funds are managed by the task team leaders (also called Trust Fund Program Managers) who regularly report to their supervisors. The task team leaders of the trust funds are financial specialists, or specialise in country or sectoral expertise, and also often work for the core Bank's business operations. The trust fund's task team leaders administer the grants and the allocations. They are responsible for the assignment of the resources that can be either subsidies, loans, administrative budgets, payments for project oversight, or other forms of financial support (World Bank, Concessional Finance & Global Partnerships 2010c, 6). They are not directly accountable to the expenditures, but they need to ensure that the trust funds are used appropriately. They are also not responsible for individual activities at the grant level. Therefore, their focus remains highly on the Bank and the allocations from the donors. As such, they have a heavy responsibility as it is their duty to oversee whether the funds are used correctly, and whether that usage is aligned with the overall strategies of the Bank. They are also "accountable for ensuring that the Bank's fiduciary responsibilities are met with respect to trust funds and his/her management" (World Bank, Partnership and Trust Fund Policy Unit 2008, 10).¹⁸

The following table explains the structure of the trust fund system and its integration in the World Bank's governance structure. The continuous lines mark direct relationships, the dashed lines mark indirect relationships between the units. The programme secretariats are responsible for the contact to the donor governments and work under direction of the World Bank managing units (as for instance the Health, Nutrition and Population Department or the regional departments). The World Bank's managing units

¹⁸ Some of the task team leaders were interviewed. Their invaluable information provides important insights in the trust fund governance processes.

(under direction of the Boards and the President) control the finance units, the operations' quality units, and other central entities.

Figure 3: Federated approach to trust fund management



Source: Adaptation from World Bank, Trust Fund Operations Department 2008, f. 9.

The most important department for the World Bank's administrative process regarding the trust fund system is the Concessional Finance & Global Partnerships Vice Presidency (CFP). It is responsible for mobilizing resources, for the relationships with the donors, for setting the funding agenda, and also for financial and risk management. This department is now explained in more detail in order to provide an informative example of the organisational processes.

Head of the Concessional Finance & Global Partnerships¹⁹ department is the Vice President who has an adviser, a Senior Communications Officer and a Chief

¹⁹ In 2014, the CFP has changed its name to Development Finance (DFi) and slightly changed its function: "DFi has moved from an exclusive focus on concessional finance to a broader focus on development finance. Our new approach is geared toward leveraging the financial resources and instruments of the entire World Bank Group to increase the pool and types of funding available to clients, particularly for

Administrative Officer. Three directors assist the Vice President: The Acting Director of the IDA Resources, the Director for Global Partnership & Trust Fund Operations Department (CFPTO), and the Director of the Multilateral Trusteeship & Innovative Financing Department. The Director of the CFPTO is supported by the Acting Manager of the Program Management with an administration, and by the Manager for Global Partnership & Trust Fund Policy. Together with the Director of the Financial Management Department (CFPFM), these positions are mainly responsible for the trust fund management processes. This organisational structure shows the complex system even within only one Vice Presidency, and allows for the conclusion to be drawn that the management of the trust fund system is a highly complex process with sometimes unclear responsibilities and division of tasks among the staff members. This also explains the attempt of the World Bank to align and simplify the trust fund system.

2.4.1 Bank executed trust funds (BETFs) and recipient executed trust funds (RETFs)

The BETFs and RETFs are mostly referred to as IBRD/IDA trust funds.²⁰ For them, the Bank provides financial management and implementation as well as oversight of the operational use. RETFs form the larger share of IBRD/IDA trust funds.

In FY 13, the cash contributions to IBRD/IDA trust funds dropped significantly from USD 4.4 billion in FY 12, to USD 3.5 billion. Over the past five years (FY 2008-2013), the UK has been the biggest contributor of IBRD/IDA trust funds (USD 3.5 billion), followed by the US (USD 2.8 billion) and the EU (USD 1.6 billion). Other top contributors are Norway and Australia (World Bank, Concessional Finance & Global Partnerships 2013, 27). 80% of the contributors to IBRD/IDA trust funds are governmental donors.

The disbursements to IBRD/IDA trust fund (RETFs, BETFs and International Finance Corporation (IFC) trust funds²¹) has remained quite stable in the last few years at around

transformative projects” (World Bank n.d.). However, throughout the research process, the management of trust funds has been taken place in the CFP/CFPTO department and this terminology will therefore be used in this work.

²⁰ Until 2008, IBRD/IDA trust funds data additionally include MIGA trust funds that only amount of 0.5 % of the total amount of funds held in trust and that are therefore not considered separately in this analysis.

²¹ The IFC trust funds are not part of the analysis as they only consist of a small share (4%) of the IBRD/IDA trust funds and work with different funding and allocation processes. Among the discussed trust funds only BETFs and RETFs are mentioned.

USD 4 billion. The largest IBRD/IDA trust fund disbursements in FY 13 went to the Afghanistan Reconstruction Trust Fund (USD 793 million), the Carbon Funds (USD 356 million) and the Global Partnership for Education Trust Fund (USD 332 million). Together, they account for 37% of the IBRD/IDA disbursements in FY 13 (World Bank, Concessional Finance & Global Partnerships 2013, 26).

BETFs form the smaller share of IBRD/IDA trust funds. They account for approx. 18% of total expenditures by the Bank. The BETFs are integrated in the Bank's core business in order to increase alignment and improve their management:

“To enhance management of BETF-funded activities, the planning and use of BETFs are increasingly being integrated with the Bank's resource management and budget process (World Bank, Concessional Finance & Global Partnerships 2010a, 19).

BETFs finance technical assistance for recipient countries and, most importantly, they support research projects within the Bank. They also provide implementation support and finance global knowledge products. Therefore, they enhance the Bank's advisory work and knowledge agenda. Additionally, they fund global and regional partnerships and associated programme secretariats in order to support the programmes directly. The BETFs support both Bank and recipient-executed projects, and provide a very broad spectrum of possible supporting options for donors (World Bank, Concessional Finance & Global Partnerships 2010a, 13). The BETFs are closely linked to the general Bank's budget. In FY 10, 56% of the Bank's external partnership and outreach activities were funded through BETFs, as well as 53% of the Bank's technical assistance, 16% of its supervision, and 28% of its country economic and sectoral work. The funding of the knowledge management of the Bank plays an important role as it is funded by BETFs with a share of 41% (World Bank, Concessional Finance & Global Partnerships 2010a, 20). This aspect is discussed in more detail in the *fifth chapter*. Overall, the BETFs are an important source of income to support the Bank's research and knowledge production:

“BETFs play a significant role in moving the Bank's expanding knowledge agenda by underwriting the preparation of important research studies, policy papers, and technical reports, as well as the dissemination of global knowledge and best practices (World Bank, Concessional Finance & Global Partnerships 2010a, 20).

RETFS provide financing for third-party recipients and are often co-financing IBRD/IDA projects, investments, and other initiatives. The projects are prepared and supervised by the Bank. RETFs are provided to the recipient countries under a grant agreement with the

Bank, and follow a similar procedure to the regular IDA/IBRD grant agreement procedures. They are increasingly integrated in the Country Assistance Strategies (CAS) of the recipient countries, and apply to the Bank's fiduciary and safeguard policies, its risk assessments, performance monitoring, and reporting system. The RETFs are particularly used for low-income countries, and serve as an important financing instrument for fragile and conflict-affected areas (World Bank, Concessional Finance & Global Partnerships 2010a, 16). The largest beneficiaries of RETFs are the Sub-Saharan Africa Region (32%) followed by East Asia and Pacific, South Asia, and Middle East and North Africa. In FY 10, 60% of RETFs went to IDA projects and 23% to IBRD projects. Health accounts for 13 % of RETF disbursements, while public administration and law amounts for the largest share with 32%, followed by education with 17% (World Bank, Concessional Finance & Global Partnerships 2010a, 18).

The projects of the RETFs are carried out by the recipient's agencies (which can also include civil society organisations) but are supervised by the Bank. Some trust funds additionally support recipient countries managing their debt repayments or other obligations.

The trust funds can either be set up by the Bank, who then searches for funding among the donors, or the donors themselves (through single donor or multi-donor initiatives are possible) ask the Bank to manage a trust fund for them. The Bank can then accept or refuse to include the trust fund in its portfolio. The decision whether a trust fund then works as a BETF or a RETF is decided by the Bank when funds are allocated to particular projects and activities, rather than when the contributions of the donors are received (World Bank, Concessional Finance & Global Partnerships 2010a, 13).

With the control and supervision of the funds falling under the responsibility of the Bank, the Bank upholds a great amount of control over these funds. With this direct impact on the trust funds, the BETFs and RETFs are defined as inner-core and close-to core trust funds. The BETFs, and especially those funds that support research and consultancy services within the Bank, are located in the inner-core of the Bank and the Bank benefits directly from these resources. The RETFs count as additional resources for the Bank to support its IDA/IBRD projects. With the responsibility for supervision and consultancy, the funds are still close to the Bank's general operational business. The RETFs still allow considerable influence for the Bank in terms of allocation, management, and

disbursement, but the direct influence on the implementation of the projects is rather limited. The recipients are managing the implementation themselves and, as such, the RETFs account for as only close-to core.

2.4.2 Financial intermediary funds (FIFs)

Many FIFs have been created in the context of large international conferences and summits like the G7/G8 or the G20 meetings. They account for the largest share of trust funds at the World Bank.

The Bank serves as a trustee for the FIFs. It is responsible for the disbursements of the funds that are going directly to the recipients on behalf of the governing entity of the FIF (in case it has its own governing entity as it is the case with the Global Fund). For FIFs like the Global Environmental Facility (GEF), the Bank transfers the funds to partner entities (mostly governments and their respective ministries) that then manage the funds themselves and transfer the funds to the recipients. The partner entities have their own regulations and procedures for disbursing and implementing. The partner entities are then accountable to the governing body of the FIF.

The FIFs have their own governance structures that also define the services provided by the Bank. The involvement of the Bank in each of the FIFs differs according to the specific FIF regulations. Usually the Bank provides:

“Management of donor pledges, commitments, and promissory notes; investment management of trust fund liquidity; resource transfer to designated recipients; and financial reporting” (World Bank, Concessional Finance & Global Partnerships 2010a, 25).

Sometimes the Bank also provides treasury services, hedging intermediation (such as the International Finance Facility for Immunisation (IFFIm)) and monetization of certified emission reductions. It may also provide administrative management and fund coordination through a secretariat staffed with Bank's personnel. In this case, the Bank obtains significant influence over the trust fund.

Therefore, the Bank's role can range from being only a trustee, to being trustee and implementing agency, to being trustee and managing the secretariat, and to being trustee, implementing agency and providing a secretariat. With these options, the Bank services range from basic financial to specifically customized financial management services. The Global Fund and the GAVI Trust Fund function with the least involvement of the Bank (trustee, basic financial management services), whereas the Adaptation Fund

(climate/environment-related FIF) is provided with the highest Bank involvement (with the Bank being trustee, implementing agency, and secretariat, as well as providing customized financial management services) (World Bank, Concessional Finance & Global Partnerships 2011b, 5).

The biggest role the Bank can play for all FIFs is during the time of creating the FIFs where it can offer its expertise:

“on governance structures, operational arrangements, financial structuring, fiduciary controls, and risk management” (World Bank, Concessional Finance & Global Partnerships 2010a, 25).

The FIFs mainly support the provision of global public goods with a focus on health (77%) and environment/climate change (16%). The health-related FIFs are mainly directed to IDA countries (78%) (World Bank, Concessional Finance & Global Partnerships 2010a, 27).

In FY 13, the Bank managed 22 FIFs with five FIFs in the health sector (see *ANNEX 5 FIFs*). Since 2006, the number of FIFs has more than doubled. The largest multi-donor trust fund among all FIFs is the Global Fund to Fight AIDS, Tuberculosis and Malaria that was created in 2002. Since its creation, it has received USD 26.0 billion in cumulative funding.²² The Bank serves as a fiscal agent. It manages donor contributions, liquidity and disbursements for the Global Fund, according to the direction of the Global Fund's secretariat. The second largest FIF in the health sector is the IFFIm/GAVI Fund Affiliate (GFA), which was created in 2006 and has accumulated USD 2.75 billion in cumulative funding. The GAVI Fund Trust Fund, created in 2007, has received USD 390 million and also works with minimum involvement of the Bank. The third largest Advance Market Commitment (AMC), created in 2009, has received USD 652 million. The African Program for Onchocerciasis Control II (APOC), created in 2001, has received USD 157 million in cumulative funding over the years (World Bank, Concessional Finance & Global Partnerships 2013, 44). The following table shows that the bank role remains least involved with the health-related FIFs, where it serves as a trustee only. The Bank services, however, may vary from basic services to enhanced and customized financial management.

²² The Global Fund mobilises resources from governmental and non-governmental donors to fight against the three major diseases HIV/Aids, Tuberculosis and Malaria by channelling resources to regions of need (Ethiopia, Nigeria, India, Tanzania, Democratic Republic of Congo, Zimbabwe, Rwanda, Uganda, Indonesia, China and others) (World Bank, Concessional Finance & Global Partnerships 2010a, 28).

Table 2: The Bank's involvement with FIFs

Bank roles (involvement ranging from low to high)	Trustee + IA + Secretariat	Haiti Reconstruction Fund (HRF) Debt Relief Trust Fund (DRTF) Global Agriculture and Food Security Program (GAFSP)	Clean Technology Fund (CTF) Strategic Climate Fund (SCF) Global Environment Facility (GEF) Least Developed Countries Fund (LDCF)	Adaptation Fund (AF)
	Trustee + Secretariat		Consultative Group on Agricultural Research (CGIAR)	
	Trustee + Implementing Agency	Guyana REDD-Plus Investment Fund (GRIF)		
	Trustee	Global Fund GAVI Trust Fund APOC		AMC IffIM/GFA
		Bank Financial Management Services	Additional Financial Management Services	Customized Financial Management Services
	Bank Services (involvement ranging from low to high)			

Source: Adaption from World Bank, Concessional Finance & Global Partnerships 2011b, 5.

Over the period from 2005-2010, the US have been the largest funder of FIFs (USD 4.5 billion) followed by Germany (USD 2.0 billion) and France (USD 1.9 billion). The biggest group of donors are sovereign governments followed by intergovernmental institutions (like the WHO, the EU and others), the World Bank Group itself, and private non-profit entities (such as foundations and NGOs) (World Bank, Concessional Finance & Global Partnerships 2012b, 32). Non-governmental donors contribute only 4% to the FIFs. New development partners such as the so-called BRICS (Brazil, Russia, India, China, South Africa) also play an increasing role (approx. 3% of all FIF contributions) (P. Davies 2010).

Apparently, the FIFs play an important role for the Bank, despite its limited options for influence on their policies and governance processes. Within the third channel definition, the FIFs are defined in this work as non-core third channel funding, as the Bank only serves as a trustee for them. The options for influencing the policies of the FIFs are limited to the possibility of offering expertise and consultancy.

The next section describes the growth of the whole trust fund system over the last decade in more detail.

2.4.3 The trust fund system: donor contributions and disbursements

The biggest ODA-donors all provide multi-bi funding through the World Bank with over 70% of all cash contributions in FY 11 (Concessional Finance & Global Partnerships, the World Bank Group 2012). This ratio shows that the World Bank trust funds are mainly financed by a small number of donors and serve primarily as financing channels for the established big donors.

In contrast to the regular budget of the World Bank, trust funds can additionally be funded by non-governmental actors such as NGOs, private business and foundations. This constitutes another attractive feature of these funds. The Gates Foundation is the biggest non-governmental contributor with contributions to FIFs (USD 552 million) and IBRD/IDA trust funds (USD 249 million) (Concessional Finance & Global Partnerships, the World Bank Group 2012, 6).

The following table provides information about the general increase of the BETFs, RETFs and FIFs. The cash contributions have been increasing (almost) continuously until 2010 and then levelled off:

Table 3: Contributions to World Bank trust funds (in USD billions)

	Cash contributions ²³	BETFs, RETFs	FIFs	number of active trust funds ²⁴
FY 2002	2.7			
FY 2003	3.9			
FY 2004	4.9			903
FY 2005	6.9			839
FY 2006	5.5	2.40	2.57	928
FY 2007	8.5	3.74	4.00	1014
FY 2008	9.8	4.01	3.99	806
FY 2009	8.1	3.65	4.50	811
FY 2010	10.3	4.34	6.00	828
FY 2011	9.96	3.86	6.10	799
FY 2012	11.6	4.40	7.20	774
FY 2013	10.5	3.50	7.00	740

Sources: Trust Fund Reports 2006-2012, and World Bank Group Finances data charts.²⁵

The table also shows that the number of trust funds has increased significantly over the years, growing up to 1075 trust funds overall (including IFC trust funds) in 2010, before the World Bank was able to terminate 122 BETFs and RETFs while only opening 94 new ones.

In fiscal year 2010, funds held in trust amounted to USD 26 billion (Concessional Finance & Global Partnerships, the World Bank Group 2010).

The next table sheds more light on BETFs and RETFs only, and also indicates the disbursements of the trust funds throughout the years. The amount of disbursements illustrates a difference compared to the contributions, as they are continuously increasing throughout the years.

²³ BETFs, RETFs and FIFs combined. Until 2008, the numbers also include the IFC funds, as separate data for IBRD/IDA trust funds is not available. MIGA trust funds are also included in the figures throughout the years but as they only account for approx. 0.5%, they are not specifically indicated in the data and in this work (World Bank, Global Partnership and Trust Fund Operations Department 2008, 4).

²⁴ BETFs, RETFs and FIFs only, as stated earlier, IFC funds are not included in these numbers (World Bank, Global Partnership and Trust Fund Operations Department 2008, 4).

²⁵ FY 02-06 data taken from Trust Fund Annual Report 2008, FY 07-08 data taken from Trust Fund Annual Report 2008, FY 08-12 data taken from Trust Fund Annual Report 2012, FY 09-13 data are added from Trust Fund Annual Report 2013.

Table 4: Contributions to and disbursements of BETFs and RETFs

Trust Fund Type	Fiscal Year	Cash Contributions to BETFs and RETFs (USD billions)	Disbursements (USD billions)
IBRD/IDA Trust Funds	FY06	2.40	1.87
IBRD/IDA Trust Funds	FY07	3.74	2.59
IBRD/IDA Trust Funds	FY08	4.01	3.28
IBRD/IDA Trust Funds	FY09	3.65	3.62
IBRD/IDA Trust Funds	FY10	4.34	3.69
IBRD/IDA Trust Funds	FY11	3.86	3.77
IBRD/IDA Trust Funds	FY12	4.40	4.30

Source: (World Bank Finances 2013b).

The following table presents the overall IBRD/IDA disbursements of the World Bank. It shows that IBRD/IDA trust funds form a significant share of World Bank disbursements and, as such, serve as an important source of distributable resources for the Bank. This table allows a direct comparison of the trust fund system with the general World Bank disbursements.

Table 5: IBRD/IDA disbursements

	FY08	FY09	FY10	FY11	FY12	FY13
IBRD Gross Disbursements (USD billions)	10.49	18.57	28.86	21.88	19.78	15.83
IDA Gross Disbursements (USD billions)	9.16	9.22	11.46	10.28	11.06	11.23

Source: World Bank Finances 2013a.

This comparison shows the size of the trust fund system. The general contributions to the World Bank account for approx. USD 30-35 billion, compared to approx. USD 10 billion contributions through the trust fund system. With the trust fund system, the World Bank needs to cope with a large, additional system with its own specific rules and regulations. In the chapter on the *sixth chapter*, the conflict of having additional resources at the disposal of the Bank, whilst also bearing the challenge of managing these sums, is further discussed.

2.4.4 Health-related trust funds

Among the trust funds, those concerned with health issues have seen a tremendous growth during the last few years and consist of almost half of all trust fund disbursements (World Bank, Global Partnership & Trust Fund Operations 2009, 6). The funds' disbursements for health have now nearly equalled the expenditures from the core Bank's health-related HNP programme and thus increasingly attract donors. Therefore, the health-related trust funds play an important role in global health governance (World Bank 2011b, 2011c). As aforementioned, the most prominent trust funds in health are the GAVI Alliance and the Global Fund (both FIFs), but there are numerous others such as the Avian and Human Influenza Facility (AHIF), the African Program for Onchocerciasis Control (OCP/APOC) (one of the trust funds that had already been created in the 1980s), the Booster Program for Malaria Control in Africa, and the Global HIV/AIDS Partnership (GAIDS) that count as BETFs and RETFs.

The following table shows a selection of the existing health-related trust funds within the period of 2007-2011.²⁶

²⁶ *Annex 5* provides further information on these particular trust funds including their donors, cash contributions and disbursements per FY, as well as further information on data availability.

Table 6: Selection of specifically health-related trust funds

Name of health-related trust fund²⁷	Type of trust fund²⁸
Advance Market Commitment (AMC)	FIF
Africa AIDS Prevention Initiative (AAPI) - Norwegian AIDS Trust Fund (NATF)	IBRD/IDA
African Program for Onchocerciasis Control (OCP/APOC)	FIF
Avian and Human Influenza Facility (AHIF)	IBRD/IDA
Bangladesh Health, Nutrition and Population Sector Multi-Donor Trust Fund (HNPSF)	IBRD/IDA
Booster Program for Malaria Control in Africa (BPMLRI)	IBRD/IDA
International Finance Facility for Immunization (IFFIm)/GAVI Fund Affiliate (GFA)	FIF
Global Alliance for Vaccines and Immunisation Fund Trust Fund (GAVI Fund)	FIF
Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM)	FIF
Global HIV/AIDS Partnership (GAIDS)	IBRD/IDA
Global Partnership for Disability and Development (GPDD)	IBRD/IDA
Global Partnership to Stop Tuberculosis (Stop TB)	IBRD/IDA
Global Program to Eradicate Poliomyelitis (GPEP)	IBRD/IDA
Health and Economic Development Program (HEDP)	IBRD/IDA
Health Insurance Challenge Fund (HICF)	IBRD/IDA
Health Results Innovation Trust Fund (HRI)	IBRD/IDA
International Health Partnership (IHP+)	IBRD/IDA
Pharmaceutical Governance Fund (PHGF)	IBRD/IDA
Polio Buy-Down Program (POLIO)	IBRD/IDA
Strengthening Human Resources for Health (HRH)	IBRD/IDA
Tropical Disease Research (TDR)	IBRD/IDA

Source: Directory of Programs Supported by Trust Funds, 2009, 2010 and 2012.

The presented trust funds vary highly in terms of size, scope and issues covered. With these trust funds and numerous others that also pursue health-related projects, the World Bank has a strong additional portfolio to strengthen its health programme and health strategy. With the famous and renowned Global Fund and the GAVI Alliance, the World Bank is involved in important new development aid mechanisms. The new creation of new trust funds like the IHP+, and its inclusion in the World Bank, illustrates the recognition of the rising role of the World Bank in health.

²⁷ This table only lists a selection of trust funds that are directly and solely related to health-issues. More health-related trust funds exist.

²⁸ No information is publicly available pertaining to whether they are BETFs or RETFs. The Directory of Programs Supported by Trust Funds and the Trust Fund Annual Reports only differentiate between IBRD/IDA trust funds and FIFs.

What becomes apparent from the empirical observations around the trust fund system are two major aspects needing further explanation. First, trust funds have been evolving as a significant mechanism for development aid financing at the World Bank (as well as in other institutions). Second, they seem to be a valuable means for the IO and the donors alike, otherwise they would not have grown so tremendously over the last decades.

The multi-bi terminology debate

Before establishing the research questions, the following section aims at providing an overview on the terminology debate around contributions to IOs that are targeted particularly towards a specific purpose. In the beginning of the research process on multi-bilateral or third channel funding in 2008/2009 no common terminology had been used to describe the phenomenon of earmarked funding to multilateral organisations (World Bank 2008b; World Bank, Concessional Finance & Global Partnerships, Vice Presidency 2007; World Bank, Global Partnership and Trust Fund Operations Department 2008; World Bank, Partnership and Trust Fund Policy Unit 2008). The distinction and classification of aid has either been bi- or multilateral (Hook 2008; Lancaster 2007; Maxwell 2005; McNeill and Clair 2009; Muvudi et al. 2011; OECD 2008; Reisen 2010; Sridhar 2009b).

If earmarked multilateral contributions were mentioned at all, they were mainly categorized as multilateral aid. Within the last years, though, the term multi-bilateral funding has been establishing as the common term for this funding modality, but also terms as non-core funding, voluntary funding, earmarked funding or multi-bi aid are used increasingly. According to the increased spending and attention, the yearly DAC reports on multilateral aid, for instance, have extended their reporting on multi-bi aid continuously (OECD 2008, 2010, 2011). From 2007 onwards, the DAC has begun to list multi-bi funding separately.

In the 2010 and 2011 report, multi-bilateralism was discussed in broader depth referring to an increasingly important phenomenon as “(e)armarked funding through multilateral organisations is growing faster than other components of ODA” (OECD 2011, 5). In the DAC report, multi-bilateral aid is described as a new and quickly growing phenomenon and points to the fact that it still heavily lacks reporting and long term prospects (OECD 2010, 14).

The report also states that the phenomenon of non-core funding is not only increasing in scope within the specific UN-organisations. Also other multilateral organisations like for

instance the EU have started accepting earmarked funding (OECD 2010, 14). Apparently, IOs increasingly try to benefit from this new funding trend.

The DAC established a distinction of multilateral ODA and divides two different modes of multilateralism: core and non-core multilateral ODA. Multilateral ODA is defined to serve as a core contribution, that aims at enhancing development and is directed towards “an international agency, institution or organisation whose members are governments, or a fund managed autonomously by such an agency” (OECD 2013, 1). The multilateral contributions also have to be pooled and therefore lose their particular identity and become an integral part of the agency’s budget. The DAC further defines earmarked contributions as being targeted to a specific “sector, theme, country, or region and channelled through a multilateral institution” (OECD 2013, 1). This funding is reported as bilateral ODA by the donors and in the DAC system is referred to as non-core multilateral ODA or multi-bi ODA.

This definition produces some problems however: as this work shows, multi-bi ODA is often understood by the donors as multilateral aid. Also the contributions to already very specific funds like the Global Fund do not serve as multi-bi funding in the DAC definition, as they account as core-funding to a multilateral agency that pools the resources. Agencies like the Global Fund, however, already account as earmarked funding from the donor’s perspective as the funding is directed to a particular sector, in the case of GAVI, for instance, the funding is directed towards a very specific part of the enhancement of health sector performance (for a similar argumentation see: Thalwitz 2013). Therefore, the DAC definition of multi-bi or the terminology of core- and non-core funding still have some definitional problems.

Within the UN system Timo Mahn (2012) argues that the definition is more blurry and less structured and even differs between the various UN organisations. He also stresses that there are differences in earmarking of funds as they can be very restrictive in their purpose but also account what he calls *soft earmarking* with contributions to a certain sector or theme, but not to a specific project (Mahn 2012, 1). To solve these blurry definitions, this work takes on a different approach by stating that this type of multi-bi funding also accounts for the funding of global funds as they all consist of extra-budgetary earmarked contributions by the donors and they all function according to the same logic. Therefore, the terminology of a third channel is used to describe multi-bi funding in a broader understanding to match the case of the World Bank.

3 REVIEWING THE RELEVANT SCHOLARLY CONTROVERSIES AROUND MULTI-BI FUNDING IN HEALTH-RELATED DEVELOPMENT AID

This chapter presents the relevant academic literature on the subject of World Bank trust funds in global health. It discusses the research fields that are touched by the overall research question: Why is third channel funding increasing and what implications does it have for global health governance?

The central problems that stem from the empirical observations are the following:

The previous chapter illustrated the difficulties to explain the trust fund system in regard to a profound terminology and in regard to a theory-driven explanation. Furthermore, there is no sufficient explanation why the trust fund system of the World Bank has been growing so significantly. We also do not know what implications the increased usage of trust funds has for health-related development aid and global health in general.

These problems are all embedded in academic debates that are discussing the role and character of IOs in IR, the reasons and forms of organizational change, the reasons for donors to provide development aid and the big debate in health-related development discourse on how to achieve aid effectiveness (according to the definition of the Paris Declaration).

After discussing the literature and academic knowledge that already exists on World Bank trust funds and the effects multi-bi funding has for the involved actors and processes, the research questions are elaborated further by linking them to their respective academic controversies.

3.1 Scholarly works on World Bank trust funds

With the earmarking options for multilateral funding, it is argued that IOs pave the way to receive more funding. In global health, the two biggest multilateral agencies, the WHO and the World Bank substantially rely on multi-bi contributions. The OECDs DAC Report on Multilateral Aid (OECD 2011) for instance analyses advantages and disadvantages of non-core multilateral aid.

The rare authors working on multi-bilateral funding argue that this funding mechanism has negative influences on the IOs (Fink 2014; Hanrieder 2014; Klingebiel 2013). Sridhar and Woods (2013) for instance argue that the policies of IOs are redirected through the

donors' influence and more vertical programmes are funded through multi-bi funding resulting in an undermining of the IO. This is what that they call "Trojan multilateralism". With their study on the WHO and the World Bank Sridhar and Woods elaborated the most important in-depth analysis on multi-bi funding and the effects it has on the IO in terms of policies and their governance structures. With a principal-agent approach, the authors manage to show the donors' interests in funding vertical funds through multilateral agents. The authors also show how the IO reacts to incentives generated from the outside of the organisation and is nevertheless able to uphold some degree of autonomy as it can benefit from superior knowledge. This study still mainly focuses on the WHO as information is better available than on the World Bank. The study does not provide explanations for the overall incentives to support and uphold trust funds. The terminology of *Trojan Multilateralism* focuses too much on the donors' side and neglects the actor-quality of the IO. Therefore the study is not able to fully explain the reasons for the IOs to enhance multi-bi funding mechanism.

What also exist are a few single case studies on certain trust funds. For instance, Sultan Barakat (2009) has analysed the *Afghanistan Reconstruction Trust Fund*. He shows that although trust funds seem theoretically and fundamentally sound they do not always fit to the donors' strategic goals. The author finds that the donors' priorities for setting up a trust fund actually limit aid effectiveness and enhanced coordination. They lack the opportunity for recipient involvement and sideline their engagement (Barakat 2009).

The debates around the rise of multi-bilateral funding

Similar to the developments of increasing shares of bilateral aid, a new way of funding multilateral organisations with earmarked funds has been growing significantly. Among the UN organisations, some are more affected by massive earmarked funding than others. For instance the Food and Agriculture Organisation (FAO) and the United Nations Development Programme (UNDP) heavily rely on voluntary contributions from willing donors, that often provide resources that are bound to certain sectors or countries (see for instance: Liese 2009a). Since the beginning of the millennium, donors have increasingly favoured multi-bi funding at the expense of traditional multilateral funding. Within these years, multi-bi aid has increased at a rate of approximately 1.5 – 2.0 percentage points annually (Grépin and Sridhar 2012, 3).

Other multilateral organisations like the EU have recently also started to accept earmarked funds to benefit from this new trend in funding (Michaelowa, Reinsberg, and Schneider 2013; OECD 2010). Katharina Michaelowa et al. argue in their paper that earmarking enables donors to circumvent slow and complicated multilateral processes and to increase the visibility of their resources to the domestic institutions. It is also argued that multi-bi funding reduces the options for the multilateral agency to pursue its policy programme as multi-bi funding is increasing transaction costs and reducing policy alignment within the IO. This loss of policy alignment then results in a possible loss of benefits for the donors (Michaelowa, Reinsberg, and Schneider 2013).

Erin Graham also examines the causes and consequences of voluntary funding among UN-organisations (Graham 2012) but misses to locate the earmarking within the landscape of multilateral/bilateral funding.

Stephan Klingebiel (2012) is one of the rare authors discussing multi-bi funding in development aid in more depth. He shows in his report that the distinction between bilateral and multilateral funding is increasingly difficult to make as multi-bi and other merged funding forms mushroom in development aid (Klingebiel 2012; Reisen 2010, 3). Klingebiel also provides the most up to date overview on the development and scope of multi-bi aid. He shows the massive increase in resources and options for multi-bi aid that IOs are providing for donors. He also shows that some donors provide more multi-bi than traditional multilateral resources as for instance Australia, Canada and the US. These donors have decreased their core funding to IOs to a large extent (Klingebiel 2014). Mahn provides an overview of multi-bi aid financing in development and argues that multi-bi aid fulfils similar functions for donors to bilateral contributions (Mahn 2012). He claims that the total *bilateralisation* of aid could be a possible future scenario as IOs, like the UN, give even more incentives for donors to provide these kind of resources. He claims that this development has a negative consequence for IOs. It diminishes their autonomy and ability to act. He suggests in his article that IOs should demand a minimum of core contributions, more cost-efficient management of multi-bi resources, more monitoring from the secretariats and commitments for at least three to five years (Mahn 2012, 1; see also the very recent publication from Sridhar et al. who call for more core funding for the WHO: Sridhar et al. 2014). Mahn defines four general problems related to multi-bi funding: the amount of resources varies as donors are allowed to provide resources to the UN-organisations for 12 months only. The usage of these resources is highly limited in

regard to their insertion as they have specific purposes that cannot be changed by the IO itself. Multi-bi funding is very costly for the IO and is not necessarily aligned with the mandate of the IO (Mahn 2012, 3). After assessing a subtle *bilateralisation* of multilateralism, he claims that multi-bi funding should only function as additional funds but not have the impact on IOs that it currently has. To change that development, he suggests five solutions: the quality of multi-bi funded projects has to improve, differentiated administration costs have to be directed at the donors, there should be a minimum of core-contributions to the IOs, the system should change towards long term commitments of resources and new financing mechanisms like a financial transaction tax or carbon dioxide tax could provide a stable and sustainable core-financing of the IOs (Mahn 2012, 4; see also Allen and Radev 2010; Michaelowa, Reinsberg, and Schneider 2013).

While research on multi-bi funding is scarce, practitioners and organisations began to discuss this important new financing mechanism. Together with the DAC reports on multilateral aid, the World Bank's Concessional Finance and Global Partnerships Department report on the aid architecture (World Bank, Concessional Finance & Global Partnerships, Vice Presidency 2008) is one of the publications from the IOs themselves who started referring to the new phenomenon of multi-bilateralism.

3.2 The WHO – development and challenges for the health organisation

As stated before, other IOs experience similar developments regarding the rise of multi-bilateral funding. It is therefore useful to take a look at the scholarly works on the WHO. As it is the second big IO in global health, works on the WHO are a fruitful additional source of possible explanations that can be made useful for the case of the World Bank. The WHO is the health related UN-organisation founded in 1948 with the aim to enable cooperation between states and enhance the health of all. The WHO was created to provide expertise on diseases and to serve as an advice-giving institution for its member states. The main purpose of the organisation is the setting of norms and the definition of health related goals on a global level. It also aims at enhancing documentation and availability of information regarding the outbreaks and management of specific diseases (WHO 2014a).

In the last decade a lively debate has emerged on the ability of the WHO to fulfil its leadership role in global health (Sridhar 2009a). Despite the democratic legitimacy and the specific purpose of the WHO, practitioners and scholars alike attest considerable problems and challenges. Several authors discuss whether the challenges even put the democratic legitimacy under pressure (Beigbeder 2012; Engelhardt 2012; Sridhar 2009a; Ulbert 2012; Yamey 2002b).

The first challenge that is discussed in the literature is that the WHO's performance lacks in quality and suffers from insufficient management. The huge bureaucracy and the problems resulting from the powerful regional offices that are able to impede and undermine decisions lead to an organisation that is only able to react slowly where quick decisions are necessary and life-saving (see also Beigbeder 2012; Hanrieder 2009, 2010; Kickbusch 2009; Kohlmorgen 2007; Legge 2012).

An evaluation from the UK's Department for International Development (DFID) of the WHO shows that the WHO is evaluated as providing only satisfactory results (DFID 2011f, 206). The organisational features are considered weak due to an unclear results chain and the DFID claims that the WHO confuses processes with outputs and does not follow-up on evaluations. The likelihood of positive change for the IO is perceived as uncertain as "(t)op management demonstrates the will to reform but progress is slow and needs to be fully supported by WHO's governing bodies and its semi-autonomous regional offices to be successful" (DFID 2011f, 206). This DFID evaluation mirrors the overall criticism on the WHO.

With the increased dependence on voluntary contributions, the WHO faces a second big challenge (Harmer 2012; an overview of the voluntary contributions to the WHO can be found here: WHO 2012). Similar to other organisations (see for instance on the Food and Agriculture Organisation of the United Nations (FAO): Liese 2009a) and as this work shows, similar to the World Bank, the WHO is increasingly confronted with the need to rely on the allocation of extra-budgetary resources. David Legge shows in his article that the compulsory contributions have not been increasing since the 1980s as they have been frozen. Assessed contributions as a proportion of source of income for the WHO have decreased from 80% in Fiscal Year 1978-1979 to only 25% in Fiscal Year 2010-2011 (Legge 2012, 1). The WHO is under pressure to fill a huge financial gap with voluntary resources not only from willing member states but from private actors like companies and

philanthropists. More than 90% of these voluntary contributions are earmarked and range between *highly flexible*, *medium flexible* and *specified contributions* (largest share belongs to the last category, where the WHO is strictly bound to the usage of the resources) (WHO 2011). Legge assigns the WHO a general increase in dependence and decentralization and claims that “WHO’s work is controlled by the donors rather than by its assembly of member states, distorting priorities and the coherence of its programmes” (Legge 2012, 6877). This shift of decision-making power and the direct funding of special programmes was justified by the donors with the lack of trust in the organisation and its management (Action for Global Health 2012; Italian Global Health Watch 2008).

Lars Kohlmorgen analyses the scope and impact of the earmarked resources showing the high dependence of the WHO from the willingness of the private sector to support specific initiatives (Kohlmorgen 2007). This dependence on extra-budgetary resources results in a limited ability for agenda setting (for the effects on the policy coherence see Legge 2012).

Kohlmorgen also finds a third challenge as that the WHO increasingly faces problems in raising money for sustainability programmes like Health Systems Strengthening and other structural programmes aiming for sustainable and long-term solutions while the financing of infectious diseases is abundant. Here, member states clearly show a prioritisation of financing disease specific approaches (Chow 2010; Stuckler et al. 2008).

The unpredictability of incoming resources and the lack of a coherent policy priority setting are perceived by scholars to be a problem for the WHO to maintain its reputation as being a continuous agent to enhance health for all. The dependence on private businesses and other non-governmental actors not only imposes a management problem for the WHO but also puts the democratic legitimacy into question (Gostin 2011; Hilson and McCoy 2009; Legge 2012; McCoy, Chand, and Sridhar 2009; McCoy and McGoey 2011). This dependence on additional budgetary resources leaves the organisation under high pressure from external actors and Yves Beigbeder argues convincingly that this fact limits the ability to lead for the WHO (Beigbeder 2012).

On the basis of these evaluations several authors elaborate suggestions how the WHO could enhance its management capacities and its lack of transparency regarding decision-making and its development (T. M. Brown, Cueto, and Fee 2006; Buse 2002; Buse and Wayman 2001; Gostin 2011). As a solution to the challenges, some scholars suggest to

increase the regular budget and to limit the areas of work by focussing only on some areas (Chow 2010; Gostin 2011; Legge 2012). Sridhar and Gostin just recently published a special issue of *Public Health* journal on the past, present and future of the WHO. The special issue discusses the challenges and prospective chances of the WHO to re-establish itself as the leading agency in health (Sridhar and Gostin 2014). One possible solution is suggested for instance by Remco van de Pas and Louise von Schaik who advocate for a stronger democratization of the public debate and the re-definition of health as a political and societal issue to enable the WHO to fulfil its constitutional goals (van de Pas and van Schaik 2014). Sridhar on the other hand suggests in a widely acknowledged article in *Nature* that the WHO should take a *bold step* and push for an international convention on alcohol control similar to its successful example of the implementation of the *Framework Convention for Tobacco Control* (Sridhar 2012a, 302). She claims that the IO should make more use of its norm setting function to strengthen its normative power and credibility.

This debate around the WHO's struggle with democratic legitimacy, leadership, lack of resources and earmarked voluntary contributions shows the pressure imposed on IOs in the health sector. However, apart from the article of Sridhar and Woods on *Trojan Multilateralism*, no in-depth analysis exists that is fully analyzing the costs but also the benefits the organisation might have from the voluntary contributions. Also the interests and motivations of member states and non-governmental actors to fund a presumably insufficiently managed and ineffective organisation are not analysed in detail. The high influence of external actors is only perceived as a challenge for the organisation. Whether that is really the case, remains questionable. The findings of the former mentioned scholars who analyse the WHO have useful possible explanatory quality for the effects of multi-bi funding for the organisation.

3.3 Research gaps in academic literature on the World Bank trust funds

The Trojan Multilateralism term suggests that the donors literally build the horse to undermine and influence the IOs but once they have entered the fortress, to remain in that metaphor, it is not clear why the IO had opened its doors and let the horse in, in the first

place. It is also not clear why the donors use the multi-bi funding mechanism to “enter” the IO. This means, we cannot explain why the organization is facilitating multi-bi funding and why it is interesting for donors to use this mechanism. These open questions touch four controversies in recent academic literature:

First, the issues touch debate on how and why donors are providing multi-bi aid (related to the first research question). Second, the question to what degree the IO is capable of acting strategically and whether it obtains autonomy or rather serves as a platform for its members. This controversy is linked to the second research question that aims at explaining the IOs reasons for facilitating increasing multi-bilateral funding. Third, the debate on how organizational change is happening and the driving forces for change (externally or internally induced). This debate is linked to the third research question that asks for the sources and the effects of organisational change. The debates in global health governance mark the fourth debate around donors’ interests and recipients’ needs and the question whether this multi-bi funding mechanism is beneficial for health-related aid effectiveness (aiming at answering the fourth research question).

These controversies are explained now in more detail to map the research field and embed the research questions in their wider academic debates.

The first section covers the academic debates around the first research question that asks why donors are channelling their health-related development aid resources through the third channel and why are they conducting their third channel funding differently in terms of core and non-core multi-bi funding. In the field of development aid, researchers increasingly note an increase of donor influence and strict control of their budgets that have various consequences on the design and implementation of development aid.

3.3.1 Controversy 1: delegation versus control in development aid

Development aid aims at increasing the economic and social well-being of people and it mostly directed at recipient states²⁹ that count as less- and least-developed countries. In development aid governmental donors play a vital role in the allocation and the

²⁹ “Recipient states” as well as “donor states” are currently also referred to as “partner countries” in order to stress the will to overcome the hierarchical structure between donors and recipients and to stress their relationship as being a partnership.

implementation of aid projects. Their aims have changed along with the international discourses on the aims of development aid in general. Currently, overall purposes of development aid are defined by the United Nations (UN)-Millennium Development Goals (MDGs) (whereof three out of eight goals are directly health related³⁰) and the followers of the Paris Declaration of Aid Effectiveness (henceforth the Paris Declaration).

The controversy evolving around an interest-driven development aid policy is ranging between the argument that donors delegate these tasks toward multilateral agencies to reduce administrative and management-related costs and the argument that they are increasingly stressing their bilateral development aid to better enhance control over resources and visibility of their contributions.

This section provides an overview of the current debates around the reasons for donors to provide development aid, their motives and their striving for more influence and effectiveness to make sure that their resources are spent as cost-efficiently as possible. It also clarifies the costs and benefits stated in the literature for the different financing channels of development aid (bilateral and multilateral).

Why are donors providing development aid?

Scholars with a realist perspective would argue “that aid is, indeed, primarily a tool of hard-headed diplomacy” (Lancaster 2007, 3). Marxists, Dependency theorists and representatives of Postmodernism would rather argue that it is a tool of western industrial states to dominate and control the developing world. Liberal institutionalists on the other hand would describe foreign aid as an “instrument or reflection of the tendency of states to cooperate in addressing problems of interdependence and globalization” (Lancaster 2007, 4). The reasons and motivations for foreign aid can therefore be identified on different levels. From the perspective of rational choice institutionalism, governments can be regarded as “rational actors pursuing their interests and following their preferences within political institutions, defined as structures of incentives” (Schmidt 2011, 47). Their actions are based on cost-benefit calculations. This understanding will be included in this work as donors will be regarded as actors that provide development aid on behalf of their interests and according to cost-effectiveness calculations. In the following, interests will

³⁰ MDG 4: Reduce child mortality MDG 5: Improve maternal health, MDG 6: Combat HIV/AIDS, Malaria and other diseases (United Nations 2000).

be defined as being influenced by several factors: norms, institutional structures and political processes.

Carol Lancaster (2007) identifies several motives behind the will to help. Her argumentation goes beyond classic modernization ideology (Rostow 1960, 2010). She shows the reasons behind the will to develop others: “Aid has been provided not only to promote growth and poverty reduction abroad. It has been and continues to be provided for a variety of purposes, on which development is only one” (Lancaster 2007, 2). She analyses different motives that either put an emphasis on development purposes or commercial purposes. She points out that there exists an

“international norm that the governments of rich countries should provide public, concessional resources to improve the human condition in poor countries. This norm can be observed in the discourse on aid, the distribution and use of aid, and the management of foreign aid in donor governments” (Lancaster 2007, 5).

The provision of foreign aid transports political symbols. It signals the will to help which is often mirrored in the amount of aid that is provided. So, the norm of helping poorer countries goes along with specific conditions and is highly reflective of the type of relationship between the donor and its recipient.

Several authors elaborate motivations and rationales for the provision of financial assistance. Steven Hook works out five different aims of aid: commercial, combating the spread of diseases, easing burden of international debt, emergency relief after natural disasters, and countering terrorism (Hook 2008, 87). These aims reflect donors’ preferences as well as the increased demands of developing countries. Lancaster identifies four main purposes of foreign aid: diplomatic, developmental, humanitarian relief, and commercial aid (Lancaster 2007, 13). John Degenbol-Martinussen and Poul Engberg-Pedersen provide similar yet slightly different motive criteria for foreign aid: they set up four motives and interests, national security, environmental, moral and humanitarian, and economic (Degenbol-Martinussen and Engberg-Pedersen 2003, 17).

Donor governments not only seek influence but also strive for visibility among the recipients, cost-effectiveness in terms of spending public resources and quality of aid as stated in the goals of the Paris Declaration on aid effectiveness (OECD 2005, 2011, 29; Sagasti 2005). This explains the rationale of donors to assign certain conditions to their

aid contributions (on conditionality in aid giving see for instance Nuscheler 2005; Schimmelfennig 2008).³¹

In health related foreign aid policy interests also account for the main driving forces. However, Devi Sridhar and Kate Smolina (Sridhar and Smolina 2012) have recently worked out that also some altruistic principles can be detected in health aid decision-making. These altruistic components of giving aid will be included in the category of aid norms. Providing care to the ill-health (besides the security aspect in health related development policy) has developed into a strong driving norm in current development aid policy.

In order to understand the motives behind certain aid decisions the domestic political dimension is regarded to be crucial (Milner 1997; Putnam 1988). Several domestic political decisions determine where, which form and how much aid is given. Numerous scholars have analysed the important influence of domestic politics and processes on donors' aid policies. They show that domestic political institutions and political parties play an important role in shaping foreign aid policy programmes (see for instance Lancaster 2007; Noël and Thérien 1995; Tingley 2010)³².

Foreign policy is, according to Kai Schellhorn (1986), mainly determined by domestic structures, decision makers and the international environment (Siedschlag et al. 2007). The outer environment of the donor state has to be taken into account not only in regard to the international institutions and rules but also in regard to general norms and ideas of political acting. Lancaster similarly identifies norms/ideas, institutions, interests and organisations (organisation is a "location within government of the tasks related to a major function or program of government, for example managing foreign policy or welfare programs" (Lancaster 2007, 22)) as the main determinants of foreign aid. Foreign aid is dependent on public expenditure. It is also subject to debate between organized groups that represent various interests and is periodically reviewed. As an example for domestic structures in foreign policy, Franz Nuscheler provides a helpful overview of the structures and actors within the domestic foreign aid policy network that is active in interest formation and policy execution (Nuscheler 2005, 435). For Germany, he

³¹ Since the so-called 'War on Terror' and the wars in Afghanistan and Iraq development policies have become increasingly donor-controlled as Ngaire Woods (2007) shows.

³² Lancaster shows six major decisions governments ought to make to form foreign aid: overall amount, chose recipient countries and organisations, amount aid aid for each of the recipients, purpose of aid, terms of aid and the percentage tied to purchase in the home market (Lancaster 2007, 17).

identifies several ministries; the parliament, lobby groups, media, international institutions and NGOs all influencing development policy of the Ministry for Economic Cooperation and Development (BMZ). He also shows that governments generally pursue a rather continuous foreign aid policy that draws on rather homogenous or at least not highly contested party political ideas and opinions (Nuscheler 2005, 436). Political culture as well as norms and ideas also affect the outcome of foreign policy decisions.

Summarizing the foreign aid policy aspect it becomes evident that foreign aid policy is first and foremost interest driven. Interests are being formed through domestic political processes, discourse, debates, pressure from domestic and international agencies and overall norms of foreign aid. These categories (norms, institutional structures and political processes as determinants of interest) will be regarded as the main categories for analysis. All these aspects result in country specific foreign policy programmes that are directed to specific regions, sectors and terms of aid.³³ Foreign aid policy can then be directed to specific countries (bilateral aid) or channelled through IOS (multilateral aid).

History of theoretical debates on aid giving

Since the end of the Second World War, first the USA and then also the European states have been involved in foreign aid by providing economic aid, humanitarian aid and disaster relief. In the 1950s, the classical theories of modernization lead to a mainly economic approach with its aim to industrialize countries following the assumption that a mere increase in Gross Domestic Product (GDP) leads to a better life for the whole population (for instance Rostow 2010). In the 1970ies the debate on structural dependences of the relationships between poor and rich countries arose. It became apparent that it is not the lacking will of poor countries to raise efficiency and profit but that the political, fiscal, and economic hegemonial power of the rich countries actively hinders development of the poor through exploiting trade agreements (for instance Frank 1969; Wallerstein 2008). With the human development approach by Amartya Sen (Sen 2008; Alkire and Deneulin 2009) the focus on economic development gave way to a debate in which human development and well-being also relies on health, education, human rights and other freedoms. With this shift of ideological focus, governments

³³ for a comprehensive study on German aid policy see for instance Nunnenkamp and Öhler 2011.

changed their way of providing development aid. Also the World Bank – for decades being criticized for its remaining strong economic understanding of development – has largely shifted its motives for development aid in the last years. It is now known for having been able to learn and change its policies and approaches (Pauly 2009; Woods 2000). Governments have been giving aid increasingly with the idea that it takes more than money for achieving development and therefore widened their programmes towards education, gender equality and health.

Among the aid donors a strong proliferation has been shaping the development aid landscape as numerous new actors have been emerging and new mechanisms for aid delivery and resource allocation have been created (Klingebiel 2012; Severino and Ray 2009; Zimmermann and Smith 2011).

With the initiation of the Millennium Development Goals (United Nations 2000) development aid in general has a new symbol that accounts for the common understanding of development issues that are being addressed by donors and recipients alike.

With the Paris Declaration on Aid Effectiveness and its follower conferences the awareness grew that the money should be spent as efficiently as possible (OECD 2005). The declarations show that the improvement of development aid is the main focus of current attempts within the development aid architecture. The declaration aims at improving ownership, alignment, harmonisation, managing for results and mutual accountability to make development aid more effective. Besides the most important aspect of the Paris Declaration, ownership, additional other aspects like the sustainability of projects came into focus of many aid approaches (OECD 2005). The financing and funding modes of development aid were on top of several agendas, as the discussion on whether to provide project or budget-support and to what extend receiving partners should be involved became increasingly controversial. The discourse revealed that the effectiveness of development aid that was provided was highly insufficient. The Paris Declaration brought attention to that nuisance. This critique is applying to all sectors but health in particular and is directed at governments, IOs and non-governmental actors as well as global funds (Bigsten and Tengstam 2014; G. W. Brown 2009; Faust and Messner 2007; Isenman and Shakow 2010; Martinez-Alvarez and Acharya 2012; World Bank, Independent Evaluation Group 2009).

Debate on the rationales for bilateralism and multilateralism

Depending on their interests, donors can choose from different channels to deliver foreign aid. Generally, donors use two different forms – multilateral and bilateral channels – to split their Official Development Assistance (ODA). Consequently the main body of literature on development aid is focused on this dichotomy of channels (Action for Global Health 2012; Hook 2008; Lancaster 2007; Maxwell 2005; McNeill and Clair 2009; Muvudi et al. 2011; OECD 2008; Reisen 2010; Sridhar 2009b). This section will now deal with the classic channels of bilateral and multilateral aid in order to explain the different motives that lie behind the two channels. This will serve as a base to explain the combination of both: multi-bi funding.

For donors, bilateral aid has the advantage that it can be distributed according to political priorities of their constituency. The donor behind bilateral aid is visible to the recipient countries and it is easier to retrace the sources of financial contributions, which in turn alleviates the process of monitoring and evaluating. However, bilateralism also has its disadvantages. Often, the small amounts of money do not achieve the targeted aims. The presence of numerous donors in one recipient country increases the risk of a doubling of similar projects or even conflicting approaches, which in turn contradicts the Paris Declaration goals of harmonizing aid (Buse, Hein, and Drager 2009; Muvudi et al. 2011). Multilateral organisations offer the opportunity to pool resources. Cost-efficiency, neutrality and the renowned legitimacy of a particular IO are the main reasons why donors provide multilateral aid (for a comprehensive analysis why states use IOs see for instance Abbott and Snidal 1998). The organisations' financial and expertise resources also play a vital role. IOs provide administrative staff, counselling, and the possibility to pool resources (OECD 2008, 2010, 11). Furthermore, donors have to rely on IOs if they do not possess their own institutions that are able to implement certain tasks (Schmidt 2011). Multilateral organisations are argued to respond faster and with increasingly flexibility to events as the economic crisis of 2007 (OECD 2010). Last but not least, there is international normative pressure for governments to pursue multilateralism in order to prove their ability and willingness for cooperation (Lancaster 2007).

Cooperating with IOs can also be disadvantageous for governments, as they have to compromise and might face losses of influence and power struggles. These agencies often produce higher absolute costs instead of limiting costs through cooperation. Moreover, they are said to lack transparency and accountability. As funding provided to the core of

multilateral organisations is pooled before reaching recipient countries, visibility of the donor's assistance is consequently reduced. Despite the organisation's investments in monitoring and evaluation, many donors tend to perceive of multilateral aid as not sufficiently effective (OECD 2010).

Together with the effectiveness debate, countries increasingly came under pressure to justify their expenses for development aid and therefore increasingly strived for tight control over their resource flows (Beasley, Kaarbo, and Lantis 2012; Lancaster 2007; Milner 1997; Noël and Thérien 1995; Petermann 2013; Tingley 2010).³⁴ Ryan Beasley et al. (2012) define societal groups, governmental organisations, and leaders as such as the most important forces of pressure from the domestic level (Beasley, Kaarbo, and Lantis 2012; for determining forces of foreign aid see also Hoeffler and Outram 2011; for a general introduction into motivations of foreign aid see for instance Lancaster 2007; Milner and Tingley 2013). In regard to global health, Devi Sridhar and Kate Smolina (2012) work out the motives of foreign health aid, finding a combination of national self-interests and some altruistic behaviour as the main motivations for health aid provision (see also *chapter five*).

The debate around the effectiveness of development aid spending and the financial crisis that made control of the contributions even more necessary is argued to have lead to an increase of the share of bilateral aid (Dietrich 2013; Grépin and Sridhar 2012; McCoy, Chand, and Sridhar 2009). However, the bilateral aid that is provided by governmental donors is increasingly tied to certain conditions (OECD 2012b).³⁵ At the same time the

³⁴ The international financial crisis has increased this pressure for justification even more and resulted in a decrease of donor contributions for development aid (OECD 2012b). The goal of spending 0.7% of a country's GDP is constantly being stressed but constraints have been added as the financial crisis has served as an obstacle to increase funding. It is argued that the financial crisis forces governments to strictly oversee and tighten their budgets also in regard to development expenditures (Grépin and Sridhar 2012; Kay and Williams 2009; Leach-Kemon et al. 2011; Lewis and Verhoeven 2010; WHO 2009b). The DAC contributions in 2007 have seen an all year low and also the years 2011 and 2012 have seen a decrease in real terms net-disbursements. The OECD-DAC additionally observes a shift away from the poorest countries towards middle-income countries (OECD 2012b). Surprisingly, in 2013, the ODA numbers reached an all-time high despite the ongoing financial problems of some donor governments (OECD 2014).

³⁵ For instance tied aid credits need to be spent for services and goods of the donor country. In its 2005 report, the OECD estimated that only 42% of bilateral aid is untied (Manning 2006a). The Center for Global Development has established an index system to evaluate donor performance in aid by also taking into account the tying of aid. The tying of aid receives a penalty in the donor's evaluation while, for instance, the favouring of poorer countries receives positive credits (Roodman 2009).

share of multilateral disbursements is declining, despite the fact that the Paris Declaration promotes multilateralism and enhances donor coordination (Glassman 2012).

In summary, the reasons to provide bilateral aid are to maintain control over resources and policy foci. Multilateral aid has benefits due to its pooling of resources and the outsourcing of administrative and executive tasks. In the *seventh chapter* these insights will help to explain the underlying rationales of performing funding through multi-bi channels for donors. Multi-bi funding will prove to combine the benefits of the two financing channels especially for donors.

Regarding the reasons for multilateralism the most important factors are considered by the academic literature to be cost-reduction through delegation and the need for cooperation to achieve certain ends (Abbott and Snidal 1998). For more analyses on the differences and different motives of bilateral and multilateral aid see chapter five and (Alesina and Dollar 2000; Alesina, and Weder 2002; Berthélemy 2006; Burnside and Dollar 2000; Carbone 2007; Dunning 2004; Hook 1995, 2008; M. M. Lyne, Nielson, and Tierney 2006; M. Lyne, Nielson, and Tierney 2009; Maizels and Nissanke 1984; Milner and Tingley 2013; Neumayer 2003, 2003; Schraeder, Hook, and Taylor 1998; Tingley 2010).

While the main body of literature on development aid also refers to the long established dichotomy of bilateral and multilateral aid (Action for Global Health 2012; Hook 2008; Lancaster 2007; Maxwell 2005; McNeill and Clair 2009; Muvudi et al. 2011; OECD 2008, 2012b; Reisen 2010; Sridhar 2009b) several authors and organisations acknowledge the growing significance of multi-bi funding. To understand the rationales of multi-bi funding one has to understand the controversy around the costs and benefits of bilateralism and multilateralism that ranges between the need for delegation of tasks and international collaboration and the importance of own policy interests as well as visibility of the donor's development aid.

Figure 4: Controversy I



3.3.2 Controversy 2: the role and character of international organisations

The most influential strand of theoretical literature in IR that also focuses, besides foreign policy and international relations between states, on the character of international organisations is liberal institutionalism³⁶ (Keohane 1984; Keohane and Martin 1995) together with new institutionalist approaches like historical institutionalism, rational choice institutionalism, actor-centered institutionalism, sociological institutionalism and others (Keohane and Nye 2001; Lowndes and Roberts 2013; Mayntz and Scharpf 1995; Pierson 2004; Scharpf 2000). They all regard international organisations as platforms for cooperation and as an option for governments to realise their interests. These theory-building debates are relevant for this work as they clarify the existing definitions of IOs and enable to elaborate an understanding of the role of the World Bank and its opportunities to act strategically.

In recent years, a lively debate has been emerging on the theorizing of international organisations. Within the context of the new institutionalist approaches, other influential works with a principal-agent approach followed the liberal institutionalist approaches that tried to analyse IOs with a new more autonomous perspective (Koremenos, Lipson, and Snidal 2001; Nielson and Tierney 2003 and others). These authors define IOs as autonomous actors within their environment as for instance Daniel Nielson and Michael Tierney formulate (Nielson and Tierney 2003). The authors claim that IOs are like “global Frankensteins terrorizing (or more often benefitting) the international countryside. Once [IOs] have been created, they take on a life of their own and are largely beyond the control of their creators” (Nielson and Tierney 2003, 244–245).

As a consequence of this argument, rationalist as well as constructivist scholars increasingly recognize that organisations are more than the sum of their members and that IOs have some degree of autonomy that enables them to act. What remains to be debated is the question where the pressure for their behaviour is resulting from.

The first widely acknowledged work that pushed this debate is Kenneth W. Abbott and Duncan Snidal article on “Why States Act Through Formal International Organisations” (Abbott and Snidal 1998). It raises the question whether ideas or material factors

³⁶ A profound overview of actual scholarly debates around IOs is provided by Volker Rittberger et al. (Rittberger, Zangl, and Kruck 2013) but also by Klaus Dingwerth et al. (Dingwerth, Kerwer, and Nölke 2009) and others (Carlsnaes, Risse, and Simmons 2002; Diehl and Frederking 2010; Hasenclever, Wolf, and Zürn 2007; Hurd 2013; Rittberger, Staisch, and Zangl 2012; Rittberger and Zangl 2006; Simmons and Martin 2002).

determine behaviour and whether the momentum of acting is resulting from pressures from the inside the organisation or from its outer environment. These questions are also discussed by other authors, however with a stronger focus on the role of norms around and within IOs (Barnett and Finnemore 2004; Leiteritz and Moschella 2010; Mahoney and Thelen 2010b; Meyer and Rowan 1977; Nielson, Tierney, and Weaver 2006; Streeck and Thelen 2005a; Weaver 2007). The focus on norms within the organisational context and the analysis of their diffusion and ability to lead to change builds on more general literature on norms in IR (Bernstein 2001; Guzzini 2000; Risse 2002; Wendt 1992, 1998; Wiener 2007).

Building on this set of constructivist arguments, Nitsan Chorev (2012) contributes with her work on the WHO to the body of literature that combines rational-choice perspectives with constructivist approaches (Chorev 2012). She shows that when the IO's legitimacy is threatened, the organisation is able to find solutions to protect its goals and preferences (Chorev 2012, 28). The organisation is able to act strategically. The author adds to a string of literature focusing on autonomous organisational action under conditions of existing external or internal pressures and on IOs as agents in IR (Barnett and Coleman 2005; Weaver 2008). The result of this process is that the IO's policies are only partially adapted to external demands, due to the IO's ability to pursue an independent agenda and protect its preferences (Chorev 2012, 2; 12).

Contrary to the assumption that only member states shape IOs, scholars increasingly analyse the power and influence of the organisation's administration and the role staff members play (Barnett and Finnemore 2004; Chorev 2012; Liese and Weinlich 2006; Park and Vetterlein 2010). Rittberger et al. (Rittberger, Zangl, and Kruck 2013) provide a more general explanation of the processes of conversion within an organisation that transforms inputs into organisational outputs. Liese and Weinlich (2006) also discuss the dynamic processes within administrations of international organisations.

Regarding the theoretical literature on the World Bank, the first strand of theoretical IO literature represents the assumption that the Bank is merely the sum of its members and that the most powerful members predict the acting of the IO to a significant degree. The primacy of powerful member states leads to the assumption that especially the US dominate the World Bank (Babb and Buira 2005, 73; Buira 2003; Hawkins et al. 2006;

Woods 2006). This strand of literature often perceives the World Bank as the result of globalisation processes. These authors claim that its main purpose is to maintain the hegemonic power of the capitalist Western system (Bøås and McNeill 2004; Goldman 2005; Moore 2007).

A second strand of literature describes the World Bank as relatively autonomous and ascribes the IO some flexibility to interpret its mandate strategically (Barnett and Finnemore 2004; Weaver 2008).

The book “Owning Development: Creating Policy Norms in the IMF and the World Bank” by Susan Park and Antje Vetterlein (2010) is one example of a third strand of literature. This strand examines the sources of influence and mechanisms of change by combining rationalist principal-agent theories with constructivist perspectives. From a constructivist perspective, the work asks how normative change within the organisations happens and how ideas find their way into the organisation. The rationalist perspective allows the analysis of how the actors inside and outside the organisation take up these ideas and strategically transform them into policies. As shown in the previous section on theoretical approaches towards IOs in general, the work of Barnett and Finnemore (Barnett and Finnemore 2004) also takes on this combining approach towards the analysis of IOs.³⁷

The following figure demonstrates the controversy regarding the role and character of IOs. Like the following figures, it serves as a base for the theoretical conception and the analysis of the third channel in World Bank’s global health policy.

³⁷ These general concepts on IOs are similar to the works of Streeck and Thelen (Streeck and Thelen 2005a) and James Mahoney and Thelen (Mahoney and Thelen 2010b). These approaches are examined in further detail in the *fourth chapter* as they function as the basis of this work's theoretical approach. More empirical work on the World Bank often focuses on the organisations’ effectiveness and the needed institutional and policy related reforms (Buiru 2003; Paloni and Zanardi 2006; Pincus and Winters 2002; Ritzen 2005; Woods 2006). The Global Governance Journal has one whole issue dedicated to the World Bank and global governance mechanisms (G. W. Brown 2009; Dethier 2007; Harman 2007; Park 2007; Rao and Woolcock 2007; Ritzen 2007; Vetterlein 2007; Weaver 2007; Weaver and Park 2007). Despite the interesting discussions on the role of the World Bank in global governance, no particular discussion or analysis on its trust fund system or the health sector is available in this publication. Furthermore, it is frequently discussed how limited the options for change are for the organisation (and the IMF alike) and what kind of improvements would still be necessary (Birdsall and Center for Global Development 2006; Vines and Gilbert 2009).

Figure 5: Controversy II

Controversy 2: International Organisation



Source: own compilation

3.3.3 Controversy 3: organisational change

With the perspective that takes rationalist and constructivist approaches into account at the same time, scholars are able to analyse interests, and material resources (including financial but also power-related resources). They can explain IO behaviour and its ability to change. The question is whether, how (abrupt/incremental) and why these changes occur: due to pressure to adapt to their outer environment or due to internal pressures. Therefore, this debate is mirrored in research question two.

Susan Park and Antje Vetterlein focus on the change of policy norms with a combination of largely constructivist arguments with rationalist approaches. They analyse how norms emerge, get integrated in the organisational policies, and how they can decline at the end of the norm changing process (Park and Vetterlein 2010, 5).

Chorev's work on the WHO takes a similar approach regarding the understanding of the IO and elaborates specific factors that lead to change. She finds that

“(t)he ability of international organisations to pursue these goals, however is bounded by their dependence on exogenous actors, particularly member states, for funds (resource dependence), majority of votes (procedural dependence), and legitimacy (normative dependence)” (Chorev 2012, 22).

The theoretical scope of this work builds on her fruitful insights on the WHO and is elaborated around the concept of Wolfgang Streeck and Kathleen Thelen's widely noted work on institutional change (for an expanded theoretical approach see Mahoney and Thelen 2010b; Streeck and Thelen 2005a). This work elaborates a theoretical scope that builds on the most influential works that aim for theoretically understanding and explaining IOs (Barnett and Finnemore 2004; Koremenos, Lipson, and Snidal 2001). All these authors analyse IOs and find several different modes how and why institutional change can take place. The authors provide a clear distinct theoretical approach that

focuses on gradual change, instead of focussing, as many others do, on abrupt change (Abbott and Snidal 1998; Campbell 2004; Drori, Meyer, and Hwang 2006; for instance Koremenos, Lipson, and Snidal 2001; Young 1991; Zucker 1987, 1988).

Richard W. Scott (Scott 2008) is also focussing on gradual change and tries to clarify the role of ideas in IOs and explains how ideas influence change. He also elaborates a concept that enables the identification of change as such and provides suggestions on how to distinguish change from non-change.

Andrea Liese works on one specific aspect of organisational change: the opening-up process of IOs towards non-governmental actors. She understands IOs as being capable of acting strategically and adapting to outer pressures. This enables the IO to include non-governmental actors and simultaneously save its core structures as much as possible (Liese 2009b; with a similar argumentation see: Liese and Weinlich 2006). Based on these works, the *fourth chapter* elaborates a definition of an IO as well as a theoretical approach that is able to explain how and why it changes on a structural and a policy-related level.

In terms of the World Bank as an IO, Susan Park argues that it is well documented that external pressure has almost exclusively influenced the Bank. She shows that international policy norms had an impact on the IO's behaviour towards change. However, Park is also able to detect the influential role of internal advocates that are able to influence the environment politics of the Bank. In her article, she argues that “(i)nternal advocates were given oxygen as a result of the external triggers for change” (Park 2010, 182). This work accounts as a rare analysis looking at the main forces that influence World Bank behaviour, which she defines as a process of influence from the outside to the inside and reverse from the inside to the outer environment (Park 2010, 182). These processes can lead to the emergence of a new policy outcome. Additionally, her research shows convincingly the limited power of the World Bank to shape the members' policies within a particular policy field.

Catherine Weaver (Weaver 2010) approaches the World Bank through a largely constructivist perspective looking at how policy norms are internalised and spread within the organisation. She then analyses whether these norms are transformed into policy practices (see also Chwiero 2007; Park 2010; Weaver 2008, 2010). Weaver also stresses the role of internal policy advocates and norm entrepreneurs within the Bank that push for discursive and operational changes and achieve the internalisation of a new policy

norm on gender and development (see also Finnemore and Sikkink 1998; Kardam 1993; Weaver 2010, 71). Her analysis refers to the theoretical concept of Anthony Bebbington et al. (Bebbington, Woolcock, and Guggenheim 2006). The authors argue that internal advocates are able to pursue their own strategies to provide them with support through staff and resources. However, their success is dependent on the organisational opportunities and constraints imposed by the inner-organisational environment (Weaver 2010).

These constructivist-influenced works provide insights on how norms can be internalised and how IOs are able to answer pressures from their outer environment. Furthermore, they show how influential internal actors within the IO can be and what tactics they can pursue to achieve changes and successfully strive for support in terms of allies and resources. Park and Vetterlein argue in the introduction of their edited volume “Owning Development: Creating Policy Norms in the IMF and World Bank” in a similar direction as they state that member state coercion does not account as the main reason for the IO to create policy norms (Park and Vetterlein 2010, 16). All authors of the edited volume “recognize the inherently social process of formulating or implementing IMF and World Bank policy through discussion, negotiation and contestation between state and non-state actors, both within and outside IOs” (Park and Vetterlein 2010, 13). The second controversy therefore ranges from understanding organisational changes as either internally induced or resulting from external pressures.

Figure 6: Controversy III

Controversy 3: reasons for organisational change



Source: own compilation

One aim of this work is to contribute to the scholarly debate on IOs, their role in IR, and their ability to change in terms of policies and structures. The third research question is embedded in this controversy on the sources and effects of organisational change.

3.3.4 Controversy 4: how to improve health-related development aid effectiveness?

This section presents the actual debates in global health governance and provides a map of scholarly controversies around the effectiveness and sustainability of health-related development aid. The section then discusses the current debates on actors that are involved in global health. This section is more detailed than the ones before as it functions as the main empirical description of the controversies in global health that are then picked up again – together with the analyses of the World Bank's third channel – in the *eighth chapter*.

The architecture of global health governance has been changing constantly and is currently being shaped not only by established actors like the WHO, the UN, the World Bank, and the governments but also by new actors like NGOs, foundations, partnerships and Public-Private Partnerships as well as private philanthropists and business enterprises. On a structural level of global health governance, it is argued that this leads to a fragmentation of the aid system, an increased competition among donors, and a lack of donor coordination. On a policy-related level the literature discusses the importance of sustainable and system strengthening measures, as well as the increased share of vertical approaches that lack a comprehensive health approach. With these developments the landscape has changed tremendously resulting in structural and policy-related challenges for global health governance.

The field of global health has become more complex as small and big actors try to make their contributions to improve the health situation of those in need and bring along their interests and their opinion of how health-related development aid is best implemented. Within the last decades, more resources have become available from an increasing number of donors and via numerous channels. Within the last 30 years, overall ODA has more than doubled in real terms and especially the share of resources dedicated to health has been growing (Action for Global Health 2013; Piva and Dodd 2009).

The world is changing as globalization increases, providing new risks of ill-health and new requirements for prevention and treatment but also offering new opportunities, solutions, and innovative mechanisms for communication and cooperation. global health governance is changing accordingly.

It is argued by numerous scholars that rising inequalities and poverty as well as an increased vulnerability to ill-health result in the need for an engagement to improve health security for all (Buse 2002; S. Davies 2010; Girishankar 2006; Glassman 2012; Hilson and McCoy 2009; Italian Global Health Watch 2008; Kay and Williams 2009; Kickbusch 2009; Lee and Collin 2005; Lee, Sridhar, and Patel 2009; McInnes et al. 2012; McKee 2011; Schuck 2011; Sridhar 2010).

At the same time, it is argued that nation states realize that they cannot manage health issues on their own. Diseases have become a worldwide concern and require global solutions. Those solutions seem only manageable if transnational and also trans-organisational cooperation are facilitated. To cope with these developments, new forms of cooperation, new financing mechanisms and new ways of providing assistance have been established that received considerable attention (Buse, Spicer, and Walt 2009; Drager 2012; Faust and Messner 2007; Marchal, Cavalli, and Kegels 2009; Zimmermann and Smith 2011).

The competition for resources and influence has also increased. New agencies and networks are keen to be involved in multilateral organisations. The study of Nirmala Ravishankar et al. (2009) shows that financing of global health has also seen some tremendous changes. Whereas the proportion of Development Assistance for Health (DAH) channelled through UN agencies has decreased in the years 1990-2007, new organisations like the Global Fund, the GAVI-Alliance and NGOs have received a rising share of DAH. Especially around 2002 DAH has risen tremendously through increased funding from certain donor governments like the US and organisations as the Gates Foundation (Ravishankar et al. 2009). It is argued that these donors that are able to allocate large amounts of money often want to be heard and being included in decision-making and implementation processes (Buse, Spicer, and Walt 2009; Harman 2012; Hilson and McCoy 2009; Kay and Williams 2009; McCoy and McGoey 2011; Rushton and Wiliams 2011; Sridhar 2010).

Harman argues that in global health power relations and lack of interest of donor governments and the pharmaceutical industry lead to a massive inequality in dealing with specific diseases (for more on industrial trade and health see for instance: Lee, Sridhar, and Patel 2009). She establishes a very useful definition of global health governance by describing it as “trans-border agreements or initiatives between states and/or non-state

actors to the control of public health and infectious disease and the protection of people from health risks or threats” (Harman 2012, 2). Her definition focuses on the actors involved and their motivation to act. This specification is not only useful for its definition of roles of actors and their goals in global health. It is also useful as it is open for the concept of power and hierarchy. The author stresses the character of global health governance as a mirror of a growing global interdependence. State interdependence but also globalization processes and the growing movement of goods and people all play a significant role for the development of this policy field. Harman finds a second useful definition of the challenges that relate to the different actors in global health and brings the relevant characteristics of global health governance in perspective with each other:

“The number of actors and initiatives involved in global health make its governance a balancing act between competing interests of the private and public sector, horizontal and vertical methods of intervention, individual liberties and state intervention, and global decision-making with decentralized implementation” (Harman 2012, 3).

With this definition she stresses that two important factors often collide with each other in global health governance: interests and decentralisation. Both aspects play a significant role when actors or institutions establish policy programmes that aim for specific results. Harman argues, that global health governance as a policy field is special due to the unique arena of governance involving governments, international institutions, non-governmental actors, public actors and private actors like scientists, medical practitioners, philanthropists, as well as community workers but also celebrities (Harman 2012, 2).³⁸ Among the IOs the World Bank became the biggest financier of health related development assistance in the 1990s. It is argued that the IO took over the leading role in global health, previously held by the WHO (Goldman 2005). Since then, a debate has unfolded around the question which organisation should lead the health related development assistance policy (Sridhar 2009a). The rapid rising of the Bill and Melinda Gates Foundation boosted the debate even more. These developments have structural implications for the organisational processes in global health governance.

³⁸ What Harman also analyses in her book is the development of growing health inequalities and the strong link of ill-health with poverty, economic insecurity and marginalization. The processes of globalization have increased the disparity between the rich and the poor. This leaves scholars with unanswered and unsolved questions regarding health as a human right and health ethics (Benatar and Brock 2011; McNeill and Clair 2009; Sridhar 2010).

Structural level: competition and coordination in global health governance

Additional influential donors and new financing mechanisms have been establishing in the last two decades. Next to the bilateral donor governments and the established IOs, new actors, organisations and networks have been mushrooming. Numerous NGOs, Public-Private Partnerships (PPPs), foundations, the increasingly influential pharmaceutical industry, other private companies, and the new so called ‘non-traditional donors’ are all expanding their resources, knowledge and influence (Buse, Spicer, and Walt 2009; Reisen 2010, 5).³⁹

Health issues are described as increasingly global and more relevant as they simultaneously touch various sectors like security, labour, migration, nutrition, and family planning. It is argued that the health-related development aid projects are increasingly targeting towards global and regional levels instead of focussing on recipient countries’ levels (Piva and Dodd 2009).

Regarding the World Bank in that new and more competitive surrounding, Joachim Betz shows the expansion and the strive for increased power of the IO in the last decades (Betz 2007). Woods also discusses the developments and the changing power distributions in the World Bank within its changing outer environment (Woods 2003).

Another challenge for global health governance through the growing number of actors is the insufficient donor coordination, despite the efforts in regard to the goals of the Paris Declaration. It is argued that the Paris Declaration had some effects that improved donor coordination but the doubling of efforts and the collaboration between donors should still be enhanced further (Bigsten and Tengstam 2014; Kickbusch, Hein, and Silberschmidt 2010; Leiderer 2013; Piva and Dodd 2009).

On the structural level, global health governance is therefore shaped by a highly fragmented set of actors. This “architecture of diversity” (Buse, Spicer, and Walt 2009)

³⁹ However, the multilateral organisations still play a vital and significant role in the development system as also the DAC report on multilateral aid states:
“(t)he total use of the multilateral system by DAC donors (core multilateral ODA plus bilateral earmarked ODA channelled through multilateral organisations) was 40% of total ODA in 2008. Indeed, this proportion gives a good indication of the role multilateral institutions play in the overall aid architecture today” (OECD 2010, 19).

is under heavy competition with the risk of mutual undermining and doubling of programmes.

Among the new agencies that have been created, the most prominent new mechanism being the Global Fund to Fight HIV/Aids, Tuberculosis and Malaria (henceforth referred to as the Global Fund), the GAVI-Alliance (former the Global Alliance for Vaccines and Immunisation) and the Global Environment Facility (GEF). These new institutions that are primarily functioning as financing mechanisms are different from the established IOs in regard to membership and scope. Their goal often is targeted to specific global public goods and their members are not recruited from governments alone (Reisen 2010, 3). Philanthropists, private business, NGOs and other IOs can become members to collaborate together providing these institutions with a new and broadly acknowledged amount of legitimacy (G. W. Brown 2009; DFID 2011f; for literature on the Global Fund see: Isenman and Shakow 2010; Italian Global Health Watch 2008; Kapilashrami and Hanefeld 2014; McCoy et al. 2013; McCoy, Chand, and Sridhar 2009; on GAVI and the Global Fund (from an World Bank perspective) see for instance: Vujicic et al. 2012). In her work Ngaire Woods illustrates that these funds result in a clash among aid priorities and in a decreased engagement with multilateral actors (Woods 2007).

Helmut Reisen (2010) argues that the trend of different multilateral financing matters leads to a “non-system”, referring to a description of the Post-Bretton Woods international money system. He claims that the mushrooming of more and new forms of global collaboration has a bad influence on the aid outcomes (Reisen 2010, 4). This “non-system” is comprised of “(t)oo many multilateral organisations, with overlapping mandates, complex funding arrangements and conflicting requirements for accounting and reporting” (Reisen 2010, 4).

The next section deals in more detail with the scholarly debate around some other agencies that are also relevant in the case of global health policy as they have established as influential actors pressing for influence and power. These examples stress the fact that the main conflict in global health governance circulates around the question how to pursue development aid that fits donors’ interests and meets recipients’ needs.

In regard to other new actors in global health governance, Rushton and Williams have published an edited volume that sheds light on several partnerships like GAVI and the Global Fund. They examine private foundations with a special focus on the most

important one, the Gates Foundation. The authors put these new actors in perspective with the established actors and institutions that are globally active in health governance. The editors claim in their concluding remarks that with the emergence of these new actors global health governance has seen a shift of its political economy that highly shapes the whole health provision system on all levels (O. D. Williams and Rushton 2011).

The rise of new actors is now exemplified to illustrate the controversy in global health between the donors' interests and the recipients' needs.

Gates Foundation

The emergence of the Bill and Melinda Gates Foundation (in the following referred to as the Gates Foundation) has changed the global health landscape significantly and therefore the literature on it is examined in more detail. It not only increased the spending in global health, it also gave the policy sector a new momentum and appeared with new ideas as well as political capital in form of attention (McCoy and McGoey 2011, 150). David McCoy and Linsey McGoey (2011) analyse in their article the policies and strategies of the Gates Foundation and discuss the foundation's role in global health. The Time Magazine 2008 published an article stating the motivation of Bill Gates to engage in development aid:

"The poorest two-thirds of the world's population have some US\$ 5 trillion in purchasing power... it would be a shame if we missed such opportunities" (Kiviat and Gates 2008, 30; see also McCoy and McGoey 2011, 147).

McCoy and McGoey also analyse the criticism that is being increasingly articulated towards the Gates Foundation and its massive influence and involvement despite its lack of democratic legitimacy. Due to its financially highly equipped policies, the Gates Foundation is criticised for being responsible for a growing deployment of vertical programmes that further support an already fragmented actors' landscape. The authors argue that the foundation's policies have also increased the disintegration of health systems and are undermining ministries of health.

The authors heavily criticise the overarching influence the Gates Foundation has on almost all health-related institutions and programmes:

"In addition to funding all the major GHP's, it sits on their governing boards; it is part of a self-appointed group of global health leaders known as the H8 (together

with the WHO, the World Bank, GAVI, the Global Fund, UNICEF, UNFPA, and UNAIDS); and it has been actively involved in setting the health agenda for the G8” (McCoy and McGoe 2011, 153).⁴⁰

The academic literature shows that with the Gates Foundation the arena of global health governance has received a strong interest-driven and highly influential donor.

Non-governmental organizations

NGOs are regarded to play an increasingly important role on various levels: first, they have established as an important part of global health governance actively shaping international norms and policies (Lencucha, Kothari, and Labonté 2011). NGOs are either allowed to participate or sometimes even vote in a growing number of IOs. The study „NGOs at the table: Strategies for Influencing Policy Areas of Conflict“ discusses the involvement and influence of NGOs in international politics (Fitzduff and Church 2004).⁴¹

With the new global funds, their role as influential determinants of international politics has even more increased. They also successfully influence donor governments and most importantly play a vital role in implementing and providing health care programmes (Batley and Rose 2011; Berlan and Shiffman 2012; Ejaz, Shaikh, and Rizvi 2011; Gilson et al. 1994; Mackintosh, Chaudhuri, and Mujinja 2011; Shandra, Shandra, and London 2010; Yamey 2011). Their role however is sometimes considered to be problematic given their lack of democratic legitimacy (a critical discussion on the role of NGOs in general is for instance provided by Manji and O’Coill 2002). Generally, their various interests are argued to play an increasingly important role, especially with their extended professionalization.

⁴⁰ James Orbinski, former president of Médecins Sans Frontières (MSF, Doctors Without Borders), argues in a similar way by stating that the Gates Foundation has fundamentally been reshaping the global health agenda (Orbinski, 2009). It is argued that this has fostered the terminology of a so-called ‘Gateability criteria’, whereby other donors check whether the Gates Foundation is funding a project and are then perceiving this fact as a proof of quality of the project (McCoy and McGoe 2011, 153). An additional challenge that the Gates Foundation, among others, is imposing on the global health system is the massive support of NGOs and in particular expatriate organisations. Following their article, their growing engagement has lead to a ‘brain drain’ from the public to the private sector leaving the public institutions with even less capacities (McCoy and McGoe 2011, 152).

⁴¹ For the cooperation on NGOs with the private sector see Nelson 2002; Tesner 2000.

Emergence of new economies

Last but not least, the new emerging economies should be mentioned as new important players that also make significant contributions to health-related development aid. Andrew Harmer et al. provide a useful literature review on their expanding role in the health sector (Harmer et al. 2013; for comparing numbers of new and established donors see for instance McCoy, Chand, and Sridhar 2009; Sridhar et al. 2013; Sridhar and Batniji 2008). Richard Manning, Chair of the OECD DAC asks the question whether these new economies are about to change the overall global health aid and suggests that the “traditional” donors should develop a constructive dialogue that enables mutual learning and shared commitment and a will to enhance coherence among all donors (Manning 2006b). The emerging economies therefore have established as a significant donor group imposing other development policies, norms and goals.

The main challenges in global health governance can be identified on two levels: a structural level and a policy-related level. On a structural level, the challenges stem from the fragmented aid system and the numerous different agencies that use various approaches. A growing competition among the agencies (global, governmental, transnational, non-governmental, private and organized in PPPs etc) and an insufficient donor coordination lead to a competitive and complex Global Health landscape in which all actors try to find their position to pursue their interests and have influence. On a policy level, this fragmented structure of global health governance is said to have an impact on the recipients’ needs for quality and sustainability of the health-related projects as the next section shows.

Policy-related level: policies and challenges in global health governance

In global health two general policy approaches are prevalent that set highly different foci in meeting the recipients’ needs for better health care: one approach directly targets the fight against specific diseases in a vertical approach. The horizontal approach focuses on health system strengthening trying to improve the whole health system. There is a lively debate on how to find the best solutions and overcome the antagonism of either proceeding with a vertical or a horizontal approach (Behague and Storeng 2008; De Maeseneer et al. 2008; Mills 2005 provides an overview of the debate, for more on the vertical/horizontal debate see; Oliveira-Cruz, Kurowski, and Mills 2003; Uplekar and Raviglione 2007; Wagstaff, van Doorslaer, and Paci 1991).

Fighting diseases with their specific challenges is seen as highly necessary. However, scholars, practitioners, and IOs alike are calling for more horizontal approaches that enable stronger long-term sustainability while donors still tend to prefer vertical approaches as their results are easier to track down and be quantified (Baeza 2008; DFID 2011g; Ejaz, Shaikh, and Rizvi 2011; Frenk 2010; GAVI 2011; Hafner and Shiffman 2013; Marchal, Cavalli, and Kegels 2009; McCoy, Chand, and Sridhar 2009; McKee 2011; Olmen et al. 2010; Oomman, Bernstein, and Rosenzweig 2008; Shakarishvili et al. 2011; Sridhar 2010; Swanson et al. 2012; Travis et al. 2004; WHO 2009a, 2010; World Bank 2011b). Vertical programmes have some benefits that are especially important for donors: they consist of a clear and specific results chain, allow private sector participation with concrete equipment, enable clear monitoring and evaluation, and are time-bound with a clear beginning and ending of a specific project. This policy goes along with an increase of tight donor conditionalities. It is equally conditioned through a decreased overall budget support that would leave recipients in charge to direct their resources where they find appropriate (Faust and Koch 2013).

Martin McKee (McKee 2011) argues that health systems play a vital role in the overall development of a population. He defines social well-being as an interplay of health, wealth and health systems. He claims that health systems have been receiving far too little attention by policy makers, therefore they are mainly used to deal with the immediate effects of illness instead of focussing on enhancing health. He agrees with Julio Frenk (Frenk 2010) that health systems need leadership, institutions, systems design and technologies. The study of Gunilla Backman et al. emphasizes the importance of health systems as the authors argue that only stable health systems are able to support the right to health (Backman et al. 2008).⁴²

⁴² Regarding a definition of what health system strengthening means, the WHO has established six categories for a strong health system: service delivery, health workforces, health information systems, medical products, vaccines, and technologies, health financing, and leadership and governance (Bristol 2010; the G8 has a similar approach which is analysed by Reich and Takemi 2009; WHO 2014b). Josefien Van Olmen et al. provide an alternative proposal how health systems strengthening could be increased by elaborating a framework for analysing health systems and enabling the identification of areas for improvement (Olmen et al. 2010). Furthermore, a recent study demands for a re-thinking of health systems strengthening and proposes a more systemic thinking of health (Swanson et al. 2012). On basis of that vertical/horizontal discussion, Gorik Ooms has tried to find a solution by advocating for a diagonal approach (Ooms et al. 2008). What benefits the most from a more horizontal approach is the strengthening of the systemic level of a health system.

Most of the promotion of health systems strengthening is conducted bilaterally (OECD 2011, 20 f). However, health systems strengthening can also be supported by NGOs and the private sector (Ejaz, Shaikh, and Rizvi 2011). Generally, better coordination and pooling of resources prevents doubling of programmes which is then also improving health systems in general (Oomman, Bernstein, and Rosenzweig 2008).

Practitioners and donors constantly emphasize the fact that health systems should be strengthened to improve the health situation for all (Fryatt, Mills, and Nordstrom 2010; Marchal, Cavalli, and Kegels 2009; Olmen et al. 2010; Shakarishvili et al. 2011; Swanson et al. 2012; Travis et al. 2004).⁴³ However, Bruno Marchal et al. (2009) find in their study that donors and health agencies might stress health systems strengthening but their actual health systems strengthening strategies still remain highly selective, disease-specific, and their efforts even undermine the establishment of effective and high-quality health systems (Marchal, Cavalli, and Kegels 2009). Laurie Garrett (2007) argues that disease-specific and narrow approaches that have increased along with the creation of new agencies in the early 2000s could even result in a worsening of the situation of developing countries. He calls for donors to focus more on public health funding in general (Garrett 2007). Elizabeth Stierman et al. show in their study that the pooling of resources and even an increased amount of resources not necessarily lead to a better health situation for the people and often the projects are still far too disease specific to have long-term and broader effects (Stierman, Ssengooba, and Bennett 2013).

The fragmented governance system in global health arguably has an impact not only on the involved donor agencies but also on the policy levels within the recipient states. It leaves recipients with the challenge to manage and administer various donors programmes, to provide reports and oversee their activities in their country. It is often

⁴³ In the last 10 years, all major health aid agencies have been stressing the importance of health systems strengthening and continuously emphasize their commitment to increase their efforts to enhance the horizontal level of health systems (GAVI 2011; The Global Fund 2014a; WHO 2014b; World Bank, The World Bank Institute 2012). In 2009 several health agencies initiated the Health Systems Funding Platform (HSFP) and emphasized again their commitment to health systems strengthening (GAVI 2011; The Global Fund 2014a; WHO 2014b; World Bank, The World Bank Institute 2012). However, the output of the HSFP is receiving fairly negative evaluations in the literature (S. S. Brown, Sen, and Decoster 2013). Besides the Health Systems Funding Platform (HSFP) numerous other initiatives and agencies exist that deal with health systems strengthening: most importantly the Institute for Health Metrics and Evaluation, and also the Alliance for Health Policy and Systems Research, the Health Systems Action Network, the Countdown Working Group on Health Policy and Health Systems, and the International Health Impact Assessment Consortium.

argued by practitioners and scholars that the fragmentation of donors and the insufficient coordination among them, together with their insufficient alignment with the recipient's policies, has a negative impact on the quality health outcomes (Cohen 2006, 166).

Looking at the debates among practitioners and scholars on the structural and policy-related challenges of global health governance it becomes evident that recipients' needs for better health systems – which require horizontal approaches - are not matching with the donors' interests in funding health projects as they favour rather vertical approaches.

Figure 7: Controversy IV

Controversy 4: health-related aid effectiveness



Source: own compilation

As shown in this chapter, the research questions are closely linked to the identified controversies and research gaps in the academic literature. The embedding of the research questions in their wider debates is necessary to be able to identify the possible explanations beyond this case study. Therefore the results of this work are able to contribute to the identified controversies and offer a new concept for filling the research gaps that have been identified.⁴⁴

The next chapter builds on the identified scholarly controversies in order to elaborate a theoretical concept that is able to provide a theory-based explanation of the research subject. Regarding *research question one*, the interests donors have for providing health-related development aid have already been addressed in the *third chapter*. Regarding *research question two*, the question on the actor-quality of the World Bank and its ability to act strategically is addressed. Regarding *research question three* the questions how and

⁴⁴ The World Bank itself calls for more research on the subject of multi-bi funding and the character and effects of the World Bank trust fund system:

“It would be useful, therefore, for the international aid community to reflect on the reasons for the gaps in the multilateral system that lead donors to use trust funds, and to assess the comparative advantages of the trust fund and other aid vehicles. Such reflection would help to identify opportunities for reforms in the multilateral aid architecture, including the World Bank, while allowing trust funds to specialize in situations where the multilateral institutions alone cannot be fully effective” (World Bank, Independent Evaluation Group 2011, xiii).

why the organisation changes to enable increased third channel funding are clarified and analysed theoretically. The *fourth research question* is mainly answered on an empirical level as it focuses on the implications of third channel funding on global health governance.

Therefore, the theoretical chapter deals with the research questions two and three and establishes a theoretical concept on the role of IOs, their ability to change and the driving forces for organisational change.

4 THEORETICAL APPROACH FOR UNDERSTANDING THE THIRD CHANNEL

This chapter elaborates a theoretical embedding of the research subject in International Relations (IR) theory. It defines the most relevant subjects and terms from a theoretical perspective.

Only with a theoretical background deriving from IR theories is it possible to explain and account for developments and processes at the World Bank and in regard to the foreign aid policy of donor governments. This chapter is structured as follows: First, it discusses the already existing theoretical concepts that seem appropriate – at first sight – for conceptualizing multi-bi funding through the World Bank. However, concepts like the regime-theoretical approach and the theoretical concept on Public Private Partnerships (PPPs) prove to lack full explanatory capacity. They do not provide a full theoretical understanding of IOs and their relationship with the third channel. Useful elements of these concepts serve as a base for a then further elaborated conception. Therefore the second part deals with the rationale behind international organisations. It defines IOs theoretically and then explains whether, how and why IOs can change. The aim of this chapter is to elaborate an analytical framework that is able to analyse and explain IOs as well as the reasons and effects of organisational change.

4.1 What is the third channel and how can it be explained theoretically?

As the trust funds are located in the inner-core of the organisation, as well as at the outer-core/fringe, it is difficult to find one explanatory definition for them. This work's new approach of understanding multi-bi funding as a third channel needs to be elaborated further. How can we understand the trust fund system? Which models exist that would be able to describe an institutional setting that fits the trust fund system? The trust funds can be defined as a platform within an IO for willing governmental and non-governmental donors who want to provide resources for a specific policy issue.

The political science literature provides several models that match this explanation at first sight. The next section discusses some of these models in order to elaborate whether they

are suitable to explain the trust fund system, or at least provide some useful insights, to later develop a more appropriate model of the third channel.

Trust funds as international regimes?

To be able to explain the trust fund system theoretically, it is necessary to find a theoretical reference system and definition. As the trust funds serve as an opportunity platform with specific rules for donors with similar interests and goals, one could argue that they can be defined as a regime. Following Stephen Krasner (Krasner 1983; for a similar argumentation see Müller 1993), regimes are defined as a set of “implicit or explicit principles, norms, rules, and decision making procedures around which actor’s expectations converge in a given area of international relations” (Krasner 1983, 2). Regimes are governing arrangements to “coordinate their expectations and organize aspects of international behaviour in various issue-areas. They are further defined to comprise of a normative element, state practice, and organisational role” as Friedrich Kratochwil and John Gerard Ruggie show (Kratochwil and Ruggie 1986, 7). The regime theoretical approach stresses the actors’ interest-driven acting and their willingness to cooperate in certain issue-areas. It also emphasises optional membership or contribution (Krasner 1983). As a result of their institutionalised character, regimes have some autonomy in international relations (Krasner 1984). For the FIFs, which are more or less independent agencies, this might be a sufficient explanation. Donors have the opportunity to influence the trust funds’ decision-making procedures. For the inner-core trust funds, the autonomy is very limited as the managing trustee diminishes the independence significantly. Furthermore, the rules and procedures of trust funds are already set up by the institution and cannot be designed independently. Therefore, trust funds cannot account for an independent regime as such.

Still, it is possible for some aspects to stem from the regime theoretical approach: the focus on actors’ interests in multilateral cooperation-platforms. Similar to regimes, trust funds enable the donors to obtain control over their resources and provide the opportunity to contribute on behalf of their own policy goals and priority settings.

Trust funds as Public-Private Partnerships?

The number of Public-Private Partnerships (PPPs) has been increasing substantially within the last few decades in all sorts of sectors and, in particular, play a significant role in global health governance (Beisheim, Liese, and Ulbert 2007, 2008; Huckel, Rieth, and

Zimmer 2007). PPPs are agencies situated between the public and the private sphere of politics that have an influence on the modalities and structure of global governance (Reich 2002).

Marco Schäferhoff et al. (Schäferhoff, Campe, and Kaan 2009) extensively discuss the role of PPPs in the UN system and define PPPs as follows:

“Such partnerships constitute a hybrid type of governance, in which non-state actors co-govern along with state actors for the provision of collective goods, and adopt governance functions that have formerly been the sole authority of sovereign nation-states” (Schäferhoff, Campe, and Kaan 2009, 451–452).

Schäferhoff analyses the different cooperation modes of the WHO with PPPs and explains, while relying on organisational theory, why an organisation varies in its cooperation modes. He uses bureaucratic politics and organisational culture approaches to explain non-cooperative behaviour and internal organisational culture that determine organisational behaviour (Schäferhoff 2009; see also Barnett and Finnemore 2004; Weaver 2007; Weaver and Leiteritz 2005). By using these approaches, he specifies the conditions under which IOs act cooperatively towards PPPs. The main reason for non-cooperative behaviour is competition on material resources, power and prestige (Schäferhoff 2009, 212). NGOs, foundations and the private sector have gained importance and influence by bringing in money, expertise, staff, and financial resources. These developments can be regarded as highly influential on the internal organisational cultures of the ‘big player’ organisations. Schäferhoff further examines opportunities as to how to enforce organisational partnerships with external actors. He claims that if the organisation retains leadership over negotiations and is able to set conditions, the likelihood of partnerships grows significantly. To obtain leadership, the organisation needs resources and has to be able to create incentives for PPPs and other external actors (Schäferhoff 2009, 215).

The FIFs, such as the Global Fund and the GAVI Alliance, which involve all different sorts of donors and stakeholders, account as PPPs. So, the PPP explanation as to why IOs integrate them in their organisational structure matches well with this work's understanding of IO behaviour. The World Bank is integrating them due to competition on resources and international discursive pressure for a more inclusive approach towards non-governmental actors. As the World Bank sits on the FIF's board (sometimes even with voting-rights), some influence on the negotiations is guaranteed, and the Bank has the benefit of being involved in these important facilities. The opportunity for non-

governmental actors to contribute to inner-core trust funds could additionally lead to a definition of all trust funds as PPPs.

Schäferhoff's analysis seems to fit quite well to the characteristics of the trust funds, and I include several aspects of his findings in my analysis. Nevertheless, the main aspect of PPPs, the overlapping spheres of private and public contributors, does not match with the construction of a trust fund that is still mainly composed of governmental members, despite some contributions from the private sector and non-governmental actors. The main characteristics of trust funds are not defined by its donors, but by its character of being a platform more or less closely affiliated to a very specific organisation. The trust funds (especially the BETFs and RETFs) are particularly supported because they belong to the governance system of the World Bank. Here, the donors can profit from the IO's expertise, administration and other organisational capacities.

What can be extracted from Schäferhoff's work is the reason for IOs to promote PPPs and partially include them in the institution: to obtain resources, staff, and expanded areas of influence with new opportunities of allocating additional resources to their regular budget contributions.

Although regime theory and the PPP approach provide potential explanations for the characteristic of the trust fund system, they are not sufficient to explain the differing degrees of integration in an established international organisation. Both approaches also do not take into account the processes and reasons for organisational change⁴⁵ that allowed for the trust funds to grow so tremendously within the last decades, and especially within the research period from 2002-2013. The trust funds – especially the inner-core funds – are closely connected with the Bank's core business, and appear under the same set of governance processes and the same bureaucratic culture. Therefore, they are representing the same norms, ideas and ways of policy implementation. The FIFs have become a central means and key institutional feature of the Bank's business, as they offer the organisation involvement in organisational decision-making and influence on policies and processes. Therefore, explaining the trust fund system theoretically and elaborating a model for the third channel needs to put the IO in the centre of the analytical perspective.

⁴⁵ Regime theory can explain regime change only in a limited way as it claims that regimes are able to change. However, it is sufficiently explained how and why regimes change (Ruggie 1982).

4.2 What is the underlying understanding of international organisations? (*controversy II*)

Looking at IOs, it becomes apparent that their understanding varies significantly depending on the theoretical perspective used.

In IR, three main strands of literature can be identified to analyse IOs as institutions: rationalist approaches, institutionalist approaches, and constructivist approaches (organisational sociology)⁴⁶. These approaches provide different answers on why institutions are created, chosen, and designed, how institutions change and what effects these institutions have (Simmons and Martin 2002, 192).

This theoretical part on IOs asks four questions: how can international organisations be theoretically defined and understood? Can IOs operate as autonomous actors within their institutional environment, and if so, how (controversy I)? What is institutional change and why do institutions change (controversy II)? And finally: How can institutional change be explained theoretically? This section builds upon the two strands of literature on institutionalist and constructivist approaches and claim that for IOs, internal as well as external factors are relevant and only a combination of both approaches can provide sufficient insight to take into account cost-benefit-calculations as well as cultural conditioning of organisations (Liese 2009b, 189).

4.2.1 Theoretical understanding of international organisations

To be able to deal with a theoretical understanding of IOs, a general understanding of institutions has to be established first. This provides an understanding of institutionalized acting and poses the question – which entities determine acting?

Institutions can be understood as formal organisational arrangements but also as informal patterns and systems. Agents, like states, individuals, or organisations, can be embedded in these institutions and influence them (Overhaus and Schieder 2010, 119). With the rational institutionalism comes a narrow institutional comprehension that defines institutions as “persistent and connected sets of rules (formal and informal) that prescribe behavioural roles, constrain activity, and shape expectations” (Keohane 1989, 3). They

⁴⁶ For another extensive review on theoretical approaches on IOs also see: Mayntz 2002; Rittberger, Zangl, and Kruck 2013, 29 ff; Schimmelfennig 2008; Scott 2008; Simmons and Martin 2002, 192.

are the result of interest-guided agents that strive to find rules and norms seeking for benefits and exchange of information (Overhaus and Schieder 2010, 120). With the support of the embedded agents, institutions obtain their own role within their environment.

Institutions also influence agents with their norms and perceptions inside and outside the institutional scope. Thomas Risse (2002) defines international institutions as “(..) relatively stable collections of communicative practices and rules defining appropriate behaviour for specific groups of actors in specific situations of international life” (Risse 2002, 604). The defined norms and rules derive from the perceptions that have lead to the formation of the institution itself. They are able to serve as a scope for meaning for political action (Overhaus and Schieder 2010, 120).⁴⁷

The following section provides a theoretical framework for the analysis of IOs. It draws on a combination of theoretical approaches to be able to analyse internal as well as external developments of IOs. This then allows for an analysis of specific forms of change and explains the reasons for their occurrence.

IOs are no black boxes. To analyse IOs, various theoretical concepts exist with different foci and basic assumptions (Rittberger and Zangl 2006, 5–12; Rittberger, Zangl, and Kruck 2013, 29ff).

The institutionalist approaches tend to be situated either within the theoretical context of rational institutionalism or historical institutionalism (Hawkins et al. 2006; Krasner 1983; Kratochwil and Ruggie 1986) in which institutions are instruments for agential preferences and policies. Within these theoretical approaches it becomes apparent that the scope of opportunities to act and change are restricted due to institutional barriers and/or path dependencies. These approaches emphasize the external influences under which organisations operate and mainly focus on the examination of the policies and results, rather than the underlying circumstances that lead to institutional structures and their respective developments.

On the other hand, there is organisational sociology and constructivism that sees IOs as norm driven and norm producing bureaucracies and focus on internal processes,

⁴⁷ Bernhard Zangl and Michael Zürn (2003) define useful differentiating categories of international institutions: international regimes, international organisations, international networks, and international organizing principles (Zangl and Zürn 2003, 88 ff). Following their differentiation, the World Bank can be categorised as an international organisation in the classic sense.

structures, and cultures of organisations (Chorev 2012; Kratochwil and Ruggie 1986; Park 2007; Park and Vetterlein 2010; Risse 2002; Weaver and Park 2007). These approaches allow us to take into account the norms and ideas that shape the organisation and its environment (Fearon and Wendt 2002; Park and Vetterlein 2010; Wendt 1992, 1998).

Hence, I combine approaches of rational-choice and historical institutionalism with constructivist and organisation-sociological understanding of organisations.

4.2.2 Comprehensive understanding of international organisations

In the following section draws on the comprehensive understanding of IOs elaborated by Koremenos et al. in more detail as it provides helpful categories and arguments for the design of IOs and the role their members play.

The rational institutionalist theory approach provides the required focus on governmental interests and their attempts to design institutions accordingly (Hasenclever, Mayer, and Rittberger 1997; Hawkins et al. 2006; Krasner 1983). Barbara Koremenos et al. (Koremenos, Lipson, and Snidal 2001) ask the question of how international institutions actually operate and how they are organized. However, more importantly, the authors examine why states use institutions and what effects the usage has on the institutional design. The authors explain institutional design and the states' intentions to make use of international institutions with a two-fold theoretical scope of institutionalist and constructivist approaches, while using the assumption that "states use international institutions to further their own goals, and they design institutions accordingly" (Koremenos, Lipson, and Snidal 2001, 762 original emphasis). This controversially seen tradition of a rational choice approach towards international relations is challenged by the authors advancing a constructivist critique which claims that international institutions "play a vital, independent role in spreading global norms" (Koremenos, Lipson, and Snidal 2001, 762). The authors stress the fact that international institutions elaborate norms internally as well as externally and claim that they are "the self-conscious creation of states (and to a lesser extent, of interest groups and corporations)" (Koremenos, Lipson, and Snidal 2001, 762). This assumption is contrary to a more realist view on international institutions, as realists perceive IOs as "little more than ciphers for state power" (Koremenos, Lipson, and Snidal 2001, 762). States try to influence and shape the design of an institution as much as possible as the construction and design of an institution

influences the outcomes significantly. How an institution is designed is therefore a significant mirror of the states' intentions that have influence on how outcomes elaborate and how interactions within the institutions are designed.

Together with states, NGOs and other actors tend to participate increasingly in international institutions, shape them, and try to gain as much influence on the design and outcomes as possible (Koremenos, Lipson, and Snidal 2001, 763).

Regarding the rules of institutional procedures the authors state a crucial point: "institutional rules must be 'incentive compatible' so that actors create, change, and adhere to institutions because doing so is in their interest" (Koremenos, Lipson, and Snidal 2001, 768). So states need to benefit from institutions, otherwise they abandon this institution and search for a different one that allows for more benefits. Those institutions that are beneficial to states are likely to be extended (or copied) for other issues and further cooperation.

From a rationalist perspective one can conclude that actors' interests mainly determine the scope of action of international organisations (Schubert 1991, 36 ff).

However, in academic literature it is increasingly acknowledged that IOs are more than just the sum of their parts. They can be defined as actors with an interest driven agenda within their inter-, trans-, and sub-national global environment (see Abbott and Snidal 1998; Zucker 1987, 1988). This concerted action is facilitated as IOs have elaborated modified decision-making processes, as not all decisions are originally made by their members - in this case the states and their representatives - but by executive boards and other agencies and units which make decisions on behalf of the organisation as a whole. As an IO is embedded in a system that surrounds it, there are additional factors that influence and steer its acting on behalf of its interests. A more comprehensive approach needs to take into account the systemic and institutional factors that have an effect on the capacity for action. The surrounding system has effects on design, scope, direction, condition, implementation of policies, programs, bargaining processes, and other forms of action.

An actor as such has certain resources and capabilities, as for instance, social and human capital, material resources, privileges, sources of information, and military capabilities to perform action. These resources allow him to influence the performance and the output to a certain extent (Scharpf 2000, 86). Although an actor has certain resources coupled with distinct knowledge, he is not omniscient and has a particular perspective. This

perspective on the one hand allows him to form his own identity but on the other hand determines his perceptions (Scharpf 2000, 91 ff). The intentions of acting are simultaneously influenced by the institutional context. Within this institutional context, actors seek opportunities to influence and participate. Another factor that is crucial is the constellation of other actors in the surrounding system. That constellation determines the modes of interaction and the scope to act according to interests.

Regarding IOs, one has to be aware of the co-determining factors that have an effect on the room for manoeuvre of IOs. These factors play a crucial role in the analysis. It is relevant for the outer environment but also for the inner environment of the IO in which members – for instance representatives of governments⁴⁸ – act with their respective agendas.

Current research on IOs that deals with the role of IOs in the international system is heavily influenced by Michael Barnett and Martha Finnemore's (2004) work. They have contributed to IR-theory literature with the understanding of IOs as bureaucracies. These bureaucracies, as the authors claim, are able to act autonomously from states and have their immanent interests that are not implicitly congruent with the sum of states' interests. Barnett and Finnemore argue that IO preferences diverge from state preferences, empirically and theoretically.

With this perspective, they claim that governmental sovereignty is not the only source of authority and that IOs are even in the position of having more legitimacy and often "do much more than the states that are their creators intend" (Barnett and Finnemore 2004, 5). The transfer of autonomy makes IOs accountable for their actions. This leads to the elaboration of organisational cultures and is often referred to as power over resource flows to the organisation (Zucker 1987, 447). The reason for the authority of IOs is that states intentionally award the institution with "considerable autonomy precisely because they are neither able nor willing to perform the IO's mission themselves" (Barnett and Finnemore 2004, 5).

Within the IO an organisational culture evolves that has effects on the environment of the organisation as it has the capability to "collect, publicize, and strategically deploy information in order to shape behaviour" (Barnett and Finnemore 2004, 6). This

⁴⁸ This constraint needs to be made, as it is nearsighted to view states as black boxes acting self-interested striving for influence or security. Domestic politics are highly relevant when it comes to the positions governments take in IOs. Furthermore, positions of governments can change over time, as especially the historical institutionalist approach takes into account (see also Milner and Moravcsik 2009).

externally but also internally driven behaviour is intended to regulate state and non-state behaviour of members and non-members alike. With that behaviour, the authors show, IOs like the World Bank have been able to successfully define what ‘best practice’ or ‘good governance’ is for national economies (Barnett and Finnemore 2004, 7).

The IOs’ capability to influence states and their behaviour is also examined by Joachim Betz (Betz 2007), who extensively analyses the control and persuasive power of the international financial organisations IMF and World Bank over financial resources and governmental financial politics. This claim of “Meinungsführerschaft”, meaning leadership of ideas, leads to a discursive power of the institutions that highly influences governmental acting (Betz 2007, 337).

With this understanding of IOs that draws on a rational-institutionalist perspective and constructivist driven approaches at the same time, the authors are able to look at IOs from a new and highly interesting perspective. Their institutionalist perspective is able to explain path dependencies as a result of this bureaucratic culture that includes unintended internal logic (Barnett and Finnemore 2004, 9; see also Streeck and Thelen 2005a).

Most of the time, autonomous behaviour of IOs is consistent with states’ interests. The IO behaviour can sometimes be unanticipated but is mostly still agreeable to member states. Only rarely do IOs act contrary to states’ interests or are able to change them (Barnett and Finnemore 2004, 11). Organisations “seek legitimation of their activities through active control or shaping of the institutional environment (..) in order to gain access to societal resources, thus insuring their long-term survival” (Zucker 1987, 451).

The role of states within the organisation also needs to be clarified: as shown in the previous section, states are crucial elements to enable an IO to act. The IO has to have a certain amount of back-up to be able to act on behalf of its members. We have seen that IOs are more than the sum of their members and have independent goals.

First, Nitsan Chorev stresses the need to focus on the capacities of the IO for strategic action to protect its goals and preferences (Chorev 2012, 28). As this is understudied in the case of the World Bank, this work aims to shed light on the World Bank’s agenda setting capacity and the ability to pursue own strategic policies and structural changes. The capacity for acting independently and pursuing own goals is bound by certain factors: funds from exogenous actors (e.g. member states) (resource dependence), majority of votes (procedural dependence) and legitimizing forces (normative dependence) (Chorev 2012, 22). These dependencies mirror the vulnerabilities of an IO and simultaneously

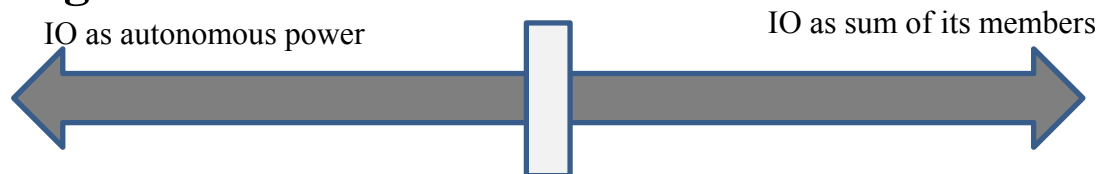
show where an IO needs to seek for support to pursue its goals. Similarly Robert O. Keohane and Joseph S. Nye (2001) identify vulnerability and sensitivity as the two main categories to understand power in interdependent relations.

Therefore, my theoretical conceptualisation approach takes governmental interests but also IO interests into account, by understanding IO's as bureaucracies with a certain degree of authority and autonomy. These features provide the IO's with more legitimacy than single-acting of states and at the same time lets them do more than affiliated states can achieve or have even intended (Barnett and Finnemore 2004, 5).

To put it concisely, IOs act as semi-autonomous agents on behalf of their members in order to shape the inner and outer environment, striving for power and legitimacy. Independence or vulnerability are influenced by resource dependence, procedural dependence and normative dependence.

Figure 8: Hypothesis on controversy II

2 International Organisation



4.3 Organisational change (*controversy III*)

My research is an attempt to explain change of IOs and draw conclusions about why change happens and what effect change has on the structures of the IO itself, on its members and the surrounding global health governance system. But what is change? And how can change be theoretically analysed?

Three scholarly pieces will be studied with special attention: Koremenos et al. (2001), Streeck and Thelen (2005) as well as Barnett und Finnemore (2004). These authors provide a conclusive combination of theoretical approaches. They show that internal as well as external reasons are relevant for organisational change. This approach proves to

be able to understand and explain the increase of multi-bi funding. Showing change and the reasons why it occurred on a theoretical level help explaining why the use of World Bank trust funds has increased so tremendously and which effects the increased use has for the IO, the donors and the surrounding global health governance system.

There is a lively debate on the definitions of change, modification, stagnation and the possibilities to distinguish one from another (Barnett and Finnemore 2004; Campbell 2004; Chorev 2012; Drori, Meyer, and Hwang 2006; Park and Vetterlein 2010; Streeck and Thelen 2005a). This discussion then leads to the question of how can change be identified when we see it? Several problems evolve from these questions and are described extensively by John Campbell (2004). In his book on “Institutional Change and Globalization” he aims to clarify the problems with the analysis of change and provides some rather helpful solutions. He claims that change is often only considered as change when it occurs radically and abruptly. However, he finds that change mostly happens rather evolutionarily and often occurs in a path depended way (Campbell 2004).

Change is not necessarily the result of demands of member states, but can also be the result of a change in bureaucratic culture and/or the result of a new policy within the institution that also affects the institution and therefore the environment (Barnett and Finnemore 2004, 8). This approach, nevertheless, does not negate the fact that member states can have an effect on IOs and can lead to change due to governmental pressure. State demands remain very important and determining. Furthermore, change occurs as a result of intended and non-intended consequences of this process (Streeck and Thelen 2005b, 14 ff).

As I want to explain why the third channel has been growing continuously and how the IO adapted to the increased use of trust funds I need to focus on approaches that explain incremental change. Following Campbell, I choose critical events as a time frame. They are explained in more detail in the *second chapter* (Campbell 2004). These critical events will show the IO’s ability to change and adapt as there is no abrupt change or a radical alteration of the IO as such. Therefore the theoretical approaches that will be described in the following section all refer to incremental change that takes place over time.

Change of membership rules and policy change receive special attention as the theoretical part needs to explain the following questions: why is the IO opening up towards new members for the third channel? Why does it alter its policies to receive more resources

via the third channel (due to external or internal pressures) and finally, why does it change its structures to better control the numerous trust funds that seem to be hard to manage and supervise?

Change of membership rules

As the World Bank Trust funds are also open towards funding from non-governmental actors (in contrast to the core-structure of the bank), a theoretical explanation of changing membership rules is necessary. The first reason for an inclusion of non-governmental and new governmental actors is a need of resources that can be explained with rationalist approaches. It shows that organisations integrate actors to gain legitimacy, raise their efficiency and get access to new financial resources (Liese 2009b, 196; see also Mayer 2008). Organisations also need expertise and access to the local level that can often be provided better by NGOs as Tanja Brühl (2003) shows for NGOs in the environment sector.

Especially important is the capacity to build external alliances with other actors that are heavily dependent on resources. Andrea Liese (2009) sets up the hypothesis that the higher the capability is to build alliances, the higher the chances are of an opening towards non-governmental actors. This holds also true for the acquirement of additional resources from governmental resources (Liese 2009b, 198). If there is a lack of resources, organisations can decide to include actors although they then receive substantial influence on the organisation. The organisation is then confronted with a dilemma as striving for stability and security means searching for resources where they are available. However, striving for independence often goes along with a limited involvement of different (funding) sources (Liese 2009b, 200; see also Pfeffer and Salancik 2003). To answer this dilemma, organisations tend to try to avoid too much external control and acquire a maximum of resources at the same time (Liese 2009b, 200).

Policy change

Liese explains her findings of organisational change as a result of internal and external dynamics. She also shows that organisational change depends on the capability to adapt and learn. The organisation needs to be able to reflect on structures and processes and then change them. This needs time, financial resources, and management competences (Liese 2009b, 195).

Lynne E. Zucker's (1987) approach aims at analyzing organisational change within the state is also transferable to IOs as the mechanisms are very much alike. He describes organisations as being "influenced by normative pressures, sometimes arising from external sources (..)" as well as from "within the organisation itself" (Zucker 1987, 443). Institutions tend to adopt successful elements of other institutions. Looking at the understanding of inner organisational processes, Zucker shows that elements from within the organisation can lead to the implementation of new organisations while tending to imitate other similar organisations. This can be understood as a similar process to path dependency (Mabee 2011; Zucker 1987, 446).

Looking at policy change, one can look at the organisational culture and its functions to spread and influence others. Catherine Weaver and Ralf J. Leiteritz (Weaver and Leiteritz 2005) analyse under what circumstances the World Bank has changed its operations and routines. They are applying an organisational culture approach to show that change can happen, but within path-dependent directions that are not necessarily congruent with the intention of its members (Weaver and Leiteritz 2005). So, the capacity to change is determined by the IOs bureaucratic culture and to a lesser extent by the members. Therefore, the internal bureaucratic culture proves highly relevant when it comes to organisational change.

4.3.1 Why do international organisations change?

Barnett and Finnemore differentiate changes coming from internal or external sources and originating from cultural or material variables (Barnett and Finnemore 2004, 42). IOs strive for independence from resources and other organisations by trying "to control the flow of their resources and to control the resources that sustain rival organisations" (Barnett and Finnemore 2004, 42). A second reason for organisations to change is "driven by a struggle of power, prestige, and resources" (Barnett and Finnemore 2004, 42). Here, the internal pressure is the main force for change.

A rational approach, as Koremenos et al. show, is able to explain how "states use diplomacy and conferences to select institutional features to further their individual and collective goals, both by creating new institutions and modifying existing ones" (Koremenos, Lipson, and Snidal 2001, 766). Institutional change, as a product of conscious design, is in most cases, according to the authors, the "overriding mechanism guiding the development of international institutions" (Koremenos, Lipson, and Snidal

2001, 766). Change is designed to provide greater benefits to the participants. Institutional designs have been changing constantly, through the creation of new agencies, extending membership and so on and so forth. The result is “that most institutions evolve as members learn, new problems arise, and international structures shift. But institutional evolution still involves deliberate choices made in response to changing conditions” (Koremenos, Lipson, and Snidal 2001, 767). Koremenos et al. argue that institutions alter as some states favour them while others decide for different and new institutional designs that provide more opportunities for benefit or because they are better meeting their needs or the current challenges. So, in the end, it is possible that an institution will be modified, or be replaced by others that offer more benefits, whether it is a different institution or the creation of a completely new one (Koremenos, Lipson, and Snidal 2001, 767 f). Here, the authors argue that change mainly derives from external pressures.

With their understanding of IOs as bureaucracies, Barnett and Finnemore are able to describe forms of change that go beyond the rational assumption that IOs only change because the member states want them to change. The authors stress that organisational change is often path-dependent and existing regulations shape future decisions and changes fundamentally. Therefore, change is largely adaptation. This adaptation often takes place in order to expand the organisational tasks in terms of size and scope. “Consequently, IOs tend to define both problems and solutions in ways that favour or even require expanded action for IOs” (Barnett and Finnemore 2004, 43). Within the opportunities, path dependence is important as it structures and guides the opportunities for change providing ‘windows of opportunity’ and institutional connecting links for change and, in a very strong sense, pre-determines the paths in which change can happen at all. Imitations of similar features are more likely to evolve from a change than completely new forms with very different settings.

Similar to Campbell’s (Campbell 2004) argumentation, Streeck and Thelen note that change is often only noted when it occurs abruptly. Therefore incremental change has to distance itself from two processes: external or internal shocks or only minor, superficial change (Streeck and Thelen 2005b, 1 f). Mainly continuities and path-dependencies are identified to be the most determining forces in institutional change. In rational choice literature, however, institutional change is often identified as being abrupt or induced from the outside. According to the authors, these two perspectives ignore the endogenously generated institutional change that is not only adapting to its surrounding

but actively being pressed for from the inside of the organisation (Streeck and Thelen 2005b, 7). Therefore, the authors argue for a new perspective that allows for an analysis of incremental, procedural changes that in the end result in real change. Change sometimes is the result of a changing behaviour of the institution. The internal reasons for this change lie within existing ambiguities and gaps in regulation, structure or exercise that serve as a starting point for change (Streeck and Thelen 2005b, 19). With this definition of institutional change, the authors refer to the agent-structure problem directly.⁴⁹ They show that institutions are constantly put into question and actors try to push for their interests within the institution by changing or circumventing rules and regulations: „Actors cultivate change from within the context of existing opportunities and constraints – working around elements they cannot change while attempting to harness and utilize others in novel ways“ (Streeck and Thelen 2005b, 19).

With this definition neither agent nor structure dominates but rather they are closely interwoven. Institutional change therefore can emerge from agents or structures and lead to changes of regulations, interactions, and the behaviour of the institution itself. This entanglement will serve as a basic condition for institutional change within this work as it allows for the identification of structural changes, changes in institutional behaviour as well as changes that result from different regulations and actors within the organisation. The driving forces for change can be situated either in the surrounding of the organisation as well as inside the organisation itself. With this approach, institutional incremental changes can stem from many sources and different empirical data can be used to identify change on various levels.

4.3.2 How can change be theorized?

This section deals with the questions of how organisational change can occur and what forms it takes. First, different forms of institutional change will be presented and will be pre-tested for the institutional setting of the World Bank and the trust funds. For those

⁴⁹ This issue is known under the “agent-structure problem” where either actors or structures are understood as the most driving forces in political processes. Within the last decades several scholars have created solutions to circumvent or find answers to the agent-structure problem and to then explain both as determining entities that form social behaviour (see for instance Mayntz and Scharpf 1995). For political science, especially governance approaches from the 1990s and 2000s gained attention providing broad understandings that combined the relevance of actors and institutions. Although they have been criticized for the blurry definitions (Benz 2004; Blumenthal 2005; Schuppert and Zürn 2008), they nevertheless allow for a perspective that is able to take actors, structures and processes into account.

that seem likely at first sight more specific criteria will be elaborated. The theory-driven criteria for change will help to explain the organisational change of the World Bank in the context of the increased use of trust funds.

Streeck and Thelen highlight several different forms of institutional change that will be described in the following. After the description a first pre test will show which models will serve as a framework concept for the testing of the empirical material in the *seventh chapter*.

Displacement

Displacement occurs when institutional structures or regulations are replaced and substituted through new ones. This change can stem from either the inside or the outside of the institution (Streeck and Thelen 2005b, 19 ff). The empirical data will show that the trust funds do not substitute the core structure of the bank, as it is still working in the same way as before. Therefore, this category does not seem to apply to my case study and is therefore explored no further.

Layering

Layering refers to a specific type of reform that results in a new connected pattern. The concept of layering is in close connection to Eric Schickler (2001) who is representative for establishing theories on overlaying structures as institutions are increasingly becoming incoherent and inconsistent. The empirical example Bruno Palier (Palier 2005) provides in the Streeck and Thelen anthology deals with the private insurance system that establishes itself on top of the public system. This private system manages to put pressure on the public system and forces the public system to change and adapt to the private system (Streeck and Thelen 2005b, 23).

Change through layering does not necessarily put the institution into question. It rather serves as an additional structure that corrects the defaults of the former structure. The new structure does not necessarily threaten or undermine the established structure. Palier shows in his reference study on incremental change the slow liberalization of the French welfare state over two decades. The change of the institution takes place at the fringe of the institution and serves as a structure that completes and repairs the former structure.

The institutional structures change around the fixed core structure and establish a new mechanism. With these, often small changes, the whole system is being strengthened and stabilized (Palier 2005; Streeck and Thelen 2005b, 24). Streeck and Thelen summarize

the layering process as follows: „Layering involves active sponsorship of amendments, additions, or revisions to an existing set of institutions. The actual mechanism for change is differential growth” (Streeck and Thelen 2005b, 24). What is interesting and special about this approach is not only the way change happens but also where it happens. In this case, differentiated growth is significant enough to mark change that mostly takes place at the fringe of the institution. The literature on Europeanization deals in a similar way with the theoretical approaches of differentiated growth to explain institutional change of the EU (Emmanouilidis 2007; see for instance Windhoff-Héritier 2001).

To analyse layering, the following criteria can be defined as necessary to identify change: additional, voluntary, supporting structures with similar functions that are layered on top of a system and lead to a differentiated growth at the fringe (or at least outside of the core) of an institution. As this layering process is getting momentum from within the organisation it is situated on the side of the internal pressures within the *controversy III* model. This process is examined again in the *seventh chapter* to analyse whether it has explaining capacity for the third channel model.

Drift

Institutions are permanently under negotiation and calibration and hence adapt to their environment. Therefore they appear relatively stable at first sight. However, if changes did not take place, even a deadlock would be defined as change as the surrounding environment constantly changes and requires at least some slight adaptations. The changes that did not take place and left gaps need to be examined as well if one wants to analyse institutional change or continuities. Drift as a category for change deals with these kinds of institutional changes: „Drift can also be caused by gaps in rules allowing actors to abdicate previous responsibilities“ (siehe auch Hacker 2005; Streeck and Thelen 2005b, 25). Drift does not necessarily result from non-intended consequences. It can be part of a political and strategic decision. Jacob Hacker (Hacker 2005) shows in his study that a stable core of an institution can prolong its life although the institution is not needed or required anymore but cannot be terminated for political reasons. With changes at the fringe of the institutions the institution is made inefficient or is at least highly limited and therefore is in the end rendered obsolete.

For drift to work as a category for analysis, a shift of task fulfilment towards other institutions or parts of the institution has to take place. The core remains the same but is substituted by a different (better working) structure. As the trust funds do not stand for a

shift of task fulfilment (the trust funds fulfil the same function as the general World Bank projects) this category will not be examined further.

Conversion

If change takes place through conversion, the institutions are given new tasks (policy change). This change is provoked through external influences that transfer the resources of the institutions to other issues: „existing institutions are adapted to serve new goals to fit the interests of new actors“ (Streeck and Thelen 2005b, 26). The process of conversion is facilitated by different gaps (Streeck and Thelen 2005b, 26 f). In addition to the change process, a political debate takes place that deals with the various possibilities of new purposes for the institution. This debate can either have intended but also non-intended ambiguous consequences (see also Pierson 2004). Ambiguities in particular provide opportunities for interpretation and change. Small members can also put pressure on stronger members by implementing regulations in their own manner. Time is also an additional category that can lead to conversion. Institutions change over time and provide opportunities for processes of change as goals and the environment alter: „conversion was the result of ongoing political contestation and periodic incremental adjustment“ (Streeck and Thelen 2005b, 28).

To use conversion as a criterion for analysis, an institution has to change its objectives or tasks. This takes place incrementally, similar to drift and layering, and within a longer time frame and has external pressures as causes of change. Therefore, the conception of conversion fits to the controversy III model with external pressures as a reason for change. The *seventh chapter* analyses the empirical material according to the change processes that occur due to external pressures in order to identify conversion processes.

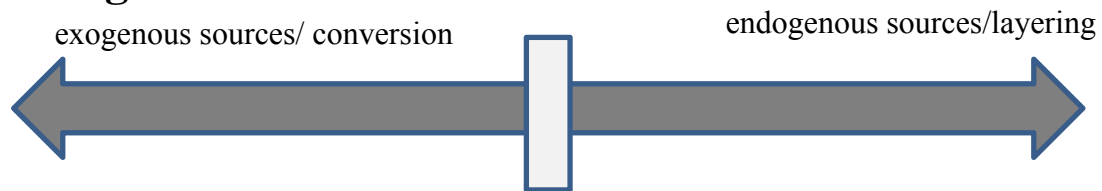
Exhaustion

Exhaustion as a category results in most cases in the termination of the institution and this process can also happen slowly over time (Streeck and Thelen 2005b, 29). As this work deals with a still existing, fully functional institution, this category will not receive more attention but still needs to be mentioned for the sake of completeness. In the further development of this specific approach to institutional change the work of James Mahoney and Kathleen Thelen (2010b) no longer use this category for the analysis of gradual institutional change (Mahoney and Thelen 2010a).

To summarize the Streeck and Thelen's categories for change provide tools for defining change and explaining the effects these change processes have on the organisation. Although layering and conversion describe relatively similar processes; the types of change have very different impacts on the institution itself, especially on its core structure. With layering, the pressure for change comes from within the organisation and the core structure persists. With conversion the pressure for change comes from external sources and leads to a policy change of the organisation.

Figure 9: Hypothesis on controversy III

3 organisational change



The empirical testing along these categories of the World Bank and trust funds data then shows in the *seventh chapter*, which type of change took place, why this change took place and what effects the changes have on the Bank. These explanations help to explain not only what effects the increased use of the third channel has on the organisation but also whether this development weakens or strengthens the organisation in its striving for resources, legitimacy and influence in global health.

5 THE DONORS' PERSPECTIVE ON THIRD CHANNEL FUNDING

After theorizing the role of international organisations and the possible processes of change this chapter deals with the donor perspective on the third channel. The chapter asks the question: Why are governments using the World Bank trust funds? This question recurs to *controversy I* that is defined as the conflict between the costs and benefits of bilateralism and the costs and benefits of multilateralism. This chapter shows that the third channel is offering a broad opportunity for donors to choose flexible funding forms that promise to fit their needs. It offers outer-core funding options with benefits regarding control and visibility and inner-core funding opportunities that enhance pooling of resources and influence on the IO as such. In order to address this controversy, the different opportunities to provide this third channel funding are presented and the most important donors are examined in more detail. What becomes apparent is that the two selected donors, Germany and the UK, both provide third channel funding, but with a different scope and focus. To clarify the costs and benefits for third channel funding, the two countries are compared with one another. The drive to enhance their own development aid institutions and the position towards the World Bank play a crucial role in influencing the decisions pertaining to whether third channel funding is directed, to what scope, and whether it is directed toward the inner or the outer-core of the organisation.

As elaborated in the theoretical chapter, governments provide foreign aid to pursue their interests. These interests are dependent on ideas, institutions and institutional settings at the domestic level. Governments act according to their own cost-benefit calculations. Donors can choose from different channels to deliver foreign aid. Generally, they use two different forms, multilateral and bilateral channels, to split their Official Development Assistance (ODA). Most of the countries provide a larger share bilaterally than multilaterally. Why are donors providing multi-bilateral aid?

Bilateral aid allows direct control and visibility whereas multilateralism offers opportunities for pooling resources and cost-reduction through delegation. The DAC report on multilateral aid puts the reasons for bilateralism and multilateralism as follows:

“the diverse reasons for allocating bilateral and multilateral aid can be condensed to the basic tension between, on the one hand, the desire for control and accountability over how resources are spent, and on the other hand, the wider benefits of pooling resources, presence, and expertise” (OECD 2011, 5).

Are the reasons for multi-bi funding able to combine the benefits of both channels? As shown in the later following *sixth chapter* on the World Bank's perspective, multi-bi funding increases the volume of overall resources for multilateral organisations. However, multi-bi funding often bypasses board decisions and can conflict with the organisation's core policy and strategy, as donors can influence the organisation's policy more directly. Multi-bi or third channel funded aid seemingly combines the benefits of bilateral and multilateral aid. Donors strive to obtain control on resources and policy focus, but also aim to pool resources for bigger impact and outsource cost-intensive tasks such as administration and execution.

Multi-bi funding for donor governments has the following benefits compared to bilateral programmes: multi-bi funds target specific sectors, regions, or countries where multilaterals have more expertise. The pooling of resources makes contributions and already existing programmes more visible and multi-bi funding can fuel the creation of new projects. Instead of contributing to the build-up of new international organisations, multi-bi funding is well suited for specific and time bound projects. Difficult Board decisions can be circumvented with pooled multi-bi funding programmes, as the Board is not necessarily involved in the decision-making process. The decisions are made solely between the respective donors of the particular trust fund and the trust fund managers.

The DAC report summarizes these general reasons by stating that: "Earmarking allows donors to track results more easily, to have greater say over specific uses, and to raise the visibility of their contributions in the eyes of domestic constituencies" (OECD 2011, 5). What is most significant about this financing mode is that third channel funded aid works similarly and has the same benefits and rationales as bilateral funding. However, it is the IOs that manage the resources and mainly appear as the executive power of the assistance (World Bank, Independent Evaluation Group 2011).

However, visibility of the donor is limited as multi-bi funding appears under the management of the respective organisation. If multi-bi funding is directed to programmes with multiple donors, the opportunities for influence are also limited. Therefore, whether a government decides on multi-bi funding is a weighting of the respective interests of being visible and of contributing to a programme that seems worthy of support but involves others. This conflict is mirrored in the *controversy III*.

These overall costs and benefits are not fully able to explain why donors show different funding patterns within multi-bi funding, especially in regard to trust funds. Here,

additional domestic policy decisions must be at play (for general arguments why domestic politics matter in foreign policy see: Milner 1997). A closer look is necessary that looks at the World Bank trust funds from a donor perspective, with particular focus on the health sector.

5.1 What makes World Bank trust funds particularly interesting for donors?

In general, World Bank trust funds are financing facilities that are, to a differing degree, affiliated to the organisation and have been growing significantly, as the *second chapter* shows. Therefore, trust funds must provide benefits that meet the interest of donors. In general, trust funds have the World Bank's reputation and donors can use its administration, staff, expertise and global reach. The trust funds are not only perceived as some pass-through institution, but the fact that they are managed by the World Bank plays a crucial role for donors as they particularly trust the World Bank, as one expert stresses:

“The WB is considered as being a trustworthy partner because of its technical knowledge and expertise. The donors feel comfortable. Most of the trust funds are of more value to them as just a pass through medium, as the bank has mostly an active role in managing the trust funds” (Interview 101, World Bank, June 17th 2010).

Similarly, the numerous country offices of the World Bank provide experience, knowledge and a large number of staff. This is appreciated by the donors according to World Bank staff, and this is the reason why they contribute to World Bank projects (Interview 101, World Bank, June 17th 2010). The 2011 Trust Fund Annual Report states similar reasons: “For donors, trust funds offer visibility, low administration costs, and the ability to provide assistance in countries where the donors may have no or limited presence” (Concessional Finance & Global Partnerships, the World Bank Group 2012, 3). The IEG finds that the choice to provide resources to the trust funds is mainly a political one. Their purpose is to direct aid to specific countries or sectors, and they are often the result of high level government meetings that end in a new initiative financed through a global fund (World Bank, Independent Evaluation Group 2011, vii). The most important reasons are clustered to the following categories: cost reduction, earmarking, scale-up, influence, and opportunity for non-governmental donors.

Cost-reduction

As trust funds have their own regulations, decision-making processes, interests and project outlines, they can serve as cost-reducing institutions: Only states which are really convinced by the trust fund contribute to selected specific ones and can decide on the basis of their own agenda which trust funds they support. Strategies, policies and programmes are often already set up, which provides security and reliability for donors. As there are fewer members who all share an equal weight, decision-making processes may be easier. “Trust funds can be a good channel to provide technical assistance in a coordinated manner. It is there to complement IDA resources. The donors use the catalytic role of the bank” (Interview 104, Washington, June 22nd 2010). Michelle Miller-Adams (1999), one of the first authors to mention trust funds in academic literature, addresses the changing World Bank agendas. She notes that the trust funds are increasingly used because the funds act “as a ‘carrot’ for fence-sitters who are considering adding a participatory component to their project, but are concerned about the additional cost (..)” of subjugating to the World Bank’s rules and norms (Miller-Adams 1999, 90).

Earmarking

Earmarking and specifying directly where funding is going to has been gaining importance since the debates on aid conditionality and good governance approaches in the early 2000s. As discussed in depth in the *third chapter*, earmarking is a highly prevalent means in health related development aid (Martinez-Alvarez and Acharya 2012; Nunnenkamp and Öhler 2011; Stierman, Ssengooba, and Bennett 2013; Toyasaki and Wakolbinger 2011). Third channel funding allows for direct earmarking of funds. As the funds are directed to specific sectors, countries, or health issues, they allow donors to follow their own particular policy aims in providing aid.

Scale-up

The financing of trust funds directed to global public goods, health in particular, can scale up multilateral country-based programmes with the opportunity to earmark contributions according to particular health priorities. However, apart from multilateral systems, bilateral aid can also be supported: The donors use the World Bank’s management capacity to scale up programmes because they themselves often lack the needed sums and

the expertise.

The IEG report comes to a similar conclusion that

“(d)onors use trust funds to do things that would not be possible through traditional multilateral aid channels, such as earmarking their trust fund contributions for particular countries and development issues and engaging in the Bank’s implementation of programmes and activities. And, to address limitations of bilateral aid, donors use trust funds to pool funds for particular programmes, tap into the capacities and systems of the trustee organisation, and distance themselves from politically controversial activities” (World Bank, Independent Evaluation Group 2011, vii).

Influence

In their research, Christina Schneider and Jennifer Tobin (2010) argue that governments try to influence IOs formally and informally to shift the IO’s aid policies according to their own national interests, by asserting themselves in the decision-making processes. Donors can, to a large extent, determine trust fund policy and distribution conditions. Therefore, one important reason for donors to use the World Bank’s trust funds is the ability to influence the Bank. As the trust funds work and appear under the umbrella of the World Bank, influencing the trust funds is also influencing the output of the World Bank and the core bank’s business (World Bank, Independent Evaluation Group 2011, 6). If governments are able to prove their ability to influence the IO and change the organisation’s policy towards their own national strategic interests, they can increase their domestic support and then might be able to increase aid budgets. The authors argue that the amount of influence one government can exert on an IO depends on its bargaining power (formal and informal) inside the organisation. For instance, the bargaining power increases when donors form interest coalitions (Schneider and Tobin 2010, 6).

Opportunity for non-governmental donors

All the benefits listed before are in regard to donor governments. However, third channel funding is also an opportunity for non-governmental donors. It is not only governmental donors that use the World Bank trust funds to influence the Bank’s policies. One World Bank staff member comments on the influential role of non-governmental donors:

“The private donors bring in a different attitude, as they are interested in the issue, there is no diplomacy or political interest. And also, they want to see results, so they heavily pushed the implementation agencies to provide them. There are so many agencies and donors like the Gates Foundation who can go with their money where they want. The private donors also show agencies like the World Bank how to work

more like a business; they want value for their money. So actors like Gates put pressure on the World Bank and that has been good in terms of health outcomes” (Interview 103, Washington, June 22nd 2010).

Another expert makes a similar observation and stresses the additional benefits for non-governmental donors of multi-bi funding through the World Bank:

“The Gates Foundation for example wants to influence bank policy and strategy and becomes a donor to them to be on the advisory board. Often NGOs or foundations also ‘buy in’ to receive analytical work, consultancy and other studies, and use the banks capacities” (Interview 101, Washington, June 17th 2010).

Donors can provide their resources quite flexibly. One World Bank staff member stresses the option for non-governmental donors to buy into projects for shorter time periods, and to withdraw from them once the projects do not match their interests anymore in any way, as the finance period only covers two years. The same rules also apply to governmental donors. This facilitates flexible involvement and withdrawal of donors from trust funds and serves as a convenient short time opportunity for donors. However, from the World Bank’s perspective, it diminishes predictability of resource inflow and long-term planning of projects.

“In terms of long term sustainable projects, to work with them can be challenging. They don’t provide you with 5-10 year funding promises. So if it is not really much money we are talking about [...], sometimes it is just not worth it to persuade them to contribute. The World Bank on the other hand is a slow agency, there are a lot of processes going on and they are also not the quickest disburser. So, the quick visibility that private investors want to have is sometimes not possible” (Interview 103, World Bank, June 22nd 2010).

For donors, the trust funds can therefore have several benefits with only minor transaction costs. As their involvement is voluntary, they can choose according to their priority settings, financial capacities and, if needed, stop their contributions to the funds after every two years. It is a highly flexible instrument for governments and non-governmental agents alike to engage in development aid.

However, the trust funds can also have some challenges, as this expert explains:

“Trust funds cause exposure that can be positive or it can also be sometimes a drawback. It’s a trade-off between extending your agenda along with what others find important which may not be your own core, for which you may not have own resources but you can build out by getting these additional resources in certain areas” (Interview 301, November 5th 2013, 00:03:54).

As the costs for trust funds are limited, it is feasible to join existing projects. The question remains whether an extension of the portfolio makes sense and serves the foreign interests

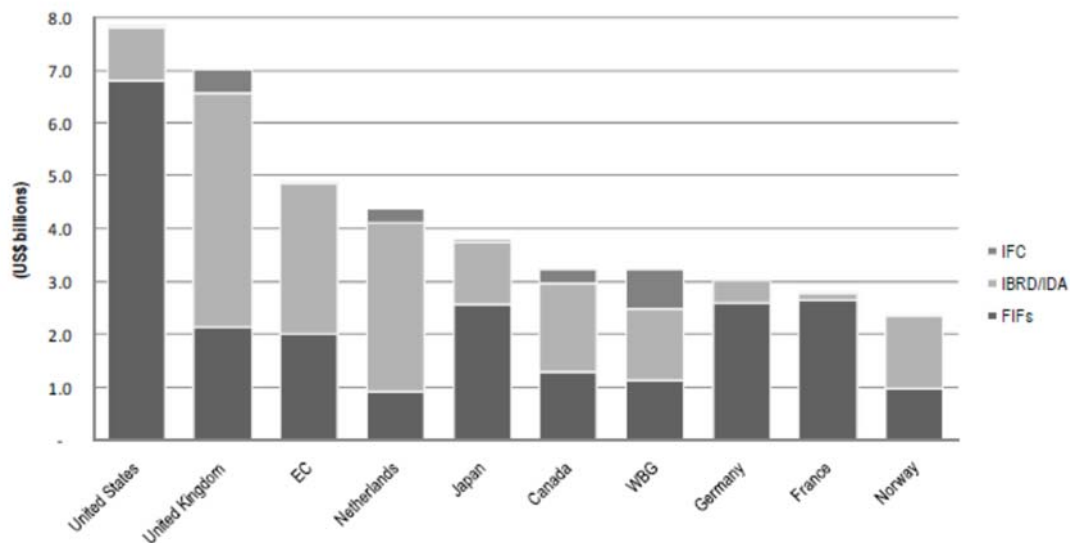
for visibility and impact. The reason for that lies in the governance processes of the trust funds: “there are potentially many agents and principals in the process before the donor’s funds reach the ultimate intended outcome” (Interview 301, November 5th 2013, 00:05:15).

However, these overall costs and benefits cannot fully explain why donors show different funding patterns within multi-bi funding.

Overview of biggest donors and their different funding patterns

The trust funds, as explained in the *second chapter*, function in three different ways. There are BETFs, RETFs and FIFs. BETFs and RETFs are relatively closely attached to the inner-core to the World Bank, whereas FIFs (for instance GAVI and the Global Fund) are located outside the organisation, where the World Bank only serves as a trustee and generally has no decision-making power in the Board of Directors.

The following figure shows the top ten donors to World Bank trust funds over a time period of 2002-2010, their channelling to BETFs/REFTS (IDA/IBRD trust funds, inner-core), FIFs (outer core), and the IFC facilities.

*Figure 10: Top 10 donors of World Bank trust funds***Figure 2.4 Two of the Top 10 Donors Account for a Quarter of All Trust Fund Contributions, But They Direct Their Resources in Starkly Different Ways (FY02–10)**

Source: Trust fund database.

Note: World Bank trust fund resources are drawn from net income.

Source: World Bank, Independent Evaluation Group 2011, 16)⁵⁰

What can be seen from the above figure is that the biggest ODA donors also provide third channel funding through the World Bank.

In fiscal year 2011, 62 countries contributed to the trust funds, accounting for 89 % of total cash contributions. The top 10 DAC-member donors provided about 73 % of all cash contributions (World Bank, Independent Evaluation Group 2011, 14). This ratio shows that it is a small number of donors delivering most of the financing to the third channel in the World Bank. These data also indicate that trust funds serve as a means for the established big donors. The table also proves that, among the biggest donors, their amount of contributions to trust funds differ significantly, as does their share of inner-core and outer-core funding.

The general ODA data indicates that overall the US are the biggest donors to the World Bank IDA/IBRD, followed by the UK, Germany, France and Japan (OECD 2012a). But the largest donors of all World Bank trust funds are the US and UK, followed by the Netherlands, the European Commission, Canada, and France. Germany ranks only on the 7th position (World Bank, Concessional Finance & Global Partnerships 2012a). The

⁵⁰ The IFC funds only play a marginal role in terms of scope. They are supported by private companies and have very different governance mechanisms. Therefore they are not subject of examination in this work.

figure indicates that donors follow different funding preferences. For instance, Germany and the US fund outer-core FIFs to a larger degree, whereas the UK and Norway mainly support inner-core trust funds. Moreover, the IEG report further states that the countries focussing on inner-core trust fund support also “engage the most with the World Bank on the use of funds and on their incorporation into the business of the Bank” (World Bank, Independent Evaluation Group 2011, 14).

For the comparative case study, two countries out of the ten biggest World Bank donors regarding multi-bi aid, the UK and Germany, have been selected for direct comparison in order to understand the underlying rationales for the different funding patterns (Haynes 2005; Hook 2008; Jahn 2010; Lauth, Pickel, and Pickel 2009). Both countries have also been selected due to their status as highly influential actors in global development aid, and due to their focus on new development approaches like multi-bi funding and the fostering of innovative instruments like the International Health Partnership plus (IHP+) and the Global Fund.

This observation serves as a base for a comparative analysis to explain why there is a difference in scope and channelling of third channel funding.

5.2 Germany and the UK in global health – comparative case study

With these general figures in mind, the next section takes a closer look at the two biggest European donors in health: Germany and the UK. Both emphasize the importance of health related development aid (Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung 2009, 2011a; DFID 2011a, 2011f). The UK channels slightly more resources bilaterally in health related development aid (USD 2.1 billion general ODA in 2010 whereof USD 1.1 billion were spent bilaterally) and directs more than 15% of its ODA towards health. This is more than most other European countries (Action for Global Health 2012).

Germany, on the other hand, has spent USD 1.1 billion in 2010 on health (44,5% bilaterally, 55% multilaterally) and dedicated 10-11% of its ODA to health issues (Action for Global Health 2012, 35; SEEK Development 2012). In spite of these slight differences, their channelling of funds can be regarded as similar, as they both contribute a significant amount of their ODA to health and have roughly equal shares between bilateral and multilateral funding.

Both countries provide multi-bi funding to the World Bank. However, their multi-bi

funding to the World Bank differs significantly, not only in scope, but also when it comes to choosing the types of trust funds to channel their money to (World Bank, Concessional Finance & Global Partnerships 2012b, 8). The UK, being the second biggest provider of foreign aid in general, is also the second largest provider of World Bank trust funds with a focus on BETFS and RETFs, but also equally supports FIFs (especially the Global Fund).⁵¹ With the UK's focus on health issues, the country is a very important donor for third channel funding in health.

Regarding overall ODA, the German government is the third largest donor of foreign aid. However, when it comes to trust fund contributions, Germany ranks in the 7th position (World Bank, Independent Evaluation Group 2011). Germany's third channel funding has a clear focus on FIFs. Regarding the health sector, the largest share of contributions is directed towards the Global Fund. As RETFS and BETFS are barely receiving any funding, especially in health, it becomes evident that Germany undertakes a policy that does not specifically support core Bank's business.

In the following section, I explain the comparative case design and show in more detail how Germany and UK can be defined as similar cases that allow a most-similar case study. Furthermore, I show the categories in which they differ in their third channel funding. I then argue that these differences in the donors' choice of multi-bi aid are mainly influenced by their respective perceptions of the institution, and their different approaches to enhance their own development aid structures. To develop this argument, I examine

⁵¹ As of August 2011, the UK are providing financial resources to the following health trust funds (IDA/IBRD Trust Funds): Population, Economic and reproductive Health Trust Fund, UK-Interim Trust Fund for Global Health Fund, Multi Donor Trust Fund for Health, Nutrition and Population Support Program in Bangladesh, trust fund for the Health and Social Protection Project in the Kyrgyz Republic, Trust Fund for Ethiopia Protection of Basic Services Project Support- Subprogram B – Health Millenium Development Goals Performance Facility, Cambodia Health Sector Support Program, Multi Donor Trust Fund for Health Results Innovation Grant, Trust Fund for China Rural Health Project, Multi Donor Trust Fund for the Cambodia Second Health Sector Support Program, Trust Fund for the Health and Social Protection Project in the Kyrgyz Republic, EDI Flagship Program on Health Sector Reform & Sustainability, Health and Population Program Project, Fourth Population and Health Project, Fifth Population and Health Project, Population, Health & Nutrition Sector, DFID/WBI Flagship Programme on Health Sector Reform, SDA Component of the Mozambique Health and Nutrition Project, Cambodia Health Sector Support Project, Health Program Support Office, Stronger Tobacco Control Within a Sound Economic and Social Framework (World Bank Finances 2011, 63–77).

the donors' rationales with regard to their funding of the World Bank trust funds.

5.2.1 Why are Germany and the UK using the trust funds differently?

Several questions evolve from the former empirical observations on funding patterns. Why do donors like Germany and the UK focus on different trust fund forms? Why does Germany focus on FIFS, and why is the country so reluctant in its support of inner-core trust funds compared to its general ODA-share? Two levels of analysis have to be considered: (1) the circumstances of (extensive/minimal) multi-bi funding in general and, if multi-bi funding is undertaken, (2) the specific type of multi-bi funding (inner- or outer-core). I argue that analyzing to what degree an IO is supported, and whether that support is directed to the inner-core of the organisation, has explanatory power regarding the donor's relationship with the IO and the donor's aim to enhance own development aid institutions.

The case study is carried out on the basis of the main question of why governments support World Bank trust funds in the first place, and why they have different funding patterns. The hypothesis states that *the focus of third channel funding is shaped by the aim to enhance own development aid institutions and the perception of the World Bank in general.*

To explain the *different focus of multi-bi funding* (y), the independent variables x_1 *importance of donorship in health related development aid*, x_2 *donor of World Bank trust funds* and x_3 *strong official commitment to multilateralism* will be examined first to elaborate whether Germany and the UK are suitable for a most similar case study. The subsequent section deals with the differences considering the *position towards the World Bank* (x_4) and the *aim to enhance own development aid institutions* (x_5). In a summarizing section, the donors' support of World Bank's inner and outer-core funds will be explained as resulting from different priority settings and policies (mirrored in variables x_4 and x_5).

The similarities

The following aspects lead to the selection of similar cases: the countries have been selected out of the ten biggest donors of ODA and World Bank trust funds. They are highly influential actors in global development aid and engage in new development approaches like third channel funding and new instruments like the Global Fund. Both countries have a long history of development aid, combined with a strong commitment

for multilateralism as part of their foreign policy (see for instance: Lancaster 2007).

The UK, as a former colonizing empire, always emphasized its responsibility for its former colonies. The UK as a donor has a strong commitment to multilateralism and is providing 29% of its ODA as classic multilateral core aid funding (DFID 2011f, 6). The UK have been a constant, large donor of development aid with a strong focus on untied aid (for a detailed analysis see: Barder 2005; for a detailed analysis of the DFID in general see: Ireton 2013).

Prior to Tony Blair's Labour government, the UK's focus on aid remained more on its own economic and political interests in the developing world. Yet since then, the elimination of poverty is named as its singular development goal, which results in less aid to Russia, East Asia and British overseas territories and more aid to sub-Saharan Africa (Barder 2005; Hook 2008; Ireton 2013). Besides the regional concentration, the policy approach, stated in the 1997 white paper, has been focusing increasingly on aspects of partnership and ownership (UK Secretary of State for International Development 1997). In 2013, the UK government decided for the first time to spend 0,7 % of its Gross National Income (GNI). In the years before, the amount had remained below the international 0,7 % target (Tran 2013).

This change of policy and regional focus is also reflected in a change of the development aid's institution: the Department for International Development (DFID) replaced the Overseas Development Administration in 1997 (Hook 2008, 102). With the DFID, the UK has a very prominent and influential actor in development aid. The DFID is known for its strong involvement in multilateral organisations, and its well informed and highly professional staff.⁵² In the UK, the DFID has the exclusive authority for the funding of multilateral development banks (OECD 2011, 18).

The UK not only strongly supports multilateral agencies politically, but also distributes significant resources to them. Additionally, the DFID, which is the ministerial body and executive agency for UK aid, reviews the multilateral organisations to channel UK resources according to their multilateral aid agenda. The UK's multilateral strategy is heavily influenced by these evaluations from the DFID.

Overall, the UK has a strong commitment to multilateralism and also proves its awareness

⁵² The DFID is providing not only information that is useful to analyse its own reasoning for its development policy but is also a valuable source of general information on global health governance issues and development aid assessments.

of its own engagement with multilateral organisations due to thorough evaluation. This allows for targeted involvement with the organisations that best meet the interests and policies of the UK government.

The reason for Germany's foreign aid after World War II was the goal of becoming an economically stable and peaceful state rather than a military power. This development was accompanied by the support and control of the US Marshall Plan. To support its peaceful international approach, the German governments have emphasized their strong commitment to multilateralism. After the Cold War, the programmatic focus relied on sustainable development and democratization. The main destinations of foreign aid have been Russia, post-Soviet states, Central and Eastern European countries, and East Germany. In the 1990s, Germany dropped its development aid in overall levels from 0.41 % in 1990 to 0.26 % in 1999, but kept its multilateral orientation (Baumann 2002). Currently, it sets its development priorities according to the MDGs (Hook 2008, 101 f). The German government stresses the need to reform the international aid architecture and increase efficiency and coordination. Monitoring and Evaluation play a vital role in finding clear tasks, assignments and division of labour (CDU, CSU and FDP 2009, 129). The government calls for new forms of multilateral cooperation and stresses its willingness to "take on more responsibility in multilateral development policy and to harness its strengths more effectively. (...) Germany will be actively involved in shaping these (World Bank, IMF etc, L.D.) reform processes" (Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung 2011b, 16).

Moreover, Germany equally states its orientation towards multilateral organisations. Its multilateral share in development aid has been ranking around 40% in the last decades. Yet, the CDU/CSU/FDP government⁵³ has decided upon capping the multilateral share at one third of its development aid budget, in order to broaden the scope of design and implementation of the German development aid and increase the efficiency of the provided resources. However, this ceiling is legally non-binding and barely has any significant consequences (CDU, CSU and FDP 2009, 129; OECD 2011, 10). Nonetheless, it significantly shows the scepticism towards multilateral organisations and the wish to strengthen own bilateral institutions that presumably are in the position to provide more

⁵³ The conservative / liberal government of Christian Democratic Union (CDU), Christian Social Union (CSU) and Free Democratic Party (FDP) was in power from October 2009 until December 2013.

efficiency. One expert explains the development of the cap. He states that the capping plan was already elaborated and part of a plan of the budget committee when the CDU/CSU/FDP government came into power. However, the new government first mentioned the decision in the coalition agreement. “The pressure to be part of certain multilateral arrangements should not be underestimated. Therefore, the governments cannot refrain from engaging with multilateral agencies” (Interview 202, Bonn, March 1st, 2012, 00:12:04).

Here, the domestic conflict of interest becomes apparent: the domestic goal cannot be implemented due to strong international pressure for multilateralism. Therefore, the one-third cap is only a symbolic and political positioning of the government stressing the will for bilateralism but it remains without significant effects: “Therefore the one-third / two-third decision serves as a guidance but will never be fulfilled” (Interview 202, Bonn, March 1st 2012, 00:13:54, translated by the author).

The German government stresses the importance of reaching the 0.7 % GNI target. However, constraints have been added as the financial crisis has served as an obstacle (more on the financial crisis and global health see: Leach-Kemon et al. 2011; Lewis and Verhoeven 2010; WHO 2009b). The government argues that an increase of ODA could only be provided if it would go along with an increase in efficiency of the development aid institutions. At the same time, the ability to absorb the increased contributions by the developing countries through a well functioning governance system would be necessary. Budget support is only given to recipients under strict and transparent criteria with tight monitoring to keep control over the resources.

The DAC report shows that these decisions like ceilings and the scepticism towards multilateral organisations are often due to political pressure to limit a country's multilateral engagement. Here, domestic perception seems to be more important than overall aims for efficiency. “Ceilings do not appear to be backed by any strong evidence on the relative effectiveness of bilateral and multilateral aid” (OECD 2011, 10). On the contrary, multilateral agents have proved to be able to produce a reasonably good quality of aid, and are considered to match donor's interests and supply predictable assistance (Duran and Glassman 2012; OECD 2011, 10).

This priority setting in providing development aid shows that the German government is stressing its commitment to multilateralism and provides a significant share of resources multilaterally. However, the government is also critical about the efficiency of

multilateral agencies and seeks strict monitoring and control, preferably undertaken by self-inserted institutions.

Despite the differences in historical legacies regarding foreign aid, Germany and the UK can be regarded as similar cases that provide a significant amount to multilateral organisations and share an official commitment to multilateralism. Most importantly, both countries emphasize their strong engagement in development assistance for health. The two countries also show similarities in regards to their health aid policy. Their focus lies on results. Enhancing monitoring and evaluation is an overall goal of their development aid approaches. Both countries strongly emphasize the need to support health systems in DAH.⁵⁴

Summarizing the first empirical observations, the independent variables x_1 (*big health ODA-donor*), x_2 (*strong commitment to multilateralism*), and x_3 (*strong official commitment to multilateralism*) show similarities and allow direct comparison to analyse the differences.

Differing variables

This section compares in depth the differing variables of the two cases (x_4 and x_5), in order to get a more thorough insight into their trust funds financing policy, their priority settings in global health policy and financing, and the donors' perceptions of the World Bank. Taking these aspects into account helps to understand the motives and interests of funding core or non-core World Bank trust funds.

Coming back to the funding patterns of the two donors: The UK is the second largest provider of trust funds with a focus on inner-core trust funds, and is also a strong supporter of outer-core FIFs with a focus on the Global Fund (World Bank Finances 2011, 63–77). Therefore, the UK is a very important donor for third channel funding in health related development aid for the World Bank.

Germany's trust fund contributions only rank 7th with a strong focus on outer-core FIFs such as the Global Fund and GAVI. As close-to-core BETFs and RETFs are barely receiving any funding, it becomes evident that Germany undertakes a policy that does not

⁵⁴ The improvement of the health systems is one of the main focuses of German development cooperation in the health sector“ (Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung 2009, 2010a, translated by the author). We also know that focusing on strengthening health services would significantly advance the achievement of the Millennium Development Goals (MDGs) which are currently most off-track” (DFID 2011g).

specifically support the Bank's core business through trust funds (World Bank, Independent Evaluation Group 2011).

The UK and Germany not only differ regarding the sums they direct to trust funds, they also differ with regard to their preferences of channelling trust fund contributions to the inner or the outer core of the organisation. In order to explain this, a closer look at the donor's *aim to enhance own development aid institutions* (x4) and their *position towards the World Bank* (x5) is required so as to find an explanation for their different channelling. These two variables are grounded in Lancaster's four forces for foreign aid (Lancaster 2007). First, she mentions *institutions* where decisions are taking part and where it is decided how the institutional design of foreign aid is organized. Second, she looks at *organisation* that determines how foreign aid is organized and how relationships with other actors like NGOs and IOs are shaped. These two form the base of the variable regarding the design of the development aid institutions. Third, *Ideas* which influence how much aid should be given and how important multilateralism is and, finally, *interests* which explain the spending of public resources according to cost-benefit calculations. The last two shape the variable of the governments' position towards the World Bank (Lancaster 2007, 18 ff).

As shown in the *fourth chapter*, domestic decisions form the base of foreign aid decisions. They are the basis of the decisions as to where, how much and with which modality foreign aid is spent. Therefore, it would be logical to add another variable that considers party politics and governmental party ideology. Nevertheless, Tingley (Tingley 2010) and others show convincingly that political ideology and changes of governments only have little influence on development aid policies (Breuning 1995; Imbeau 1989; Noël and Thérien 1995; Tingley 2010, 41). For this reason, variables taking the political party ideology into account are not part of the comparative case study. This work assumes, according to the findings of the aforementioned authors, that development aid policy only shows minor changes after changes of governments. This fact is also stressed by a German expert from the BMZ when he stated that programmes like the one-third cap of multilateral aid is not a new measure from the CDU/CSU/FDP government, as it has already been discussed for a longer time in the former social-democratic/conservative government (Christian Democratic Union, Christian Social Union and Social Democrats

Party).⁵⁵ The second reason for not taking party political motives into account is the decision to focus instead on the general reasons of governments to channel aid through trust funds. The comparative analysis aims to elaborate a synchronic rather than a diachronic perspective on the donors. As the changes of governmental policies are not the subject of comparison, but rather the different governments' policies, a short time frame has been chosen (as explained also in the *first chapter*).

Both differing variables are now analysed in the case of Germany and the UK, and then the focus lies on the dependent variable regarding their different *focus on multi-bi funding for World Bank* is explained.

Aim to enhance own development aid institutions

UK

Due to the political decision to strongly emphasize multilateralism, the administrative capacities for bilateralism are relatively small. Although the DFID is a strong actor with regard to policy planning and implementation with numerous in-country offices, the UK does not have its own public implementing agencies (Faust and Koch 2013). Here, the World Bank, for instance, provides expertise and knowledge and the UK government is “relying on it for policy expertise we do not have (such as urban development) and ensuring policy coherence on issues that matter to us (such as girls and women)” (DFID 2011h, 5).

The following example describes the use of the World Banks' administrative capacities in a close collaboration with the DFID as a consequence of not possessing their own executive capacities: BETFs like the HRTF are funded at the headquarters level with strong governance arrangements and donor involvement. Here, the central DFID office has bank counterparts that meet regularly (twice a year) to discuss results based financing issues, and there are also very frequent exchanges and meetings in between: “So, yes, where we are the holders of the relationship with the bank on the trust fund, we have pretty regular contact with [them, L.D.]” Interview 201, January 24th 2012, 00:28:03). This collaboration is perceived as a relationship where both parties develop reports and

⁵⁵ „(...)I would argue it [the one-third cap, L.D.] is particularly stressed because it is a political decision. But I cannot observe this being something radically different from what has been done five to six years ago“ (Interview 204, Berlin, March 6th 2012, 00:18:46).

programmes together. This becomes evident with the statement that the DFID is seeing itself as a member of a communication process where they are able to evaluate projects and, if they consider it necessary “would have to judge how that issue works on the road we are going and press hard for that change. It’s more a dialogue and a relationship” (Interview 201, January 24th 2012, 00:30:45).

The DFID is able to exert influence on the World Bank and, as such, changes the policies of the organisation. If new countries or projects appear on the agenda, the collaboration is managed as follows:

“(T)he bank will ask us for no objection on every fund (whether) we want to extend the fund in a new country. So, they would send us a message saying: we received a proposal from country XYZ and if we don’t hear from you with any objection by a certain deadline, then we would go ahead and agree to it” (Interview 201, January 24th 2012, 00:39:32).

It can be drawn from this information that the World Bank actively contacts the involved donors when new projects or changes come up, and requests their reaction or work assignment. It is the World Bank that manages the funds according to agreed governance procedures, but the donors strongly co-decide on the trust fund policy. With this close collaboration within BETFS and RETFS, the UK actively manages and influences bank core-business. The administrative capacities needed for this undertaking are relatively small compared to the efforts and capacities needed for bilateral programmes. At the same time, the UK is being treated as a partner and is highly involved in multilateral decisions. Especially in health issues, the influence on the World Bank allows the country to push for its innovative health programmes and goals like health system strengthening.

Within its multilateral channelling, the UK government officially transfers its authority of its development aid policy to international institutions due to their expertise, and because they are convinced that this strategy will yield better results. At the same time, the UK remains highly in control over the contributed resources. Therefore, the UK advocates that core-funding of the World Bank has a cost-reducing effect for its own institutions and saves expertise, staff and knowledge for bilateral programmes. The DFID emphasizes its own institutional capacities for strong involvement in all kinds of boards and sub-committees, and their ability to foster change within the World Bank: They push for an enhanced focus on results, fragile states, and other goals that are explicitly congruent with the UK’s goals (DFID 2011h). This involvement with multilaterals is a

strategy to influence the multilaterals from within while saving bilateral resources.

Germany

German bilateral assistance has, next to the Ministry of Economic Cooperation and Development (BMZ) and the Ministry of Finance (BMF), two strong executive organs: the Gesellschaft für Internationale Zusammenarbeit (GIZ, Society of International Cooperation) and the KfW Bankengruppe (Bank for Reconstruction). The German development policy aims to diminish the doubling of programmes and also focuses on only a limited number of recipient countries. Along with this strategy, the GIZ was founded in 2011 as a merging of the different development implementing agencies Deutscher Entwicklungsdienst (DED, German Development Service), Gesellschaft für Technische Zusammenarbeit (GTZ, Society for Technical Cooperation), and Inwent. With the foundation of GIZ, a strong development agency was created that now works on behalf of the German government and also serves as an implementing agency for other donors.

“Germany has the world’s largest organisation for international technical cooperation, the Gesellschaft für Internationale Zusammenarbeit (GIZ). The KfW Bankengruppe is regarded as one of the world’s strongest bilateral finance institutions for development” (Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung 2011b, 16).

As a consequence to these two strong executive organs Dirk Niebel, Federal Minister of Economic Cooperation and Development from 2009-2013, states in an interview that Germany is a global leader in international development cooperation (Bojanowski 2012). In Germany, the Ministry of Economic Co-operation and Development exclusively has the authority on funding multilateral development banks (OECD 2011, 18). Countries such as Australia and the Netherlands authorize the GIZ with the implementation of their projects, as they are said to have the best staff in the recipient countries (Bojanowski 2012).

For Germany, the involvement with multilateral financing programmes serves as an interlock of bilateral programmes with programmes of other bi- and multilateral donors. This cooperation broadens the opportunities of co-designing projects and increases the leverage of the German development aid (Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung 2008, 12). Another reason for multilateralism is the cooperation in highly prioritized issue areas and settings, where the government is not capable of working bilaterally or when the multilateral cooperation and pooling of

resources, experiences and expertise, seems more promising or less risky (Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung 2008, 13, 38). The German development aid is composed of strong basket and strict sector specific funding (see also: Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) 2012). This policy decision of due diligence is also mentioned in the BMZ publication on technical assistance (Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung 2008). The strict sector specific and program-oriented earmarked foreign aid has two reasons: control and visibility are higher than with sector-wide or even general budget support, especially when the foreign aid is implemented multilaterally (Interview 202, Bonn, March 1st 2012, 00:38:15).

With the GIZ, Germany not only has a strong implementing agency that is also able to manage other donors' development aid, it is also able to set up own funds and act as a trustee for others. "GIZ can provide professional support in both clients and partners in setting up and managing a fund " (Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) 2012). The GIZ is presenting itself with "broad base of experience, enabling us to align the fund optimally with existing partner country structures while complying with the norms of financiers" (Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) 2012).

With the GIZ, Germany is equipped with strong implementing instruments for its bilateral development aid. An expert at the BMZ stresses the reason for Germany's policy of using their own facilities and structures:

"That means, you have genuinely an instrument at hand that you want to use and that is considered as an essential element for shaping your own profile and being a comparative advantage. This instrument (the GIZ, L.D.) also claims this entitlement for itself to be used in the political sphere. This is certainly different to the British who indeed have significantly fewer own structures and therefore ask different questions regarding the implementation of development cooperation (Interview 204, Berlin March 6th 2012, 00:19:53, translated by the author).

Another expert stresses the strong interests of the GIZ and the KfW Bankengruppe in the expansion of their strong bilateral capacities. He claims that the KfW and the GIZ pursue heavy lobbying, as they fear that through an increase in multilateralism their business volume would plunge. This was especially prevalent under the minister Annemarie Wietzorek-Zeul, who wanted to focus more on multilateral cooperation (Interview 202,

Bonn, March 1st 2012, 00:13:54).

The government seeks to expand the work and popularity of the GIZ even further: “It is our goal and our claim to improve the already well-known and very, very effective GIZ” (Interview 202, Bonn, March 1st 2012, 00:19:49, translated by the author). In particular, the CDU/CSU/FDP government is said to have a strong preference for bilateralism (Interview 202, Bonn, March 1st 2012, 00:15:22).

Due to the strong implementing agency GIZ and the preference for bilateralism, the World Bank trust funds do not serve as an important means for the German government to channel its development aid.

Both countries have strong ministries for development cooperation (DFID and BMZ). However, their domestic institutional structure for managing and implementing foreign aid differs significantly.

Position towards the World Bank

UK

The UK's contributions have been accounting for 19% of total multi-bi contributions to the World Bank in the past five years (World Bank, Concessional Finance & Global Partnerships 2012b, 6). In the Multilateral Aid Review, the DFID has elaborated that the World Bank, and especially IDA, serve as the most effective multilateral institutions providing good value for money. It considers the World Bank policy as “closely aligned to UK development priorities (...). Recent trends in the Bank on results, private sector development, fragile states and gender are all consistent with the priorities of the UK Coalition Government” (DFID 2011h, 3). The UK government presents itself as a driving force that can improve the World Bank and align the organisation with its own goals. Together with the US, their contributions account for 26% of all trust fund contributions (USD 15 billion) (World Bank, Independent Evaluation Group 2011, 16).

In the UK's perception, the high number of trust funds is increasingly criticised as the high fragmentation can lead to doubling and inefficiency of projects. One DFID expert gives an explanation for that proliferation. She states that BETFs and RETFs are just managed and approved by the bank or the recipient. In contrast, every IDA or IBRD project has to be approved by the World Bank Board of Directors. So, decision-making processes are far easier than with IDA and IBRD projects. As one DFID staff points out:

“There are too many World Bank trust funds all together and probably too many trust funds DFID funds, and we think there could be a lot more effective value for money, probably with a more strategic and rationalised approach” (Interview 201, January 24th 2012, 00:31:12). She is stating that “there is a big piece of work going on to do that across the Bank, to rationalize and be more strategic about the number of trust funds” (Interview 201, January 24th 2012, 3). One solution that currently is being undertaken is the establishment of umbrella trust funds (for more detail see next chapter on the World Bank’s perspective). The interviewed DFID staff members are supporting this idea (Interview 201, January 24th 2012, 00:32:12). With their influence in the Bank, it is likely that they can make a contribution to push for this proposal.

The focus on multilateral arrangements is described in more detail in the DFID’s Multilateral Aid Review (MAR) (DFID 2011f). The multilateral strategy of the UK follows an approach that combines multilateral with multi-bi channelling of resources as the government allocates “additional voluntary contributions to multilateral organisations, mostly linked to performance targets set by the institutions themselves” (for details on UK’s bilateral aid policy see: DFID 2011a; OECD 2010, 17). The MAR evaluation features a detailed look at different aspects of providing money to certain organisations by the UK. The MAR compares different multilateral aid providers along categories that are perceived as being important for the DFID’s decision as to whether, and to what degree, the organisations should be supported. The World Bank receives a reasonably good overall evaluation in comparison to others.⁵⁶ The different evaluations that will now be summarized give valuable information, not only how successfully they work, but especially how successful they are perceived to be by the DFID. On the basis of the evaluations, the DFID pursues its policies, as this quote of a DFID staff member shows: “so we made the assessment and then they fund that” (Interview 201, January 24th 2012). Mentioning that the decisions are formed on how to support these organisations according to these evaluations suggests that these perceptions prove to be highly important for the analysis of the UK’s financing modalities and the reasons behind the

⁵⁶ Evaluation scores from unsatisfactory (1), to weak (2), to satisfactory (3), to strong (4) (DFID 2011f, 13 f).

financing decisions taken.

Evaluation of World Bank IDA:

The report presents a differentiated assessment of the World Bank IDA/IBRD. The attention given to cross-cutting issues like fragile states and gender equality are evaluated as weak. The focus on climate change receives satisfactory assessments, while the focus on poor countries is evaluated as strong and the contributions to results as satisfactory. DFID is also evaluating organisational strengths and comes to an interesting result: it considers strategic and performance management, financial resources management, transparency and accountability and cost and value consciousness as only satisfactory and partnership behaviour towards recipients even as weak (DFID 2011e, 3 f). Nevertheless, it evaluates the likelihood of positive change as supposable. From this more detailed evaluation, especially from the critically evaluated organisational features, it is not evident how DFID still comes to the conclusion that the World Bank's IDA is a strong performer. It only becomes apparent that the World Bank is strongly entangled with DFID's goals, and this fact seems to mainly influence the overall positive rating. It argues that the World Bank provides an "(o)verall strong strategic fit [to the UK Aid] given its unique strengths and role in [the development aid] architecture. Strengths override other performance shortcomings" (DFID 2011e, 1). These positive features enable the UK government to get involved with the World Bank intensively.

Evaluation of the Global Fund:

The Global Fund is attached to the World Bank as it counts as a FIF. In 2013, the UK committed USD 1.6 billion to the Global Fund for a period of two years 2014-2016. This is the second largest pledge to the Global Fund so far (Faison 2013). In the MAR, its critical role in meeting international objectives with its "unique country led approach" (DFID 2011d, 1) is perceived as strong, while the critical role in meeting UK aid objectives is only perceived as satisfactory. The attention to cross-cutting issues receives only weak (fragile states) and satisfactory (gender equality, climate change and environmental sustainability, focus on poor countries, contribution to results) reviews. Its organisational strengths are perceived as mainly satisfactory. Even partnership behaviour is reviewed as weak, but transparency and accountability are assessed as strong. The

likelihood of positive change is reviewed as probable, as “(a)rchitectural reforms have been agreed to simplify and allow GFATM to work more effectively with countries and partners” (DFID 2011d, 4). Nevertheless, the reforms should “reduce transaction costs” and “shift from project to programme type financing”, according to the review (DFID 2011d, 4). The DFID criticises a lack of health system strengthening components in the Global Fund’s policy, and is pushing for more support in sustainable improvements in health services. The Global Fund receives an overall positive assessment and is described as the biggest multilateral actor working on the health related MDGs, and is regarded as a “significant vehicle for delivering according to DFID’s priorities” (DFID 2011d).

Evaluation of GAVI Alliance:

The GAVI, also a FIF of the World Bank, receives very good assessments in the MAR and is evaluated to provide the best value for money (DFID 2011c). Its critical role in meeting international and UK aid objectives are considered as strong, as it plays a critical role in the delivery of the MDG 4, 5 and 6 and also impacts on MDG 1.⁵⁷ DFID also accredits GAVI “a strong strategic fit” and a “unique role in increasing finance for immunisation” (DFID 2011c, 1). The attention to cross-cutting issues is valued as satisfactory with a strong focus on poor countries. Contribution to results, strategic and performance management, and financial resources management are assessed as satisfactory. GAVI has strong cost and value consciousness as its programmes are seen as highly cost effective health interventions with adequate administration costs and a strategic objective that is focused on the respective markets. The DFID acknowledges that vaccines serve as a “strict criteria for health impact and cost effectiveness” (DFID 2011c, 4). Even for the criterion of partnership behaviour, GAVI reaches satisfactory results, as GAVI has been actively improving the performance of country systems, and it is working on a better coordination with other aid providers. Therefore, it is helping to improve better alignment and coordination and shows some appreciated flexibility. With strong transparency and accountability, and a very probable likelihood of positive change due to its high responsiveness, innovative character, and willingness to learn from mistakes, GAVI proves to be perceived as a very good partner for UK’s development aid

⁵⁷ MDG 1: Eradicate Extreme Poverty and Hunger, MDG 4: Reduce Child Mortality, MDG5: Improve Maternal Health, MDG 6: Combat HIV/AIDS, Malaria and Other Diseases.

policy.

The evaluation of the FIFs and the general IDA-instrument shows that the World Bank is evaluated to be able to provide institutions (own and attached) that are highly valuable for the UK's development policy (DFID 2011c).

Most importantly, the DFID stresses that the World Bank and IDA are capable of taking on a leadership role (DFID 2011e). Here, it becomes evident that the UK government acknowledges the World Bank as the legitimate leader within the overall development architecture.

When it comes to health related development aid, the UK channels almost half of its contributions multilaterally. To explain the choice of channelling their multilateral aid via the World Bank, one DFID staff member and expert for World Bank and global health issues puts it this way:

“DFID is a big donor but I think at the practical level they need the World Bank in-country and at the agenda-setting level globally. They [the UK government, L.D.] also realized that working with the World Bank is an effective way to get more back” (Interview 205, March 15th 2012):

The UK government has a positive position towards the World Bank that goes along with trust in the institution and strong involvement to shape the institution from within.

Germany

At a first glance, the German position towards the World Bank appears to be similar: The German government regularly describes the World Bank as the most competent agency for development. The government also aims to influence the World Bank from within through extensive collaboration. The Federal Ministry for Economic Cooperation and Development for instance proclaims the successful installation of German high ranking personnel in the institution as a means to gain influence in the World Bank (BMZ, Evaluation of Development Cooperation Unit 2004, 4; Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung 2011a, 35). The government aims to influence the World Bank from within through extensive collaboration.

“The German government being the third largest shareholder, is interested in inserting its own development policy conceptions and to contribute to a strengthening of effectiveness and efficiency (BMZ, Evaluation of Development Cooperation Unit 2004, 4).

Additionally, the cooperation with other donors has been expanded. Since 2010, like-

mindful donors established a structured dialogue for bilateral cooperation (Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung 2011a, 35). For instance, the International Health Partnership (IHP) has been initiated by the German Chancellor and the British Premier and is now a trust fund of the World Bank. It provides an opportunity for collaboration between bilateral and multilateral donors in the health sector.

In spite of these statements, a high-ranking ministerial employee criticizes the Bank for its policy and 'Anglo-American' organisational culture:

“...the Anglo-American Philosophy is not ours in many respects. I have to say that the Continental European philosophy is a very different one. That's why I think it is good to act bilaterally to enable the partner countries to compare different systemic approaches” (Interview 202, Bonn, March 1st 2012, 00:36:42, translated by the author).

Here, what is described as a downside of multi-bi funding is the lack of influence on the organisational culture and, consequently, on the design of the programmes. Apart from the Bank itself, FIFs like the Global Fund and GAVI Alliance are also criticized for their organisational culture of aiming for 'lives saved', which the interviewed expert considers to be less sustainable (Interview 202, Bonn, March 1st 2012). With his comment, he thus touches upon the debate pertaining to whether global health programmes should focus on easily countable results or on long-term projects that strive for sustainability. Germany's strong dedication to European development programmes might also explain its reluctant involvement with trust funds (Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung 2010b, 2010c). In the response to an evaluation report on the German cooperation with the World Bank that advocates for a stronger involvement with the organisation, the BMZ states that strategic involvement and influence of the World Bank is not its main assignment (BMZ, Evaluation of Development Cooperation Unit 2004, 7). The German government is convinced that bilateral aid is in the end more efficient and effective than multilateral aid, as fewer resources are mislaid. As it is the World Bank who takes the final decision on how to allocate the funds, the German government perceives of trust funds as similar to multilateral funding. This contrasts with the common understanding of this type of funding, where trust funds are perceived of as being rather similar to bilateral funding.

“This is due to our perception. We don't perceive trust funds as bilateral but as multilateral funding, because the World Bank has the final say on where the money is being spent. And it is being processed within the World Bank. Therefore, it is within the logic of the Budget Committee of the German parliament that it is

multilateral and not bilateral development cooperation. Therefore, we are very, very reluctant due to the parliamentary requirements but also due to the coalition agreement. In general, we do not take part in these funds” (Interview 204, Berlin, March 6th 2012, 00:16:27, translated by the author).

For global health, Germany stresses the high relevance of international and multilateral approaches that are aimed to facilitate the use of synergies and the development of complementary strategies (Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung 2009, 22). The Bank is attributed to learn, and has changed within the last few years, especially in its approach to be more results than output oriented (Interview 204, Berlin, March 6th 2012, 00:07:12).

Despite these efforts, the scope to exert influence on the general World Bank budget by the government is only limited as one expert states:

“We do not have influence on the World Bank programmes. We can influence the amount of our contribution to the World Bank (...) and how high our contribution to the health sector is, as we are sitting in the respective Boards. But this is a very indirect matter“ (Interview 202, Bonn, March 1st 2012, 00:15:22, translated by the author).

When summing up the independent variables, the following preliminary conclusions can be drawn. The UK’s perception of the World Bank can be described as highly positive and the government chooses a strong involvement through staff and counselling and, as such, is able to influence the organisation from within. In contrast, Germany seems sceptical about the policy and organisational culture of the World Bank, and rather directs its resources in such a way as to enhance its own national programmes. With these facts in mind, their different focus of multi-bi funding can now be explained.

5.2.2 Why do Germany and the UK have different funding patterns regarding multi-bi funding?

Both countries, Germany and the UK, engage strongly in multilateralism and emphasize the importance of supporting the health sectors. Both countries support World Bank trust funds. However, the last section showed that the two countries differ significantly in their aim to enhance development aid structures, and in their position towards the World Bank. This section now explains the resulting differing funding patterns of Germany and the UK.

When it comes to global funds and third channel funding, the UK’s DFID engages actively in global funds, with prominent ones such as the Global Fund and the GAVI

Alliance, but also strongly supports GPE and GEF, who are also trust funds of the World Bank. Global funds in general are considered as providers with numerous advantages. They are pooling bilateral resources and, as such, have greater market influence and bring together different stakeholders. They work as a partnership that involves donors, recipients, the private sector and civil societies alike.

The UK is represented in the decision-making boards of the respective funds and DFID describes itself as an influential actor in health (DFID 2011h).

The World Bank trust funds are intensively used by the UK's government to channel and carry out their development aid.

“(The RETFS) are contributed to by governments and NGOs and why we fund those? The main reason is we provide funding through the trust funds to deliver the results. Whether it is in health or education or whatever, we don't consider it to be actually funding to the bank. But, the trust fund is just a network to get the money to the place where we want to get it. And it comes with the extra decent standards that the World Bank has. The other type, the Bank-executed trust funds, I would think of them as policy trust funds whether they are filling a gap in our knowledge bank wise expertise or whether they are taking on a specific work we want to do” (Interview 201, January 24th 2012, 2).

This quote shows that inner-core trust funds are supported in order to aim for specific projects to be scaled up. The World Bank trust funds are used in particular as they belong to the well-trusted World Bank governance mechanisms. The new set up of trust funds, or the joining of additional donors to a trust fund, can serve as a window of opportunity to influence the design or structure of a trust fund. A DFID staff member explains the moment when the UK joined a trust fund that formerly was a single-donor trust fund:

“(T)hen we joined in 2009. So when we joined, we negotiated with Norway and the bank on the restructuring of the objectives with the trust fund and we came up with a statement of principles that we were happy with and that they could find that for themselves. But that was a process of negotiation” (Interview 201, January 24th 2012, 00:30:45).

In general, the expert is stating that “it's the bank that is running the fund and it's the bank that has the greatest amount of knowledge of the subject” (Interview 201, January 24th 2012, 00:30:45). To obtain control over their resources, the DFID is tracking the results of the funding in order “to hold the bank accountable for what they're delivering in terms of the decision-making” (Interview 201, January 24th 2012, 00:30:45).

Regarding FIF support, the UK views the contributions differently from the World Bank's

initial purposes. The World Bank presents the FIF numbers as part of financial contributions to the World Bank budget (World Bank, Independent Evaluation Group 2011, 14 ff). However, the DFID experts have a very different opinion on the character of FIFs: “We don’t regard the Global Fund for Aids, TB and Malaria and the GAVI Alliance (..) as global funds and not as bank owned-bodies” (Interview 201, January 24th 2012, 3). This perception evolves mainly due to the fact that they have a separate board of directors and are not perceived as being “the Bank”. It is the donors who decide how the money is being spent. As trust funds like the Global Fund and GAVI are not understood as parts of the World Bank, other considerations and interests are relevant for the donors that are mirrored in the evaluations.

In health issues, funds are perceived as good providers of clear results with “millions of lives saved” (DFID 2011b). Following a DFID expert, small trust funds like the HRTF provide the best opportunities to effectively work together:

“We can have a quite ok and collaborative working relationship. In terms of formal structures, there is one donor consultation every year which takes place in Washington for about two days. (..) The agenda is consulted on in advance so donors and the Bank see suggested items that we want to cover and we will genuinely be acting [on it]” (Interview 201, January 24th 2012, 00:38:10).

The UK’s strong support of inner-core trust funds is also an expression of the government’s support for the World Bank. As a result of its commitment to multilateralism, its high ranking in quality of provided health aid, and its trust fund financing focus, the UK is strengthening and actively supporting the inner-core of the organisation. Third channel funding is perceived as cost-efficient due to the fact that the UK is actively engaging in the IO and able to influence the organisation from within. This policy matches with its own development aid goals and its perception towards the World Bank.

In the case of Germany, the funding pattern and the reasoning for support of the third channel is very different. To understand the procedures within the collaboration within the World Bank third channel funding, the administrative procedures will be explained first. Then the reasons for the funding and not funding will be explained.

The World Bank department at the BMZ acts as a so-called “Schnittstellenfunktion” (interface position) in the collaboration with the World Bank. The department coordinates proposed plans for project plans from the World Bank with the GIZ, the KfW

Bankengruppe and the respective embassies and ask for their approval (Interview 204, Berlin, March 6th 2012, 00:14:39). The second function of the department is to push forward the interests of the German position (“Interessen der Anteilseigner einbringen”). The department evaluates the work of the Bank, how the credit policy is working, and how the World Bank policy fits to the German approach. On basis of this evaluation, the administrative budget for the World Bank is being decided upon (Interview 204, Berlin, March 6th 2012, 00:14:39). The third function is the conceptual work in collaboration with the Bank. The impulse to join a specific trust fund mostly originates from the BMZ sector or country departments. The criteria for making decisions whether to join a trust fund are designed in these special departments, as they also decide upon the budget resources. Here, the World Bank department is getting involved with conceptual policy planning through collaboration, consultancy and the submission of papers with policy recommendations (Interview 204, Berlin, March 6th 2012, 00:14:39 and 00:20:39)⁵⁸. If the departments are not satisfied with the results or the trust fund performance, they have the opportunity to either get their opinion heard in the trust fund meetings, or to consider the withdrawal of their resources (Interview 204, Berlin, March 6th 2012, 00:22:10). The interviewed expert from the BMZ also gives insights in the RETFS business in the recipient countries, and describes how the donor collaboration can go beyond the trust fund issues and scope:

“Regarding the *Recipient-Executed Trust Funds*, it is the question of dynamics and constellations of donors in the recipient countries, according to my opinion. They can serve as a platform for donor harmonisation. They can also be used to serve as a framework for a reform agenda that was decided with the respective government. That creates a framework for the donors and recipients to carry out policy dialogues. As the RETFS have a representative of the recipient government sitting in the steering committee, it serves as a negotiation platform within the scope of the trust fund on policy reform and sector reform” (Interview 204, Berlin, March 6th 2012, 00:26:57, translated by the author).

If a government wants to join a trust fund, several trade-offs have to be made, as one BMZ expert explains:

“It falls short to think that: I provide a certain amount and have served my interests and my goals are achieved. There are additional expenditures of resources that are necessary that need to be considered, I think. There are expenditures in personnel and in technical expertise that comes with it. And there are for sure trade-offs on how do

⁵⁸ „To try that these ideas flow in the bigger idea framework of the World Bank and therefore get integrated in the operative business“ (Interview 204, Berlin, March 6th 2012, 00:14:39).

I spend my money taking into account the existing capacities to push for my policies and interests. In case of doubt, it is either more (or less) costly to go for bilateral channels” (Interview 204, Berlin, March 6th 2012, 00:36:40, translated by the author).

The necessary trade-off is to decide how important the visibility factor is, as the collaboration protects transaction costs (as discussed in depth in previous sections). Multilateralism can be preferable if one wants to hit uncomfortable issues in a recipient-country. The transaction costs are lower, governments can appear as a group that have the additional possibility to use and present the World Bank as in charge of the project to save their own reputation (Interview 204, Berlin, March 6th 2012, 00:36:40). While this lack of visibility might be preferable in some critical cases, it generally leads to an overall reluctance when it comes to Germany’s willingness to contribute to trust funds:

“If the World Bank acts with these funds, it is not labelled with „Germany“ but with “World Bank”. Therefore, it is not German aid but World Bank aid for the partner countries. (...) It doesn’t get the German tinge which is very important for the German government: This is what Germany is doing for you!” (Interview 202, Bonn, March 1st 2012, translated by the author).

One government expert also underlines the strength of Germany’s executive organs in development aid, such as the KfW Banking Group and the GIZ. The government is strongly committed to further enhance the GIZ, and to increase the success of an institution that is already considered to be highly effective. The aim is to turn the GIZ into a global market leader in its field (Interview 204, Berlin, March 6th 2012, 00:18:22). Germany is involved in the following two health related trust funds: Multi Donor trust fund for Health, Nutrition and Population, and the Support Program in Bangladesh Health and Population Program Project (World Bank Finances 2011). With only two IBRD/IDA trust funds, especially in comparison to the UK, it is evident that Germany’s priorities lay elsewhere and not with funding core bank business in health related projects. Here, the World Bank is not regarded as a suitable partner to channel resources through. World Bank trust funds are rather supported by the German government in the following issue areas: fragile states, post-conflict states, climate change implementation, and clean energy together with the overall development and support of the private sector development (mainly RETFs). As such, these issues amount for 80% of Germany’s inner-core trust fund contributions (Interview 204, Berlin, March 6th 2012, 00:27:45). For the German government, multilateralism and multi-bilateralism can be preferable if they want to address critical issues in a recipient-country under the protection of a larger group. This is for instance the case with Germany’s funding for the Afghanistan Reconstruction Fund.

The transaction costs are lower and, in order to save their own reputation, the government can pool its resources with others and hide behind the name of the World Bank (Interview 204, Berlin, March 6th 2012).

One expert assesses the main considerations behind Germany's approach as follows: "Visibility is very important for this government" (Interview 202, Bonn, March 1st 2012, translated by the author).

It becomes evident from the above analysis that Germany does not perceive the World Bank as a suitable partner, especially in health related issues. In health, the trade-off apparently results in the German focus on other multilateral and especially bilateral programmes to strengthen its own implementing institutions. Apart from enhanced visibility, the perceived greater benefits of long-term and sustainable projects are another important factor. For the German government, this is said to be more important than the promise of high numbers of 'lives saved' (the rationale that is considered to drive the Anglo-American organisational culture).

The following table sums up the prospect findings:

Table 7: Case study design with variables

Independent variables		United Kingdom	Germany
X ₁	Importance of donorship in health	Important, big donor	Important, big donor
X ₂	Donor of World Bank trust funds	Yes	Yes
X ₃	Official commitment to multilateralism	Strong	Strong
X ₄	aim to enhance own development aid institutions	Strong but with focus on involvement with and influence of IO	strong
X ₅	Position towards World Bank	Very positive	Sceptic
Y ₁	Focus of multi-bi funding for World Bank	Core	Non-core

Source: own compilation

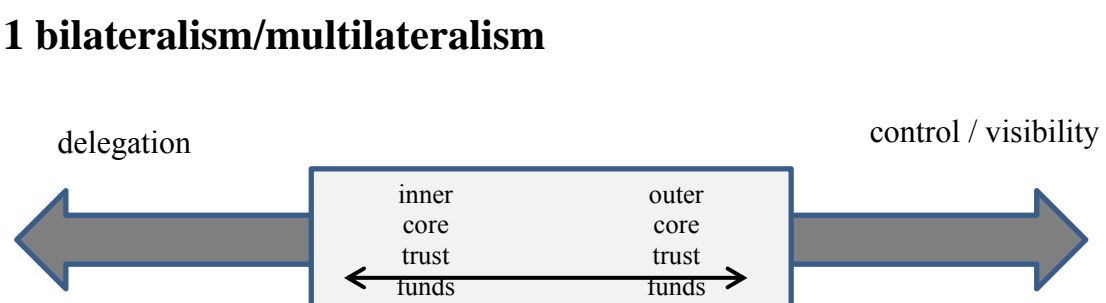
This table summarises the findings of the chapter on the donors' perspective on third channel funding, and shows the reasons for Germany and UK's different pattern of third channel funding via trust funds of the World Bank. It also shows that the costs and benefits of the trust funds are not all obvious and equal for all donors. To understand the donors' trust fund channelling rationales, their aim to enhance own development aid institutions and the perception of the IO play a crucial role and have an influence as to whether, how much and where third channel funding is undertaken in Global Health.

In a nutshell, the UK perceives the World Bank as a trustworthy partner that is delivering good results. With their strategy of getting involved, cooperating and influencing the organisation from within, the spending policy strongly supports inner-core trust funds. For Germany, the scepticism towards the organisation (and its organisational culture) and the risk of losing visibility lead to a very reluctant support of the World Bank's inner-core. Apart from the mandatory multilateral contributions, Germany focuses on its own strong administrative institutions like the GIZ and the KfW.

With these two strategies the donors find their most beneficial funding pattern within their respective controversy regarding the costs and benefits of bilateralism and multilateralism.

This chapter elaborated the reasons why donors have different funding patterns regarding multi- and bilateral channels, and the differences in their multi-bi funding to the World Bank.

Figure 11: The third channel location within controversy I



Source: own compilation

The next chapter takes a look at the perspective of the World Bank and analyses the reasons why the organisation facilitates increasing funding through the third channel by shedding light on the costs and benefits of the trust fund system for the Bank itself.

6 THE WORLD BANK'S PERSPECTIVE ON THE THIRD CHANNEL

“Trust funds are a flexible arrangement that enables the World Bank Group to engage in a wide range of partnerships and leverage development assistance at the country, regional and global levels.”

(World Bank, Concessional Finance & Global Partnerships 2012a, 4)

This chapter examines in detail the first research question regarding the reasons for the World Bank to create, extend and support the trust fund system.

The chapter argues that the World Bank can be regarded as a semi-autonomous actor that is able to adapt to its inner and outer environment, and actively shapes its policies, structures and institutional design in search of legitimacy and power. The World Bank is able to perform independently according to its own institutional interests. At the same time, the interest driven members, the outer environment (other organisations, norms, power relations in the international system) and the specific organisational culture of the World Bank are forces limiting the range of the organisation's autonomy.

The reasons how and why the World Bank facilitates trust funds are elaborated by analyzing World Bank trust fund documents and, in particular, the extensive report on trust funds conducted by the Independent Evaluation Group of the World Bank (World Bank, Independent Evaluation Group 2011). This set of data is supported by several statements drawn from expert interviews held with World Bank staff working for the trust funds or within the HNP program, and World Bank and global health experts conducted in 2010, 2012 and 2013. These interviews are particularly crucial for the analysis of the impact of trust funds on the World Bank, as they allow for a profound look behind the scenes including risks and benefits for the Bank.

Two steps are taken to analyse the reasons for the World Bank for expanding its trust fund system's support: First, the process of the development of the third channel is described

in detail. The institutional modes of changes that are the result of different pressures and the strategic acting of the institution are analysed with close connection to the theoretical framework established in the *fourth chapter*. Second, the benefits and challenges for the World Bank to facilitate and extend the third channel are examined. It is argued that the World Bank benefits especially from the creation and support of trust funds affiliated to its core structures.

6.1 The World Bank's changing structures and policies towards the third channel

The massive growth of the trust fund system has led to significant changes for the World Bank. In this section, it is argued that the changes resulted from different forces, which are the result of internal or external pressures. These pressures lead to changes on two levels: a structural level (where the structure/design of the organization changes) and a policy-related level (where the strategic policies of the organization change). This diachronic analysis covers the period from the insertion of the first trust fund in 1960 until Fiscal Year 2012/2013, with a focus on the years 2000 - 2012/2013.

The diachronic analysis of organisational change deals with the development of the trust fund system. It describes the history of World Bank trust funds and identifies crucial moments where change happened. It then analyses whether this change occurred within the structural/institutional setting of the organisation, or whether the change was policy related. The aim of the section is to show that four incremental changes can be observed that are the result of internal pro-active pushes and the reaction towards the outer environment. Following Campbell (2004), critical events enable the identification of change. These critical events show that the IO has changed, and provide the opportunity to identify the reasons as well as the modes of change. The critical events are identified through either a change pertaining to the contributions towards the World Bank, or structural pertaining to the management of the trust funds.

The historical comparison is then one important empirical basis for the *seventh chapter*.

Insertion of trust funds

As early as 1960, the first World Bank trust fund was established for a program in Pakistan. Its aim was to co-finance the Indus Basin project (World Bank, Independent

Evaluation Group 2011, 11). Over the following 30 years, more and more trust funds were created to additionally support IDA and IBRD projects, and to support the World Bank's technical assistance. By the end of the 1980s, donors decided to directly support the World Bank's work (one example being the Japanese Grant Facility that is now the Policy and Human Resources Development Program) (World Bank, Independent Evaluation Group 2011, 11).

First change

The first change of the trust fund system can be identified at the beginning of the 1990s, as the first massive increase of the trust funds occurred:

“In the early 1990s, the Bank's trust fund portfolio began expanding substantially in both size and in terms of the activities supported” (World Bank, Independent Evaluation Group 2011, 11).

The trust fund system had become a significant part of the World Bank's portfolio and it became apparent that the trust funds serve as an attractive tool for co-financing existing projects. The increase of the trust funds is a result of external developments such as the Montreal Protocol and the Rio Environment Conference, where important milestones that still shape global environment policy were decided upon. These developments resulted in the creation of the Global Environment Facility (GEF) (which is currently the second largest FIF) as well as other trust funds that aimed for supporting developing countries or conflict-affected areas (World Bank, Independent Evaluation Group 2011, 11).

The increased creation of such funds has emerged as a consequence of an intensified international debate on development, and a much stronger effort by civil society and NGOs in developed countries to hold their own governments to account. In the 1990s, the slogan “50 years is enough” (Danaher 1999) mirrored an NGO-led external critique of the World Bank. There needed to be a response by the Bank. The rapid growth of new global programs can be regarded as a response, as the new programs also paved the way for civil society organisations to become involved in IO's businesses. In addition, the outcome-based aid discussion, the results framework discussion and others framed the development aid agenda and donors' expectations. The emphasis was laid on defining indicators and measuring results, and thinking about new methodologies for evaluations (see also Interview 301, November 5th 2013).

Due to the growing importance of the trust funds, and the establishment of a trust fund system (not only single projects but a growing number of multi-donor funds), the first

massive increase is argued to be the first change resulting in institutional adaptations. With these new trust funds, the trust funds expanded in scope and “boosted momentum” (World Bank, Independent Evaluation Group 2011, 11).

Second change

The second change of the trust fund system is marked by a second massive increase of the trust fund system and the World Bank's need for better structured management: “Even more rapid and substantial expansion has come since 2000” (World Bank, Independent Evaluation Group 2011, 11). What is also important for the second change is the inclusion of the Global Fund into the FIF system of the Bank. Massive sums were contributed right at the beginning of the launch, dramatically changing the disbursement sums of the World Bank.⁵⁹

Out of the eight Millennium Development Goals from the year 2000, three were health related (reduce child mortality; improve maternal health; combat HIV/AIDS, malaria and other diseases). This stressed the global importance of health issues for development aid. The international discourse was influenced by the demand to include private sector resources more in the general development aid system, as Navin Girishankar (2006) describes:

“As early as 2000, development partners embarked on a decade-long search for ‘innovative’ or alternative sources of Official Development Assistance (ODA) to help finance achievement of the Millennium Development Goals (MDGs). (..) For their part, developing countries have sought not only more financial flows but better financial solutions, for example, partnerships that mobilize private finance for public service delivery, risk mitigation efforts that promote private entry in the productive sectors, and support for carbon trading” (Girishankar 2006, i).

In the early 2000s, the trust funds mirrored the search for new and innovative financing tools in development aid and the opportunity to include the private sector. With the increasing resources from more and more (governmental and non-governmental) donors, the trust fund system came under increasing pressure. External experts became aware of the growing trust fund system and its risks, as the Bretton Woods Project's briefing shows (Carlsson 2001). The author criticises the trust funds in health and their often disease-specific approaches.

⁵⁹ In 2002, with the first round, USD 600 million were approved for 36 countries. In 2003, the disbursements amounted for USD 232 million (The Global Fund 2014b).

Therefore, the second change is marked with the ongoing massive increase of resources, and the first structured ideas for reform in order to enhance management competencies and increase efficiency (World Bank, Independent Evaluation Group 2011).

The second change is also marked by the inclusion of the highly publicised Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). With the decision to function as a trustee for the Global Fund, the World Bank took on a large financing mechanism that suddenly increased the sums it was able to disburse.

During that time, the World Bank's trust fund was under internal and external pressures that result from three aspects.

First, the need to receive additional resources is increased, as the compulsory contributions from governments alone were no longer able to finance the planned projects. Although the Global Fund was not increasing the direct budget of the World Bank, it certainly increased the amount of disburseable sums. The inclusion of the Global Fund changed the disbursement accounts of the Bank significantly, due to the large sums that the Bank had to disburse and manage additionally. The contributions to the Global Fund increased enormously (The Global Fund 2014b).

Second, the Bank had to push for plans to improve the management of the trust fund system and to strengthen the trust fund control framework. The reforms implied standardization/simplification, segregation of duties, an e-trust fund project involving mandatory learning and accreditation program, the phasing-out of consultant procurement that was tied to nationality, and the launching of a partnership review process (World Bank, Trust Fund Operations Department 2008). This became even more relevant with the inclusion of large funds like the Global Fund. These reforms led to a "fairly robust framework" that included all trust funds in ex ante, implementation, and ex post controls (World Bank, Trust Fund Operations Department 2008, f. 4). The success of the reforms and the corresponding increases in donor confidence are mirrored by the ongoing growth of the portfolio.

Third, by offering trusteeship to these new financing mechanisms such as the Global Fund that received a lot of international attention, the Bank was able to prominently position itself within the global health governance architecture. The external pressure from the international public led to the decision to include the Global Fund in the Bank's structure, as the Global Fund needed a reliable and accredited administration of its resources. As

the Bank already had the trust fund system, the organisation was able to include the Global Fund in a pre-existing institutional structure.

The World Bank only serves as a trustee of the Global Fund and has no decision-making authority on the Board. One expert, who worked with the Global Fund for several years, argues that the strictly limited trusteeship function was a compromise between donors and implementers at the time of the creation of the Global Fund. The Global Fund was created shortly after the MDGs and during the debate on the Paris Declaration goals, and mirrors a particular philosophy of cooperation (Interview 202, Bonn, 1.3.2012, 00:26:24). Discussions to include the Global Fund similar to the GEF did occur, but several donors, especially some NGOs, opposed this active involvement of the Bank (Interview 202, Bonn, 1.3.2012, 00:22:29). It was decided that the World Bank's function as a mere trustee would best make sure that the balance between donors and recipients was as equal as possible.

The decision to improve the management of the trust fund system and to include the highly reputational Global Fund mark the second change and serve as a policy related change, as the policies of the World Bank towards the trust fund system have changed significantly. The World Bank was now involved in the biggest, most prominent health-related development aid institution at the time. With the inclusion of the Global Fund, health issues became a strong focus of the World Bank.

Third change

The third change is marked by the FYs 2003-05, where contributions to BETFS have surpassed contributions to IDA (World Bank, Independent Evaluation Group 2011, 12). This critical event marks an important change, as the significance of the trust fund system became even more apparent.

In the FYs 2002-2004, the Bank-wide budget contained 86% Bank's own net administrative budget and the BETFs contributed with only 14%. This share then further rose in the period from 2005-2007 to 18% BETF contributions, and reached 23% in the period from 2008-2010. This share of almost a quarter of co-financing through BETFs to the regular Bank's budget has remained stable since then. This rise does not only mirror the overall rise of trust fund contributions, it also shows the rising availability of additional resources to the core budget through increased BETF contributions (World Bank, Independent Evaluation Group 2011). In regards to the disbursements of trust fund

resources in comparison to the regular IBRD and IDA disbursements, a similar development can be seen. In FY 05, 18% of overall disbursements of the Bank came from the trust funds (these figures further amounted to 23% and 25% in FY 2007 and 2008, followed by a decline to 20% in FY 2009 (World Bank, Concessional Finance & Global Partnerships 2010a, 4)).

In 2004, the World Bank started to publish the Trust Fund annual reports as a consequence of the increase in size and scope the trust fund system (World Bank, Concessional Finance & Global Partnerships 2004). Before that time, the trust fund reports were integrated in the World Bank annual reports (see for instance World Bank 2003, 116). This changing publication policy also shows the growing importance of the trust funds for the Bank.

The third change is also marked by the renewal procedure of the Operational Manual OP 14.40 as a result of the paper published by the President James Wolfensohn, the Vice President, and his Corporate Secretary (World Bank, Concessional Finance & Global Partnerships, Vice Presidency 2004). The paper calls for a reform of the World Bank trust funds. More precisely, it requested the enhancement of multi-donor trust funds instead of the numerous single-donor trust funds, in order to strengthen management and transparency, rather than to allow national restrictions of trust funds, and also suggests other measures to streamline the trust fund system (World Bank, Concessional Finance & Global Partnerships, Vice Presidency 2004, i). It was decided to publish a revised statement of operational policies of trust funds (the annual reports). The result of the ongoing discussions and debates within the World Bank on the basis of this paper is the new OP 14.40 that was published four years later in 2008 (World Bank 2008b, 40).

The trust funds are now regarded as a key means for the Bank, as this quote shows:

“The portfolio of trust funds has been expanding and they now constitute a key means to support clients in achieving development results at the global, regional, and country level” (World Bank, Concessional Finance & Global Partnerships, Vice Presidency 2004, 1).

The role the trust funds are playing for the Bank has therefore changed significantly. This is also reflected in the following quote:

“The initial agenda of trust fund reform – aimed primarily at alignment, process simplification, strengthened controls, and improving relations with donors – has been substantially completed. Trust funds are now better linked with clients’ priorities” (World Bank, Concessional Finance & Global Partnerships, Vice Presidency 2004, 1).

The proposed strategic structural and institutional changes to the trust fund system are the result of several working groups that have aimed to adapt to the large number of trust funds and improve their management.⁶⁰ With better control, overview and alignment of the trust fund system, the Bank is able to better use the trust fund system for its own strategic policies. The main programmatic focus should rely on system strengthening, efficiency and accountability of activities and mechanisms, and sustainable planning.⁶¹ The Trust Fund's Operational Manual states that the funds' activities have to be aligned with the Bank's strategies (World Bank 2008b). Considering health issues in particular, health system strengthening, health financing, supporting governments and international community programs are mentioned as the focus of the Health, Nutrition and Population Sector of the World Bank and, as such, also apply to the health trust funds (Baeza et al. 2007).

The Executive Directors have been concerned with the rising complexity and growing risks that are related to the trust funds, and reforms aim for better alignment with the Bank, a process simplification, an improved monitoring and control system and an increased exchange with donors (World Bank, Concessional Finance & Global Partnerships, Vice Presidency 2004, 1). The management stresses its interests in proactively working for better strategic alignment, in order to achieve more benefits for the Bank and to enable the Bank to profit increasingly from the trust funds. For instance, with the multi-donor trust funds, the Bank hopes to achieve an increase in "scope and impact of the Bank's operational activities" (World Bank, Concessional Finance & Global Partnerships, Vice Presidency 2004, 1). This third change can be regarded as a structural/institutional change, as the organization of the management was changed and adapted along with other processes regarding the governance of the trust fund system.

⁶⁰ The following papers document the planning process and internal discussions on the first trust fund system reform: An Update on Reform of World Bank-Administered Trust Funds: Strengthening a Major Instrument of Development Assistance (SecM2004-0053), February 17, 2004; Trust Funds Reform – An Interim Report (SecM2003-0006), January 8, 2003; World Bank-Administered Trust Funds: Proposals for Reform of Selected Trust Fund Programs (R2002-0015), February 5, 2002; and World Bank Administered Trust funds: Towards a New Framework for Improved Management and Effectiveness – Discussion Draft (SecM2001-0605), October 17, 2001 (World Bank, Concessional Finance & Global Partnerships, Vice Presidency 2004, 1).

⁶¹ For the discussion on the important steps for the future on trust funds, see: (World Bank, Concessional Finance & Global Partnerships, Vice Presidency 2004).

Fourth change

The years between 2002 and 2010 mark a further continuous increase of the trust fund system (USD 2.7 billion to USD 10 billion). The change however, is marked by the years 2011/2012/2013, the years before can be regarded as the previous development that lead to that change.

The growth of trust funds and the rising administrative tasks has impacts on three different levels of Bank governance processes:

“The trustee level at which the funds are contributed, the program level at which they are allocated, and the disbursement level at which they are disbursed through grant accounts” (World Bank 2008b, 2).

Despite the financial crisis, the funds held in trust and the contributions rose continuously. For instance, the RETF share remained at a growth rate of 8 % in FY 08-10 (World Bank, Concessional Finance & Global Partnerships, Vice Presidency 2004, 17).

The year 2010 exhibits the highest contributions so far and, as such, marks a critical moment in time. In 2010, the trust fund system received USD 11 billion, which marks the highest contributions from donors so far. With these large sums in stock, the trust fund system also received increasing attention from external experts and academia (for instance Woods and Sridhar 2011; Bretton Woods Project 2010a, 2010b, 2011).

In 2010, the Bank's management provided a report to its Executive Directors on the status of the implementation of the ongoing attempts to improve management, alignment and diminish risks of the trust fund system. The IEG report states that the ongoing planned implications are on track and are already delivering results, but work is still needed (World Bank, Independent Evaluation Group 2011, 22). The largest task is still the strategic policy alignment of the trust fund portfolio with the Bank's strategies, as the IEG report notes: “Reforms have substantially improved controls but not integration with bank process” (World Bank, Independent Evaluation Group 2011, 23). These developments are owed to the CFP Vice Presidency launch of a “Bank-wide trust fund consolidation exercise” in 2010 (World Bank, Independent Evaluation Group 2011, 23). Although the year 2010 is important in regards to more external attention, ongoing improvements on the trust fund system, and the fact that the contributions levelled off for the first time, these developments do not mark a policy-related or institutional change for the Bank and its trust fund system. In the years 2010, 2011 and 2012, the contributions remained fairly stable. However, these years made way for a development that was already leading to the fourth change.

The fourth change is marked by the years 2011/2012/2013, with the launching of new structural reform programmes such as the revised BP 14.40 (World Bank 2013) and the ongoing steady inflow of contributions. The revised BP 14.40 clearly aimed for reform of the trust fund system with a significant impact on the institutional structure and on the policy-related strategies. During that period, the IEG report was published. First, it was internally published to provide management the opportunity to answer the evaluation. In 2011, the report was officially published, containing a statement of the management regarding the findings of the report (World Bank, Independent Evaluation Group 2011, xiv ff). This document was the first comprehensive analysis of the trust fund system dealing with the costs and benefits for the Bank to support the trust fund system, as well as the intentions of donors to use the trust funds. It also provides a historical overview of the trust fund system and actual figures on the trust funds. Furthermore, it also provides information regarding the ongoing reform processes. As such, this report serves as an indispensable source of reliable information and knowledge for this work.

In FY 2012/2013, two big goals of the World Bank were achieved as the multi-donor trust funds (compared to single-donor trust funds) reached a share of 50% of all trust funds, compared to only 31% of all trust funds in FY 08. The Bank also achieved a 10% reduction of the number of IBRD/IDA trust fund accounts from the previous four years (Tarallo and Isaev 2013, f. 5).

A Trust Fund Reform Road Map was launched and then further elaborated upon, and contains four pillars: strategic alignment and selectivity, integration in business processes, cost recovery and efficiency, and oversight by senior management and the Board.

The first pillar contains strategies to enhance strategic alignment of the trust fund portfolio with the general strategies of the Bank. Umbrella Facilities, portfolio reviews and trust fund fundraising tools are part of these strategies. The umbrella trust funds were first mentioned in the donor forums in the year 2011 and the first round of test umbrella funds was launched in 2012 (Drewnowski 2011; Tarallo 2011; Tarallo et al. 2012).⁶²

The second pillar aims at making sure that the principles of the Bank processes also strictly apply to the trust fund system. This aims at an institutional and procedural alignment, as well as a policy alignment of the trust funds to the Bank's business. BETFs

⁶² A trust fund umbrella is defined as: "A mechanism, linked to specific sectors/themes, to facilitate a more strategic and disciplined approach, that will increase development effectiveness and operational efficiency, building on today's good practices/existing mechanisms"(Tarallo 2011, f. 5).

are planned for better integration in the regular budget, and planning processes and RETFs are planned for better integration in the operational policies and strategies. The reporting on trust fund results is also expected to be further expanded (Tarallo and Isaev 2013, f. 7).

The third pillar aims at better cost recovery and efficiency. Here, the focus lay on a further simplification of the fee system for trust funds, and the aim to raise the threshold to USD 2 million for new trust funds.

The fourth pillar aims for better oversight by Senior Management and Board to decrease fragmentation and increase strategic alignment. Quarterly business and risk reviews, better period reporting (trust fund annual reports and risk reports) and additional web-based reporting tools are planned to tackle these challenges (Tarallo and Isaev 2013, f. 7). All these reform plans show that there was considerable internal pressure for better management, alignment, and control. More attention from academia increased the external pressure for the World Bank to have an efficient and effective trust fund system. This fourth change can be defined as a policy-related and structural/institutional change. The Bank has to change the policies towards trust funds in order to ensure the policy alignment of the trust funds with the policies of the Bank. The Bank also changes institutionally as it changes the structure of the trust fund system through the creation of umbrella trust funds and the restructuring of the whole trust fund system in accordance with the proposed road map for reform (Tarallo and Isaev 2013; Wu and Nickesen 2011). Overall, the historic development of the trust fund system shows that it has developed incrementally with internal alterations that were aimed at answering internal and external pressures. The *seventh chapter* picks this up and theoretically defines the forms of change that are occurring. The following table sums up the different stages and moments of organizational change.

Table 8: Organisational change of the World Bank's trust fund system

	1960	1990	2000/2002	2003/2004/2005	2011/2012/2013
	Creation of the first trust fund	First change	Second change	Third change	Fourth change
Contributions		Massive increase	Second massive increase	Trust Fund contributions number out IDA contributions	Contributions level off
Answer to internal pressures			Trust fund system is used for Global Fund	Reform necessary, OP 14.40 is renewed	IEG report is published, trust fund Reform Road Map is launched, Umbrella Trust Funds are tested
Answers to external pressures			Pushes for the integration of the Global Fund in the trustee system of the World Bank		Trust funds receive some attention from experts and academia
Location of change		Structural/ institutional	Policy related	Structural / institutional	Policy related and structural/ institutional

Source: own compilation

The World Bank is the biggest provider of, and among the most powerful actors in, global health governance. The trust funds have seen a tremendous growth in the last two decades

which has led to different organisational changes that affected the structural/institutional and the policy-related aspects of the IO.

6.2 The reasons for the World Bank to facilitate the third channel

6.2.1 Benefits of the third channel for the World Bank

The Trust Fund Support for Development report by the IEG (2010) states the following significant impacts of trust funds on the Bank: the scope of Bank's activities is expanded and, in particular, the established FIFs serve as a new business line for the World Bank. The report states that these developments have benefits and risks for the Bank in "pursuit of its development mandate and its overall development effectiveness" (World Bank, Independent Evaluation Group 2011, 65). The expanded scope of Bank activities is especially significant in two areas: in post-conflict and post-disaster situations and in the provision of global public goods like health, particularly through the involvement with global funds and other global and regional partnerships. These benefits and challenges are illustrated in more detail in the following two sections.

What are the World Bank's motives for supporting and enhancing the trust funds? What does the cost-benefit calculation look like? As mentioned in the introduction of this chapter, the IEG report states that trust funds have three main effects and influences on the Bank's business: they are a way to expand the Bank's role, they are an opportunity for an "issue-focused business model in parallel with the country-focused model" (Independent Evaluation, Group World Bank 2011, x) and the FIFs provide an opportunity to link high reputational projects to the Bank. FIFs, like the Global Fund, have been mostly created in an ad-hoc way. Their creation has often been a result of an initiative from high-level political meetings.

For the World Bank, trust funds have the added value of scaling up specific operations in recipient countries that are already running. Trust funds are facilitating and enhancing the World Bank's role globally, as they enable the Bank to pursue innovative development projects. Furthermore, trust funds allow the World Bank to test new financing and technical approaches (World Bank, Independent Evaluation Group 2011, x). One World Bank expert states the important role trust funds play for the World Bank: "Trust funds reinforce the Bank's global role filling the function of a trusted holder of international money" (Interview 301, November 5th 2013).

Another benefit of the trust funds for the Bank is its expanded role in its coordination function with projects that would not be included in the general Bank's business: country programs in post-conflict and post-disaster situations. Countries and territories that are unable to benefit from IDA or IBRD support (like West Bank, Timor-Leste, Aceh in Indonesia etc.) can be provided with resources from trust funds. This enables the World Bank to also be active in these (politically important) areas. An engagement in these areas is only possible through trust funds, as the general Bank's support can only be directed to governments. The trust funds have worked there as a successful platform for coordination (World Bank, Independent Evaluation Group 2011, x). Being present in these difficult areas is enhancing the global importance of the World Bank. In particular, Germany uses trust funds dedicated to conflict-affected trust funds (see *chapter five*), and uses the expertise and local presence of the World Bank. Therefore, trust funds allow the World Bank to broaden its sphere of activity.

The trust funds, especially the FIFs, allow the Bank to become a member and be closely affiliated with global and regional partnerships (Cities Alliance, Consultative Group on International Agricultural Research etc.).

Although the donors have enhanced opportunities to directly influence the Bank's outcome through the agenda-setting of the trust funds, there is still large leverage for the Bank to regulate the interests of the donors. Therefore, it can steer the processes of establishing and implementing the trust funds to increase its own profit from the trust fund:

“(It) is a strategic question for the Bank, too. It can negotiate with the providers of the trust funds to maximize or optimize the best outcome for all concerned. Since donors often do not share the same priorities and approaches, the Bank can be left with considerable leverage in negotiating a trust fund arrangement that expands the opportunities both substantively and organisationally” (Interview 302, November 5th 2013).

The trust fund managers, called Task Team Leaders, belong to the World Bank staff. They run the specific projects financed through the normal Bank's programmes, and additionally manage the BETFs dedicated to scale up their projects (mostly nonlending technical assistance). These trust funds enable the World Bank, through its staff, to set priorities for specific projects and support them specifically, by facilitating money to pay directly for additional consultancy. These trust funds “pay for coordination and partnership work, and sometimes provide operational support for the preparation and supervision of projects” (World Bank, Independent Evaluation Group 2011, xi). This

allows the World Bank to scale up its own programs without significantly raising its own expenses. For example, the CTF trust fund can use the money entirely to pay for additional consultants, while the World Bank had staff at its disposal without causing additional costs. This is perceived as being mutually beneficiary for the World Bank and the trust fund structure:

“So the Bank has an advantageous way to operate, it had tremendous advantages from the CTF point of view. Which is that they would not have to pay for staff, time or travel or any expenses of me as a Bank staff member or for any kind of staff members. The money was used entirely to pay for either consultants or to drag grants for people locally to produce materials relevant to that story” (Interview 108, Washington, June 24th 2010).

The division of expenses between the regular Bank budget (financing regular World Bank staff) and the BETFs is also described by this former trust fund manager:

“And so I ended up paying for my travel and of course my time out of regular Bank funds. The thing we could use the consultant trust funds for was to hire consultants who were specialists with knowledge about Guatemala. That could be Guatemalan nationals (...) and that worked out very nicely from the point of view of the consultant trust fund. We wrote a report on that and the trust fund was happily satisfied” (Interview 108, Washington, June 24th 2010).

Here, we can observe a win/win situation for the Bank, the projects and the trust funds. Due to overall business constraints in the Bank, the Bank's staff seeks trust funds to scale up their program financing latitudes. Within the last few years, this way of additional financing has lead to 23 % of total Bank budget resources coming from BETFs (World Bank, Independent Evaluation Group 2011, x). Receiving additional funds for their own-core programs are the most welcomed income for the World Bank, especially when addressing global issues, as this expert notes:

“For the development banks, the incentive will always be strongest to fund their own core programs through capital increases and replenishments. For them, trust funds are not substitutes for own resources but complementary sources of funding. This distinction can be a fine line at times, when delegation and cooperative principles converge, which is increasingly the case as we address global issues through development finance” (Interview 301, November 5th 2013).

RETFs have grown in importance as a source of the Bank's country level operations. The Bank has a “supervisory oversight role” of these funds (Huq 2010, 1). They grew by twenty % over FY03-FY09 and have been growing ever since. The RETFs are an important part of the Bank's operational portfolio. For the RETFs, the same operational and fiduciary regulations apply that are in place for the regular Bank operations (Huq 2010). RETFs have proved supportive of the Bank's business, as they are focusing on the

same sectors that the IDA is supporting. When donors are reluctant to provide funding directly to the governments, trust funds enable additional funding without having a negative impact on the donors' reputation (World Bank, Independent Evaluation Group 2011, viii). This shows that the RETFs act along the country priorities articulated in the CASs. The trust funds are a solid integral component of overall World Bank financing and, according to Huq (Huq 2010, 13), also show the same outcomes and results.

The fastest growing trust funds (especially in sums but also in numbers) are the FIFs that now account for a significant line of business for the Bank. The most important ones are the GEF, the Global Fund and the GAVI Alliance. Their main benefits are their high reputation that also draws back to the World Bank due to their immense financial capacity and success.

In its report on investment management of donor funds, the World Bank accounts all trust funds as belonging to its investment portfolio, even the FIFs (donor funds under management include IDA, (regular) trust funds and FIFs, and they account for 48 billion USD as of March 2011 (World Bank, Concessional Finance & Global Partnerships, Vice Presidency no date, 5). It is presumably a political decision to include them in its investment portfolio in order to enlarge the sums they have under their management. In fact, the FIFs are completely independent from the World Bank's budget and financial management. In the profile report of the Development Finance International Think Tank (2009) on the quantity of aid disbursed by the World Bank in the years 2007 and 2008, the trust funds also all appear in the calculation. Of the gross disbursements of 8.6 mio USD, 5.8 mio USD belong to disbursements from trust funds, with the largest remainder coming from the Global Fund, the GEF and others. In the report, although it is stated that trust funds account for almost two thirds of all disbursements, the trust funds do not receive much more attention. Nevertheless, it is interesting that independent FIF disbursements appear in the general report on World Bank disbursement calculations by this Think Tank and again support the misleading impression that the FIFs are managed to a higher degree under the roof of the World Bank than they actually are (World Bank, Development Finance International 2009, 1).

Within the financial management report from the Concessional Finance and Global Partnerships department (World Bank, Concessional Finance & Global Partnerships,

Vice Presidency no date), the disbursements of all kinds of managed resources are presented. Besides IDA and IBRD numbers, the disbursements of the trust funds (including the FIFs) also appear. In its general explanation on its financial management, the report explains that the World Bank receives these resources from donors and administers them. It only states that the project implementation of the trustee funds is executed through other agencies or legal entities in the case of FIFs. It is the duty of the World Bank to make sure that the disbursements for specific projects do not exceed the available or expected resources. Here, the World Bank is involved in controlling the cash flow and liquidity of resources when they are needed for disbursement (World Bank, Concessional Finance & Global Partnerships, Vice Presidency no date, 4). What becomes apparent from this description is that the Bank describes itself not only as a passive trustee that only provides an account like a general Bank would do. It stresses its active role, even for the FIFs. Apparently, in many of the interviews the FIFs are regarded as being completely separate entities from the Bank where the Bank has next to no influence, which is in contrast to the presentation by the World Bank, (Interview 201, 24.2.2012, Interview 203, 02.03.2012). What can be drawn from these observations is the impression that the World Bank prominently includes FIF disbursements in its calculations and financial reports and stresses its active role in these global funds. Together with the FIFs, the disbursement sums are increased and the Bank states its significant involvement with these politically important and highly visible global funds. It therefore stresses that its role goes beyond the status of only being a trustee.

To sum up, the benefits of scaled up programs, increased additional funding, the affiliation with high reputational global funds and partnerships account for the most driving forces for the World Bank to increase the facilitation of trust funds over the years. One World Bank expert recapitulates the benefits for the World Bank as follows:

“Trust funds have helped the Bank position itself as a source of knowledge on how to be an effective multilateral institution in bridging the divide between traditional development assistance and provision of global public goods. Its position as a trusted trustee facilitates expanding its scope” (Interview 301, November 5th 2013, 00:43:17).

The IEG report recommends that “because trust funds address limitations in bilateral aid and the existing multilateral system, and have enabled the Bank to enhance its development role, the Bank should continue to accept them” (World Bank, Independent

Evaluation Group 2011, xi). However, the trust fund, due to their size and, in particular, their large number also cause challenges for the World Bank that are now addressed.

6.2.2 Challenges of the third channel for the World Bank

With large sums in stock and over 1000 in number, trust funds can also entail operational and reputational risks for the World Bank. Four main challenges for the Bank can be detected when it comes to trust fund management: the high number of different funds, the costs for control and individual management of the funds, the increasing influence of donors on the Bank's business, and the risk of losing strategic alignment with the Bank's strategies.

The IEG report considers the biggest risk for the Bank to be that trust funds lead to the establishment of a parallel business model, and concludes in its report that the trust funds are not being adequately managed (World Bank, Independent Evaluation Group 2011, x). Also, Executive Directors raised "concerns about the proliferation of and growing dependency on Bank-Executed Trust Funds for core Bank work and underscored the need to ensure the alignment of these resources with Bank strategies" (World Bank, Independent Evaluation Group 2011, xxii).

Due to the vast number of trust funds, the risk of doubling of projects is high and management is difficult:

"To be honest, that could be better, especially with the HRTF that you mentioned as there are major synergies that should be taken advantage of" (Interview 103, June 22nd 2010).

A second expert states that, for the donors, the usage of the multiple number of different trust funds works fine, but there are challenges for the trust fund managers in the Bank and in the recipient countries.

"Sometimes from the Bank's perspective, and the task managers here, let's say the task manager from Tanzania, they complain. They say it's too many people, too many cooks" (Interview 106, June 24th 2010).

Another expert stresses the lack of oversight due to the high number:

"But there are numerous trust funds often small in size and helpful to the institution but not really under the "strategic radar screen" (Interview 301, November 5th 2013, 00:17:27).

Regarding the high number of trust funds, the risk of doubling etc. is high. Coordination among the trust funds seems to exist only marginally, as this expert points out:

“There is no intrinsic collaboration among the trust funds. But all the trust funds sit of course with the trust fund division in the finance department of the Bank. And then it's the managers who determine, the managers in the health sector, how to use it” (Interview 106, Washington, June 24th 2010).

The interviewee also points to the efficiency debate within the World Bank with the facilitation of trust funds:

“Well, efficiency at the Bank level goes down a little bit, the efficiency at the country level goes up tremendously because you do not have a 130 individual little projects all by themselves, right? They're combined. (...)The donors can say, well, if you don't want to do it, we can leave, uh and the ministers say yes. It's like a big industry; you're one of our shareholders, if you don't like it, go. So the efficiency at the country level goes up, but the efficiency with the trust fund here in the Bank goes down a little bit, not that much, cause its well organized here.” (Interview 106, Washington, June 24th 2010).

The OECD study that analysed the benefits and challenges of multi-bi funding comes to the following conclusion regarding the disadvantages of fragmentation: “From a multilateral organisation's perspective, excessive earmarking risks weakening its governance and complicates accountability. However, such risks may be preferable to the alternative of multiple, single donor, parallel initiatives” (OECD 2010, 19).

For most of the last decade, major steps have been taken to increase the management capacities of the World Bank by trying to bundle trust funds through creating umbrella trust funds to reduce their number. They have also been altering the conditions for the creation of new trust funds (Drewnowski 2011; World Bank, Concessional Finance & Global Partnerships, Vice Presidency 2004). Single-donor trust funds are being reduced and restricted. The World Bank staff have also been thinking about requesting a minimum sum of 1 Mio USD for the creation of a new trust fund. All these challenges are debated in the World Bank and at the donor forums to increase efficiency and manageability.

One interviewee points out the problem of monitoring and controlling the funds once they are put in place and running:

“They [BETFs, L. D.] have to be aligned and follow the institutions' goals. The trust fund gaps to fill get proposed by countries, then it is going to the directories, this is a long process and long negotiations, but when that process is over and the trust fund is running, the involvement of the WB is over, the trust fund works on its own, it is flexible in choosing countries and specific projects in line with the trust fund's program” (Interview 103, Washington, June 22nd 2010).

Therefore, the trust fund managers are obliged to oversee that the trust funds are aligned with the World Bank strategies:

“We sent the donors quarterly reports. Also the bilateral donors that provide money via other channels in the countries can ask for audits. The trust fund work has to be consistent with the Country Assistance Strategy of the World Bank, but the projects have to be agreed by the donors. So the trust fund managers always have to be consistent with both, the WB and the donors and make sure that the donors are happy with what is done with their money. The Belgians for instance heavily pressure impact evaluation, also Luxembourg and other countries contribute to the trust fund, beside the UN unified budget program. The Dutch put emphasize on reproductive health and supply chain management for antiretrovirals⁶³” (Interview 102, Washington, June 29th 2010).

It is the responsibility of the Task Team Leaders (trust fund managers) to oversee whether the trust funds are aligned with the World Bank strategies. To exercise and ensure control through the Board of Directors the Task Team Leaders report to the World Bank managers:

“Yes, the donors get an annual report and discuss it, as they want results. But via M&E, there is control via my management, as I have to report every three months on my work to my World Bank manager” (Interview 103, Washington, June 22nd 2010).

Another interviewee points to the powerful role trust fund managers play due to their power in controlling the trust fund's alignment with the Bank:

“The managers on top of those trust funds they have a lot of flexibility, they can really strategically steer the whole program this way or that way. They have a lot of influence. And if they do it well, they do it jointly with the people that put money in the trust funds” (Interview 106, Washington, June 24th 2010).

The interviewee goes on explaining his contact with the donors as a Task Team Leader:

“I remember the time when I was in charge of this, I made very sure that, at least once a year, I would see the Kuwaitis in Kuwait. I would go to Saudi Arabia and see the Saudis in Saudi Arabia and I would go to Poland or Slovenia or have a meeting in Germany where they would come and make very sure that everybody stays happy with what we were doing. Or if we would go for a slightly different approach, like for example the community based distribution or at the time in the 1980s and 1990s when we moved away from spraying and collective control [went] more towards village level control. We make very sure that continuously we would have all the donors on board. (...)When you do that well, they agree” (Interview 106, Washington, June 24th 2010).

What becomes evident from these statements is that the function of the Task Team Leader is to make sure donors remain willing to contribute, and oversee the World Bank's

⁶³ AIDS medicine, also referred to as ARVs.

strategies. The Task Team Leaders are therefore powerful and important brokers between donors and the World Bank management.

Due to the increasing problems concerning the manageability of the numerous funds and the lack of oversight and control, the World Bank has started with various arrangements to strengthen monitoring and evaluation. This policy change targeted all World Bank business segments and also the trust fund management (see also *chapter two*). In general, the Board of Directors is rather “poorly informed about the Bank’s administration of trust funds” (World Bank, Independent Evaluation Group 2011, 75). This especially holds true for the FIFs. The managers provide reports only on an irregular basis. Since 2010, together with the update for the trust fund framework, the managers now post annual trust fund reports on each trust fund on public and donor-only accessible websites (World Bank 2014d). However, these reports do not state the functional tasks achieved or how the resources were used. Therefore, no statement or reflection takes place in regards to whether the trust funds are aligned with the World Bank’s policies or even serve World Bank objectives. As stated before, the trust fund policy requires BETFs, RETFs (and theoretically also FIFs) to be aligned with the Bank, but this is not monitored systematically. The trust funds neither request approval from the Board when initiated, nor are they specifically controlled and checked whether they are aligned with the Bank’s strategies while they are running. The stronger focus on monitoring and evaluation is therefore difficult to uphold. The IEG report frequently states that the reporting on trust funds require improvement in terms of integration with the Bank’s operational issues and the Bank’s budget as well. The reports on trust funds also require more transparency and integration into the general operating and reporting systems. These aspects would increase the Bank’s oversight and, as such, its control over the financial flow, usage and alignment (World Bank, Independent Evaluation Group 2011, 77).

With the new management framework and reforms plans, the focus has shifted increasingly towards better M&E of the trust funds (Wu and Nickesen 2011). However, one interviewee sees this development very critically:

“I have a very particular view on this. My view on this is that all of this is driven by governance. And governance, in my view, has become way to much a euphemism for corruption and then, extreme: doing something about corruption is good, there is nothing wrong with that. However, what the Bank does and what too many people are asking the Bank to do, is not only to keep a close eye on corruption but then when they think there is a corruption, that then the Bank itself starts doing all kinds of

things in the country. It is none of the Bank's business! It is a sovereign country! If you have a problem with how your money is being used, you go to the police of the country and you say: this is happening. None of the Bank's business. The Bank is in many countries, in my view, illegitimately acting as an informal policeman. Very, very bad. (...) So I'm very hesitant on that business of monitoring and evaluation" (Interview 106, Washington, June 24th 2010).

Towards M&E in terms of project implementation, this particular expert is more positive:

"I'm a great fan of monitoring and evaluation in terms of normal health outcomes, it's difficult. (...) I think it is very important to monitor quality of care and provision of care. In the longer run I also think, it is useful to measure outcomes. (...) But in the Bank, 90 % of the monitoring and evaluation of the World Bank is on procurement disbursement, legal business, nothing to do with real development" (Interview 106, Washington, June 24th 2010).

With a high number of donors funding trust funds, a third challenge arises: donors are able to put high pressure on structure, decisions and policy of the Bank.

In particular, the FIFs can serve as a risk, as the Bank has only very limited control over their business as it only provides financial intermediary services and acts as a trustee. However, bad reputation also hits back to the Bank's business (World Bank, Independent Evaluation Group 2011, x).

Nonetheless, one staff member of the World Bank argues that the high level of fragmentation due to the high number of trust funds and donors is necessary, as it is in the interests of the donors:

"So for the donors the trust funds are a good means [...] as they want to have control over where and how the money is flowing, but the challenges of health are very complex and so have to be the projects. So, the big number of funds is necessary, although yes, the management burden is very high. But there also have to be so many to meet the special interests of the clients and the donors. The Bank nevertheless, has tried to improve and prioritize, so it's not a fragmented approach, the high number of funds is part of the Bank's strategy with projects that follow the Banks concept" (Interview 102, Washington, June 29nd 2010).

The IEG report states that the involvement with trust funds and new partnerships comes with high costs and "heavy demands on the time of Bank management and staff" (World Bank, Independent Evaluation Group 2011, x).

The fourth challenge entails the risk of losing strategic alignment of the Bank's policy. Regarding the strategic alignment of the trust funds with the Bank, it is not only the risk of fragmentation of project that is high. Trust funds are not systematically integrated in

the World Bank's Country Assistance Strategies (CASSs), although BETFs and RETFs in particular are requested to be aligned to Bank's business. However, the integration is improving for the last few years and trust fund resources are increasingly "used in conjunction with the Bank's own resources in support of country programs" (World Bank, Independent Evaluation Group 2011, 76).

More than the half of the trust funds focus on specific issues rather than countries, and are targeted at several countries (World Bank, Concessional Finance & Global Partnerships 2012b). Their objectives are therefore not made according to country assistance strategies or plans, but according to global or regional goals. These objectives can conflict with the country strategies of the World Bank. Therefore, it can happen that a World Bank project advisor, who is at the same time Task Team Leader of a trust fund, pushes for contradictory projects financed through the regular budget that he is pursuing with his project plan for his trust fund that is designed by the donors of the fund (see also Interview 301, November 5th 2013). The fact that it is the donors who predominantly design the projects of the issue-focused trust funds makes it difficult for the World Bank to align them with its own programmatic objectives. Here, the IEG report states that it is not "possible to know the extent to which trust funds are either driving the Bank's work in specific areas or leading the Bank to move resources out of an area" (World Bank, Independent Evaluation Group 2011, 66). The Bank risks programmatic coherence, and the report asks the question "who is driving the Bank's agenda?" (World Bank, Independent Evaluation Group 2011, 66)

What is most important about the coherence debate is that the parallel structure of the trust funds "has implications for how the Bank defines its own sector strategies and country programmes, consistent with the areas of comparative advantage, so that it can help countries achieve coherence between vertical and horizontal support" (IEG, 66). This observation is crucial as it shows that the Bank is changing its core policies and adapting programmatically in line with the trust funds policies. This is argued to be necessary to achieve coherence for recipients and to maximize "the benefits of the global funds" (IEG, 66). What becomes apparent in regards to this last argument is that the World Bank changes its own core policy to align itself to the policies of the funds to improve their outcome. However, the report does not state whether this also improves the outcome of the World Bank's core projects, and whether the core policies improve due to the adaption. As policy priorities of IDA are influenced through the trust funds, this could

risk undermining the Bank's core business. Bank staff raise concern, according to the IEG report, of a "hollowing out" of IDA business due to the trust funds (World Bank, Independent Evaluation Group 2011, 67). The report cannot detect undermining tendencies, except for the EFA/FTI⁶⁴ case. Here, the data shows that the Bank has to make sure to adapt its sector strategies towards the strong presence of the fund in an area of Bank's priority. Given the funds' shorter financing periods, the strong presence of a rather unpredictable trust fund like the EFA/FTI is a challenge for resource flow predictability. This has consequences on the efficiency of planning, as the trust fund has its own timelines and development plans in the education sector that are independent from project plans. The fact that trust funds can have an impact on World Bank policies is also stated by the OECD: "(t)here is some evidence from a recent evaluation of EFA-FTI that core IDA resources for education have been redirected to other country priorities with an overall performance-based country allocation because of additional grant-financed trust funds earmarked for the education sector" (OECD 2010, 16). The unpredictable flows of money from the funds then become a problem for the World Bank's own planning and its sector programs. For the Bank, allowing donors to directly influence its policies is a trade-off to receive more financial resources, as this interviewee explains:

"The other thing is that trust funds cause exposure that can be positive or it can also be sometimes a drawback. It's a trade-off between extending your agenda along with what others find important which may not be your own core, for which you may not have own resources but you can build out by getting these additional resources in certain areas" (interview 301, November 5th 2013).

Overall, trust funds remain additive to World Bank in-country programs and regularly do not seem to undermine the general work of the Bank significantly. However, Bank staff and programs have to align to strong influence from large trust fund in some sectors.

Therefore, what we can examine concerning the alignment issue are two aspects: one aspect is that the World Bank has difficulties to align its trust fund portfolio to its general program strategy. The second aspect is that there are examples where the World Bank had to adapt its own policies to donor driven trust funds. As this process of change is located in the inner-core of the banks operating business, it puts tremendous pressure on the organization. Since approximately 2004, the Bank has engaged in a process of

⁶⁴ Education For All/Fast-Track Initiative

changing the management of the trust funds, establishing minimum deposits, reducing the number of single-donor trust funds and establishing Umbrella Trust Funds. These developments show that the World Bank is forced to change and establish new mechanisms and strategies to enhance its control over trust funds, objectives and policies.

In its programmes for health, the World Bank focuses on strengthening governmental structures to strengthen health systems. However, among the various trust funds, there are barely any that strive for a horizontal approach or specifically strengthening governmental structures like health sectors (World Bank, Global Partnership & Trust Fund Operations 2011). The overall Bank's policy to aim for more aid efficiency, the Paris Declaration goals and the goal to strengthen governmental structures and health systems, are not being fully integrated in the trust fund portfolio. Not being able to strengthen its own priority agendas, for instance in regard to the health system strategy, can risk the impairment of the World Bank's autonomy and ability to shape global health policies. With over 1000 trust funds in stock, and a large sum of health trust funds dedicated to specific diseases/health issues, the question arises whether this is still a strategic portfolio and whether the World Bank is able to exert control over them.

In 2007, the Bank launched some reforms that aimed to enhance the strategic alignment. The goal was to improve risk management and efficiency of Bank-administered trust funds. An important part of the reforms was to increase the threshold from 200 000 to USD 1 million for all new trust funds. Also, a new fee structure was put in place (OECD 2010, 16).

The IEG report states that changes are needed “to foster more effective, efficient, and accountable use of trust funds” (World Bank, Independent Evaluation Group 2011, xi). The Bank should, according to the recommendations of the report, adopt a more structured and strategic approach to the management and deployment of these funds. The IEG report suggests a three-pillar structure for trust funds, consisting of *country-specific trust funds*, *global and regional partnership programs* and *umbrella facilities* (World Bank, Independent Evaluation Group 2011, xi f). For FIFs, the IEG report recommends that “the Bank should strengthen its framework for guiding its acceptance and management of FIFs going forward” (World Bank, Independent Evaluation Group 2011, xii).

In its report, the IEG recommends that the World Bank should continue to accept the trust funds, as they enable the World Bank to “enhance its development role” (Independent Evaluation, Group World Bank 2011, v), but recommends a more strategic and disciplined approach. The IEG especially recommends strengthening the framework conditions of FIFs, as the Bank has only limited supervision and oversight, and this lack of control leads to reputational risks for the Bank.

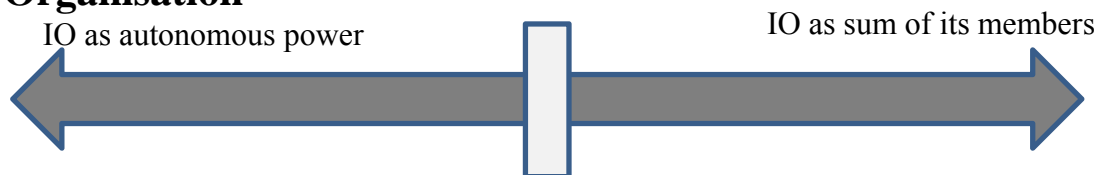
Besides the challenges the World Bank is facing with the management, the trust funds are diagnosed with insufficiently involving recipient participation and lacking of outcome objectives (World Bank, Independent Evaluation Group 2011, v).

The challenges of the trust funds are manifold, as this section shows. However, the benefits seem strong enough for the organisation to obtain and even enhance them. To fully understand the reasons for the World Bank to pursue the trust funds, one has to understand the forces that support but also restrain these funds.

The third channel can be localised in the middle of controversy II due to the fact that with the trust fund development over time the World Bank has shown its ability to act strategically as much as possible but at the same time answer donors’ needs only as much as necessary.

Figure 12: The third channel location within controversy II

2 International Organisation



Source: own compilation

The next chapter uses the insights of the diachronic comparative analysis as well as the study on the benefits and costs of the third channel for the World Bank. It analyses the organisational change happening in regard to the third channel. Furthermore, it examines the sources of change in more detail and analyses the effects the organisational changes have on the IO as such.

7 ORGANISATIONAL CHANGE AND THE EFFECTS ON THE WORLD BANK

This chapter explains the organisational change of the World Bank in the context of the increased use of trust funds. It is structured as follows: First, it shows how organisational change is the result of internal as well as external pressures. In the second section it is argued that World Bank proves to be able to proactively change structurally and policy-related. Then several hypotheses of how this change can be explained theoretically are discussed in the third section of this chapter. This discussion results in the argument that the third channel is the consequence of a process of organisational change triggered through the processes layering and conversion (Streeck and Thelen 2005a). The fourth section then deals with the effects of the change on these two dimensions within the organisation. This leads to the analysis of how organisational changes affect the IO and how the IO answers and manages them. The chapter concludes with the argument that the IO is pro-actively and re-actively changing to answer donors' interests and simultaneously striving for resources, legitimacy and influence.

7.1 Adapting to external pressures

Recurring on the theoretical chapter, external pressures are defined as actors and norms that are situated outside the organisation. Donors and their governments can have a double role: they are internal actors due to their membership in the organisation and have channels of influence through the director's board and own staff in the Bank. Likewise, the norm-formation can happen within or outside the organisation and the boundaries are often blurred. First, the focus lies on the external sources of pressure that make changes necessary.

Donors want more influence on policy decisions

Schneider and Tobin (2010) come to the conclusion that donors are trying to change organisations according to their own interests: “unofficially, states aim to influence the multilateral agent both formally and informally to shift aid policies towards their national interest” (Schneider and Tobin 2010, 2). If the governments are then able to influence the multilateral agent, they gain domestic support to further their engagement with the multilateral agent, and are able to increase their aid budgets. This fact offers problems to

the donors as they – as the fifth chapter shows – try to influence the organisation not only from the outside but also from within. By delegating management and agenda setting powers to the multilateral agent, they agree that the agencies are able to save costs in regard to coordination between donors and administration of funds. However, the multilateral agent is able to use the interest driven engagement of donors for its own purposes, especially when they are diverse and heterogenic as they are able to “play states against each other” and to strengthen the goals and policies of the organisation (Schneider and Tobin 2010, 2). One expert confirms these possible developments where donors also lose control in favour of the IO:

“For example, the risk to the donor is that he loses control even though he prescribes the use of funds, because there are potentially many agents and principals in the process before the donor’s funds reach the ultimate intended outcome” (Interview 301, November 5th 2013).

The World Bank is mainly composed of economists and civil servants with no clear domestic political policy or strict ties to their own national governments. This fact is beneficial for the multilateral agent, as the staff has more incentives to achieve the goals of the multilateral aid institution, and can therefore pressure for the organisation’s objectives (Schneider and Tobin 2010, 5).

By offering BETF support, the donors have the opportunity to also offer its own staff that is working for the Bank. For instance, the Japanese and the British are known for installing consultants to increase their influence within the Bank. Having World Bank staff installed in the Bank is an important factor relating to the ability to exert influence. This strategy allows the donors to push the World Bank for adapting to their own strategies (see also for the German case BMZ, Evaluation of Development Cooperation Unit 2004; DFID 2011f, 3). For instance, Germany is participating in the Multidonor Trust Fund Program for Mindanao (PH-MTF) through the secondment of an environmental specialist from the DED/German Development Service (World Bank, Global Partnership & Trust Fund Operations 2011, 49). Germany, in this case, is not a direct donor of the trust fund, but still can make sure that its expertise and staff is included in the fund. Moreover, its contribution is acknowledged and visible in the trust fund report.

The World Bank has its own organisational policies and programs and works with relatively unattached staff members that fulfil an indirect delegate-function for member

states. However, the BETFs in particular allow donors to position their own delegates directly into the Bank with the goal of influencing the policy of the Bank.

The trust funds serve as a means for the World Bank to provide a platform for donors to push for their interests and, only through the BETFs, donors have a direct influence on the Bank's core business. What results from the above insights is the fact that the Bank faces different pressures from donors that try to influence its policies. The influence is exerted from outside pressure and normative discourses, and from engagement from within the core bank's business.

Competition on resources

The World Bank is an important independent actor in development financing and project implementation. Referring to the theoretical chapter, international organisations are striving for power and influence, and search for means to enhance their role constantly. For the World Bank, this means that it has to maintain its importance as a trustworthy partner and compete with other international governmental and non-governmental organisations, especially with the regional development banks. This is particularly important in the field of global health as this interviewee confirms:

“The Bank is and wants to be a global player, and at the same time external pressures are rising for it to take on a more active role in the supply of global public goods and the achievements of the MDGs” (Interview 301, November 5th 2013, 00:34:33).

The Bank offers its trust funds services “to preserve donor funds and enhance their value” (World Bank, Concessional Finance & Global Partnerships, Vice Presidency no date, 3). The World Bank ascribes itself as having “a global reputation as a prudent and innovative borrower, investor and risk manager (World Bank, Concessional Finance & Global Partnerships, Vice Presidency no date, 3), as it offers “donors an effective and cost-effective investment platform (...) while keeping overall administrative costs to a minimum” (World Bank, Concessional Finance & Global Partnerships, Vice Presidency no date, 3). In its report on investment management for donor funds, the World Bank promotes its services to donors by describing itself as a trustworthy manager that is able to work at low costs. The document is signed by the Vice President of the CFP, Axel van Trotsenburg, and the Acting Vice President of the treasury, John Gandolfo. These quotes represent the importance of the World Bank's objective to gain increasing resources and promote its services actively, in order to be able to compete with other actors.

To maintain its powerful role, the World Bank needs resources from existing donors in existing funds and projects, and also needs to be attractive for new donors and new funds and projects. In global health, the World Bank aims to play an ongoing vital role and needs its powers to be a well respected member of global health governance structures, as the H8 and the IHP+. Within the competition, the aim is not only to be powerful in terms of financial strength, but also working on the organisation's reputation. To be able to increase reputation and legitimacy, which was and still is seen controversial regarding the World Bank, the international organisation has to prove to be able to adapt and answer to global discourses. The global discourse on the legitimacy of governmental international and national organisations goes along with the call to increasingly include civil societies and private actors in the institutional processes (Steffek, Kissling, and Nanz 2008).

Pressure to open-up towards private sector

This call for stronger inclusion of non-governmental actors can be seen, for instance, in the inclusion of NGOs in the negotiations of UN-bodies and UN-organisations, but also with the inclusion in the negotiations for the Paris Declaration, and especially its following declarations. NGOs were first invited to the Alma Ata conference as delegates rather than observers (S. Davies 2010, 49). In health, the number and scope of NGOs grew significantly in the 1980s as the ability of states to provide health services declined dramatically. With the NGOs providing health services to a large extent, their recognition grew as did their expertise and trustworthiness. NGOs have seen a shift of their role from advocacy and service delivery to now getting involved in decision-making, and being important for agenda setting (Harman 2012, 54 ff). Now, NGOs can be regarded as being a “third voice” in global health and have sometimes been the key health actors in humanitarian crises (S. Davies 2010, 49).

Philanthropic actors and foundations also play a significant role in global health governance. Since the beginning of the twentieth century, actors such as the Rockefeller foundation have been influential actors shaping health services and health care technology. Philanthropic foundations now have a tremendous impact on the design and execution of global health care services and research. The Gates Foundation is the most important philanthropic actor in global health, and is involved in almost all important global health initiatives and organisations. By now, the Gates foundation possesses a bigger annual budget than the WHO (see also *chapter three*).

Since the 1980s and 1990s, the collaboration of the World Bank with NGOs has grown significantly despite their massive criticism of the Bank's policies (Fox and Brown 1998b; A. Williams 1990). NGOs have been criticizing the Bank extensively, mostly for its lack of transparency and accountability, and have been demanding that the Bank should be more participatory (Woods 2001). NGOs still have neither an official stakeholder role nor a participatory role in decision-making processes within the Bank. However, the Bank stresses that the inclusion of NGOs from the 'global south' is crucial for successful development implementation. As such, "Consultative links" have been established with NGOs in recipient countries extensively. Additionally, NGOs have access to the World Bank inspection panel and the IFC ombudsman (Woods 2001).

One interview partner makes this general remark on the position of the NGOs towards the World Bank: "NGOs don't like the Bank." (Interview 106, World Bank, June 24th 2010).

This remark refers to the often rather negative image of the World Bank among civil society organisations that results mainly from its policies in the 1980s and 1990s, which have received massive criticism from civil society in the 'global north' and the 'global south' alike.

However, due to the general pressure from outside with demands for transparency and more participatory elements coming from civil society organisations towards the UN-institutions, they started to include them more in its decision-making procedures and consultancy forums. One interviewee point towards the general structural and policy changes that international development actors like the World Bank undertook during that period:

"There needed to be a response by both the Bank and its principal shareholders and the rapid expansion of global programs might have been part of that response. In addition, the outcome based aid discussion, the results framework discussion etc further framed the agenda and expectations, particularly of politicians and parliaments in defense of aid budgets, and much emphasis has gone into defining indicators and measuring results and rethinking methodologies for evaluations" (Interview 301, November 5th 2013, 00:19:08).

The World Bank found a means to open up towards non-governmental actors without having to include these actors fully in its decision-making process and boards: the trust funds, as well as the IFC, the Bank's institution for business partners, are open for both governmental and non-governmental contributions.

The World Bank expert considers this opening process as a deflection to circumvent actual institutional inclusion: “Trust funds can be seen as a tool to work this out in a particular context but they could also be seen as a means to deflect accountability” (Interview 301, November 5th 2013, 00:19:08).

However, to date, NGOs only contribute to trust funds very marginally and private business involvement is also quite rare. For example, the non-profit ecumenical Christian housing organisation contributes to the Cities Alliance Program (CITIES).

“There are very few trust funds that have significant money from foundations or industry or health insurance companies or NGOs in it. There are a few, but not many, it is an exception. (...) But they like to limit it to official donors or agencies, donor agencies that are maybe non-governmental or foundations or industry with whom the Bank has had a long standing relationship. Like, for example, in the Onchocerciasis Program Merck contributes to the Trust Fund” (Interview 106, Washington, June 24th 2010).

NGOs are mainly part of the global funds such as the GEF, the Global Fund and GAVI Alliance and, as such, are situated in outer-core funds rather than funding core Bank’s business.

In 2013, the World Bank has changed the structure of its Donor Forums that are held annually since 2000 in Paris. The event has changed its name and is now called Partners Forum. It is not only open for donors’ representatives but also “made up of speakers from the WBG, the donor community, partner countries and the private sector” (World Bank n.d.). Here, the World Bank not only changed the membership structure of the conference, but also changed its terminology. Therefore, the World Bank has adapted to the international terminology discourse that asks for refraining from the terminology ‘donors’ and ‘recipients’, describing them all as ‘partners’.

After showing why the pressure to include private donors emerged, and how the World Bank involves non-governmental actors, the next section analyzes what consequences the mixture of actors and the involvement of non-governmental actors can have for international organisations like the World Bank.

The FIFs such as the Global Fund and GAVI can be regarded as global public-private partnerships as different contributors, governmental, non-governmental and business corporations, work together to reach a specific goal and establish a new form of partnership. Generally, these kinds of PPPs or global partnerships have started to mushroom in the 1990s. Schäfferhoff (Schäferhoff 2009) has worked substantially on

PPPs and their cooperation modes with international organisations. He shows that PPPs can be effective governance instruments as governments, international organisations and NGOs, and business corporations can cooperate and foster the provision of global public goods. They are able to add complementary resources into the partnerships that can work in an effective way (see also Reinicke 1998; Schäferhoff 2009, 211). He, like Liese (Liese 2009b), claims that organisations are interested in cooperation with non-governmental actors to access resources and expertise. He examines how cooperative behaviour can be encouraged, looking at the WHO secretary that included numerous PPPs in its work (on the efficiency of PPPs see also Huckel, Rieth, and Zimmer 2007; Wulf 2004).

With the inclusion of non-governmental donors, the World Bank can have access to their knowledge, expertise, contacts and experience and can profit from them.

Furthermore, the involvement of NGOs in the implementation of development projects and PPPs is generally seen as having a positive impact on the organisation, as this representative's quote shows:

“There is quite a number of sector-wide approaches that also allow NGOs and industry and foundations and health insurance companies to participate in the process, they have a seat at the table. (...) [The integration of non-governmental donors is, L.D.] very very good because it means that everybody ultimately can buy in through the country's health strategy. So, that you participate in the country's health strategy. In my view, from a developmental point of view, it is better to have everybody in the tent, even if they disagree, than outside the tent. (...) So that's a developmental philosophy that you can have. There are people here in the Bank, many economists, who think very strictly along free market principles. They say: no, not good.” (Interview 106, Washington, June 24th 2010).

However, what the interviewed expert also states is that the staff members within the Bank are not all welcoming the increased involvement of non-governmental actors on the implementation and institutional level. The reason to include non-governmental donors only to a very limited degree is explained by the interviewed experts as follows:

“If you are a Bank and you would handle money for others, you want to have a structural relationship and it goes also all the way back to the owners of the Bank. The Bank is not like the UN, it is more like a corporation. It is owned by ministries of finance. All the ministers of the finance in the world own the world Bank and the IMF” (Interview 106, Washington, June 24th 2010).

On the other hand, NGOs especially are still hesitant to fund the trust funds of the World Bank:

“But there are not many, very few and for example at one time for the malaria trust fund, I tried to get Medicines Sans Frontiers to contribute, they said no. Too much of a risk to us, our people, our constituencies, the people who give money to MSF, they

would be very angry if they would hear that we give part of their money to the World Bank. Because these people do not like the World Bank” (Interview 106, Washington, June 24th 2010).

Regarding the involvement of the private sector in the World Bank trust funds, there is one example in 2005 when Exxon Mobile, together with the Russian Federation, contributed to the Booster Program for Malaria Control in Africa (BPMLRI), a 10-year project. The report states the following on the Exxon Mobil contribution:

“The ExxonMobil/World Bank collaboration is enhancing the monitoring and evaluation (M&E) efforts of malaria control programs in Africa and is filling a critical gap both globally and at country level to permit sound investment of financial resources, strategic planning, and program management decisions by donor and implementing organisations” (World Bank, Global Partnership & Trust Fund Operations 2011, 6).

The Gates Foundation is one of the biggest non-governmental contributors to the World Bank trust funds⁶⁵. Its engagement is not only limited to the FIFs like the Global Fund, where it heavily contributes and sits on the board. The Gates Foundation contributes to a high number of different trust funds: the Global Agriculture and Food Security Program (GAFSP), the Consultative Group to Assist the Poorest (CGAP), the Polio Buy-Down Program (POLIO), the Cities Alliance Program (CITIES), the Consultative Group on Agricultural Research (CGIAR), the Water and Sanitation Program (WSP), the Development Marketplace (DM), the Health in Africa Initiative (HIA), the India Advisory Program CSAAP), the Pilot Advance Market Commitment for Vaccines against Pneumococcal Diseases (AMC), and the Global Financial Inclusion Indicators Program (GFII). Of the latest, the Gates Foundation is the only contributing entity. The Gates Foundation committed US\$ 11 million as a 10 year-grant to the Development Research Group to build an Global Financial Inclusion Indicators’ database “to measure how the world’s poor, women and other disadvantaged groups save, borrow, and make payments” (World Bank, Global Partnership & Trust Fund Operations 2011, 33). Of the Living Standards Measurement Study Program (LSMS-ISA), the Gates Foundation is also the only contributing entity. The trust fund supports the Development Research Group with

⁶⁵ Unfortunately, the Gates Foundation seems to have a policy that does not allow its staff to give interviews to researchers. This policy can be seen also on panels that discuss the policy of the Gates Foundations and that invite representatives from the organisation, where they never appear in public and are not open for discussion and debate upon their policies. Of all the requested interview partners, no one replied to the request. Other scholars in global health made the same experiences. Therefore, this section relies on secondary data via health experts, World Bank data and other peer-reviewed research articles and books.

US\$ 19 million to “foster innovation and efficiency in statistical research on the links between agriculture and poverty reduction in the region” (World Bank, Global Partnership & Trust Fund Operations 2011, 36). The Agriculture Support Finance Facility (ARFF) is also financed only by the Gates Foundation. It aims to “scale up access to financial services for smallholder farmers and rural enterprises” (World Bank, Global Partnership & Trust Fund Operations 2011, 137).

These examples show that there is involvement of non-governmental donors with the outer- and the inner-core of the Bank.

On the role the Gates Foundation plays in the Bank, one interviewee states the following:

“[The people from the Gates Foundation, L.D.] think it’s a good idea. So, it took a long time and then ultimately they provided little money and they did for specific areas like for example better collaboration between the public sector and the private sector” (Interview 101, Washington, June 17th 2010).

This statement has to be regarded with caution, as the sums the Gates Foundation cannot be regarded as minimal, and their involvement with the high number of trust funds shows a significant involvement and usage of trust funds. In particular, the single-donor trust funds show the strategic use of the trust fund platform, and the specific funding of certain research projects within the development research group proves the strategic knowledge accumulation the Gates Foundation is fostering. David McCoy and Linsey MyGoey (2011) generally attest that the Gates Foundation employs a highly targeted and strategic selection of projects and distribution of resources that goes along with strict focus on measurable results and a highly direct management of their grantees (see also John 2006; McCoy and McGoey 2011, 147). The authors argue that so called new *philantrocapiitalists* like the Gates Foundation express disregard and mistrust for governmental structures and the public sector, but they nevertheless need these national and international institutions and the intergovernmental organisations. Due to the mistrust, the philanthropists exert maximum control over their financial distributions. The resources that are channelled through international organisations are the fourth biggest category of recipients of Gates’ resources. The largest group of recipients are NGOs/NPOs, followed by Global Health Partnerships, particularly the Global Fund and GAVI Alliance. The third largest group of recipients are universities. Among the international organisations, the WHO receives the largest sums followed by the World Bank (McCoy, Chand, and Sridhar 2009). The Gates Foundation has become one of the WHO’s fourth biggest donors, “one which eclipses the contributions of most G20

governments”(McCoy and McGoeys 2011, 152). Similar to the WHO, where the Gates Foundation funded sixty-nine separate grants between 1997 and 2007, the Foundation ensures a high degree of donor-driven influence in the World Bank as well.

With the foundation’s particular support for the research department, the World Bank’s research receives support for specific issues such as poverty reduction, particularly through market integration that focuses on areas of expertise in a particular donor-chosen field. Exploring new areas of expertise and knowledge are favourable for the World Bank and its knowledge accumulating strategy. However, whether the World Bank would have chosen these particular issues for intensified research remains to be questioned.. McCoy and McGoeys assess the following on the health strategy of the Gates foundation: “the Gates Foundation is not a passive donor: it actively engages in policy-making and in agenda setting. (...) It shapes the research agenda of a number of public health institutions” (McCoy and McGoeys 2011, 153). This policy has been criticized as the Gates Foundation is said to function as a malaria research ‘cartel’ that causes an “unhealthy degree of self-censorship and in the stifling of diverse views among scientists” (McCoy and McGoeys 2011, 153). A similar process is likely to be happening within the Development Research Department, as these trust fund donors can determine what research to pursue. It remains unclear how autonomous the research can be conducted with such close donor involvement. The non-governmental donors are perceived by the Bank staff as trying to influence the Bank’s business:

“The Gates foundation for example wants to influence Bank policy and strategy and becomes a donor to them to be in the advisory board. Often NGOs or foundations also “buy in” to receive analytical work, consultancy and other studies and use the Banks capacities” (Interview 101, Washington, June 17th 2010).

The IEG report states that concerns were expressed by Executive Directors due to the fact that the Bank risks the focus on particular topics funded by donors, and that this kind of funding “has significantly shaped the overall portfolio of knowledge work” (IEG, 74).

NGOs still only marginally use the trust fund system and barely engage with the World Bank. However, the private sector and the foundations like the Gates Foundation are engaging via the trust fund system. What is particularly interesting is that they do not only fund the renowned global funds, but they engage in close-to-core multi- and single-donor trust funds. With the single-donor trust funds, they manage to directly shape programmes and research foci of the World Bank.

In the course of the demand of intensified involvement of non-governmental actors in the decision-making and agenda setting structures of global health governance, the World Bank managed to open-up its structure for non-governmental donors. With this strategy, the World Bank actively changed its policy towards non-governmental donors and the promising strong financial involvement of the private sector. It was the trust fund mechanism that allowed the policy change and offered structures for involvement. To include non-governmental actors via the trust fund system, the bank did not have to change its core structures and decision-making processes, as they remain to be reserved for governmental donors only. The trust fund mechanism allowed a change by simultaneously saving the core structures.

For the World Bank, this involvement is beneficial, as more resources are directed to support the core-business of the bank. However, the strategic involvement of actors like the Gates Foundation also bears risks as the foundation is able to shape the Bank's policies, and research according to its own priorities and the risk of undermining knowledge and policy objectives is high. It is also crucial for its reputation, as the organisation has to prove that it is able to answer to external demands by global discourse on legitimacy and involvement of civil society and the private sector. The next section deals with the internal processes and pressures on the international organisation that also cause changes in the Bank. These changes also remain mainly within the outer-core of the organisation, and primarily aim for better management capacities.

Adapting to internal bureaucratic pressure

This section refers to the internal pressures within the *controversy III* that can cause organisational change. The administrative negotiation processes within international organisations are structured by different administration divisions that follow different strategies, and can have their own objectives that even might differ from the general objectives of the organisation as such. The way divisions and individuals position themselves within the spectrum of the organisation is dependent on their specific interests and opportunities within the structure of the organisation. Due to the different positions and interests of the administrative divisions, a conflict on resources, competencies and adjustment of objectives and policies can occur within the organisation (see for the WHO case Rittberger, Zangl, and Kruck 2013, 116; Hanrieder 2010). The negotiation processes within the organisation come under the additional influence of the substantive relationships, the administrative divisions and the staff of the organisation maintain.

These relationships are not restricted to the organisation itself, but also stretch towards the outer environment of the organisation (other organisations, other experts, other governmental and non-governmental development aid donors etc.). The divisions establish networks that cut across boundaries of the international organisation and occupy a central part of the organisational processes. The bureaucratic divisions can, with their different influence-opportunities, cause a blockade or severe harm to the international organisation (Rittberger, Zangl, and Kruck 2013; Barnett and Finnemore 2004). The bureaucratic divisions and individuals not only strive for influence, but also a competition on resources is causing conflicting forces within the organisation.

This section shows that the staff members working for the Bank and simultaneously managing or supporting trust fund programs sometimes have to follow two diametrically opposed objectives. This causes policy-incongruity, doubling of programs and conflicts among the different administrative divisions:

“It is not impossible for a staff member to find him/herself implementing policies under a trust fund that are not the same as the World Bank’s and still it’s in the same field” (Interview 301, November 5th 2013, 00:09:32):

The first aspect that exerts pressure on the Bank and its policies are the individual staff members and different divisions with the Bank itself. Due to overall business constraints in the Bank, the staff members seek for trust funds to scale up their program financing latitudes:

“I am the Task Team Leader of [anonymized, L. D.], but it serves as an umbrella for more trust funds evolving from this. So in my team, we set up other trust funds and then name the TTLs for that fund. The Bank has only little money to pay the staff, the countries then put money in for technical assistance and to pay for more consultants and projects. So the trust funds provide seed money that then leverages more money and then, big projects can come in” (Interview 102, Washington, June 29th 2010).

The staff members seek additional trust funds to expand their projects and their area of activity. So there is an intrinsic interest of World Bank staff to acquire new trust funds and donors. The BETFs accounts for almost a quarter of total Bank budget (World Bank, Independent Evaluation Group 2011, x). In FY 10, BETFs mainly accounted for supervision costs, economic and sector work and 53 % non-lending technical assistance. BETFs are used for coordination and partnership work, and sometimes pay for supervision and project preparation. Another important area is knowledge accumulation for the Bank, where BETFs financed 32 % of the cost of knowledge products (World Bank, Independent Evaluation Group 2011, 71). One interviewee stresses that the Bank

heavily relies on this financial support for research as “much of this couldn't have been funded out of the administrative budget only” (Interview 301, November 5th 2013, 00:27:27). Sometimes BETFs also fund country project studies. Overall, BETFs can be regarded “to some extent as a complement to Bank budget” (World Bank, Independent Evaluation Group 2011, 71). The growing reliance of the Bank on BETFs raises questions in terms of independence and inclusiveness, especially in the case of knowledge work and other intellectual contributions, as shown in the Gates foundation example. One interviewee also points out a change of tasks that is involved for the Task Team Leaders when knowledge is bought into the Bank from outside:

“If I tend to be somewhat critical about that kind of resource mobilization it would be to highlight the risk that overreliance on ‘outsourcing’ could potentially undermine the internal knowledge capacities of bank. The risk is to ‘de-skill’, to turn your professional staff more into administrators while relying on outsiders for the professional inputs. As task team leader one is more involved in making sure these other people deliver than taking charge of the actual work. But the Bank is a professional organisation, people don’t get hired to be administrators, they get there because they are financial analysts, or economists, or transport engineers, urban specialists; health specialists, etc. If you rely heavily on trust funds to stretch your own administrative budget over as many tasks as possible, the task team leader tends to be more involved in supervising consultants than mentoring and developing a competent in-house team” (Interview 301, November 5th 2013, 00:17:25).

The managers in the Bank heavily rely on this intellectual work and the trust fund resources for their analytical work. Here, a conflict of interest can occur, as is stated in the IEG report:

“According to the vast majority of those interviewed, budget constraints are an important – perhaps the most important – reason why staff pursue trust funds. They referred to ‘budget squeeze’, the work program ‘increasing tremendously while the Bank budget has remained flat’, and the risk that their unit ‘would be out of business without trust funds’ “ (World Bank, Independent Evaluation Group 2011, 75).

This means that the Bank staff uses the trust funds for economic and sector work to save resources for project evaluations. Most importantly, the staff themselves are heavily dependent on the additional resources from the trust funds for the sake of their projects and even their jobs per se. The consequence according to the IEG report is that the managers “often act opportunistically to drawing on trust fund resources where possible” (World Bank, Independent Evaluation Group 2011, 75). The need to rely on trust fund resources results in a changing working pattern, and might risk disavowing from Bank policies and specific objectives. The trust funds are placing high demands for work programs and setting different priorities on project implementation, requiring more

coordination for the managers. Here, the managers have to stick to donor's requirements rather than being more autonomous within their Bank budget and the project objectives of the Bank. The IEG report finds that the managers "much prefer to use Bank budget than trust fund resources for reasons of efficiency and accountability" (World Bank, Independent Evaluation Group 2011, 75). What is also important for the staff, and needs to be taken into account by them, is that trust funds do not only provide resources, they are also costly. The IEG report argues that "it costs more to manage trust funded activities than trust funds typically provide for this purpose" (World Bank, Independent Evaluation Group 2011, 75 see also interview 301, November 5th 2013). This aspect opens up an additional dilemma: for the Bank itself, staff demand resources generated through donor trust funds, as it is an important source of income. Therefore, they foster the expansion and foundation of funds and create pressure on the bank. At the same time, the funds are costly and do not always necessarily serve as an income for the Bank itself (this is especially the case regarding the FIFs).

7.2 Proactively changing institutional policies

The need for additional resources can be regarded as the most crucial factor for the establishment of trust funds. The high number of trust funds, the high costs for control and management, the influence of donors, and the strategic alignment pose the biggest challenges on the organisation. To be better able to manage the trust funds and remain attractive for donors, the Bank has been working on strategies for reform.

Since the early 2000s, it has been documented that the World Bank has been constantly working on improving the third channel (World Bank, Concessional Finance & Global Partnerships 2011a; World Bank, Trust Fund Operations Department 2008, f. 4). This section chronologically analyses the main measures taken by the Bank in order to reform the trust funds over the last decade.

The World Bank has been undertaking approaches to increase the efficiency of trust funds and to better control whether the trust funds match with the donor's requests. The World Bank staff members present the trust funds on the donor forums as a flexible instrument to meet critical funding gaps, especially for global public goods.

New plans for Reforms 2004 and Operational Manual 2008

In 2004, with support of the World Bank's President James D. Wolfensohn and the Vice President and Corporate Secretary, a report was published on the "Reform of World Bank-Administered Trust Funds: The Way Forward". It stated that the Executive Directors discussed several of managements' proposals, and aimed for several reforms such as diversifying the range of expertise, improving knowledge and access, and streamlining externally-funded staff programmes. The result of the discussion and new plans for reform also lead to a new Operational Manual OP 14.40, with new regulations including a reform of the trust funds. Several new regulations and objectives were decided upon pertaining to the need to support multi-donor and programmatic approached funds (World Bank 2008b). Streamlining programs and enhancing transparency (including monitoring and evaluation), and increasing efficiency of financial management of the trust fund's activities, have been defined as the most pressing aspects for reform during that time. Besides that, it has been decided to no longer accept trust funds with nationality restrictions on procurement. The main programmatic focus should rely on system strengthening, efficiency and accountability of activities and mechanisms, and sustainable planning.⁶⁶ The Operational Manual BP 14.40 on trust funds newly regulates the initiation, establishment, implementation, financial reporting and auditing, the closing and completion reporting, and evaluation processes. It also regulates the minimum size of a trust fund and sets the threshold at USD 1 mio that was formerly set at USD 200.000 (World Bank 2008a; World Bank, Trust Fund Operations Department 2008, f. 15). Considering health issues in particular, health system strengthening, health financing, supporting governments, and international community programs are mentioned as the focus of the Health, Nutrition and Population Sector of the World Bank, and therefore also should apply to the health trust funds (Baeza et al. 2007).

However, the high number of single-donor and single-purpose funds still makes it almost impossible for the World Bank to implement an overall strategy while the number and scope of trust funds are significantly increasing during the respective period (see *chapter two*). A lack of controlling and monitoring increases the insufficient manageability. The World Bank notes a growing aid fragmentation due to the growing number of funds that

⁶⁶For a detailed discussion on the reform measures for the future of trust funds, see (World Bank, Concessional Finance & Global Partnerships, Vice Presidency 2004).

are similar in sectoral context, and calls again for more multi-donor funds to promote harmonization and a joint dialogue among donors (World Bank, Global Partnership and Trust Fund Operations Department 2008, 21).

Donor Forum 2008 and 2009

As the Trust Fund Management Framework was approved by the Board of Directors in October 2007, the Donor Forums in the next year focused on the implementation process of the Framework. At the 2008 Donor Forum, pertaining mainly to progress in implementing the new Trust Fund Management Framework, fiduciary principles, compliance and financial reporting enhancement were discussed (World Bank 2008c). Christian Baeza presented on private collaboration in strengthening health systems, and stressed that the Bank has to provide sound and feasible measures concerning financing and service delivery. The author calls for more engagement with the private sector as “public and private sector financing/delivery are essential to scale up access to services” (Baeza 2008, f. 5). The overall direction of the reform endeavours are defined as “mainstreaming trust funds into Bank’s business” (Baeza 2008, f. 12). The insights from the donor forums that show the changes undertaken and aimed for in the bank can be extended by looking at the IEG report in 2011. The report offers further understanding of the trust fund mechanisms and its impact on the organisation.

Publication of the IEG Report 2011

In 2011, the IEG published the first substantive and in-depth study on the World Bank trust funds. The report critically evaluates the benefits and challenges trust funds have on the World Bank. The trust fund management answered the critical evaluations of the IEG report by stating that several reforms have been conducted and are planned for the foreseeable future. A multiyear budget has been put in place to answer the short-term periods in trust fund financing. The Board engagement has increased to entail reporting through Technical Briefs and Quarterly Business Reviews, as well as Medium-Term Strategic Framework reports to increase the oversight over the strategies of the trust funds (World Bank, Independent Evaluation Group 2011, xv). The World Bank management “does not see the overall usefulness of the typology” of the suggested three-pillar structure suggested by the IEG, but it acknowledges the need to better align Global Programs and Partnerships with the Bank’s portfolio and strategic policies (World Bank, Independent Evaluation Group 2011, xvii). The IEG suggests that FIFs should also be better aligned

with the World Bank's policies. However, the management stresses the separateness of the FIFs with the World Bank's core, and states that it "cannot be expected to have synergies with specific Bank operations" as the Bank only serves as a trustee (World Bank, Independent Evaluation Group 2011, xvii). With its response to the IEG report, the management states the will to work on "a strengthened framework for guiding the Bank's acceptance and management of FIFs" (World Bank, Independent Evaluation Group 2011, xvii). The following Donor Forum and several other World Bank publications addressed the problems and suggestions made by the IEG report.

Donor Forum 2011: Road Map for Reform with Umbrella Approach

At the Donor Forum 2011, the main challenges are described as follows: a lacking standardisation of trust fund models, as "donors want to see results of 'their' funds", "weak capacity environment and small grants" and the challenge that it is "not always easy to ensure donor visibility" (Wu and Nickesen 2011, f. 20). The powerful position of donors becomes visible due to this prioritization, as well as the ongoing lack of alignment and pooling of funding.

Two reform measures are presented at the forum: the Reform Road Map and the Umbrella Approach.

With the Reform Road map that has been inserted in October 2011 the World Bank is actively trying to approach issues such as fragmentation, increasing "upstream" strategic alignment, finding solutions for more business involvement, and a better cost recovery. The aims of these processes are "on-going efforts to fully integrate TFs in Bank business processes" (Wu and Nickesen 2011). The BETFs are supposed to be included in corporate budget and planning, and the RETFs shall match better with CASs and regional and sector strategies. Furthermore, donor trust fund portfolio reviews shall be published, and more fundraising coordination with Bank-wide reporting on funding plans shall be put in place. The umbrella approach is a result of the IEG evaluation report (World Bank, Independent Evaluation Group 2011) that identified the need for a more structured approach to TFs. For the World Bank, the umbrella approach is aimed at increasing "efficiency through streamlined and harmonized business practices and fundraising" (Drewnowski 2011, 5). Their aim is to move "from earmarking towards leveraging funding for results" (Koch, Bhatia, and Vish 2012, 6), to improve alignment with Bank sector and thematic strategies, to set up a unified results framework, efficient governance, a cost-effective management and administration, a transparent multi-year allocation of funds and a coordinated donor

fundraising. With the Umbrella Facility, the Bank is hoping to achieve several key results. In short: scaling up, but without a precondition for strategy implementation. The Umbrella Facility promises to foster innovation as they are able to support state-of-the-art pilots, they can provide greater strategic alignment with better donor coordination and better alignment with Bank priorities. They are defined as a “mechanism, linked to specific sectors/themes, to facilitate a more strategic and disciplined approach, that will increase development effectiveness and operational efficiency, building on today’s good practices/existing mechanisms” (Tarallo 2011).

The stocktaking of the pilots began in September 2012. It is planned to group the future umbrella facilities around the following results areas: growth & competitiveness, fragile states, governance, climate change, health systems, urban, PPP, and others (Tarallo et al. 2012, 8). Interestingly, in regard to health, the results area is not on specific diseases but has its focus on health systems. Some umbrella facility pilots are currently being tested for special sectors⁶⁷.

The benefits of a more structured approach are reasoned as follows: for donors, they provide “increased strategic coherence, meaningful consultations and a focus on results”, for clients they provide “reduced fragmentation, greater alignment with country priorities and results frameworks, and increased consistency with aid effectiveness principles” (Drewnowski 2011, 5). These new innovations for trust funds show how the increased complexity, fragmentation, and costs request an appropriate reaction from the World Bank. With the stronger institutional and thematic alignment and the umbrella facilities, together with the minimum contributions of USD 1 mio for new funds, the Bank actively works towards reducing these costs. Additionally, the planned changes and programs indicate that the Bank is not in any way planning to abolish the trust funds. On the contrary, new trust funds are being created and new FIFs are included in the portfolio with the support of the World Bank.

⁶⁷ Multi-donor Umbrella Facility for Capacity Development (MUFGD), Umbrella Facility Gender Equality (UFGE), SABER (Systems Approach for Better Education Results) Umbrella Facility, Umbrella Facility for Trade and Development (UFTD). The Umbrella facilities shall achieve a scaling up, innovation with the support of state-of-the-art projects in the regions, greater strategic alignment with better donor coordination with Bank priorities, the mobilization of expert resources, greater flexibility and even more focus on results (Tarallo et al. 2012):

Donor Forum 2012: Four Pillars of Reform

At the Donor Forum in 2012, questions around issues of what the main shifts of donor (aid) priorities were discussed. Furthermore, implications for the use of bilateral and multilateral channels were discussed, as the publicly available presentations show (World Bank, Donor Forum 2012).

Four pillars for reform have emerged due to the Bank's own and the IEG's evaluations: Pillar one aims at enhancing strategic alignment and consolidation, and includes the umbrella approach and donor portfolio reviews, and the establishment of a new FIF Framework that aims for clear criteria and procedures. Pillar two aims for better alignment of trust funds with Bank business processes. Here, the principle is stressed that BETFs and RETFs are only funding sources and not separate instruments. The alignment of trust funds is aimed at fully integrating the BETFs in the Bank's budget, its planning process, and includes them in the reporting documents. This means that BETFs will be fully integrated in the general budget. Pillar three aims for better cost recovery and efficiency with new fee schedules for all trust funds. Pillar four aims to improve oversight by the management and the Board of Directors, in order to better oversee and manage financial risks through quarterly reports and new data reporting tools (World Bank, Concessional Finance & Global Partnerships 2012a, 39 f).

Besides the RETFs and BETFs, the challenges of handling FIFs in the Bank's business were discussed, and a new FIF Framework was presented. The Bank has an interest in "remaining responsive to demands from donors/other partners to support new FIFs, while ensuring that engagement makes sense", and needs "greater clarity/information on the different roles of the Bank and associated accountabilities (trustee, implementing agency, secretariat)", as it has to "deal with risks re: (sic!) multiple roles and conflicts of interests" (Basu 2012, 3). Furthermore, it is stated that there are gaps in existing guidance on FIFs, while at the same time there is a rapid expansion of the FIFs portfolio since 2006, where funds have doubled and there is continued demand for new FIFs. They have grown significantly in both size and number (Basu 2012). The objectives and structure of a new FIF Framework will include stronger risk management, improved data transparency, financial reporting, and communication. The principles of the framework request the following principles: complementary, sustainability and value-added. The risks need to be tolerable and manageable, and transparency is critical (Basu 2012, 5).

The World Bank is planning to look at the national levels for new ideas and improvements as they ask whether there are “lessons the WBG could learn from bilateral efforts to improve strategic alignment, efficiency, value for money and innovation” (Koch, Bhatia, and Vish 2012, 15). The World Bank seems to be open to learn and improve, while also showing a willingness to copy national development aid patterns to save its own resources.

Development Partners Forum 2013

According to the global discourse that perceives donors and recipients alike as partners in development cooperation, the Donor Forum has changed its name to Development Partners Forum for its meeting in 2013 in Paris. Regarding trust funds, it is mainly aimed at working towards alignment and selectivity. Regarding the FIFs, the Management Framework is planned for the beginning of 2013 and aims to improve selectivity, risk management and reporting (Koch, Bhatia, and Vish 2012, 3 ff). The presentation announces that the impact evaluation of the Umbrella Facilities is under preparation, and that there have been improvements regarding the Donor Portfolio Reviews and the Resource Mobilization Coordination (Tarallo and Isaev 2013). Guidelines for RETFs that consist of under USD 5 mio have been put in place, and BETFs have been integrated in the budget documents for FY13 and FY14. A study regarding the fee simplification is in the works and, as a major change, the IBRD/IDA trust funds now have a minimum of USD 2 mio to promote “consolidation and greater efficiency” (Tarallo and Isaev 2013, f. 10). The raise of the minimum threshold of the trust funds shows two things: first, the World Bank is further developing its alignment and pooling strategy to limit the small and difficult to manage funds. Second, it shows that resource flows seem sufficient enough to put the World Bank in the comfortable Situation of being able to neglect small sums.

The quarterly Business and Risk Reviews and the Trust Fund Investment Strategy Review show the tight control mechanisms that have been put in place. Regarding the disclosure policy of the Bank, several databases now offer detailed numbers on trust funds that did not exist in the early 2000s (Powell 2005). The Board of Directors has requested a “more coordinated business planning and integrated revenue/expenditure framework” that is now being worked on (Tarallo and Isaev 2013, f. 14). The questions that remain open are the following: how can selectivity be strengthened together with a strategic alignment?

What is the potential of the Umbrella Facilities? These are the issues the World Bank still has to work on in the future.

Roberto Tarallo, Manager at the World Bank Trust Fund Operations Department, and Urkaly Isaev, Manager at the IFC, divide the changes of the World Bank into three different phases. The period of 2001-2007 is shaped by the strengthening of the trust funds fiduciary systems, the period 2002-2013 is dominated by processes of mainstreaming trust funds into the World Bank business, and from 2013 onwards the key priority has been aligning the portfolio and trust fund management World Bank policies and its overall strategy (Tarallo and Isaev 2013, f. 12).

What can be drawn from the previous analysis is the ability of the World Bank bureaucracy to strategically change the organisation. Therefore, the World Bank is enabled to change its policies and processes not only according to pressures from inside and outside the organisation. The World Bank is able to pursue its own strategies to increase efficiency and remain an attractive provider of financial services for donors. One World Bank expert stresses that “the whole policies go into the direction to make sure that this trust in the Bank’s prudent management of resources is never contested” (Interview 301, November 5th 2013). For the World Bank, trust funds add to the normative legitimacy and financial strength and, as such, are a means for the organisation to enhance its leadership role, especially in global health.

The next section analyses what effects the changes have for the organisation as such by analysing how the endogenous and exogenous pressures lead to processes of organisational layering and conversion.

7.3 How can organizational change be explained theoretically?

In the *fourth chapter*, Streeck and Thelen’s (Streeck and Thelen 2005a) approach for institutional change was presented and a pre-testing was conducted, leaving the categories conversion (due to exogenous pressure) and layering (due to internal pressure) for an in-depth analysis. These two remaining categories are now examined in more detail in order to find a theoretically driven explanation for the establishment of the third channel and the effects the third channel has on the organisation.

Conversion

The theoretical chapter sets up the following criteria for analysis in regard to conversion: the institution has to alter its objectives or tasks resulting from internal as well as external pressures. Therefore, conversion must show a policy related change with new tasks. Political contestation and incremental adjustment lead to this form of change. Mahoney and Thelen further state that the rules remain formally the same, but are being enacted in a different way (Mahoney and Thelen 2010a, 17; see also Thelen 2003)(Mahoney and Thelen 2010a, 17; see also Thelen 2003). It leads to changes of policies and outcomes. This process can be regarded as a challenge for the IO, considering its policy alignment. Regarding policy related changes, two aspects in particular were identified as the main challenges for the World Bank the *sixth chapter*. First, the World Bank has difficulties with the alignment of the trust fund portfolio with its own core strategies. Here, the donors use the gaps between the rule (all trust funds have to be aligned with the World Banks CASs) and the opportunity of implementing regulations and policy goals in the donors' interests. This poses significant challenges to the organisation, as some Task Team Leaders have to implement programmes that are conflicting with the Bank's core policy. Here, the third channel can lead to a conversion of the Bank's policies and, as such, risks undermining its strategic acting.

Second, having to change core Bank's strategies to align them with existing trust fund policies imposes an even bigger risk to the Bank. The EFA/FTI example showed that the Bank has to change its implementing policy decided by the democratic elected Board of Directors in order to avoid its own undermining of a trust fund programme that only consists of a small group of donors. In this case, which still seems to be an exception, the alignment problem of the World Bank is tremendous. Here, the Bank is forced to alter its own strategies due to external pressures in order to save its overall policy alignment and to ensure the prevention of conflicting programmes that are the result of World Bank policy in a specific sector of one country. Conversion is therefore a process of change that happens in regard to the policy programme, and risks limiting the strategic acting of the IO.

Layering

Besides the pressure and influence from external and internal sources as reasons for policy change, IOs tend to change and adapt due to their aspiration for resource independence

and their motivation to expand and gain more power. The pressure for change through layering comes from the inside of the organisation, and can, for instance, force the public system to adapt to a private system. Layering can be a proactive way for an organisation to save its core structure by creating a similar institutional setting at its institutional fringe/outer-core. However, this process of layering does not necessarily threaten the IO. In the case of the World Bank, the manageability of the trust funds is difficult but does not seem to be the IO's biggest challenge. The main goals for reform mention the need for improvement of the trust fund administration. However, rather simple means have already led to an improvement (for instance the rise of the minimum threshold up to USD 2 mio.) (Koch, Bhatia, and Vish 2012; World Bank, Trust Fund Operations Department 2008). One of the experts confirms that the World Bank is able to manage the trust funds at reasonable costs, and their number is not a tremendous problem (Interview 301, November 5th 2013, 00:23:02). In particular, the BETFs and the RETFs function very similar to the general Bank's procedures. That enables Task Team Leaders to work on the general Bank's projects, as well as managing trust funds, as they often scale up existing World Bank projects. They are rather welcomed by the Task Team Leaders as additional resources for their projects.

The insufficient decision-making involvement of the Board of Directors is still a challenge for the Bank to secure oversight and control over the decisions taken among the donors within the specific trust funds. The reform measures that are conducted show strategies to improve this aspect.

The process of layering that results from internal pressure takes place at the fringe of the organisation and is able to complete (or fix) the core. With the trust fund system, the World Bank was able to include non-governmental donors for additional resources but simultaneously saved its core structure. Opening up towards the private sector enabled the World Bank to get involved with new donors that appeared in Global (Health) Governance at times, as they gained financial but also political power and importance. It was also a measure to show willingness to cooperate with these new non-governmental actors. At the same time, the organisation was able to profit from their resources. The layering process was subsequently able to strengthen the organisation and, at the same time, led to a differential growth of some non-core parts of the organisation.

With the trust fund system, the World Bank has an additional instrument that functions as a supporting structure for inner-core projects, and enables the involvement with

politically and strategically important Global Funds. At the same time, it gives enough flexibility to the donors to provide, and also withdraw resources according to their current interests.

The IO pro-actively decides to change and create additional layers to its core due to its aim for leadership, and to be able to compete among other actors in global governance.

To conclude, we can observe two dimensions of organisational change that are happening in the World Bank due to the third channel. The third channel can be defined as a new layering on the institutional structure of the bank that results in a limited conversion of the IOs strategic policies. The layering process is the result of pro-actively searching for new resources by simultaneously trying to protect the organisational core from significant changes. To contrast, the conversion process is a reaction to the donors' pressures and the attempt to limit the risk of losing strategic alignment of its own policies. Due to the difference of the source of pressure for change, the World Bank is welcoming the layering process, as it highly benefits from it despite some difficulties regarding the high number and the costs for control and manageability. With the layering process, the source of change comes from the inside of the organisation, and is the result of successful reform processes. The source of pressure leading to conversion is coming from the donors and the process risks to undermine the strategic policies of the Bank. The increasing influence of donors in core-business areas (for instance the Gates Foundation that is highly shaping the knowledge production within the Bank) and the risk of losing strategic alignment serve as a challenge that the World Bank is trying to mitigate. The attempts to present its strategic alignment have increased in the last years (especially since 2004). The plans to create umbrella trust funds, and to improve control mechanisms that make sure whether the FIFs match with the Bank's strategic portfolio, are the most important changes to control and prevent increased donor-influence.

7.4 What effects does the organisational change have on the IO?

This section shows the effects the changes of the trust fund system have had on the World Bank over time, and identifies significant steps that have been shaping the process of layering and the attempts to limit the need for conversion. Coming back to the *second chapter*, the diachronic analysis showed four organisational changes regarding the trust funds system and its effects on the World Bank.

The first gradual transformative change can be located in the beginning of the 1990s, with the first massive increase of trust funds that grew in size and scope. Here, a layering process takes place as the trust funds system has to be expanded and structural adaptations are requested. The layering process is necessary, as the trust fund system becomes increasingly relevant and appears to be unchangeable at first (see also Schickler 2001; Streeck and Thelen 2005a, 23). The trust funds establish themselves as a successful instrument and increase in form of differential growth. The effects on the World Bank seem to be only limited. The Bank changes some rules and regulations but the trust funds do not seem to “provoke counter-mobilization by defenders” in the Bank (Streeck and Thelen 2005a, 23).

Still, they grow fast and lead to the second change that occurs with the inclusion of the Global Fund in the trustee system of the Bank in 2002. The second change can be described as a conversion process. The Global Fund is the largest FIF that has been included in the trust fund system so far. In international development aid, changing power relations lead to increased pressure to involve non-governmental donors in multilateral organisations. The Bank has the institutional capacities to integrate the Global Fund, and uses this opportunity to get involved with this politically important, innovative, and new form of development policy. Although the Global Fund is rather an independent entity from the Bank, the effects are tremendous as the Global Fund is growing very fast and receiving a lot of attention, which also goes back to the Bank who is offering consultancy and trust fund management. The inclusion of the Global Fund can account as a conversion due to the fact that a large part of the Bank is redirected to new functions and goals. The changes are “a result of new environmental challenges, to which policymakers respond by deploying existing institutional resources to new ends” (Streeck and Thelen 2005a, 26). Here, the existing institution adapts to serve new goals and to answer interests of new actors. This re-active conversion process enables the Bank to position itself strategically in a new way of providing development aid.

The third organisational change is marked by the trust fund contributions exceeding the IDA contributions for the first time in 2004. This is mainly due to the massive increase of the Global Fund, but nevertheless leads to pressure within the Bank to act and answer challenges of manageability and costs. A structural/institutional change is necessary as the trust funds evolve as a key means for the Bank. This layering process aims at managing the increasing and welcomed sums of additional resources. At the same time

the Bank tries to protect the core as much as possible. To answer the need for better management, the Operational Manual OP 14.40 is renewed with support from the Vice President and Corporate Secretary (World Bank 2008b). The constant layering process now imposes some challenges for the organisation, and the organisation tries to limit the risks of undermining by focusing more on the promotion of multi-donor trust funds. It is streamlining the governance processes and gradually increasing transparency. At the same time, the trust funds are adapted to better meet the donors' interests. Strengthened controls and better alignment become the means to improve the management of this layering process. As in Paliers (Palier 2005) layering-case study on the French welfare system, the introduced change happens mainly at the fringe/outer-core of the organisation, in order to fix and complement the system and to stabilize it. The organisation tries to better control the fringe. At the same time, the IO tries to protect the core of the organisation by introducing means that produce lower costs and better manageability for its staff members, who actually belong to the core-business and only additionally work as trust fund managers. Since 2010, the international attention for trust funds starts to increase and the Bank receives a first in-depth analysis from its Independent Evaluation Group Department (World Bank, Independent Evaluation Group 2011). The report concludes that control and management of the trust funds have improved but the alignment has not. Part of the “consolidation exercise”, led by the CFP Vice presidency, are plans for better cost control and, most importantly, better alignment (World Bank, Independent Evaluation Group 2011, xiv).

The years 2011/2012/2013 mark a fourth change, as the financial crisis creates a different donor environment and the internal reform processes introduce the Trust Fund Reform Road Map and the umbrella trust funds. This change, the last analysed in this work, can account as a combination of both processes of change: conversion through policy changes and layering through structural/institutional changes.

Conversion takes place as policy related decisions are being made with concrete plans to integrate the trust funds increasingly in the strategic policy planning of the World Bank. The outer pressure results from the risk of having conflicting implementation policies in one sector that might cause criticism of the Bank and increased attention (and eventually criticism) of the trust fund system from NGOs and academia (Powell 2005; Sridhar and Woods 2013). As a result of the financial crisis, governmental donors have to deal with limited budgets for development aid, increasing the overall competition on resources for

the IO. To make sure that donors obtain control over their limited resources and spend them as efficiently and effectively as possible, earmarked funding becomes increasingly interesting for them (see *chapter three*). The IO has to find solutions that answer these altered pressures. To achieve better alignment, structural/institutional changes have to be made as the continuing layering process risks to undermine the institution. The process of differential growth is limited through amendments, additions, and revisions (Streeck and Thelen 2005a, 24), resulting in the work on the Trust Fund Reform Road Map and, in particular, in the introduction of the umbrella trust funds. These reforms are necessary, as the trust funds risk to “alter the overall trajectory of development as the old institutions stagnate or lose their grip and the new ones assume an ever more prominent role in governing individual behaviour” (Streeck and Thelen 2005a, 23). They operate in a different logic and have been growing more quickly than the IBRD/IDA budget. In this change-process, the third channel has to be altered through structural/institutional *and* policy related changes in order to answer donors' interests, and the organisation's desire for resources and influence. It is designed to provide the best protection of the core that is achievable.

Contrary to Streeck's and Thelen's assumption, the trust funds are not “siphoning off the support of key constituencies” (Streeck and Thelen 2005a, 23). They are instead a significant part, not only at the fringe of the organisation, but in the very core with almost 25 % of the IBRD/IDA budget financed through trust funds.

The result is a fundamental deep transformation of the organisation “not through a frontal attack on traditional institutions, but through differential growth of private and public sector institutions” (Streeck and Thelen 2005a, 23). Therefore, the third channel shapes the institutional design and the institutional processes, and the layering process leads to a conversion of the organisation.

What becomes apparent from the former section is that organisational change in regard to the trust fund system is incremental and has two different effects on the IO: conversion and layering. The World Bank is answering pressures from external as well as from internal sources, which enable but also force it to re-actively and pro-actively reshape the trust fund system. The IO's aim is to find a solution where donors and the organisation alike are able to profit as much as possible.

Table 9: The changing trust fund system

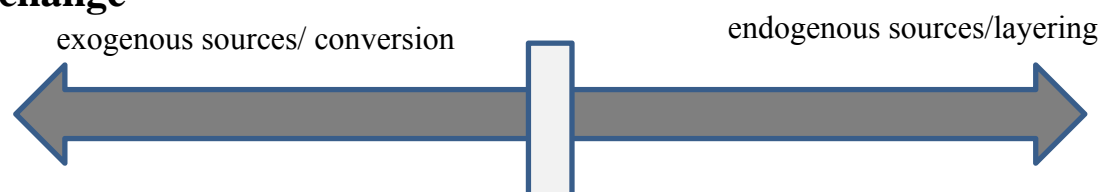
	1960	1990	2000/2002	2003/2004/2005	2011/2012/2013
	Creation of the first trust fund	First change	Second change	Third change	Fourth change
Contributions		Massive increase	Second massive increase	Trust Fund contributions number out IDA contributions	Contributions level off
Effects of pressures for change (internal and external)		Layering	conversion	layering	Layering and conversion

Source: own compilation

These changes lead to a third channel that is influenced from endogenous and exogenous change and is located in the middle of the controversy III.

Figure 13: The third channel location within controversy III

3 organisational change



Coming back to the theoretical approach this work uses, an IO is understood as a semi-autonomous actor that is shaped by its member-states who act according to their interests, but the IO is also able to act strategically and independently. The IO itself has power and autonomy, but states also function as powerful determinants of organisational design and change. When we look at the patterns of re-active and pro-active changes the World Bank

undertakes on its core and non-core structures, we can observe a permeation of these two forces of power. The third channel is the result of this process.

Therefore, the third channel can be understood as the combination, and result, of the IO's and the donors' interests.

The next chapter aims at the last contribution of this work by looking at the bigger picture of global health governance, and asking the question pertaining to what the third channel implies for global health. It discusses the role of the World Bank and the third channel in global health governance, and analyses whether the increased use of the trust funds weakens or strengthens the IO in its striving for resources, legitimacy and influence in Global Health. It then provides a short outlook on the future of global health governance and third channel funding.

8 IMPLICATIONS OF THE THIRD CHANNEL FOR GLOBAL HEALTH GOVERNANCE

The in-depth analyses of the reasons for donors to opt for third channel funding and of the costs and benefits for the Bank of the trust fund system have left one aspect unanswered: What implications does the third channel funding have for the global health governance system? In health, donors and the Bank all stress their attempts to improve the health situation of people living in poor and/or disadvantageous situations. However, the question remains to what degree the trust funds actually work against the main challenges in global health governance and help to advance the health situation, increase the access for health for all, support the fight against communicable and non-communicable diseases, and strengthen health systems.

The *third chapter* identified challenges for global health governance on two levels: structural and policy-related. These challenges diminish possibilities to effectively and efficiently improve health for all. The *third chapter* showed that the debate on global health governance is characterised by a conflict between donors' interests according to their foreign aid strategy and the recipients' needs for support. As we have learned from the previous chapters, the third channel serves as a valuable means for the IO and the donors alike. Whether the recipients' needs are also addressed and whether the challenges of global health governance are diminished by the third channel is analysed in this chapter.

It deals with the policy-related and structural implications that third channel funding has for global health governance. It discusses the challenges of the increasingly fragmented aid system, an increased competition among donors, lacking aid efficiency and the disparity between too many vertical disease-specific projects, and a lack of horizontal system-strengthening approaches.

As the trust fund system accounts (in terms of size and scope) for a significant part of the World Bank's development aid, their structural and policy-related features are argued to have an impact on the governance system of global health. First, this chapter examines the structural level of global health governance and analyzes whether the challenges that are imposed on global health governance are further enhanced or tackled by the third channel. Second, it analyzes how the policy-related challenges that GHG faces are affected through the third channel funding. It becomes apparent that the policy-related

challenges also always affect the structural level. This chapter shows that the trust funds amplify the challenges that are already imposed on global health governance in many ways.

8.1 Fragmentation of the development aid system

Global health governance is challenged by a high proliferation and fragmentation of aid. Numerous international, governmental and non-governmental organisations are all engaged in health-related development aid projects. Often, this fragmentation leads to overlapping projects or projects that may have contradicting approaches. The number of health-related development actors has increased tremendously in the last few decades, especially in regards to organisations that fight against HIV/AIDS (see *chapter three* and for instance Buse, Spicer, and Walt 2009). With the high number of small and medium sized trust funds that tackle very specific issues, aid fragmentation in general, and also that which is specifically related to health, has increased significantly. In the World Bank, the growing fragmentation that results from the large number of trust funds not only risks increasing the overall fragmentation of aid, the Bank itself suffers from this internal fragmentation of its own policies. The IEG report provides a similar assessment:

“The growth in the use of trust funds appears to be increasing, at the margin, the proportion of aid channelled multilaterally, while contributing to fragmentation of the aid architecture where they support separate global programmes, and to an increase in earmarked (as distinct from core) funding entrusted to multilateral institutions” (World Bank, Independent Evaluation Group 2011, 12).

The Bank responds to this challenge by creating umbrella trust funds, and by providing better strategic alignment of the trust fund projects with the World Bank’s policies. However, the Bank still lacks an overall strategy for its trust fund system, and the accountability of the trust fund (mis-)management is often not well defined (Powell 2005, 4). The fragmentation is not only a problem in regards to manageability, the funds are often also difficult to quantify, which leads to a high inaccuracy of budget calculations, according to Amir Attaran et al. (Attaran et al. 2006, 247).

Hence, the very specific trust funds in health are increasing the proliferation and fragmentation of the health-related development aid structure even further.

8.2 Competition among donors

As global health governance has seen a massive increase in new actors adding to this fragmented actor landscape, the competition has increased as well. The challenges caused as a result of the increased competition among donors in global health are manifold. First, due to the increased competition among donors in global health, IOs need to be able to remain attractive for wealthy donors in order to gain additional resources, as the compulsory contributions are often insufficient for the programmes that seem necessary for an effective development aid policy (see for instance Harman 2009).⁶⁸ Therefore, agencies increasingly compete for resources.⁶⁹ They try to be attractive for donors instead of focusing on the programmes for the recipients of development aid.

Second, the actors in global health governance compete for normative power in the development aid architecture, and in the health-related development aid discourse. Actors such as the World Bank have to prove their normative legitimacy in order to uphold their leadership in global health. In order to be able to claim leadership and legitimacy, they need to be accepted by donors, recipients, and the development aid community alike.

In health, the trust fund system of the World Bank seems to provide benefits regarding a better position within the competitive field of global health governance. The trust funds enhance the position of the World Bank through additional resources, and through association with highly reputational projects. Through hosting new development aid mechanisms like the Global Fund and GAVI, whilst also strengthening its own health policy with BETFs and RETFs, the World Bank is able to strengthen its normative power by being the largest of the most important actors in global health governance. The Bank also established itself as an important leader for health-systems policy development, and

⁶⁸ It is argued by numerous scholars that rising inequalities and poverty as well as an increased vulnerability to ill-health result in the need for an engagement to improve health security for all (Buse 2002; S. Davies 2010; Girishankar 2006; Glassman 2012; Hilson and McCoy 2009; Italian Global Health Watch 2008; Kay and Williams 2009; Kickbusch 2009; Lee and Collin 2005; Lee, Sridhar, and Patel 2009; McInnes et al. 2012; McKee 2011; Schuck 2011; Sridhar 2010).

⁶⁹ The study of Nirmala Ravishankar et al (2009) shows that financing of global health has also seen some tremendous changes with a growing competition on resources. Especially around 2002 DAH has risen tremendously through increased funding from certain donor governments like the US and organisations as the Gates Foundation (Ravishankar et al. 2009). It is argued that these donors that are able to allocate large amounts of money often want to be heard and included in decision-making and implementation processes (Buse, Spicer, and Walt 2009; Harman 2012; Hilson and McCoy 2009; Kay and Williams 2009; McCoy and McGoey 2011; Rushton and Williams 2011; Sridhar 2010).

even suggested that the WHO and others should only focus on other aspects of disease control and technical administration (Baeza et al. 2007, Annex A, 1; McCoy 2007, 1500). The earmarked contributions have shifted from infrastructure and production to the funding of global public goods such as health (Adugna et al. 2011, i). Therefore, the World Bank, and in particular the health sector, benefitted from the increased options for donors to earmark their contributions.

The trust funds are a means for donors to officially provide additional multilateral resources by effectively not losing control over these resources and being able to influence the organisations significantly (see *fifth chapter*).

It is argued in the previous *chapter six*, the World Bank acts strategically to secure this power position and the trust funds are helping the organisation in the competition for resources and power. With the increased competition of actors in health governance, the trust funds serve as a means to strengthen the powerful position of the World Bank.

However, whether this development actually diminishes the challenges of increased competition among donors, and whether the powerful position of the World Bank is helping to improve the health-related development aid, remains questionable (Powell 2005). Some authors argue that because World Bank lacks democratic legitimacy, the WHO or the United Nations Educational, Scientific and Cultural Organization (UNESCO) should lead global health governance (Attaran et al. 2006; Hausner, Hajak, and Spießl 2007; Pavignani 2000; Ruger 2007, 1474; Sridhar 2009a). Senior managers in the Bank also express concerns pertaining to whether the trust funds are hollowing out the IDA priorities (for instance in education and health system strengthening), which is thus raising questions among the recipients about the continued relevance and leading role of the World Bank (World Bank, Independent Evaluation Group 2011, 66).

The Bank is not only criticised for its specific health programmes being too market-oriented and selective, but also for its lack of democracy and transparency (which apply less for the third channel, as they are not part of the regular decision-making process). This often results in a call for a stronger WHO (Kamradt-Scott et al. 2015). However, this WHO would need to possess more stable compulsory contributions in order to achieve better independence from highly influential wealthy donors that are shaping, to a large extent, how health-related development aid is designed and implemented (Sridhar et al. 2014).

Despite various criticisms, the World Bank is still associated with being “the leader of global health knowledge, programming, and agenda-setting” (Harman 2009, 241). The trust fund system supports the attempt of the World Bank to secure this leadership “despite the emergence of new forms of actors earmarking unprecedented funds towards health” (Harman 2009, 242).

To conclude, the third channel plays a significant role in enhancing the role of the World Bank in global health. However, the risks imposed through increased competition among donors are not diminished by the trust fund system. They even increase the focus of donors on development aid, as they mainly control the trust fund policy programmes. Governmental donors have to prove their willingness to pursue multilateral development aid and demonstrate their willingness to cooperate internationally. However, as they compete amongst one another, they also need to enhance their visibility and secure their influential role in development aid. This leads to the additional risk their focus lays on the influence in development aid, rather than on a results-focused programme for recipients.

The risk of illegitimate leadership is not diminished by the third channel. The trust funds support World Bank activity in fields where others might be more effective and have more expertise. The third channel is not clearly enhancing the legitimacy of the World Bank due to its undemocratic governance processes.

8.3 Aid effectiveness

In light of the effectiveness debate and the goals of the Paris Declaration and its subsequent declarations from Accra and Busan, it was increasingly noted that multi-bi funding can also have ramifications (OECD 2005; Mawdsley, Savage, and Kim 2014). The Paris Declaration directly criticized the global programmes (such as the Global Fund and others) and finds:

“Insufficient integration of global programmes and initiatives into partner countries’ broader development agendas, including in critical areas such as HIV/AIDS” (OECD 2005, 1).

This section argues that the third channel has implications for all categories of the goals of aid effectiveness. The effects of the third channel are affecting structured and policy-related aspects of global health governance.

Harmonisation of donors can clearly be improved through the pooling of resources when they are directed to good aid performers. As explained earlier in this work, the World Bank is currently working towards the aggregation of umbrella trust funds in order to reduce the sheer number of trust funds, improve the multi-bi structures, which would further improve harmonization of programmes and coordination. Trust fund arrangements such as the Global Fund, GAVI, and others are a new paradigm for successful partnerships that include IOs, governments, civil society, foundations, and the private sector. In particular, multi-donor trust funds can enhance harmonisation and donor coordination on a structural level.

Regarding *alignment*, the third channel implications are two-fold. On the one hand, the trust funds are used to frame an existing, international and well-established structure of development aid. This prevents donors from creating entirely new initiatives that risk doubling of effects even more. With the strategic alignment approaches of the World Bank, the alignment of the third channel with the IO is further supported. On an international level, the trust funds can serve as a support for better alignment and lead to improvements on a structural level. On the other hand, attempts to use local systems are not necessarily supported through the third channel. The IEG report states that alignment with local systems, with donor aid modalities, and harmonisation and donor coordination still show significant shortcomings (World Bank, Independent Evaluation Group 2011, 42). Therefore, structural alignment within the recipient countries is not particularly enhanced by the trust fund system as such.

Similar to alignment, *ownership* and more control for recipients is difficult to achieve with multi-bi aid. Critics question whether the trust funds are able to reflect recipient priorities, or whether the trust funds are mainly a donor-friendly tool that ignores local ownership (Powell 2005). As the IEG report shows, recipients are not getting sufficiently involved in the planning processes of third channel programmes (World Bank, Independent Evaluation Group 2011, 42). The World Bank's trust fund system needs to better include recipients in order to enhance ownership and the autonomy of partner countries. Moreover, the World Bank in general is criticised as lacking in its support of ownership: a 2008 group report by ministers of health that met in Oxford reveals that several ministers evaluated the World Bank as "a very poor donor, dictating how money is used, how programmes should be implemented, and how evaluation and monitoring

should be undertaken” (The Bretton Woods Project 2008, 2). Here, better solutions would require changes on a policy level to improve ownership in global health governance.

In regards to the goal to increase *mutual accountability*, the IEG report states that the Bank is trying to enhance its transparency and comprehensive management of the trust funds with its Trust Fund Accountability Framework (World Bank, Independent Evaluation Group 2011, 49). The report states that trust funds being close-to-core show better accountability than trust funds being located further outside the core business of the Bank. The report draws on information from Bank staff members who find that the third channel is too complex, unclear and inconsistent (World Bank, Independent Evaluation Group 2011, 49). Overall, the accountability of the third channel also shows significant shortcomings. Furthermore, private foundations are increasingly criticized for not sufficiently pursuing goals aimed at enhanced mutual accountability (McCoy et al. 2009, 1645; Piller, Sanders, and Dixon 2007; People’s Health Movement, Medact, and Alliance 2008, 2). With strong financial support for BETFs and RETFs from foundations such as the Gates Foundation and the Rockefeller Foundation, the World Bank is closely cooperating with actors that are able to further diminish the Bank’s attempts for mutual accountability. This can have negative consequences for the Bank’s already lacking accountability. Therefore, the integration of highly criticized actors such as the Gates Foundation can have drawbacks for the Bank’s reputation. Another concern pertaining to the Bank’s reputation is its transparency policy, especially in regards to the trust funds. Experiences with the Bank during the research process, and the confirmation from other scholars, show that a lack of transparency has implications for the trustworthy reputation of the Bank. Organisations such as Give Well do not recommend the funding of the African Program For Onchocerciasis Control (APOC) due to insufficient data availability and deficient transparency policy (Give Well 2009 recommendation renewed and confirmed in 2012; Morris 2009). On a structural level, the third channel is not able to diminish the challenges that result from lacking mutual accountability.

In regards to the goal to increasingly *focus on results*, donors are often trying to channel their resources where they are most likely to achieve results. Third channel funding can support that approach, as donors can direct their money where they best see fit. As shown in the *third chapter*, it is argued among experts and academics that the best solution to increase health for all is by focusing on programmes that aim for health system strengthening. However, the two-year financing periods for trust funds aim for quick and

measurable results. Long term and sustainable projects are less likely to show visible results after such short periods. The priority of programmes should lie on the sustainability of projects, rather than on short-handed policy shifts of donors. Strengthening whole health systems is the most challenging task, as this process takes years of better education pertaining to nursing, improved knowledge on treatment options, and better infrastructure for patients and doctors. Therefore, the need to provide quickly visible results conflicts with the indispensability of long-term approaches that aim for structural changes of entire health systems and contain a different policy approach. The trust funds, with their short financing period (mostly two years), clearly feature a lack of predictable aid flows that result in insecurity for the World Bank and the recipients. However, this predictability and sustainability is especially relevant for health-related programmes, where vertical approaches that work disease specific should be replaced by horizontal projects to support health systems. Although the World Bank commits itself to programmes that aim for health system strengthening, which requires long-term financing as these projects require both resources and time, there is no significantly major trust fund that is specifically committed to health system strengthening.⁷⁰ Most of the health-related trust funds still support disease specific and, consequently, vertical programmes.

Overall, the IEG's evaluation of the trust fund system confirms in regards to the goals of the Paris Declaration is fairly negative, especially in its consideration of ownership and donor coordination:

“The evaluation finds that donors, recipients, and the World Bank have considerable overlapping interests in this vehicle, but their interests may diverge on specific issues such as how trust fund allocation decisions are made and how trust funds are governed and managed. Furthermore, while trust funds can add value by providing coordinated grant financing for specific countries, development issues, and especially global public goods, the deployment of trust fund resources does not consistently work in accordance with the Paris Declaration aid principle of country ownership and donor coordination” (World Bank, Independent Evaluation Group 2011, v).

The analysis above makes apparent the rather negative implications of the third channel for global health governance regarding the aspects of the Paris Declaration goals. In

⁷⁰ *Annex 4* shows that there are some minor trust funds supporting health systems. However, their contributions remain fairly limited.

regards to the Paris Declaration, the third channel has implications on structural and policy-related levels of global health governance.

The next section directly deals with aspects from the *controversy IV*: the disparity between the general emphasis on the importance of supporting health system strengthening, and the rather disease-specific focus of donor funding in health-related development aid.

8.3.1 Health system strengthening approaches vs. disease specific programmes

The *third chapter* reveals that, in global health governance, vertical approaches that work with disease specific approaches need to be increasingly replaced by horizontal approaches to support health systems. This is due to the problem that more than 70% of all health funding is not only directed to specific diseases, it is largely directed at six narrow fields in health: HIV/AIDS, malaria, vaccine-preventable diseases, child health, tuberculosis, and other tropical and neglected diseases. Health issues such as maternal health, malnutrition and cancer are heavily underfunded (McCoy et al. 2009, 1649). Non-specific general health only accounts for 5.2%. For an effective health system to work, resources are needed in order to enable the system to tackle several diseases at a time. With ineffective systems, it is estimated that 20-40% of all health spending gets wasted and does not reach the designated recipients due to corruption and fraud (Glassman 2010). Therefore, many call for enforced health system strengthening as “system-wide approaches are important to tackle failure throughout the global health community to improve broader outcomes” (Morris 2009).⁷¹

The World Bank has produced fairly good results in health-system strengthening in the years after the renewal of its HNP strategy in 2007, as Kelly Morris argues: “HNP strategy is now focused on synergy between health-system strengthening and projects for specific diseases” (Morris 2009). However, it is still difficult for the Bank to accomplish the change from a disease-focused approach to a system strengthening approach. One of the reasons for this is the lacking expertise of the HNP staff to implement a stronger, system-focused policy (The Bretton Woods Project 2008). The HNP staff often also manages the

⁷¹ “Non-governmental organizations (NGOs) and academics are concerned about the disease-specific focus of the debate around the use and mobilization of extra resources for health, saying more attention needs to be given to strengthening of national health systems, effective and accountable distribution mechanisms and local sustainability. They also stress the need for long-term solutions in terms of equitable patent regimes” (Carlsson 2001).

health-related trust funds. With the trust funds that still remain largely focused on disease-specific approaches this policy-shift is even more difficult as additional financial support for the shift is missing.

Looking at the trust fund system (see *Annex 4*, selection of health-related trust funds), only the Health and Economic Development Program (HEDP) that is financed solely through the Rockefeller Foundation clearly focuses on Health System strengthening. Norway supports the Health Result Innovation Trust Fund (HRITF) that also supports health systems. The list of all health-related trustee funds of the World Bank, which are sub-projects within larger trust fund programmes, reveals that the Gates Foundation is supporting one project (Disseminating the Evidence for Disease Control and Health System Development). Canada is supporting three projects that aim for health system strengthening, but with specific country-restrictions (Russia Health Systems Development Project, Montenegro Health Systems Improvement Project, and Russia Capacity Building in Health System Strengthening Program). All other trust funds have a rather specific target, either on one aspect of the health sector (medicines, human resources, insurance, immunisations, etc.) or specific diseases (HIV/AIDS, Onchocerciasis, Poliomyelitis, tropical diseases, etc.).⁷² Funds such as the Polio-Buy-Down programme or the African Program for Onchocerciasis Control (APOC) are not consistent with the Bank's approach to strengthening health systems (World Bank, Independent Evaluation Group 2011, 28). The trust fund system clearly lacks a broad approach towards health systems and lacks support from important donors. With the BETFs and RETFs surmounting the general IDA budget, this clearly has an influence on the overall performance of the World Bank in health. Therefore, the health system strengthening approaches of the World Bank are not actively supported through the third channel and even risk being undermined. This is also mirrored by the World Bank's difficulties to enhance the strategic alignment of its trust fund system with its own policy strategies:

⁷² The Global Fund is also criticized for insufficient support of broader health system strengthening (World Bank, Independent Evaluation Group 2011, ix). For instance, the Global Fund's operations in Rwanda and Benin are criticized, "where the program's three disease focus does not fully match the countries' most pressing health challenges. (...) While the Global Fund has made substantial contributions to scaling up interventions in the prevention and treatment of the three diseases, the overall benefits and sustainability of those achievements are in doubt where health system capacities are weak" (World Bank, Independent Evaluation Group 2011, 28). The IEG mentions several country studies that have revealed that the Global Fund has even drawn away existing capacity available in the health sector as it was contributing to newly founded projects (World Bank, Independent Evaluation Group 2011, 43).

“But the trust funds themselves are not well integrated into the Bank’s country assistance strategies or the consultations around them, which makes it more difficult to ensure their alignment and coordination with overall aid at the country level” (World Bank, Independent Evaluation Group 2011, viii).

8.4 Conclusion

Trust funds can contain benefits, as they enhance donor coordination and use the already existing third channel of the World Bank instead of constantly launching new structures. The trust funds provide additional resources for health and are able to fill funding gaps. The literature on global health reveals that global health governance is challenged through increased donor fragmentation, a strong competition among the donors, and a lack of aid effectiveness. The third channel is not able to work towards the improvement of these malfunctions. Rather, in regards to fragmentation and effectiveness, the third channel generally increases the challenges and imposes further problems on the global health aid performance.

In particular, the lack of ownership that is criticised by the IEG and others, and the numerous disease specific approaches, leave space for considerable doubt as to whether the third channel actually helps to improve health for all.

The World Bank seems to constantly work towards enhancing its own benefits and benefits for donors, as well as increase approaches to better align the trust fund system to its own strategic policies. However, whether this strategy is also improving its results in health-related development aid and aims to enhance health for all remains questionable.

Contrary to the other *controversies I, II and III*, the third channel is not able to balance between the two extremes but clearly rather serves donors’ interests than meeting recipients’ needs.

Regarding the *controversy IV* it becomes evident that the third channel is not particularly serving recipients’ need for systemic approaches and stronger involvement in the development aid projects.

Figure 14 The third channel location within controversy IV

4 health-related aid effectiveness



Source: own compilation

9 CONCLUSION: THE THIRD CHANNEL OF THE WORLD BANK IN GLOBAL HEALTH

“The trust funds have helped the Bank position itself as a source of knowledge on how to be an effective institution bridging the divide between traditional development assistance and provision of global public goods. Its position as a trusted trustee facilitates expanding its scope” (Interview 301, November 5th 2013, 00:43:17).

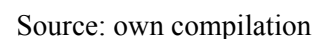
Health-related development aid policies and development financing have been changing tremendously in the last decade. The massive increase of multi-bi funding has created new opportunities and challenges for donors, IOs, private actors, and recipients. Multi-bi funding constitutes a third channel of funding next to the common bilateral and multilateral development aid collaborations. In health, disease-related projects have largely benefitted from the general increase in multi-bi funding because their aim is very easily targeted at specific projects. This study explains the increase of multi-bi funding in one particular IO that is a relevant actor for global health governance: the World Bank. Since the 1960s the World Bank’s trust fund system – the Bank’s mechanism for multi-bi funding – has grown up to almost 1100 trust funds. This sheer number and the fact that they all need some sort of management from the Bank and have specifications forms an interesting puzzle for analysis.

The study looks at the World Bank’s multi-bi funding system and analyses the reasons for the continuous growth of the trust fund system within the last decade in the health sector. It first examines the reasons for the donors to choose – next to their bilateral and multilateral engagement – the third channel for their health-related development aid (*research question 1: Why do donors channel their health-related development aid resources through the third channel and why are they conducting their third channel funding differently in terms of core and non-core multi-bi funding?*). The work then examines the reasons for the World Bank to support and enhance its trust funds system. The causes for the growth of the third channel (*research question 2: Why is an IO facilitating increased third channel funding from governmental and non-governmental donors?*) and the effects this organisational change has on the organisation are equally

examined (*research question 3: What are the sources for organisational change and the effects on the IO?*). Furthermore, the work analyses the implications of the third channel on global health governance (*research question 4: What implications does third channel funding have for global health governance?*).

These research questions evolve from the empirical observations in *chapter two* on the tremendous growth of the trust fund system and the theoretical approach on the role of IOs and their ability to change that is elaborated in *chapter three*. Theoretically, IOs are understood as semi-autonomous agencies that are able to act strategically. This gives the IO the ability to pursue its own goals. In order to do that, the IO is dependent on resources and simultaneously strives for legitimacy and influence. IOs are subject to organisational change. This change can result from the institution itself or from policy related issues.

The four research questions are embedded in four academic controversies around the role of donors in foreign aid, the role of IOs in the international environment and their ability to change as well as the controversies around the question of how to achieve better health-related aid effectiveness. These controversies mark the frame of the study and it is the contribution of this study to locate the third channel within each of the controversies.



The *controversy I* mirrors the conflict of donors between the costs and benefits of multilateral versus bilateral aid. The third channel allows the pooling of resources, the outsourcing of tasks as well as allowing for more control and influence. According to donor' priorities, the focus can be laid either on the side with more multilateral elements (inner-core trust funds) or on the side of the spectrum with more control and visibility (outer-core trust funds).

These interests are depending on the amount of influence the donor wants to have on the IO, how much control it wants to have on its resources, and how much it is willing to cooperate with the IO. The more direct influence the donor wants to have, the closer it has to cooperate with the IO within its organisational inner-core. However, this influence comes at a price: the donor has to invest more than resources, as he has expenses for additional consultancy for the close cooperation. The high costs of getting involved with the inner-core of the organisation come with low costs in administration and implementation, and provide a high amount of control.

If donors only want to use the trust funds as an opportunity platform that provides disbursement at low costs in regard to administration and implementation, donors chose the outer-core of the organisation. These processes of delegation can save administrative costs. Here, the influence on the organisation is only marginal, as it only touches the outer-core of the organisation and there is a risk of losing control and visibility. Therefore, the opportunity platform of the third channel offers a wide range of options for engagement of donors with the IO. In every case, donors want to obtain control over their financial resources. Where they locate their third channel funding depends on their interest to influence and cooperate closely with the IO, and their willingness to use the IO for their purposes. The *fifth chapter* illustrates these different funding patterns with the cases of Germany and the UK.

Therefore, the third channel feature within the first controversy receives an internal differentiation that illustrates that trust funds allow for a certain flexibility regarding the needs of donors between higher need for control and visibility or their need for stronger delegation. That donors are using the inner-core trust funds is more likely if they have themselves weak own governmental implementing agencies and perceive of the IO as a trustworthy and effective actor.

Within the *controversy II* the third channel feature shows that the trust funds allow the IO to scale up programmes, to receive additional resources, and to get affiliated with politically important global funds and partnerships. Moreover, the Bank can gain immaterial resources like global or issue-specific influence and legitimacy which increases its autonomy and power. However, the trust funds also present challenges for the Bank. These challenges affect two organisational dimensions: structural/institutional and policy related. First, trust funds are a structural and institutional challenge to the World Bank due to their high number, which diminishes manageability and oversight because of the high costs for individual control and management. Second, trust funds also impose a policy related challenge for the World Bank: the increasing influence of donors on core-business matters and the need of the inner-core of the institution to adapt to trust fund policies. The output of loosely attached outer-core trust funds directly affects the Bank's reputation and prestige. This influence can be positive but it can also damage the Bank's reputation. Regarding the inner- but especially the outer-core trust funds, the Bank has difficulties aligning its portfolio and risks to lose strategic alignment due to limited

influence on these funds. The *sixth chapter* shows that despite several challenges the World Bank supports and upholds the trust fund system due to the following reasons: First, the Bank needs additional resources through an increased competition on resources among IOs and trust funds provide an opportunity that accommodates donors' interests. Second, as the normative pressure to include civil-society actors and the need for additional funds from exogenous donors is high, IOs need to open up towards the private sector and non-governmental donors such as NGOs. Trust funds offer an opportunity to answer the pressure to include them, and the need for additional resources, by simultaneously saving core structures as much as possible.

The *controversy II* ranges around the role of the IOs. The World Bank proves to be a semi-autonomous IO as it has established a system that allows it to act strategically to increase the benefits of a successful financing mechanism. The trust fund system provides the IO with more autonomy and allows the IO to change on its behalf. The third channel also provides a flexible financing platform for donors. The World Bank has proven to be able to change its institutional structures and policies within the analysed period to increasingly facilitate trust funds and benefit from them as much as possible. The third channel feature shows that regarding *controversy II* it is defined as being the result of a semi-autonomous IO that is able to pursue own strategies but still has to follow members' demands.

This theoretically driven analysis (in *chapter five* and *chapter six*) of the two perspectives on trust funds (IO perspective and donor perspective) provides for an in-depth explanation of the organisations' and the donors' incentives to support the third channel funding system. The following table sums up the findings from the analysis of *controversy I* and *controversy II*.

Table 10: *Benefits and challenges of the third channel*

	The third channel as an opportunity platform	
	Inner-core	Outer-core
International Organisation strives for additional (material and immaterial) resources	<i>Benefits:</i> additional resources for own core <i>Costs:</i> increased influence of donors	<i>Benefits:</i> involvement with innovative initiatives <i>Costs:</i> risk to lose alignment
Donors strive for control according to their interests	<i>Benefits:</i> influence on IO, high amount of control <i>Costs:</i> expenses for close cooperation and involvement with the IO	<i>Benefits:</i> low administrative costs <i>Costs:</i> influence and visibility very limited

Source: own compilation

The *controversy III* inquires about organisational change. Change is more likely to happen incrementally over a longer period of time and mostly happens in a highly path-dependent way. Streeck and Thelen (2005a) provide useful categories to identify the effects of organisational change more precisely and show the impact that the form of change has on the core of the organisation. The *seventh chapter* comes to the conclusion that both internal and external pressures are at work in the World Bank. This leads to organisational change in the World Bank through the mechanisms of conversion and layering.

Endogenous pressure, meaning pressure that comes from within the organisation, from staff members and policy strategies of the decision-makers, mainly results in a layering process of the organisation. Layering leads to a systematic differentiated growth mechanism at the fringe of the organisation and aims at saving the core structure from change as much as possible. It is a means to proactively expand and gain more power. In the case of the trust funds, the layering process is a beneficial process for the World Bank as it enables the Bank to stabilize and better organise the third channel.

The pressure from outer environment of the organisation, the external pressure, forces the Bank to change its inner-core and leads to changes of policies and outcomes through a process of conversion. The most revealing example is that the Bank in some cases had to

adapt to policies of the trust funds to increase the alignment of its own projects with the trust fund projects. The conversion process is a challenge for the organisation as it limits the strategic space for action of the IO.

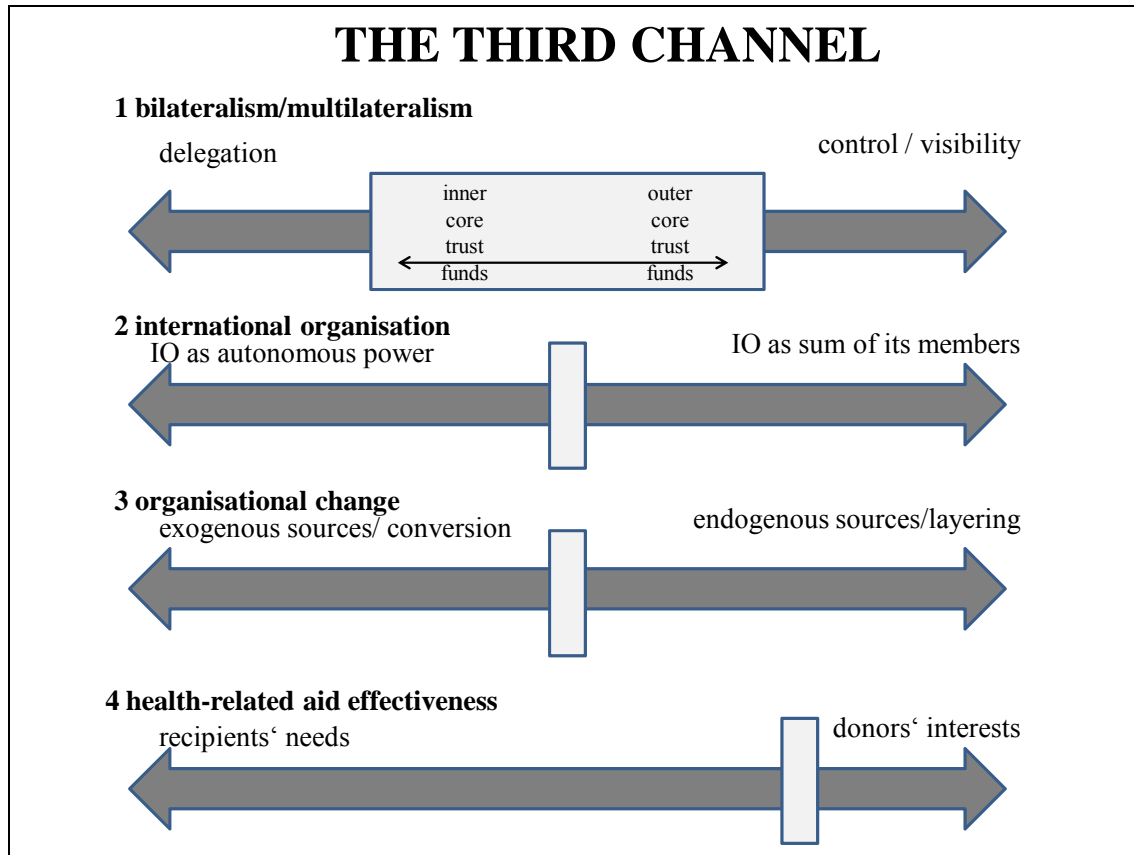
The IO is trying to direct the change to limit costs and increase benefits whilst still being able to provide a mechanism that offers low costs and high benefits for the donors, despite their differing interests. These change processes are enabling the IO to establish this highly influential channel in the shadow of the organisation. The chapter identifies four different periods of change that illustrate the two different processes but also the active role of the IO. One could argue that the World Bank still holds a strong position regarding global health governance today because it was able to adapt to external and internal pressures. The chapter therefore identifies the third channel feature as a combination of both, external and internal pressures and shows that the Bank adapted through the processes of layering and conversion to the sources of change.

The last *controversy IV* ranges around the empirical question of how global health governance should be structured and implemented to achieve best health for all.

The analysis builds on the previous findings that the trust funds manage to achieve a win-win-situation for IOs and donors but finds that global health is not sufficiently benefitting from the third channel. This is mainly due to the fact that third channel funding increases aid fragmentation and donor competition that does not necessarily result in donors supporting the best agency but the one which serves their interests best. It finds that better alignment, harmonisation and managing for results can be achieved with multi-bi funding. When it comes to the central categories of ownership and mutual accountability, third channel funding fails to convince as the involvement of recipients is highly deficient. The short financing periods of trust fund financing make sustainable development aid difficult to achieve. Furthermore, in health-related third channel funding the financing of specific diseases (vertical programmes) is still very dominant although the international development community with IOs such as the World Bank as well as governmental donors and private donors all stress that funding of health systems should be enforced. This horizontal funding is able to increase the health situation of the whole population within one country better than the disease specific approaches. Overall, the third channel can be regarded as mainly serving the interests of donors (including IOs). The interests and needs of the recipients are often disregarded. This is the reason why the third channel

feature is not located in the middle of the controversy as it is the case with the other three controversies. It is rather strongly shifted towards the side of the donors' interests.

Figure 16: The third channel scheme



Source: own compilation

As the focus of this work relies on the relationship between donors and IOs as well as the changing role of IOs, the recipients' perspectives were not included. However, my study and the experiences during the research process can affirm the IEG reports' claim that the recipients' interests are not playing a significant role in the strategic planning of the trust fund projects. Consequently, this results in critique of insufficient recipient involvement within the trust fund implementation processes.

My study provides three overall contributions to the academic debates: First, the thesis provides an in-depth empirical description of the phenomenon of multi-bi funding through the World Bank, with a focus on the health sector. This is the first contribution that sheds light on the debate on new forms of development aid financing and institutional fragmentation.

The analyses of the IO's and the donors' perspectives on multi-bi funding provides answers to the current debates on how effective development aid can be achieved, how IOs manage to remain influential and important actors in global governance, and how donors are increasingly trying to control their source flows in development aid in times of limited development aid budgets.

Finally, a new scheme is established that finds a better fitting terminology than the already existing terms such as multi-bi, core-/ non-core and earmarked funding or *Trojan Multilateralism* (Sridhar and Woods 2013). The third channel scheme that this study introduces creates a comprehensive understanding of the costs and benefits behind the system. The establishment of the third channel scheme allows for a more general explanation of the new phenomenon of multi-bi funding. The model is taking into account the two perspectives of the IO and the donors alike, and shows the costs and benefits of the different funding modes for both sides. The scheme is able to explain why the IOs are establishing and supporting the third channel and why the donors choose the third channel for their development aid disbursements. Moreover, the model is able to theoretically explain the change induced through the trust funds. The third channel scheme can be transferred to the analysis of other forms of multi-bi funding in other IOs and for other development aid sectors such as environment, education, or infrastructure.

Overall, multi-bi funding can be regarded as a well-established 'third channel' for development aid that should receive more academic attention. Further studies can use the third channel scheme with its controversy-framework as a starting point for research and elaborate whether the location of each feature differs with other cases regarding other IOs or different sectors.

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Annex 1: Interview questions

To guarantee validity and comparability of the answers, all interview partners received a similar set of questions according to the research categories that were added, with questions that are targeted at the specific position or knowledge that the interview partner has. The questions evolve out of the three main research questions and aim at finding answers regarding the World Bank's perspective, the procedures within the trust fund system, the World Bank's inclusion of the private sector, the donors' perspective, the World Bank's role in global health governance, and health system strengthening. This semi-structured questionnaire provided answers to the questions regarding the reasons for the increased multi-bi funding from the IO perspective, the incentives for the donors to channel their resources (differently) through the trust fund system of the World Bank and the effect the trust fund system for global health governance.

The following set of interview questions were directed at the interview partners:

Questions regarding the *World Bank perspective*:

- What benefits does the World Bank have by opening up its structure and providing trust fund management?
- What challenges do the trust funds have for the World Bank?
- Which advantages but also disadvantages could emerge from the trust funds for the World Bank itself?

Questions regarding the *trust fund system*:

- The trust funds have tremendously increased in number and scope in the last 15 years. Do you have an explanation for this success?
- How were the discussions and developments (back in the 90s and beginning of 2000s) within the Bank when the Bank realized that trust funds would be a chance to increase not only income but maybe also influence?
- Was there an active strategy to increase trust funds in the 90s and beginning of 2000s, or was it pressure from outside that drove the bank towards providing more trust funds? (Was it outer pressure for new financing mechanisms or inner pressure for more resources?)
- Could you explain the processes within the bank from the idea of a new trust fund until the disbursement of money?

Questions regarding the *inclusion of the private sector* in the inner-core of the organization:

- What is your opinion on the increased inclusion of the private sector that has been made possible through the creation of trust funds?

Questions regarding the *donor perspective*:

- Why do governments use the opportunity to additionally finance health aid via the trust funds?
- Do you think that donors can successfully influence the World Bank policies by buying into the trust funds?
- To what extent can the donors influence the focus/programme of a certain trust fund?
- Why is your country specifically financing certain trust funds? Why not others?
- How big would you estimate the role of the World Bank as an adviser and administrator of the trust funds?
- Can you explain to me the decision-making processes that lead to the decision of the donor to finance/support a trust fund?
- Have there been conflicts within the countries' departments on which fund to finance?
- Is the financing of certain funds carried out according to your country's general health strategy?
- How would you describe the collaboration with the World Bank? Who is coordinating it? How much decision-making authority remains with the donors?
- Could you please describe the course of actions within one financing period of a trust fund (assuming 2 years?) from establishment/accession to negotiations towards evaluation of reports?

Questions regarding the *World Bank's role in global health governance*:

- How would you describe the World Bank's role in global health in general?

- Why do governments use and additionally support the World Bank in global health issues?
- What advantages does the World Bank have compared to bilateral aid?

Questions regarding *health system strengthening*:

- Do you have an explanation why there are no trust funds that specifically focus on health system strengthening, despite the fact that it seems to be common sense, that health system strengthening is the best solution to improve health for all?

Questions regarding the strategic acting of the World Bank and *future prospects*:

- What is your opinion about the new framework and the ongoing plans to build umbrella trust funds? Is this an appropriate means to better manage the trust funds?

Annex 2: List of interview partners (anonymised)

Interview 101, two World Bank experts managing trust funds, World Bank, Washington, June 17th 2010

Interview 102, World Bank expert working for trust fund and a specific disease, World Bank, Washington, June 29th 2010

Interview 103, trust fund task team leader, World Bank, Washington, June 22nd 2010

Interview 104, trust fund task team leader, World Bank, Washington, June 22nd 2010

Interview 105, World Bank expert, think tank staff member, Washington, June 17th 2010

Interview 106, former World Bank task team leader, World Bank, Washington, June 24th 2010

Interview 107, World Bank expert, disease expert NGO staff member, Washington, June 25th 2010

Interview 108, University professor, World Bank expert, former World Bank staff member, Washington, June 24th 2010

Interview 201, two DFID staff members, February 24th 2012 (phone interview)

Interview 202, BMZ staff member, health expert, March 1st 2012

Interview 203, GIZ staff member, Global Fund and health expert, March 2nd 2012

Interview 204, BMZ staff member, trust fund expert, March 6th 2012

Interview 205, University researcher, global health, UK aid and World Bank expert, March 15th 2012 (phone interview)

Interview 301, World Bank expert, researcher on multi-bi funding, November 5th 2013 (phone interview)

Annex 3: Research experiences

Regarding the World Bank data on the trust funds, the availability of data has changed tremendously within the research period. At the beginning of the research process, the availability of information and data about trust funds was weak and hard to access. The World Bank did not even provide a full list mentioning all 1072 trust funds. Only 10 health-related trust funds provided limited information.

It is striking how substantially the reporting and the availability of information has changed in the last few years (McIntosh 2013). The World Bank tremendously increased its attempts to provide more transparency. The older trust fund annual reports often seemed confused and provided little information on specific trust funds. The role of the World Bank was not made clear in the reports. The World Bank has changed the reports' structure (not per sector/region but per type of TF with more information available on the trust fund donors) and the terminology now mirrors that of the DAC reports (OECD 2010), referring to multi-bi aid and core and non-core contributions (World Bank, Concessional Finance & Global Partnerships 2012a). Before the year 2010, no general terminology was provided by the Bank as to what kind of funding trust fund contributions account for. So, the research project took place during a time when more and more data became available as the topic attained increased attention.

Experiences during the conduction of interviews

The search for interview partners was directed at the involved institutions: the World Bank trust fund staff and other closely related staff, external experts with knowledge on the World Bank trust fund system and global health governance, and involved donor institutions such as the British Department for International Foreign Development (DFID), the German Ministry for Economic Cooperation and Development (BMZ), the German implementing agency Gesellschaft für Internationale Zusammenarbeit (GIZ), as well as involved non-governmental organisations and academic experts. Contact to the interview partners was made through interview requests via email, or in personal conversations during international organizations and workshops.

The 14 interviews were conducted in summer 2010, spring 2012 and autumn 2013 in the United States of America (US), the UK and Germany. In order to interview the World Bank staff and other World Bank and Global Health experts, a research trip was conducted in June 2010 to Washington DC, USA.

During the first round of interviews in Washington DC, I conducted interviews with nine experts. In eight interviews, I interviewed six World Bank staff members and three external experts. The six World Bank experts are all managing or co-managing one or several trust funds and are working at the Health Nutrition and Population department. The external experts work at the Georgetown University, at renowned think tanks, or for NGOs.

After the four week research stay in Washington DC, two additional rounds of interviews were conducted. The second round of interviews focused on the donor perspective and involved experts from the British and German development aid institutions and experts with knowledge on British or German funding policies towards the World Bank in the health sector. The interviews were conducted between February 2012 and March 2012, and were held either in person, via *skype* or by phone. In the second round, five interviews were conducted with six experts. A third interview round was conducted in November 2013 with an academic expert, a former World Bank employee involved in trust fund management, who had profound knowledge of the World Bank trust fund system, global health governance and the German policies towards the trust fund system. This last interview serves as a final validation of my own analysis and the related hypotheses.

Due to the sensitivity of the data and the protection of the interview partners all interviews are anonymised. The anonymisation of the interview partners allowed for the publishing of more information and the more sensitive quotes. All interview partners were provided with an interview consent form to either sign, or to approve verbally, on tape, or via email. Especially for the World Bank staff members, an ethical clearance form was provided that ensured security and protection of their data and the involvement of the researcher in a university research project. Nine out of 14 of the interviews are recorded and then transcribed in order to provide a detailed indication of as much information as possible. Some interview partners only allowed notes to be taken and used as material for analysis. These notes serve as equal material for content analysis and quoting.

Overall, the interviews were very important additional sources of information. Considering the different backgrounds, the scope of knowledge, and the sometimes limited ability to speak frankly, the provided information and evaluations from the interview partners were mainly congruent or very similar. Every interview partner also provided specific information that helped to increase the knowledge on the subject.

Nevertheless, some problems also occurred during the time of research. It was originally planned to conduct interviews with staff members of the Gates Foundation, due to their important role in global health governance and their function as the biggest provider of non-governmental funding to the World Bank. However, the organisation or any staff members were not willing to conduct interviews. This experience matches with experiences of other scholars (McCoy and McGoey 2011). After not receiving any replies to the interview requests by mail or phone, it was planned to approach the organisation personally during the *Global Health Council 2010* in Washington DC. Although the Gates Foundation was officially sponsoring the *Global Health Council*, they did not have an exhibition booth and did not provide other possibilities to contact them personally. However, the exhibition hall at the *Global Health Council* provided the possibility to get in contact with other providers of development aid and numerous scholars. One particular poster presentation allowed contact with World Bank staff members. However, their willingness to conduct an interview had later been forbidden by their manager. This incident shows the sensitivity of the information and the insecurity of Bank staff members pertaining to how much information on trust fund management was allowed to be shared with the public and academics. Within the World Bank, the willingness to talk to me was limited and made numerous interview requests necessary.

During the time of research, I attended several conferences. During my stay in Washington DC, I attended the international conference *Global Health Council 2010*, which was a very informative experience that provided more insights on global health governance, the World Bank, as well as development aid financing in general. During the following years, I attended several conferences and workshops as well as doctoral colloquiums to present either the current status of the work or to receive feedback on own-standing research papers related to this work. For instance, I presented a paper at the *British-German IR-Conference* in St. Andrews 2011, as well as the *International Studies Association* Conferences in San Diego 2012 and in San Francisco 2013. The papers were presented at Global Health Governance panels where discussants and fellow researchers provided useful feedback.

Annex 4: Selection of health related trust funds

(Contributions, Disbursements, 2007-2011 and data availability, all health-related trustee fund can be found at: IBRD/IDA Trust Funds, World Bank Finance, <https://finances.worldbank.org/Trust-Funds/Total-Contributions-to-IBRD-IDA-IFC-Trust-Funds-Su/m54j-ersw>, as of 09/12/2012, Accessed 02/08/2014).

Trust Funds	Donor, date of insertion/creation	Cash Contributions FY 2007 USD mio	Disbursements during the year 2007 USD mio	Cash Contributions FY 2008 USD mio	Disbursements during the year 2008 USD mio	Cash Contributions FY 2010 USD mio	Disbursements during the year 2010 USD mio	Cash Contributions FY 2011 USD mio	Disbursements during the year 2011 USD mio	internet and data availability
Africa AIDS Prevention Initiative (AAPI) - Norwegian AIDS Trust Fund (NATF)	established: 2006, wholly funded by the Norwegian AIDS Trust Fund	1	0	1	1					www.worldbank.org/afr/aids

Annex 4: Selection of health related trust funds

Trust Funds	Donor, date of insertion/creation, involvement of the World Bank, additional information	Cash Contributions FY 2007 USD mio	Disbursements during the year 2007 USD mio	Cash Contributions FY 2008 USD mio	Disbursements during the year 2008 USD mio	Cash Contributions FY 2010 USD mio	Disbursements during the year 2010 USD mio	Cash Contributions FY 2011 USD mio	Disbursements during the year 2011 USD mio	internet and data availability
African Program for Onchocerciasis Control (OCP/APOC)	African Development Bank, Al Sabah Foundation, Australia, Belgium, Canda, Caritasverband für Diözese die Regensburg, Côte d'Ivoire, European Commission, Denmark, Finland, France, Germany, Gulbenkian Foundation, IBRD, Iraq, Ireland, Italy, Japan, Republic of Korea, Kitasato Institute, Kuwait, Luxembourg, Netherlands, Nigeria, Norway, OPEC Fund, Poland, Portugal, Saudi Arabia, Slovenia, Switzerland, United Kingdom, UNDP, United States, WHO	8	16	14	13	15,2	43,8	19,8	0	http://www.who.int/a poc/en/index.html
Avian and Human Influenza Facility (AHIF)	Australia, China, Estonia, European Commission, Iceland, South Korea, Russian Federation, Slovenia, United Kingdom	45	3	54	8	17	19,4	-	19,1	Annual Report , May 2008 available with other and more detailed figures, www.worldbank.org/ahif
Bangladesh Health, Nutrition and Population Sector Multi-Donor Trust Fund (HNPSP)	UK, European Community, Sweden, Netherlands and UNFPA (Canada and Germany expressed intentions to join)	120	44	83	119					http://web.worldbank.org/external/projects/main?Projectid=P074841&Type=Overview&theSitePK=40941&pagePK=64283627&menuPK=64282134&piPK=64290415

Annex 4: Selection of health related trust funds

Trust Funds	Donor, date of insertion/creation, involvement of the World Bank, additional information	Cash Contributions FY 2007 USD mio	Disbursements during the year 2007 USD mio	Cash Contributions FY 2008 USD mio	Disbursements during the year 2008 USD mio	Cash Contributions FY 2010 USD mio	Disbursements during the year 2010 USD mio	Cash Contributions FY 2011 USD mio	Disbursements during the year 2011 USD mio	internet and data availability
Booster Program for Malaria Control in Africa (BPMLRI)	est: 2005, participating donors: ExxonMobil, Russian Federation	-	-	8	1	3	0,4	-	-0,5	www.worldbank.org/afr/malaria
GAVI Fund Affiliate	IFFIm, The World Bank serves as the account administrator for the GFA account.	758	735	344	237	0	365	0	250,9	www.gavialliance.org , www.iff-immunisation.org
GAVI= Global Alliance for Vaccines and Immunisation	(World Bank is account/treasury manager and one of four renewable members of the GAVI Alliance Board) GAVI Alliance Donors: Australia, Brazil, Canada, Denmark, European Commission, France, Germany, Ireland, Italy, Luxembourg, The Netherlands, Norway, South Africa, Spain, Sweden, United Kingdom, United States, The Bill & Melinda Gates Foundation, other private donations	-	0	91	1	2,3	2,7	-	3,1	Data available under: http://www.gavialliance.org/index.php

Annex 4: Selection of health related trust funds

Trust Funds	Donor, date of insertion/creation, involvement of the World Bank, additional information	Cash Contributions FY 2007 USD mio	Disbursements during the year 2007 USD mio	Cash Contributions FY 2008 USD mio	Disbursements during the year 2008 USD mio	Cash Contributions FY 2010 USD mio	Disbursements during the year 2010 USD mio	Cash Contributions FY 2011 USD mio	Disbursements during the year 2011 USD mio	internet and data availability
Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM)	Andorra, Australia, Austria, Barbados, Belgium, Brazil, Burkina Faso, Cameroon, Canada, China, Denmark, European Commission, Finland, France, Gates Foundation, Germany, Greece, Hungary, Iceland, India, Ireland, Italy, Japan, Korea, Liechtenstein, Luxembourg, Mexico, Monaco, Netherlands, New Zealand, Nigeria, Norway, Poland, Portugal, Romania, Russian Federation, Saudi Arabia, Singapore, Slovenia, South Africa, Spain, Sweden, Switzerland, Thailand, Uganda, United Kingdom, United States, World Health Organization, Zimbabwe	2060	1607	3000	n/a	2793	3418	2453,6	3226,6	www.theglobalfund.org Scaling up for impact. Results report, march 2009. Provides information about donors http://www.theglobalfund.org/documents/publications/progressreports/ProgressReport2008_en.pdf

Annex 4: Selection of health related trust funds

Trust Funds	Donor, date of insertion/creation, involvement of the World Bank, additional information	Cash Contributions FY 2007 USD mio	Disbursements during the year 2007 USD mio	Cash Contributions FY 2008 USD mio	Disbursements during the year 2008 USD mio	Cash Contributions FY 2010 USD mio	Disbursements during the year 2010 USD mio	Cash Contributions FY 2011 USD mio	Disbursements during the year 2011 USD mio	internet and data availability
Global HIV/AIDS Partnership (GAIDS)	Participating donors: United Kingdom and UNAIDS	1	1	11	3	11,2	10,4	8,4	8,7	www.worldbank.org/aids , www.unaids.org
Global Partnership for Disability and Development (GPDD)	Donors: Finland, Italy, Norway, est. 2004 Initiative to accelerate the inclusion of people with disabilities in developing countries.	1	0	0,2	0,07	0,2	0,5	0	0,5	www.worldbank.org/disability www.GPPD-online.org
Global Partnership to Stop Tuberculosis (Stop TB)	Canada, IBRD, Japan, Netherlands, Norway, Soros Foundation, Switzerland, United Kingdom, United States	0	0							stop tb partnerships annual report 2007 available under: http://www.stoptb.org/resource_center/assets/documents/annual_report_2007_web.pdf (without single donors mentioned)
Global Program to Eradicate Poliomyelitis (GPEP)	Bill and Melinda Gates Foundation, United Nations Foundation (with contributions from Rotary International & US center for Disease Control)	9	19	-	1					www.polioeradication.org/content/general/FinalFRR_English2009-2013_January09.pdf

Annex 4: Selection of health related trust funds

Trust Funds	Donor, date of insertion/creation, involvement of the World Bank, additional information	Cash Contributions FY 2007 USD mio	Disbursements during the year 2007 USD mio	Cash Contributions FY 2008 USD mio	Disbursements during the year 2008 USD mio	Cash Contributions FY 2010 USD mio	Disbursements during the year 2010 USD mio	Cash Contributions FY 2011 USD mio	Disbursements during the year 2011 USD mio	internet and data availability
Health and Economic Development Program (HEDP)	Donor: The Rockefeller Foundation, Program focuses on questions regarding the links between health and economic development, besides population and reproductive health, macroeconomic management and others it also focuses on Health System performance					n/a	n/a	n/a	n/a	http://go.worldbank.org/RQU0H5VGJ0
Health Insurance Challenge Fund (HICF)	The Bill and Melinda Gates Foundation and the Task Force for Universal Coverage					n/a	n/a	1,2	n/a	
Health Results Innovation Trust Fund	Donor: Norway and UK initiated in 2007 by Norway, in 2010 the UK joined the trust fund	-	-	23	1	49,8	10,6	0	11,7	www.worldbank.org/hnp/rbf
Human Resources for Health Program (HRH)	Donors: Norway and GAVI, Programs finances analytic work on filling informational gaps, strengthen evidence base for human resources for health policies and strategies for translating this evidence in strategies.					0,8	0,7	0,8	0,2	http://www.worldbank.org/hrh

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Trust Funds	Donor, date of insertion/creation, involvement of the World Bank, additional information	Cash Contributions FY 2007 USD mio	Disbursements during the year 2007 USD mio	Cash Contributions FY 2008 USD mio	Disbursements during the year 2008 USD mio	Cash Contributions FY 2010 USD mio	Disbursements during the year 2010 USD mio	Cash Contributions FY 2011 USD mio	Disbursements during the year 2011 USD mio	internet and data availability
International Finance Facility for Immunisation (IFFIm)	UK, France, Italy, Spain, Sweden, Norway and South Afrika	1069	753	353	327	175	-	210,9	-	http://www.iff-immunisation.org/pdfs/trsts_reprt_end_dec07.pdf 19.05.09 has the best information policy and best structured homepage-
International Health Partnership (IHP+)	Donor: The WHO. The IHP+ was launched in 2007 by the UK and the World Bank. Aim is to deliver more effective development aid by focussing on implementation and effectiveness. The World Bank, together with the WHO is coordinating the IHP+. The initiative also includes countries, H8.members, bilateral donors, civil society and the private sector.					0,4	0,1	1	0,7	http://www.internationalhealthpartnership.net
Pharmaceutical Governance Fund (PHGF)	Serves as a vehicle to finance broader capacity building and aims at Global Medicines Regulatory harmonisation.					-	-	5	-	www.amrh.org

Annex 4: Selection of health related trust funds

Trust Funds	Donor, date of insertion/creation, involvement of the World Bank, additional information	Cash Contributions FY 2007 USD mio	Disbursements during the year 2007 USD mio	Cash Contributions FY 2008 USD mio	Disbursements during the year 2008 USD mio	Cash Contributions FY 2010 USD mio	Disbursements during the year 2010 USD mio	Cash Contributions FY 2011 USD mio	Disbursements during the year 2011 USD mio	internet and data availability
Polio Buy-Down Program (POLIO)	The Bill and Melinda Gates Foundation, the United Nations Foundation, Rotary International, and the United States Centers for Disease Control and Prevention. POLIO is a credit buy-down program that aims at increasing the financial support and performance of health activities.					-	1	53,4	1,5	http://go.worldbank.org/Z6V(V67NO0
Strengthening Human Resources for Health	is the combination of two trust funds, est.: 2005, Multi-Donor TF: Norway (ministry of Foreign Affairs) and GAVI, Single-Donor TF: Bill and Melinda Gates Foundation), Programs finances analytic work on filling informational gaps, strengthen evidence base for human resources for health policies and strategies for translating this evidence in strategies.	-	2	1	1	0,8	0,7	0,8	0,2	www.worldbank.org/hrh
Tropical Disease Research (TDR)	co-sponsored by UNICEF , UNDP , the World Bank and WHO. Operates within a broad framework of intergovernmental and interagency cooperation. The World Bank is a member of the standing committee.	36,5								

Source: own compilation based on data from the Trust Fund Annual Reports 2007-2013.

Annex 5: Available Data on health-related FIFs

Fund Name	Donor Name	Receipt Quarter	Year	Receipt Amount	Amount in USD
Global Alliance for Vaccines and Immunizations (GAVI) Trust Fund	Norway	APR-JUN	2008	30000	\$5791,84
Global Alliance for Vaccines and Immunizations (GAVI) Trust Fund	Norway	JAN-MAR	2008	468225776	\$85834239,41
Global Alliance for Vaccines and Immunizations (GAVI) Trust Fund	Norway	OCT-DEC	2008	472011856	\$65449483,28
Global Alliance for Vaccines and Immunizations (GAVI) Trust Fund	Norway	OCT-DEC	2009	462564014	\$82800324,71
Global Alliance for Vaccines and Immunizations (GAVI) Trust Fund	Norway	OCT-DEC	2010	456415931	\$76483608,04
Global Alliance for Vaccines and Immunizations (GAVI) Trust Fund	Norway	OCT-DEC	2010	34196584	\$5773524,23
Global Alliance for Vaccines and Immunizations (GAVI) Trust Fund	Norway	OCT-DEC	2011	428600000	\$73381615,21
International Finance Facility for Immunization / GFA	Australia	APR-JUN	2011	2910000	\$3122430,00
International Finance Facility for Immunization / GFA	Australia	JAN-MAR	2012	4850000	\$5043272,50
International Finance Facility for Immunization / GFA	Australia	APR-JUN	2013	4875000	\$5105831,25
International Finance Facility for Immunization / GFA	France	JAN-MAR	2007	19200000	\$25613760,00
International Finance Facility for Immunization / GFA	France	JAN-MAR	2008	19776000	\$31133356,80
International Finance Facility for Immunization / GFA	France	JAN-MAR	2008	19200000	\$30350400,00
International Finance Facility for Immunization / GFA	France	JAN-MAR	2009	20661000	\$27935738,10
International Finance Facility for Immunization / GFA	France	JAN-MAR	2009	21039300	\$28200025,76
International Finance Facility for Immunization / GFA	France	JAN-MAR	2010	22814400	\$30738981,84
International Finance Facility for Immunization / GFA	France	JAN-MAR	2010	21243000	\$28621756,05
International Finance Facility for Immunization / GFA	France	JAN-MAR	2011	21922000	\$31147873,70
International Finance Facility for Immunization / GFA	France	JAN-MAR	2011	24735000	\$35144724,75
International Finance Facility for Immunization / GFA	France	JAN-MAR	2012	26820500	\$35759772,65
International Finance Facility for Immunization / GFA	France	JAN-MAR	2012	22504000	\$30004583,20
International Finance Facility for Immunization / GFA	France	APR-JUN	2013	23302500	\$29876135,25
International Finance Facility for Immunization / GFA	France	JAN-MAR	2013	29230500	\$37410655,43

Annex 5: Available Data on health-related FIFs

International Finance Facility for Immunization / GFA	Italy	OCT-DEC	2006	2880000	\$3696192,00
International Finance Facility for Immunization / GFA	Italy	JAN-MAR	2007	5760000	\$7659936,00
International Finance Facility for Immunization / GFA	Italy	JAN-MAR	2008	24816000	\$39227892,00
International Finance Facility for Immunization / GFA	Italy	JAN-MAR	2009	25026000	\$33837654,60
International Finance Facility for Immunization / GFA	Italy	JAN-MAR	2010	25026000	\$33474777,60
International Finance Facility for Immunization / GFA	Italy	JAN-MAR	2011	25026000	\$35256628,80
International Finance Facility for Immunization / GFA	Italy	OCT-DEC	2011	1649000	\$2209742,45
International Finance Facility for Immunization / GFA	Italy	JAN-MAR	2012	25026000	\$33402202,20
International Finance Facility for Immunization / GFA	Italy	JAN-MAR	2012	1649000	\$2200920,30
International Finance Facility for Immunization / GFA	Italy	APR-JUN	2013	25155000	\$32251225,50
International Finance Facility for Immunization / GFA	Italy	APR-JUN	2013	1657500	\$2125080,75
International Finance Facility for Immunization / GFA	Netherlands	OCT-DEC	2009	9700000	\$13973820,00
International Finance Facility for Immunization / GFA	Netherlands	OCT-DEC	2012	13650000	\$17699272,50
International Finance Facility for Immunization / GFA	Netherlands	OCT-DEC	2013	13650000	\$18446610,00
International Finance Facility for Immunization / GFA	Norway	OCT-DEC	2006	2592000	\$2592000,00
International Finance Facility for Immunization / GFA	Norway	OCT-DEC	2006	30	\$30,00
International Finance Facility for Immunization / GFA	Norway	OCT-DEC	2006	2591970	\$2591970,00
International Finance Facility for Immunization / GFA	Norway	JAN-MAR	2007	5184000	\$5184000,00
International Finance Facility for Immunization / GFA	Norway	JAN-MAR	2008	5183970	\$5183970,00
International Finance Facility for Immunization / GFA	Norway	JAN-MAR	2009	5237980	\$5237980,00
International Finance Facility for Immunization / GFA	Norway	JAN-MAR	2010	5237977	\$5237977,00
International Finance Facility for Immunization / GFA	Norway	OCT-DEC	2010	97000000	\$16631620,00
International Finance Facility for Immunization / GFA	Norway	JAN-MAR	2011	48500000	\$8684895,00
International Finance Facility for Immunization / GFA	Norway	JAN-MAR	2012	145500000	\$26083785,00
International Finance Facility for Immunization / GFA	Norway	JAN-MAR	2013	146250000	\$25998862,50
International Finance Facility for Immunization / GFA	South Africa	JAN-MAR	2007	960000	\$960000,00
International Finance Facility for Immunization / GFA	South Africa	JAN-MAR	2008	960000	\$960000,00
International Finance Facility for Immunization / GFA	South Africa	JAN-MAR	2009	970000	\$970000,00

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International Finance Facility for Immunization / GFA	South Africa	JAN-MAR	2010	970000	\$970000,00
International Finance Facility for Immunization / GFA	South Africa	JAN-MAR	2011	970000	\$970000,00
International Finance Facility for Immunization / GFA	South Africa	JAN-MAR	2012	970000	\$970000,00
International Finance Facility for Immunization / GFA	South Africa	JAN-MAR	2013	975000	\$975000,00
International Finance Facility for Immunization / GFA	Spain	OCT-DEC	2006	9096000	\$11505530,40
International Finance Facility for Immunization / GFA	Spain	JUL-SEP	2007	9096000	\$12855831,60
International Finance Facility for Immunization / GFA	Spain	OCT-DEC	2008	8793500	\$10947467,83
International Finance Facility for Immunization / GFA	Spain	OCT-DEC	2008	397250	\$500197,34
International Finance Facility for Immunization / GFA	Spain	OCT-DEC	2009	9190750	\$13755335,99
International Finance Facility for Immunization / GFA	Spain	OCT-DEC	2010	9190750	\$12840396,83
International Finance Facility for Immunization / GFA	Spain	OCT-DEC	2011	9190750	\$11944758,24
International Finance Facility for Immunization / GFA	Spain	OCT-DEC	2012	8622250	\$11382232,23
International Finance Facility for Immunization / GFA	Spain	OCT-DEC	2012	95287	\$125616,85
International Finance Facility for Immunization / GFA	Spain	JAN-MAR	2013	473213	\$627196,51
International Finance Facility for Immunization / GFA	Spain	OCT-DEC	2013	9238125	\$12466387,78
International Finance Facility for Immunization / GFA	Sweden	JAN-MAR	2007	17673600	\$2521492,51
International Finance Facility for Immunization / GFA	Sweden	JAN-MAR	2008	17673600	\$2972699,52
International Finance Facility for Immunization / GFA	Sweden	APR-JUN	2009	17857700	\$2169353,40
International Finance Facility for Immunization / GFA	Sweden	APR-JUN	2010	17857700	\$2476505,84
International Finance Facility for Immunization / GFA	Sweden	JAN-MAR	2011	17857700	\$2841517,22
International Finance Facility for Immunization / GFA	Sweden	APR-JUN	2012	17857700	\$2668654,69
International Finance Facility for Immunization / GFA	Sweden	JAN-MAR	2013	17949750	\$2752414,67
International Finance Facility for Immunization / GFA	United Kingdom	APR-JUN	2007	4521600	\$8939203,20
International Finance Facility for Immunization / GFA	United Kingdom	JUL-SEP	2007	4521600	\$9094746,24
International Finance Facility for Immunization / GFA	United Kingdom	APR-JUN	2008	8380800	\$16547051,52
International Finance Facility for Immunization / GFA	United Kingdom	OCT-DEC	2008	8468100	\$14349618,86
International Finance Facility for Immunization / GFA	United Kingdom	APR-JUN	2009	12532400	\$18341167,40
International Finance Facility for Immunization / GFA	United Kingdom	OCT-DEC	2009	12532400	\$20145206,38

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International Finance Facility for Immunization / GFA	United Kingdom	APR-JUN	2010	16451200	\$25260817,60
International Finance Facility for Immunization / GFA	United Kingdom	OCT-DEC	2010	16451200	\$26037314,24
International Finance Facility for Immunization / GFA	United Kingdom	OCT-DEC	2010	1655326,34	\$2619885,00
International Finance Facility for Immunization / GFA	United Kingdom	APR-JUN	2011	20437900	\$32987792,50
International Finance Facility for Immunization / GFA	United Kingdom	APR-JUN	2011	1534075	\$2461653,45
International Finance Facility for Immunization / GFA	United Kingdom	OCT-DEC	2011	20437900	\$32226480,72
International Finance Facility for Immunization / GFA	United Kingdom	OCT-DEC	2011	1534076,34	\$2418931,57
International Finance Facility for Immunization / GFA	United Kingdom	APR-JUN	2012	2270361,63	\$3591939,13
International Finance Facility for Immunization / GFA	United Kingdom	APR-JUN	2012	24463400	\$38954294,99
International Finance Facility for Immunization / GFA	United Kingdom	OCT-DEC	2012	24589500	\$39494425,43
International Finance Facility for Immunization / GFA	United Kingdom	OCT-DEC	2012	2282065,5	\$3665339,50
International Finance Facility for Immunization / GFA	United Kingdom	APR-JUN	2013	2995652,4	\$4606115,13
International Finance Facility for Immunization / GFA	United Kingdom	APR-JUN	2013	28674750	\$43987066,50
International Finance Facility for Immunization / GFA	United Kingdom	OCT-DEC	2013	28674750	\$45839455,35
International Finance Facility for Immunization / GFA	United Kingdom	OCT-DEC	2013	2995652,4	\$4786004,06
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Andorra	OCT-DEC	2002	100000	\$100000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Australia	APR-JUN	2004	15000000	\$10327500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Australia	JUL-SEP	2004	5000000	\$3500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Australia	JUL-SEP	2005	20000000	\$15028400,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Australia	APR-JUN	2006	15000000	\$11130360,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Australia	JUL-SEP	2006	1999981	\$1535985,41
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Australia	JUL-SEP	2007	15000000	\$12910500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Australia	JUL-SEP	2007	3000000	\$2352900,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Australia	JAN-MAR	2008	42000000	\$38883600,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Australia	APR-JUN	2009	46500000	\$32819700,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Australia	JAN-MAR	2010	46500000	\$42538200,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Australia	JUL-SEP	2011	30000000	\$31959000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Australia	OCT-DEC	2011	10000000	\$10191000,00

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Australia	OCT-DEC	2012	59880000	\$62287176,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Australia	JUL-SEP	2013	50000000	\$46720000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Australia	JUL-SEP	2013	50000000	\$47555000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Austria	JAN-MAR	2003	1000000	\$1075900,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Barbados	JAN-MAR	2004	100000	\$100000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	OCT-DEC	2002	9280226	\$9421006,93
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	JAN-MAR	2003	2578093	\$2786401,83
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	JAN-MAR	2004	3357996,29	\$4080737,83
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	JAN-MAR	2004	5949440,29	\$7229938,32
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	JUL-SEP	2004	5049996,29	\$6189780,46
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	OCT-DEC	2005	5049996,29	\$6067823,04
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	JUL-SEP	2006	5049995,51	\$6347137,36
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	OCT-DEC	2006	3000000	\$3948300,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	APR-JUN	2007	5049995,51	\$6785173,96
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	JUL-SEP	2007	4999996,29	\$6891494,89
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	OCT-DEC	2007	2000000	\$2875240,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	OCT-DEC	2008	12399995,51	\$15919114,24
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	APR-JUN	2009	12850000	\$17876920,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	JAN-MAR	2010	3750000	\$3750000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	JUL-SEP	2010	13150000	\$17087110,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	OCT-DEC	2010	7850000	\$10325890,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	JAN-MAR	2012	21000000	\$26867400,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	OCT-DEC	2012	21000000	\$27108900,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Belgium	JUL-SEP	2013	11550000	\$15602895,01
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Brazil	OCT-DEC	2006	150000	\$150000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Brazil	JAN-MAR	2012	2355,08	\$2355,08
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Brunei Darussalam	JUL-SEP	2009	49980	\$49980,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Brunei Darussalam	JAN-MAR	2012	100000	\$100000,00

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Burkina Faso	OCT-DEC	2002	75000	\$75000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	OCT-DEC	2002	25000000	\$25000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	APR-JUN	2003	25000000	\$25000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	APR-JUN	2004	25000000	\$25000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	JUL-SEP	2004	5514,3	\$5514,30
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	JUL-SEP	2004	19,3	\$15,17
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	JUL-SEP	2004	132230,07	\$132230,07
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	JUL-SEP	2004	24867769,93	\$24867769,93
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	APR-JUN	2005	140000000	\$110262266,68
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	OCT-DEC	2006	250000000	\$221199787,65
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	APR-JUN	2008	43000000	\$42424720,79
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	OCT-DEC	2008	73500000	\$59531041,19
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	APR-JUN	2009	43700000	\$35421901,60
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	JAN-MAR	2010	39800000	\$37854289,52
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	JAN-MAR	2010	100000000	\$96525096,53
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	JUL-SEP	2010	150000000	\$141750141,75
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	OCT-DEC	2011	180000000	\$176470588,24
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	APR-JUN	2012	20000000	\$20022024,23
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	JAN-MAR	2012	39999980	\$40548890,33
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	OCT-DEC	2012	160000000	\$162156683,90
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	APR-JUN	2013	20000000	\$19574738,80
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Canada	JUL-SEP	2013	160000000	\$153812137,70
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	China	OCT-DEC	2003	2000000	\$2000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	China	JUL-SEP	2004	2000000	\$2000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	China	OCT-DEC	2005	2000000	\$2000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	China	JUL-SEP	2006	1999980	\$1999980,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	China	JUL-SEP	2007	2000000	\$2000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	China	JUL-SEP	2008	1999985	\$1999985,00

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	China	JUL-SEP	2009	2000000	\$2000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	China	APR-JUN	2010	2000000	\$2000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	China	JUL-SEP	2011	4000000	\$4000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	China	JUL-SEP	2012	5000000	\$5000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	China	OCT-DEC	2013	5000000	\$5000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Cote d'Ivoire	OCT-DEC	2010	307820115	\$660965,02
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Cote d'Ivoire	APR-JUN	2012	153910057	\$310163,18
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Cote d'Ivoire	APR-JUN	2012	307820115	\$619012,39
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Cote d'Ivoire	APR-JUN	2012	153910057	\$298243,75
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Cote d'Ivoire	OCT-DEC	2012	566567588	\$1115071,20
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Cote d'Ivoire	APR-JUN	2013	243015879	\$480173,06
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Cote d'Ivoire	OCT-DEC	2013	679975003	\$1400985,45
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Denmark	OCT-DEC	2002	110000000	\$14816510,98
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Denmark	OCT-DEC	2003	85000000	\$13790865,58
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Denmark	JUL-SEP	2004	100000000	\$16188433,36
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Denmark	JUL-SEP	2005	140000000	\$22841480,13
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Denmark	JUL-SEP	2006	140000000	\$23905470,94
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Denmark	JUL-SEP	2007	140000000	\$25905776,99
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Denmark	OCT-DEC	2008	175000000	\$29397930,39
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Denmark	APR-JUN	2009	175000000	\$31873235,59
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Denmark	OCT-DEC	2010	75000000	\$13556503,51
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Denmark	OCT-DEC	2010	100000000	\$17658017,18
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Denmark	OCT-DEC	2011	175000000	\$30723314,61
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Denmark	OCT-DEC	2012	145000000	\$25095622,98
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Denmark	JUL-SEP	2013	145000000	\$25358960,46
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	APR-JUN	2003	60000000	\$70104900,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	JAN-MAR	2003	60640722	\$66959485,35
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	OCT-DEC	2003	42000000	\$50360226,00

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	OCT-DEC	2003	170000000	\$212406500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	JUL-SEP	2004	500000	\$598850,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	JUL-SEP	2004	42000000	\$51408000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	JUL-SEP	2005	58000000	\$58000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	JUL-SEP	2006	28000000	\$35375200,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	OCT-DEC	2006	62000000	\$81778000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	OCT-DEC	2007	62000000	\$91114270,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	JUL-SEP	2008	38000000	\$60249000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	OCT-DEC	2008	50000000	\$66720000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	JUL-SEP	2009	50000000	\$69905000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	JUL-SEP	2009	100000000	\$143260000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	OCT-DEC	2009	50000000	\$50000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	APR-JUN	2010	50000000	\$62680000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	JAN-MAR	2012	65000000	\$83161000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	JAN-MAR	2012	50000000	\$63970000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	JUL-SEP	2012	50000000	\$62105000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	OCT-DEC	2012	45000000	\$59179500,01
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	OCT-DEC	2012	5000000	\$6636500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	JUL-SEP	2013	50000000	\$67684999,99
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	EC/EU	OCT-DEC	2013	40000000	\$54680000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Egypt, Arab Republic of	JUL-SEP	2011	28674620,14	\$4807118,20
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Finland	JAN-MAR	2006	3000000	\$3636300,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Finland	APR-JUN	2007	2500000	\$3321000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Finland	JUL-SEP	2008	2500000	\$3934250,01
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Finland	JUL-SEP	2009	3500000	\$4897550,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Finland	APR-JUN	2010	3500000	\$4387600,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Finland	JAN-MAR	2012	4000000	\$5200800,00

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Finland	JUL-SEP	2012	4000000	\$5202000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Finland	APR-JUN	2013	2000000	\$2621400,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JUL-SEP	2004	100000000	\$121525000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JUL-SEP	2004	25000000	\$30915000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JUL-SEP	2004	25000000	\$30915000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JUL-SEP	2004	25000000	\$30915000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JUL-SEP	2004	25000000	\$30915000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JUL-SEP	2004	25000000	\$30915000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JUL-SEP	2004	25000000	\$30915000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	APR-JUN	2005	150000000	\$180970500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JUL-SEP	2006	213750000	\$273493125,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	APR-JUN	2007	50000000	\$66562500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	APR-JUN	2007	50000000	\$66562500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	APR-JUN	2007	50000000	\$66562500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JAN-MAR	2007	11250000	\$14647500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	OCT-DEC	2007	125000000	\$184000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JAN-MAR	2008	150000000	\$233392500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	OCT-DEC	2008	150000000	\$197835000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JAN-MAR	2009	150000000	\$190207500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	OCT-DEC	2009	120470000	\$173103343,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JUL-SEP	2010	29530000	\$37991821,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JUL-SEP	2010	50000000	\$64327500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JUL-SEP	2010	50000000	\$64327500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JUL-SEP	2010	50000000	\$64327500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	OCT-DEC	2010	50000000	\$67307500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	OCT-DEC	2010	50000000	\$67307500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	OCT-DEC	2010	32429500	\$43654971,43
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	APR-JUN	2011	150000000	\$219375000,00

Annex 5: Available Data on health-related FIFs

The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JAN-MAR	2011	17570500	\$23024383,20
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	OCT-DEC	2011	82000000	\$106505700,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JAN-MAR	2012	60000000	\$76764000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JAN-MAR	2012	50000000	\$64887500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	JUL-SEP	2012	150000000	\$184710000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	OCT-DEC	2012	147854129,9	\$190872288,96
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	OCT-DEC	2012	60000000	\$79563000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	APR-JUN	2013	150000000	\$195337500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	OCT-DEC	2013	64000000	\$88076800,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	OCT-DEC	2013	50000000	\$67932500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	France	OCT-DEC	2013	58000000	\$78801700,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Gates	OCT-DEC	2002	50000000	\$50000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Gates	APR-JUN	2003	50000000	\$50000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Gates	JUL-SEP	2004	50000000	\$50000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Gates	JUL-SEP	2006	100000000	\$100000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Gates	JAN-MAR	2007	5000000	\$5000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Gates	JAN-MAR	2007	95000000	\$95000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Gates	APR-JUN	2008	25000000	\$25000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Gates	APR-JUN	2008	75000000	\$75000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Gates	APR-JUN	2009	75000000	\$75000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Gates	APR-JUN	2009	25000000	\$25000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Gates	OCT-DEC	2009	9531173	\$9531173,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Gates	OCT-DEC	2009	100000000	\$100000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Gates	JUL-SEP	2010	650000	\$650000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Gates	JUL-SEP	2010	9833827	\$9833827,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Gates	JUL-SEP	2013	5000000	\$5000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Georgia	OCT-DEC	2012	20000	\$20000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2002	10000000	\$9931000,00

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	OCT-DEC	2002	2000000	\$2064200,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2003	16250000	\$19105450,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2003	16250000	\$18321875,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2004	15500000	\$18357736,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2004	13000000	\$15400514,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2004	9500000	\$12186600,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2005	43000000	\$51236048,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2005	8250000	\$10940490,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2005	8250000	\$10940490,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2005	22500000	\$29837700,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2006	15750000	\$18718875,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2006	11250000	\$13370625,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2006	9000000	\$10696500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2006	15750000	\$19831297,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2006	9000000	\$11332170,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2006	11250000	\$14165212,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2007	5250000	\$7049175,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2007	10250000	\$13762675,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2007	20500000	\$27525350,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2007	15000000	\$20374500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2007	20500000	\$27315430,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2007	10250000	\$13657715,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2007	5250000	\$6995415,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2008	23750000	\$36893249,97
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2008	12000000	\$18640800,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2008	10250000	\$15922350,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2008	54000000	\$84969000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2008	54000000	\$84223799,99

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2008	23750000	\$36943125,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2008	12000000	\$18666000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2008	10250000	\$15943875,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2009	25125000	\$35418712,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2009	10750000	\$15154275,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2009	7625000	\$10748962,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2009	6500000	\$9163050,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2009	6500000	\$8339500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2009	25125000	\$32235375,02
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2009	7625000	\$9782875,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2009	6500000	\$8651500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2009	7625000	\$10148875,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2009	25125000	\$33441375,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2009	10750000	\$14308250,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2009	10750000	\$13574025,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2009	10750000	\$15152125,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2009	7625000	\$10747437,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2009	6500000	\$9161750,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2009	25125000	\$35413687,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2010	350000	\$350000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2010	32250000	\$32250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JAN-MAR	2010	10000000	\$10000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2010	31900000	\$40399755,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2010	29875000	\$39805450,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2010	10000000	\$12664500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2010	17500000	\$22162875,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2010	21125000	\$28146950,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2010	42250000	\$53594125,00

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2010	8750000	\$11099375,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2011	23750000	\$34324687,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2011	23750000	\$34324687,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2011	52500000	\$75875625,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	OCT-DEC	2011	100000000	\$129870000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2012	50000000	\$65720000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2012	50000000	\$63435000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	OCT-DEC	2012	100000000	\$130270000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2013	50000000	\$66639999,99
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	APR-JUN	2013	50000000	\$65180000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	JUL-SEP	2013	50000000	\$65904999,99
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Germany	OCT-DEC	2013	50000000	\$67465000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2006	5000000	\$5000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2006	5000000	\$5000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2006	263425,58	\$263425,58
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2006	387250,02	\$387250,02
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2006	374062,76	\$374062,76
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2007	3763313,99	\$3763313,99
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2007	153569,21	\$153569,21
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2007	602243,62	\$602243,62
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2007	6644020,76	\$6644020,76
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2007	280088,55	\$280088,55
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2007	8305239,77	\$8305239,77
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2007	95472,64	\$95472,64
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2007	1357324,51	\$1357324,51
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2007	5441862,83	\$5441862,83
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2007	64980	\$64980,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2007	1800241,21	\$1800241,21

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2007	7995029,01	\$7995029,01
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2007	4721929,32	\$4721929,32
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2007	1365637,67	\$1365637,67
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2007	4120021,93	\$4120021,93
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2008	3726242,45	\$3726242,45
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2008	2863046,61	\$2863046,61
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2008	2511933,64	\$2511933,64
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2008	6064989,61	\$6064989,61
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2008	1413402,86	\$1413402,86
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2008	30980	\$30980,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2008	5544778,85	\$5544778,85
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2008	244707,15	\$244707,15
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2008	4599255,97	\$4599255,97
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2008	5909369,03	\$5909369,03
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2008	4599255,97	\$4599255,97
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2008	1100000	\$1100000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2008	1111610,4	\$1111610,40
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2009	1988668,18	\$1988668,18
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2009	2634,53	\$2634,53
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2009	5003572,04	\$5003572,04
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2009	1204769,18	\$1204769,18
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2009	540400,83	\$540400,83
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2009	2145135,83	\$2145135,83
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2009	5700000	\$5700000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2009	400000	\$400000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2009	499969,64	\$499969,64
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2009	1343323,81	\$1343323,81
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2009	735488,72	\$735488,72

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2009	15060722,44	\$15060722,44
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2009	1929265,14	\$1929265,14
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2009	1122445,81	\$1122445,81
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2009	224626,52	\$224626,52
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2009	2984220	\$2984220,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2009	1425282,59	\$1425282,59
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2010	4542168,32	\$4542168,32
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2010	577942,87	\$577942,87
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2010	2048734,06	\$2048734,06
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2010	1991,67	\$1991,67
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2010	7192,54	\$7192,54
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2010	10001370	\$10001370,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2010	575384,57	\$575384,57
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2010	2009289,63	\$2009289,63
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2010	1154440,09	\$1154440,09
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2010	224871,57	\$224871,57
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2010	522318,96	\$522318,96
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2010	1067125,39	\$1067125,39
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2010	285765,77	\$285765,77
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2010	1091890,07	\$1091890,07
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2010	1980153,26	\$1980153,26
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2011	585843,22	\$585843,22
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2011	242588,84	\$242588,84
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2011	1348248,17	\$1348248,17
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2011	460850,34	\$460850,34
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2011	5533,15	\$5533,15
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2011	15180,39	\$15180,39
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2011	2432416,07	\$2432416,07

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2011	1430586,87	\$1430586,87
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2011	5613,77	\$5613,77
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2011	686073,5	\$686073,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2011	2362871,4	\$2362871,40
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2011	432083,11	\$432083,11
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2011	1161148,58	\$1161148,58
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2011	1156530,55	\$1156530,55
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2011	780309,26	\$780309,26
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2011	2020811,86	\$2020811,86
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2011	5442,37	\$5442,37
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2011	538654,79	\$538654,79
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2011	5045,41	\$5045,41
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2011	523252,79	\$523252,79
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2011	1731619,03	\$1731619,03
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2011	5733,32	\$5733,32
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2012	1147508,29	\$1147508,29
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2012	1574599,49	\$1574599,49
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2012	176686,19	\$176686,19
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2012	1733483,7	\$1733483,70
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2012	1011434,88	\$1011434,88
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2012	7999997,5	\$7999997,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2012	331287,34	\$331287,34
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2012	312089,41	\$312089,41
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2012	801729,56	\$801729,56
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2012	3986122,49	\$3986122,49
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2012	1789206,57	\$1789206,57
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2012	1174945,49	\$1174945,49
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2012	458272,62	\$458272,62

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2012	0,02	\$0,02
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2012	401788,38	\$401788,38
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2012	2057922,99	\$2057922,99
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2012	5350,2	\$5350,20
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2013	1196021,34	\$1196021,34
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2013	922262,99	\$922262,99
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2013	292773,32	\$292773,32
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2013	4192418,66	\$4192418,66
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2013	1831682,24	\$1831682,24
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2013	9000000	\$9000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	APR-JUN	2013	150250,13	\$150250,13
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2013	7930000	\$7930000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2013	382045,71	\$382045,71
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2013	3597932,12	\$3597932,12
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2013	253143,09	\$253143,09
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2013	1001406,56	\$1001406,56
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2013	274428,92	\$274428,92
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JAN-MAR	2013	281690,75	\$281690,75
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2013	1734974,4	\$1734974,40
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2013	1126225,34	\$1126225,34
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	JUL-SEP	2013	2536534,87	\$2536534,87
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2013	1306316,05	\$1306316,05
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2013	2439421,88	\$2439421,88
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2013	383304,54	\$383304,54
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM Secretariat	OCT-DEC	2013	1000000	\$1000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Greece	OCT-DEC	2005	250000	\$303625,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Greece	JUL-SEP	2007	350000	\$484260,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Greece	APR-JUN	2009	1000000	\$1362200,00

Annex 5: Available Data on health-related FIFs

The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Hungary	JAN-MAR	2004	10000	\$10000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Hungary	JAN-MAR	2005	12000	\$12000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Hungary	APR-JUN	2006	12976,5	\$12976,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Hungary	JAN-MAR	2008	9963,57	\$9963,57
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Hungary	OCT-DEC	2008	10000	\$10000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Iceland	APR-JUN	2004	15000000	\$206299,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Iceland	OCT-DEC	2006	15000000	\$214408,23
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Iceland	JAN-MAR	2007	200000	\$200000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Iceland	OCT-DEC	2007	200000	\$200000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Iceland	JAN-MAR	2009	300000	\$300000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	India	OCT-DEC	2006	1000000	\$1000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	India	OCT-DEC	2007	1499950	\$1499950,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	India	JAN-MAR	2008	499960	\$499960,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	India	OCT-DEC	2009	2000000	\$2000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	India	APR-JUN	2010	5000000	\$5000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	JUL-SEP	2008	73518550000	\$8005920,82
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	JUL-SEP	2009	72225950000	\$7244327,98
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	JUL-SEP	2010	57239100000	\$6287938,04
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	OCT-DEC	2010	1023376,83	\$1023376,83
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	OCT-DEC	2010	618265,83	\$826497,76
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	APR-JUN	2011	1006504,92	\$1006504,92
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	APR-JUN	2011	657995,57	\$951395,78
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	APR-JUN	2011	61404150000	\$7169194,40
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	OCT-DEC	2011	723756,72	\$969906,38
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	OCT-DEC	2011	1037630,33	\$1037630,33
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	APR-JUN	2012	1122213,51	\$1122213,51
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	APR-JUN	2012	743508,91	\$934590,70
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	APR-JUN	2012	57893350000	\$6087628,81

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	OCT-DEC	2012	703055,7	\$932132,34
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	OCT-DEC	2012	1162036,11	\$1162036,11
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	APR-JUN	2013	675493,91	\$879493,08
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	APR-JUN	2013	1175245,52	\$1175245,52
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	OCT-DEC	2013	1204348,7	\$1204348,70
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Indonesia	OCT-DEC	2013	697861,79	\$957257,02
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	JUL-SEP	2002	10000000	\$9835000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	OCT-DEC	2002	800000	\$868320,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	OCT-DEC	2002	2100000	\$2279340,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	JUL-SEP	2003	7100000	\$8013770,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	OCT-DEC	2003	5000000	\$6223500,01
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	APR-JUN	2004	5000000	\$6075500,01
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	JUL-SEP	2005	10000000	\$12370500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	OCT-DEC	2005	4000000	\$4000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	APR-JUN	2006	11000000	\$14067900,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	JUL-SEP	2006	5000000	\$6349000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	OCT-DEC	2006	4500000	\$5899500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	JUL-SEP	2007	15500000	\$21117200,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	OCT-DEC	2007	4400000	\$6325527,99
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	APR-JUN	2008	15000000	\$23229000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	OCT-DEC	2008	5600000	\$7692160,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	APR-JUN	2009	10000000	\$13966000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	APR-JUN	2010	9050000	\$11481735,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	OCT-DEC	2011	9340000	\$12169086,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	JUL-SEP	2012	9800000	\$12113780,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	OCT-DEC	2012	1140000	\$1471626,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	OCT-DEC	2012	860000	\$1110174,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	JUL-SEP	2013	12000000	\$15955199,99

Annex 5: Available Data on health-related FIFs

The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Ireland	OCT-DEC	2013	2400000	\$3280800,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Italy	APR-JUN	2002	50335716,84	\$47441413,12
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Italy	JUL-SEP	2002	62000000	\$61177260,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Italy	OCT-DEC	2003	88000000	\$106541600,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Italy	JUL-SEP	2005	80000000	\$96816000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Italy	JUL-SEP	2005	100000000	\$121020000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Italy	JUL-SEP	2007	20000000	\$27624000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Italy	JUL-SEP	2007	260000000	\$360749999,99
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Italy	OCT-DEC	2007	130000000	\$186890600,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	OCT-DEC	2002	8400000	\$8400000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	OCT-DEC	2002	17213114	\$17213114,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	OCT-DEC	2002	43450000	\$43450000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	OCT-DEC	2002	11337222,82	\$11337222,82
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	OCT-DEC	2003	13300000	\$13300000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	OCT-DEC	2003	50300000	\$50300000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	OCT-DEC	2003	16393442,62	\$16393442,62
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	JAN-MAR	2004	69732790	\$69732790,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	JUL-SEP	2004	16393443,38	\$16393443,38
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	JAN-MAR	2005	62600000	\$62600000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	JAN-MAR	2005	18600000	\$18600000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	OCT-DEC	2005	18800000	\$18800000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	JAN-MAR	2006	130148228	\$130148228,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	JAN-MAR	2007	186006798	\$186006798,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	JAN-MAR	2008	183844974	\$183844974,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	JAN-MAR	2009	194426073	\$194426073,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	APR-JUN	2010	63852000	\$63852000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	JAN-MAR	2010	183018005	\$183018005,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	JAN-MAR	2011	114229085	\$114229085,00

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	JAN-MAR	2012	216106119	\$216106119,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	OCT-DEC	2012	126770619	\$126770619,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Japan	OCT-DEC	2013	122273670	\$122273670,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Korea, Republic of	OCT-DEC	2004	250000	\$250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Korea, Republic of	OCT-DEC	2004	250000	\$250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Korea, Republic of	OCT-DEC	2005	250000	\$250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Korea, Republic of	OCT-DEC	2006	250000	\$250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Korea, Republic of	JUL-SEP	2007	3000000	\$3000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Korea, Republic of	OCT-DEC	2008	3000000	\$3000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Korea, Republic of	JAN-MAR	2010	4000000	\$4000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Korea, Republic of	OCT-DEC	2010	2000000	\$2000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Korea, Republic of	OCT-DEC	2011	1999982	\$1999982,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Korea, Republic of	OCT-DEC	2012	1980198,01	\$1980198,01
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Korea, Republic of	JUL-SEP	2013	2260000000	\$2099981,42
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Korea, Republic of	OCT-DEC	2013	2000000	\$2000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Kuwait	JUL-SEP	2008	500000	\$500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Kuwait	JUL-SEP	2008	500000	\$500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Kuwait	JAN-MAR	2010	500000	\$500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Kuwait	OCT-DEC	2011	500000	\$500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Kuwait	JAN-MAR	2012	500000	\$500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Kuwait	APR-JUN	2013	499965	\$499965,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Latvia	OCT-DEC	2008	10000	\$10000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Liechtenstein	OCT-DEC	2002	100000	\$100000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Liechtenstein	JAN-MAR	2004	77190,27	\$77190,27
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Liechtenstein	OCT-DEC	2005	50000	\$50000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Liechtenstein	JAN-MAR	2006	75000	\$75000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Liechtenstein	OCT-DEC	2006	50000	\$39877,18
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Liechtenstein	OCT-DEC	2007	100000	\$100000,00

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Liechtenstein	OCT-DEC	2008	100000	\$100000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Liechtenstein	JAN-MAR	2009	150000	\$126839,17
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Liechtenstein	JAN-MAR	2011	100000	\$102753,80
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Liechtenstein	JAN-MAR	2012	100000	\$105368,53
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Liechtenstein	OCT-DEC	2012	100000	\$109783,95
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Liechtenstein	OCT-DEC	2013	100000	\$110748,10
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Luxembourg	APR-JUN	2003	1000000	\$1094820,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Luxembourg	JAN-MAR	2003	1000000	\$1037500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Luxembourg	APR-JUN	2004	1000000	\$1182500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Luxembourg	APR-JUN	2004	1000000	\$1182500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Luxembourg	JAN-MAR	2005	800000	\$1052800,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Luxembourg	JUL-SEP	2005	1200000	\$1448520,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Luxembourg	APR-JUN	2006	2000000	\$2571000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Luxembourg	JAN-MAR	2006	800000	\$969680,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Luxembourg	JUL-SEP	2007	2250000	\$3107700,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Luxembourg	APR-JUN	2008	2500000	\$3899250,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Luxembourg	APR-JUN	2009	2500000	\$3321749,99
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Luxembourg	APR-JUN	2010	2500000	\$3169250,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Luxembourg	APR-JUN	2011	2500000	\$3571750,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Luxembourg	APR-JUN	2012	2500000	\$3123500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Luxembourg	JAN-MAR	2013	2500000	\$3217750,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Malaysia	JAN-MAR	2011	100000	\$100000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Malaysia	OCT-DEC	2012	32216,49	\$32216,49
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Mexico	APR-JUN	2005	99729,65	\$99729,65
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Mexico	OCT-DEC	2006	99980	\$99980,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Monaco	OCT-DEC	2002	44000	\$44000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Monaco	OCT-DEC	2003	44000	\$44000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Monaco	OCT-DEC	2004	44000	\$44000,00

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Namibia	APR-JUN	2012	131000	\$131000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Namibia	JUL-SEP	2012	119000	\$119000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Namibia	JUL-SEP	2012	131000	\$131000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Namibia	JUL-SEP	2013	119000	\$119000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	JAN-MAR	2003	15000000	\$16174800,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	OCT-DEC	2003	29000000	\$35502960,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	APR-JUN	2004	40000000	\$47886680,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	OCT-DEC	2004	5000000	\$6457999,99
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	JUL-SEP	2005	46000000	\$56067100,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	JUL-SEP	2006	45000000	\$56983500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	OCT-DEC	2006	14999983,5	\$19784978,24
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	JUL-SEP	2007	15000000	\$20674500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	JUL-SEP	2007	45000000	\$62023500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	OCT-DEC	2008	80000000	\$114192000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	APR-JUN	2009	60000000	\$83472000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	OCT-DEC	2010	61900000	\$81769900,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	JAN-MAR	2012	69100000	\$88406540,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	JAN-MAR	2012	7000000	\$9032100,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	JUL-SEP	2012	25000000	\$30845000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	OCT-DEC	2012	7500000	\$9762000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	OCT-DEC	2013	12000000	\$16191600,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Netherlands	OCT-DEC	2013	55000000	\$74211500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	New Zealand	APR-JUN	2003	1250000	\$734000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	New Zealand	JUL-SEP	2004	1000000	\$625200,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	New Zealand	JUL-SEP	2005	1200000	\$810240,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	New Zealand	APR-JUN	2010	1000000	\$671400,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Nigeria	JUL-SEP	2002	9080914	\$9080914,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Nigeria	OCT-DEC	2010	9963296,25	\$9963296,25

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	OCT-DEC	2002	130000000	\$17962003,45
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	OCT-DEC	2003	118300000	\$17709580,84
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	JUL-SEP	2004	125000000	\$17864799,20
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	JUL-SEP	2005	126500000	\$19865729,65
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	OCT-DEC	2005	41000	\$6064,19
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	OCT-DEC	2005	250000000	\$3689764,59
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	JUL-SEP	2006	271041000	\$43143593,91
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	JUL-SEP	2007	301000000	\$50238675,43
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	OCT-DEC	2008	375000000	\$52646356,88
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	OCT-DEC	2009	375000000	\$67151350,19
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	OCT-DEC	2010	375000000	\$61969131,11
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	OCT-DEC	2011	450000000	\$76279500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	OCT-DEC	2011	450000000	\$76279500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	OCT-DEC	2011	450000000	\$75700227,10
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	APR-JUN	2012	300000000	\$50220972,28
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	JUL-SEP	2012	150000000	\$25244875,29
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	JAN-MAR	2013	300000000	\$51501261,78
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Norway	JUL-SEP	2013	150000000	\$25572395,45
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Pakistan	JUL-SEP	2009	573828000	\$6946683,36
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Pakistan	JUL-SEP	2010	524885500	\$6120771,08
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Pakistan	JUL-SEP	2011	617942000	\$7137088,86
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Pakistan	APR-JUN	2012	583078500	\$6169490,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Poland	JAN-MAR	2003	10000	\$10000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Poland	JUL-SEP	2003	10000	\$10000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Poland	OCT-DEC	2004	10000	\$10000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Poland	OCT-DEC	2005	10000	\$10000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Poland	OCT-DEC	2006	10000	\$10000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Poland	OCT-DEC	2008	100000	\$100000,00

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Portugal	OCT-DEC	2003	400000	\$400000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Portugal	JUL-SEP	2004	200000	\$200000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Portugal	JUL-SEP	2004	400000	\$400000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Portugal	JUL-SEP	2005	1500000	\$1500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Portugal	OCT-DEC	2006	2000000	\$2000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Portugal	OCT-DEC	2007	387030	\$387030,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Portugal	OCT-DEC	2007	2612970	\$2612970,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Portugal	OCT-DEC	2008	3000000	\$3000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Portugal	JAN-MAR	2010	2500000	\$2500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Portugal	JUL-SEP	2011	1000000	\$1392600,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Portugal	JAN-MAR	2012	870000	\$1141266,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Romania	OCT-DEC	2007	300000	\$435514,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Romania	JAN-MAR	2009	50000	\$66670,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Romania	OCT-DEC	2009	75000	\$75000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Romania	OCT-DEC	2010	50000	\$67360,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Romania	JUL-SEP	2011	100000	\$144525,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	OCT-DEC	2002	1000000	\$1000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	APR-JUN	2003	1000000	\$1000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JAN-MAR	2003	1000000	\$1000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JUL-SEP	2003	1000000	\$1000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	OCT-DEC	2003	1000000	\$1000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	APR-JUN	2004	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JAN-MAR	2004	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JUL-SEP	2004	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	OCT-DEC	2004	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	APR-JUN	2005	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JAN-MAR	2005	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JUL-SEP	2005	1250000	\$1250000,00

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JUL-SEP	2005	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	OCT-DEC	2005	5000000	\$5000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	APR-JUN	2006	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	APR-JUN	2006	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JAN-MAR	2006	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JAN-MAR	2006	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JUL-SEP	2006	2500000	\$2500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	OCT-DEC	2006	2500000	\$2500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JAN-MAR	2007	2500000	\$2500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JUL-SEP	2007	2500000	\$2500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	OCT-DEC	2007	70264566,98	\$70264566,98
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JAN-MAR	2008	10475369,41	\$10475369,41
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JAN-MAR	2008	2500000	\$2500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JUL-SEP	2008	2500000	\$2500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JUL-SEP	2008	16156460,74	\$16156460,74
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	OCT-DEC	2008	1133314,68	\$1133314,68
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	OCT-DEC	2008	17957765,57	\$17957765,57
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JAN-MAR	2009	38157500,57	\$38157500,57
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	JUL-SEP	2009	31707425	\$31707425,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	OCT-DEC	2009	9163762,98	\$9163762,98
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	APR-JUN	2010	2270344,79	\$2270344,79
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	APR-JUN	2010	16526949,89	\$16526949,89
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	OCT-DEC	2010	3186535	\$3186535,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	OCT-DEC	2011	20000000	\$20000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	APR-JUN	2012	20000000	\$20000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Russian Federation	APR-JUN	2013	20000000	\$20000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Rwanda	OCT-DEC	2011	250000	\$250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Rwanda	OCT-DEC	2011	30000	\$30000,00

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Rwanda	OCT-DEC	2011	50000	\$50000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Rwanda	OCT-DEC	2011	20000	\$20000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Rwanda	JUL-SEP	2012	325000	\$325000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Rwanda	JUL-SEP	2013	325000	\$325000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	APR-JUN	2003	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	OCT-DEC	2003	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	APR-JUN	2004	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	JUL-SEP	2004	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	APR-JUN	2005	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	OCT-DEC	2005	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	APR-JUN	2006	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	OCT-DEC	2006	1250000	\$1250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	JUL-SEP	2008	3000000	\$3000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	JUL-SEP	2008	3000000	\$3000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	JAN-MAR	2009	3000000	\$3000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	OCT-DEC	2009	3000000	\$3000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	APR-JUN	2010	3000000	\$3000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	OCT-DEC	2010	3000000	\$3000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	APR-JUN	2013	8300000	\$8300000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	JAN-MAR	2013	8300000	\$8300000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Saudi Arabia	JUL-SEP	2013	8400000	\$8400000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Singapore	JAN-MAR	2004	200000	\$200000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Singapore	JAN-MAR	2005	200000	\$200000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Singapore	JAN-MAR	2006	200000	\$200000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Singapore	JAN-MAR	2007	200000	\$200000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Singapore	APR-JUN	2008	200000	\$200000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Slovenia	JAN-MAR	2005	5478,61	\$5478,61
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Slovenia	OCT-DEC	2005	9316,69	\$9316,69

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Slovenia	OCT-DEC	2006	13284,59	\$13284,59
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Slovenia	OCT-DEC	2007	30000	\$43551,45
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Slovenia	JAN-MAR	2009	40000	\$53336,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Slovenia	OCT-DEC	2009	40000	\$60342,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Slovenia	OCT-DEC	2010	50000	\$68560,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	South Africa	JAN-MAR	2004	2000000	\$2000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	South Africa	JAN-MAR	2005	2000000	\$2000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	South Africa	JUL-SEP	2006	2000000	\$2000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	South Africa	APR-JUN	2007	2000000	\$2000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	South Africa	APR-JUN	2008	130718,95	\$130718,95
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	South Africa	APR-JUN	2009	2145985	\$2145985,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	South Africa	JUL-SEP	2013	15000000	\$1524855,14
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Spain	APR-JUN	2003	35000000	\$35000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Spain	JUL-SEP	2004	15000000	\$15000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Spain	APR-JUN	2006	1000000	\$1256900,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Spain	JAN-MAR	2006	15000000	\$15000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Spain	JUL-SEP	2006	50000000	\$63900000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Spain	JAN-MAR	2007	1500000	\$1991250,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Spain	JUL-SEP	2007	74399226,25	\$102760211,30
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Spain	APR-JUN	2008	1500000	\$2390400,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Spain	JUL-SEP	2008	96092248,56	\$136547085,20
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Spain	OCT-DEC	2009	142577593,4	\$214821659,90
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Spain	OCT-DEC	2009	1500000	\$1500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Spain	JAN-MAR	2011	103000000	\$133673400,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	OCT-DEC	2002	140000000	\$15930814,75
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	OCT-DEC	2002	60000000	\$6439150,03
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	JAN-MAR	2003	100000000	\$11488363,44
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	JUL-SEP	2004	300000000	\$39159992,06

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	JUL-SEP	2004	16000000	\$2176870,75
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	APR-JUN	2005	300000000	\$41152263,37
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	JAN-MAR	2005	45000000	\$6443760,29
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	JUL-SEP	2005	40000000	\$5150636,81
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	OCT-DEC	2005	25000000	\$3149249,22
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	APR-JUN	2006	300000000	\$41694462,98
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	JUL-SEP	2006	300000000	\$40618484,12
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	JUL-SEP	2007	200000000	\$30047625,49
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	JUL-SEP	2007	200000000	\$30047625,48
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	OCT-DEC	2007	29000000	\$4446488,81
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	JUL-SEP	2008	631000000	\$100351468,69
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	OCT-DEC	2008	310000000	\$39756332,16
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	OCT-DEC	2009	360000000	\$49986809,04
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	OCT-DEC	2010	500000000	\$74041166,89
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	OCT-DEC	2011	600000000	\$87168758,72
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	OCT-DEC	2012	950000000	\$141947822,97
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	JUL-SEP	2013	450000000	\$68875793,98
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Sweden	OCT-DEC	2013	300000000	\$45578851,41
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Switzerland	JUL-SEP	2002	3072336,83	\$3072336,83
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Switzerland	JAN-MAR	2003	3500000	\$2521795,52
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Switzerland	OCT-DEC	2003	4406000	\$4406000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Switzerland	JUL-SEP	2004	3000000	\$2343383,85
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Switzerland	JUL-SEP	2005	5000000	\$3927112,78
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Switzerland	OCT-DEC	2006	6000000	\$4913602,49
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Switzerland	JUL-SEP	2007	7000000	\$5735824,32
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Switzerland	OCT-DEC	2008	7000000	\$6688963,21
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Switzerland	APR-JUN	2009	7000000	\$6293266,21
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Switzerland	OCT-DEC	2010	7000000	\$7186858,32

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Switzerland	OCT-DEC	2011	8000000	\$8541533,21
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Switzerland	JAN-MAR	2012	8000000	\$8769045,27
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Switzerland	APR-JUN	2013	10000000	\$10624734,38
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Thailand	JAN-MAR	2003	1000000	\$1000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Thailand	OCT-DEC	2003	1000000	\$1000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Thailand	JAN-MAR	2005	999973	\$999973,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Thailand	OCT-DEC	2005	962908,15	\$962908,15
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Thailand	JAN-MAR	2006	37037,85	\$37037,85
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Thailand	JAN-MAR	2007	999973	\$999973,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Thailand	OCT-DEC	2007	999973	\$999973,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Thailand	APR-JUN	2009	116796,36	\$116796,36
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Thailand	JAN-MAR	2009	883149,64	\$883149,64
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Thailand	OCT-DEC	2009	999973	\$999973,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Thailand	OCT-DEC	2010	999973	\$999973,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Thailand	JAN-MAR	2012	999968	\$999968,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Tunisia	OCT-DEC	2010	2000000	\$2000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Uganda	OCT-DEC	2004	500000	\$500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Uganda	APR-JUN	2005	499975	\$499975,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	Uganda	APR-JUN	2006	499959	\$499959,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	APR-JUN	2003	233957	\$233957,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	APR-JUN	2003	316043	\$316043,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JAN-MAR	2003	1700000	\$1700000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JAN-MAR	2003	1000000	\$1000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JAN-MAR	2003	1000000	\$1000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	APR-JUN	2004	250000	\$250000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JUL-SEP	2008	38935232	\$38935232,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JUL-SEP	2008	2849824,6	\$2849824,60
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	OCT-DEC	2008	3838704	\$3838704,00

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JUL-SEP	2009	15985,81	\$15985,81
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	OCT-DEC	2010	2210078,19	\$2210078,19
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	OCT-DEC	2010	1704909,81	\$1704909,81
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	OCT-DEC	2010	28131	\$28131,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	OCT-DEC	2010	112741	\$112741,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	OCT-DEC	2010	139432	\$139432,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	OCT-DEC	2010	1094668	\$1094668,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	APR-JUN	2011	232424	\$232424,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JAN-MAR	2011	3685191	\$3685191,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JAN-MAR	2011	590784	\$590784,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JUL-SEP	2011	1590000	\$1590000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JUL-SEP	2011	75339	\$75339,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JUL-SEP	2011	153334	\$153334,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JUL-SEP	2011	1159919	\$1159919,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JUL-SEP	2011	549344	\$549344,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	OCT-DEC	2011	3054258	\$3054258,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	OCT-DEC	2011	185610	\$185610,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JAN-MAR	2012	102260,37	\$102260,37
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JAN-MAR	2012	311835,43	\$311835,43
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JUL-SEP	2012	82208,57	\$82208,57
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JUL-SEP	2012	120046,43	\$120046,43
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JUL-SEP	2012	109574	\$109574,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JUL-SEP	2012	2200000	\$2200000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JUL-SEP	2012	423526	\$423526,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	OCT-DEC	2012	83034	\$83034,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	OCT-DEC	2012	73943	\$73943,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	APR-JUN	2013	199603,51	\$199603,51
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JAN-MAR	2013	1200000	\$1200000,00

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JAN-MAR	2013	305984,68	\$305984,68
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JUL-SEP	2013	1429044	\$1429044,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	JUL-SEP	2013	442378,27	\$442378,27
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	OCT-DEC	2013	125622,07	\$125622,07
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	OCT-DEC	2013	554759,41	\$554759,41
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	UNF	OCT-DEC	2013	18472,71	\$18472,71
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	APR-JUN	2002	25000000	\$38242777,51
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	OCT-DEC	2002	25110989,91	\$39972500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	JUL-SEP	2003	25000000	\$40032750,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	APR-JUN	2004	30000000	\$54980010,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	JUL-SEP	2004	30000000	\$5353200,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	JUL-SEP	2005	51000000	\$89168400,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	JUL-SEP	2006	100000000	\$184120000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	JUL-SEP	2007	100000000	\$201415000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	OCT-DEC	2008	50000000	\$79360000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	APR-JUN	2009	115000000	\$190578000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	APR-JUN	2010	48400000	\$74354500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	APR-JUN	2010	30000000	\$46332000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	JAN-MAR	2010	10000000	\$16158000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	JUL-SEP	2010	116600000	\$174550200,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	APR-JUN	2011	10000000	\$16519000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	APR-JUN	2011	20000000	\$33038000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	APR-JUN	2011	20000000	\$33038000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	JAN-MAR	2011	130000000	\$207246000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	JAN-MAR	2012	127863583	\$198162980,93
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	JAN-MAR	2012	20000000	\$31490000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	JUL-SEP	2012	11600000	\$18099480,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	JUL-SEP	2012	127448000	\$206351056,80

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	APR-JUN	2013	21100000	\$31970720,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	JAN-MAR	2013	14900000	\$23333400,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	OCT-DEC	2013	127742000	\$205013135,80
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	OCT-DEC	2013	32000000	\$52336000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United Kingdom	OCT-DEC	2013	415000000	\$679396500,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	APR-JUN	2002	250000000	\$250000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	OCT-DEC	2002	25000000	\$25000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	APR-JUN	2003	347725000	\$347725000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	APR-JUN	2004	360000000	\$360000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	JAN-MAR	2005	98881278	\$98881278,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	JUL-SEP	2005	352011249,6	\$352011249,58
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	JAN-MAR	2006	62000000	\$62000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	OCT-DEC	2006	401744006	\$401744006,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	APR-JUN	2007	110581520,1	\$110581520,05
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	OCT-DEC	2007	531671432	\$531671432,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	JUL-SEP	2008	640784629	\$640784629,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	JUL-SEP	2008	148437739	\$148437739,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	APR-JUN	2009	167295049,5	\$167295049,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	JUL-SEP	2009	842805991	\$842805991,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	OCT-DEC	2010	791252368	\$791252368,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	OCT-DEC	2011	739670301	\$739670301,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	OCT-DEC	2011	210000000	\$210000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	JUL-SEP	2012	509088433,5	\$509088433,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	JUL-SEP	2012	509070433,5	\$509070433,50
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	OCT-DEC	2012	187500000	\$187500000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	APR-JUN	2013	116449209	\$116449209,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	JUL-SEP	2013	866075462	\$866075462,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	United States	JUL-SEP	2013	263059683	\$263059683,00

Annex 5: Available Data on health-related FIFs

The Global Fund to Fight AIDS, Tuberculosis, and Malaria	WHO	OCT-DEC	2003	33423	\$33423,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	WHO	OCT-DEC	2003	171900	\$171900,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	WHO	JAN-MAR	2008	38691941	\$38691941,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	WHO	OCT-DEC	2009	65000000	\$65000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	WHO	JUL-SEP	2010	65000000	\$65000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	WHO	JUL-SEP	2012	25000000	\$25000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	WHO	OCT-DEC	2012	25000000	\$25000000,00
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	WHO	OCT-DEC	2013	20000000	\$20000000,00

Source: own compilation based on data from the World Bank Finances, Contributions to Financial Intermediary Funds, as of date 31/12/2013,
<https://finances.worldbank.org/Financial-Intermediary-Funds/Contributions-to-Financial-Intermediary-Funds/536v-dxib>, accessed 04/08/2014

Annex 6: Deutsche Zusammenfassung / German translation

Die jüngste Ebola-Epidemie hat neben der erschreckenden Geschwindigkeit, in der sich die verheerende Krankheit ausbreitete, vor allem zweierlei gezeigt: Zum einen sind besonders die Länder nur schwer in der Lage die Epidemie unter Kontrolle zu bringen, deren Gesundheitssysteme ineffizient und unzureichend organisiert und mit zu wenig Personal und Material ausgestattet sind. Zum anderen zeigte die späte und unkoordinierte Reaktion der großen internationalen Organisationen wie der Weltgesundheitsorganisation und der Weltbank, dass diese nicht in der Lage sind, schnelle, koordinierte und effektive Hilfeleistungen zu organisieren. Diese Organisationen stehen zunehmend in der Kritik und unter dem Vorwurf, in erster Linie Geberinteressen zu bedienen und nicht dort den Fokus ihrer Projekte zu setzen, wo der Bedarf am höchsten ist. Der Ebola-Fall ist dabei nur ein Beispiel von vielen im Gesundheitsbereich.

Finanziert werden diese Entwicklungshilfeorganisationen aus den Pflichtbeiträgen und freiwilligen Zahlungen ihrer Mitglieder. Die Geber, meist nationale Regierungen, haben in der Regel zwei Möglichkeiten ihre Entwicklungshilfe zu verteilen: Sie können die Gelder, Darlehen, Kredite oder Sachmittel entweder direkt an die Empfängerländer vergeben oder sie finanzieren multilaterale Organisationen wie die Weltbank oder das Entwicklungsprogramm der Vereinten Nationen (UNDP) und andere UN-Organisationen über Mitgliedsbeiträge. Die Organisationen verwenden die finanziellen Ressourcen dann für Entwicklungshilfeprojekte entsprechend ihrer Organisationspolitiken und -strategien. Zusätzlich zu den regulären Mitgliedsbeiträgen der Staaten an internationale Organisationen hat sich in den letzten Jahren zunehmend ein dritter Finanzierungskanal für Entwicklungshilfe etabliert, die sogenannte *multi-bilaterale* Finanzierung. Hierbei übergeben Geber (staatliche, aber auch nicht-staatliche wie Nichtregierungsorganisationen, Stiftungen und andere) finanzielle Ressourcen, die einem ganz bestimmten Zweck zugeordnet sind, an internationale Organisationen. Diese Zweckbindung wird *earmarking* genannt; sie kann regional, sektor- oder landesspezifisch festgelegt werden. Die Organisation hat somit mehr Ressourcen zur Verfügung, muss diese jedoch im Sinne des Gebers ausgeben und nicht in Anlehnung an die eigenen Vergabekriterien bzw. entwicklungspolitischen Strategien.

Die multi-bilaterale Finanzierung läuft im Falle der Weltbank über sogenannte *trust funds*. Sie sind Finanzierungsmechanismen, die eine spezifische Finanzierung für

bestimmte Projekte und Länder ermöglichen. Geber können allein oder gemeinsam mit anderen einen solchen *trust fund* zusammen mit der Weltbank ins Leben rufen. Die Weltbank übernimmt die Verwaltung und Auszahlung der Geldmittel an die Empfänger und steht mit Personal und Expertise den Gebern für Beratung und gegebenenfalls auch weitergehendes Management zur Verfügung. Im Jahre 1960 wurde der erste *trust fund* für ein Hilfsprojekt in Pakistan gegründet. Aufgrund ihrer schnellen Einsatzfähigkeit und den relativ unkomplizierten Verfahren wuchs deren Zahl im Laufe der Jahre auf aktuell über 1000 *trust funds* an. Die *trust funds* sind in unterschiedlichem Maße in das reguläre Weltbankgeschäft eingebunden. Es gibt *trust funds*, die direkt das Kerngeschäft finanziell unterstützen (*Bank-executed trust funds* [BETFs] und *Recipient-executed trust funds* [RETFs]), aber auch außerhalb des Kerngeschäfts stehende *trust funds* (*Financial-intermediary funds* [FIFs]), bei denen die Weltbank nur als Fondsverwalter fungiert und meist nicht aktiv in die Fondsgeschäfte eingebunden ist. Die Bank bietet damit ein relativ breites Spektrum an Möglichkeiten für Geber, der Organisation die Verwaltung von zusätzlichen finanziellen Ressourcen zu übertragen. 42% der Ausgaben dieser *trust funds* sind gesundheitsbezogen, wobei den größten Posten der Globale Fonds zur Bekämpfung von HIV/Aids, Malaria und Tuberkulose (*Global Fund to Fight Aids, Malaria and Tuberculosis* [GFATM]) ausmacht, der als FIF nur lose an die Weltbank angegliedert ist.

Die vorliegende Arbeit untersucht das zunehmende Phänomen dieses dritten Finanzierungskanals (*third channel funding*) der multi-bilateralen Zusammenarbeit im Gesundheitsbereich am Beispiel der Weltbank und stellt folgende übergeordnete Forschungsfrage auf: Warum und inwiefern nimmt der dritte Finanzierungskanal bei der Weltbank zu und welche Auswirkungen hat dies auf die gesundheitsbezogene Entwicklungshilfe?

Diese übergeordnete Forschungsfrage wird weiter unterteilt in vier forschungsleitende Fragen:

Warum nutzen Geber den dritten Kanal für die gesundheitsbezogene Entwicklungszusammenarbeit und warum nutzen sie sie unterschiedlich in Bezug auf die Finanzierung des organisationellen Kerns bzw. des äußeren Randes der Organisation?

Warum ermöglicht eine internationale Organisation wie die Weltbank die zunehmende Finanzierung durch den dritten Kanal von staatlichen und nicht-staatlichen Gebern?

Inwiefern lassen sich die Ursachen für organisationellen Wandel in Bezug auf den dritten Finanzierungs kanal identifizieren und welche Auswirkungen hat der organisationelle Wandel auf die Organisation an sich?

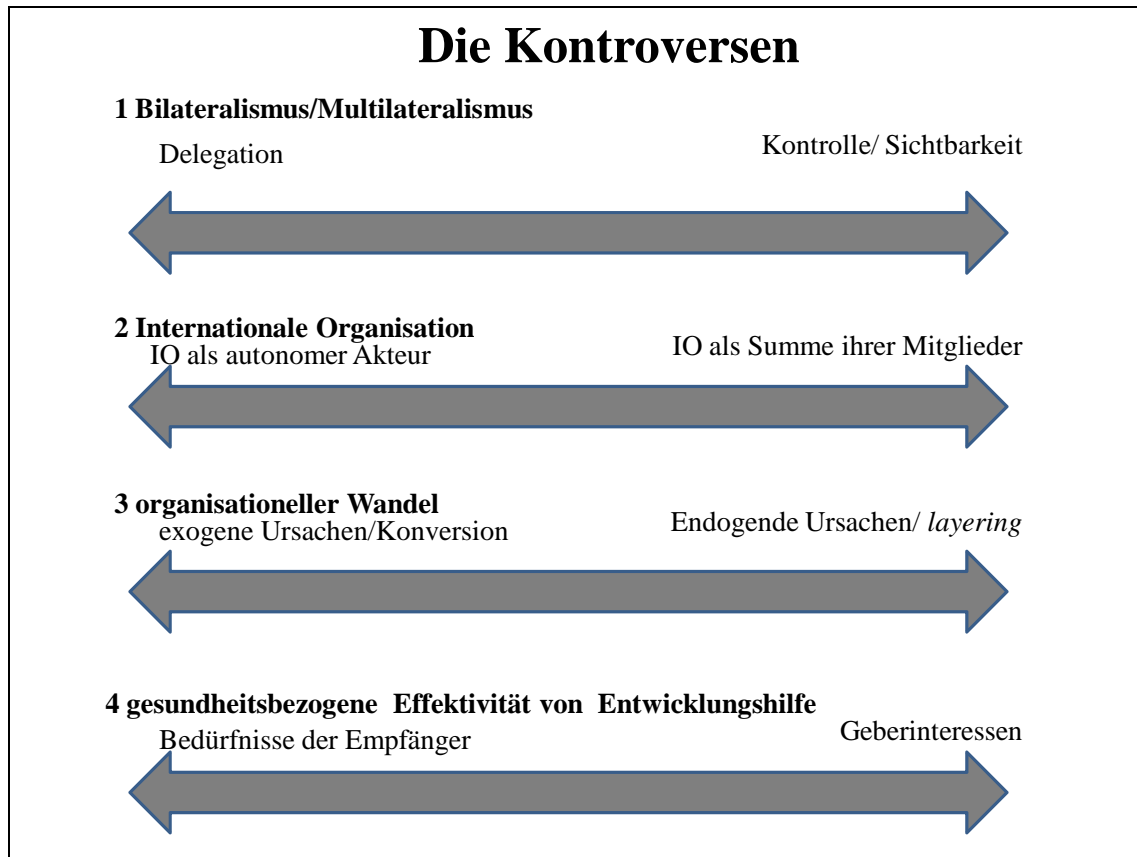
Welche Auswirkungen hat der dritte Finanzierungs kanal für die globale Gesundheitspolitik?

Diese vier Forschungsfragen sind in vier aktuelle politikwissenschaftliche Fachdebatten eingebettet: In der Diskussion um die Gründe und Ausgestaltungsmöglichkeiten von Außenpolitik werden bilaterale und multilaterale Entwicklungspolitik mit ihren jeweiligen Vor- und Nachteilen diskutiert. Multi-bilaterale Finanzierung von Entwicklungshilfe scheint auf den ersten Blick die Vorteile beider Strategien zu vereinen. Ob dies zutrifft, wird in einer synchronen vergleichenden Fallanalyse für die Länder Deutschland und Großbritannien untersucht. Diese beiden Länder wurden ausgewählt, da sie zu großen Anteilen die Weltbank *trust funds* finanzieren, dies aber auf unterschiedliche Weise ausgestalten: Deutschland fördert eher außerhalb des Kerngeschäfts liegende *trust funds*, wohingegen Großbritannien stark ins Kerngeschäft eingebundene *trust funds* unterstützt.

Bezüglich der zweiten Forschungsfrage wird in den Internationalen Beziehungen derzeit rege diskutiert, welche Rollen und Handlungsmöglichkeiten internationale Organisationen haben. Einerseits kommt in der Debatte zunehmend die Einsicht auf, dass internationale Organisationen als eigenständige Akteure mit einer gewissen Autonomie und der Fähigkeit, Strategien zu verfolgen, anzusehen sind. Andererseits werden internationale Organisationen – und dabei besonders die Weltbank – nach wie vor als reine Plattformen für Geberinteressen verstanden, die keine eigene Akteursqualität besitzen. Theoretisch verortet sich die Arbeit im Bereich der institutionalistischen und der konstruktivistischen Theorie-Ansätze. Diese beiden Theoriestränge bieten dabei die Möglichkeit, die Rolle und die Möglichkeiten von internationalen Organisationen zu verstehen und einzuordnen. Darüber hinaus ermöglichen sie es, Hypothesen zum semi-autonomen Charakter von internationalen Organisationen wie der Weltbank und den Ursachen für organisationellen Wandel aufzustellen, welche dann empirisch weiter analysiert werden. Um die Rolle der Weltbank und deren Akteursqualität in diesem Gefüge zu untersuchen, erfolgt eine diachrone Untersuchung anhand relevanter Zeitpunkte seit den 1960er Jahren mit Fokus auf den letzten zehn Jahren.

Die dritte Frage bezüglich der Ursachen und Auswirkungen von organisationellem Wandel ist eingebettet in die Debatte, wie sich der Wandel von Organisationen ausgestaltet, und die Frage, woher der Anstoß für Veränderungsprozesse kommt. Sind äußerer Druck oder inner-organisationelle Akteure bzw. Einflüsse verantwortlich für den Wandel von Organisationen? An die Frage zur Ursache für den Wandel schließt sich dann die Debatte an, welche Auswirkungen der Wandel auf die Organisation selbst hat.

Die vierte Forschungsfrage zu den Auswirkungen der Finanzierung des dritten Kanals auf die globale Gesundheitspolitik ist eingebettet in die Diskussion um die Qualität und Effektivität von gesundheitsbezogener Entwicklungshilfe. Hierbei wird diskutiert, wie die Effektivität von gesundheitsbezogener Entwicklungshilfe verbessert werden kann. Eine Vielzahl an Autoren und Experten aus Praxis und Wissenschaft sind sich einig, dass gesundheitsbezogene Entwicklungshilfe einen stark systembezogenen Ansatz braucht, der sich nicht wie in den letzten Jahren hauptsächlich auf einzelne Krankheiten konzentriert, sondern die gesamten Gesundheitssysteme in den Blick nehmen muss, um hier die Strukturen zu stärken und damit die Gesundheitsversorgung insgesamt zu verbessern. Zahlreiche Geberländer betonen ebenfalls die Wichtigkeit der Gesundheitssystem-stärkenden Maßnahmen. Dennoch sind die meisten Entwicklungshilfeprojekte immer noch auf spezielle Krankheiten bezogen. Eine zweite große Herausforderung für gesundheitsbezogene Entwicklungshilfe kann auf struktureller Ebene identifiziert werden. Geberorganisationen konkurrieren zunehmend um Gelder und Einfluss. Dabei drohen sie, die Empfänger aus dem Fokus zu verlieren. Dies zeigt sich dann in unzureichendem *ownership* (Eigenverantwortung der Empfänger) und *alignment* (Angliederung an bereits bestehende Strukturen sowohl auf internationaler Ebene als auch in den Empfängerländern). Die Kontroverse rund um die Fragen von effektiver gesundheitsbezogener Entwicklungspolitik lässt sich als Konflikt zwischen Geberinteressen und Empfängerbedürfnissen beschreiben.



Quelle: eigene Darstellung

Um die zunehmende Nutzung des dritten Finanzierungskanals der Weltbank im Gesundheitsbereich zu untersuchen, geht die Arbeit methodisch wie folgt vor:

Zunächst wird Literatur aus den Bereichen der Internationalen Beziehungen, der Außen- und Entwicklungspolitik sowie globaler Gesundheitspolitik analysiert. Kombiniert wird diese Inhaltsanalyse mit einer Auswertung von OECD- und Weltbankdaten. Aufgrund der Tatsache, dass bislang kaum spezifische Analysen über die *trust funds* der Weltbank vorliegen und auch die Inhaltsanalysen keine ausreichenden Informationen liefern konnten, sind weitere Datenerhebungen notwendig. Es wurden Experteninterviews mit Weltbankmitarbeitern, Mitarbeitern der Geberinstitutionen Deutschlands und Großbritanniens und außenstehenden Experten mit tiefgreifendem Wissen zu globaler Gesundheitspolitik bzw. zur Weltbank mit Hilfe von semi-strukturierten Interviews durchgeführt. Diese Informationen werden ebenfalls einer strukturierten Inhaltsanalyse unterzogen.

Ergebnisse

In Bezug auf die erste Forschungsfrage bezüglich der Geber zeigt die Arbeit Folgendes: Die *trust funds* bieten den Gebern ein breites Spektrum an Finanzierungsmöglichkeiten. Allgemein kann festgehalten werden, dass *trust funds* Möglichkeiten bieten zur Kostenreduktion, der spezifischen Zuweisung von Geldern, dem Bezuschussen bereits existierender Programme und der Einflussnahme auf internationale Organisationen. Zudem können sie als neue Möglichkeit besonders für nicht-staatliche Geber dienen, an internationalen Projekten mitzuwirken.

Die *trust funds* rund um den inneren Kern (BETFs und RETFs) der Organisation ermöglichen eine enge Kooperation mit und Einflussmöglichkeiten auf die Weltbank. Die *trust funds*, die eher lose an die Organisation angegliedert sind (FIFs), ermöglichen den Gebern eine relativ starke Kontrolle und erhalten die Sichtbarkeit der Geber. Die Analyse der Geberländer Deutschland und Großbritannien, die beide zwar *trust funds* in starken Maße finanzieren, dies jedoch mit unterschiedlichen Schwerpunkten hinsichtlich des Kerns bzw. des äußeren Randes der Organisation ausgestalten, zeigt Folgendes: Ob Geber eher *trust funds* des inneren Organisationskerns oder des äußeren Randes der Organisation fördern, hängt von zwei Hauptfaktoren ab. Zunächst ist innenpolitisch entscheidend, in welchem Ausmaß die eigenen entwicklungspolitischen Organisationen als relevant für die Ausübung von entwicklungspolitischen Maßnahmen genutzt werden. Großbritannien hat sich bewusst gegen eine solche Ausführungsorganisation entschieden und legt insgesamt mehr Wert auf einen multilateralen Ansatz. Deutschland hat mit der Gesellschaft für internationale Zusammenarbeit (GIZ) eine starke Ausführungsorganisation. Als zweiten Grund für die Entscheidung, welche *trust funds* gefördert werden, kann die Positionierung gegenüber der Weltbank identifiziert werden. Die Analysen der britischen Entwicklungshilfeorganisation (Department for International Development [DFID]) mit Blick auf die Weltbank zeigen, dass Großbritannien die Weltbank als geeigneten Kooperationspartner versteht, dem viel Vertrauen entgegengebracht wird und mit dem eine enge Zusammenarbeit (auch durch Entsenden von Beratern in die Organisation) erfolgt sowie erwünscht ist. Deutsche Experten äußern sich hingegen recht skeptisch gegenüber der Weltbank und betonen, dass die Sichtbarkeit als Geber durch die multi-bilaterale Finanzierung des Kerngeschäfts zu sehr eingeschränkt werde.

Hinsichtlich der zweiten Forschungsfrage bezüglich der Akteursqualität der Weltbank und der Gründe, warum sie eine zunehmende multi-bilaterale Finanzierung ihrer Organisation ermöglicht, lässt sich zum einen aufzeigen, dass im Laufe der Jahre viele Entscheidungen getroffen wurden, die das Wachstum und damit einen Wandel des *trust fund* Systems gefördert haben. Zum anderen lassen sich für die Weltbank Vor- und Nachteile der *trust funds* identifizieren. Das Bezuschussen von existierenden Weltbankprogrammen, die zusätzlich zur Verfügung stehenden Finanzmittel und die Integration in internationale Prestigeprojekte (beispielsweise den Globalen Fonds) sowie die Partnerschaften mit anderen wichtigen Organisationen können als die wichtigsten Vorteile des *trust fund* Systems für die Weltbank festgehalten werden. Die hohe Zahl der zu verwaltenden Fonds hingegen erschwert das Management und riskiert das Entstehen von sich doppelnden bzw. widersprechenden Projektansätzen. Auch erschwert die große Zahl schlicht Übersicht und Kontrolle. Die *trust funds* bieten große Einflussmöglichkeiten für die Geber, dies kann jedoch für die Organisation problematisch werden. Insbesondere bezüglich der Politiken der FIFs hat die Weltbank nur sehr eingeschränkte Kontrolle, wird aber doch mitverantwortlich gemacht für deren Performanz. Besonders riskant ist für die Weltbank der Verlust der programmatischen Einheitlichkeit. Die *trust funds* sind nicht systematisch in die Länderprogramme der Weltbank eingebunden und riskieren damit andere Schwerpunkte zu setzen als die Weltbank diese eigentlich vorsieht. Dies führt bisweilen dazu, dass die Weltbank ihre Länderprogramme an *trust funds* anpassen muss, um die Integrität ihrer Politiken nicht zu gefährden. Dies stellt für die Weltbank ein sehr hohes Risiko dar. Der organisationelle Wandel, den die Weltbank mit ihrem *trust fund* System vollzogen hat, zeigt dabei, dass die Weltbank aktiv versucht, die Vorteile des *trust fund* Systems auszubauen und die Risiken soweit wie möglich einzuschränken. Dabei versucht sie dennoch so „Geberfreundlich“ wie möglich zu bleiben um die Attraktivität des dritten Finanzierungskanals aufrecht zu erhalten.

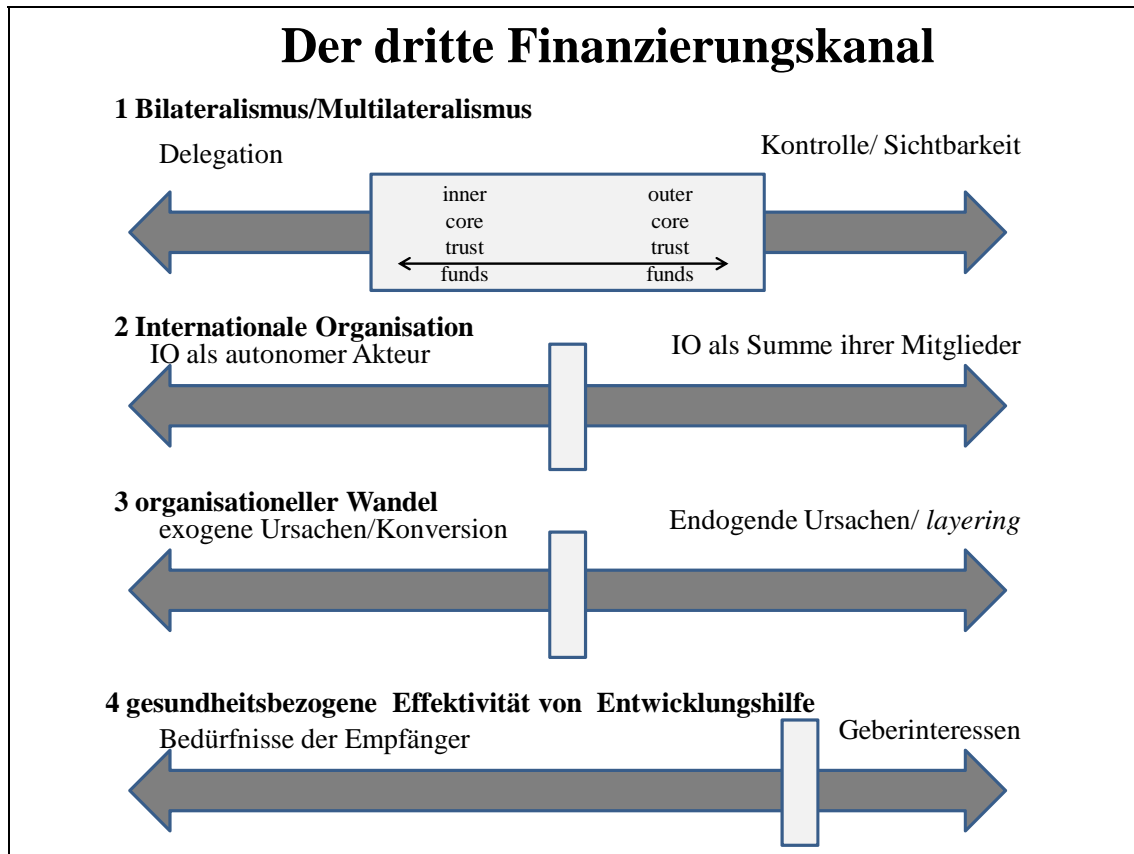
Anhand ihrer Entscheidungen und organisationellen Veränderungen kann die Akteursqualität der Weltbank aufgezeigt werden. Es kann darüber hinaus gezeigt werden, dass die Weltbank als eine semi-autonome Organisation zu verstehen ist, die zwar Geberinteressen beachten muss, aber dennoch in der Lage ist, strategische Entscheidungen zu treffen, die darauf abzielen, von dem *trust fund* System maximal zu profitieren.

Diese beiden Analysen zeigen, dass das *trust fund* System in der Lage ist, sowohl Geberinteressen zu bedienen, für die die *trust funds* eine kosten-effektive Art der Entwicklungsfinanzierung im Gesundheitsbereich darstellen, als auch ein profitabler Mechanismus für die Weltbank zu sein, der der Weltbank mehr Ressourcen zur Verfügung stellt und sie in strategisch wichtige Projekte einbindet.

Die dritte Forschungsfrage geht den Auswirkungen des organisationellen Wandels auf die Weltbank an sich nach. Hierbei wird aufgezeigt, dass der Wandel sowohl das Ergebnis von Anpassungen an äußeren Druck von Gebern und der Organisationsumwelt (andere Akteure, aber auch neue internationale Normen und Diskurse) ist als auch das Resultat von internen strategischen Versuchen ist, das *trust fund* System so profitabel wie möglich für die Weltbank zu gestalten. Basierend auf der Konzeption zu organisationellem Wandel von Wolfgang Streeck und Kathleen Thelen (2005a) kann für die Weltbank aufgezeigt werden, dass der Wandel ausgelöst durch äußeren Druck zu einer Konversion (*conversion*) der Organisation führt. Dies führt zu einer Veränderung ihrer Politiken und stellt für die Weltbank eine Herausforderung dar. Der Wandel, der durch interne strategische Veränderungen entsteht, hat einen *layering*-Effekt für die Organisation, von der sie zumeist profitieren kann. Dieser führt zur Schaffung von neuen Mechanismen (wie beispielsweise zur Integration von finanzstarken FIFs), ist aber gleichzeitig in der Lage, soweit wie nötig das Kerngeschäft zu erhalten. Somit ändert sich strukturell nur der äußere Rand der Organisation.

Der vierte und letzte Analyseteil geht der Frage nach, welche Auswirkungen das *trust fund* System der Weltbank für die globale Gesundheitspolitik und ihre Herausforderungen hat. Der dritte Finanzierungskanal erhöht zwar die Anzahl an Projekten und diversifiziert das gesundheitsbezogene Entwicklungshilfesystem weiter, gleichzeitig bieten die *trust funds* die Möglichkeit, besonders seit der Gründung von sogenannten *Umbrella-trust funds*, Projekte und Gelder stärker zu bündeln und einer weiteren Fragmentierung entgegenzuwirken. Der bereits stark ausgeprägte Wettbewerb um Gelder und Einfluss in der globalen Gesundheitspolitik wird durch den dritten Finanzierungskanal nicht eingeschränkt. Der Weltbank jedoch ermöglicht der dritte Finanzierungskanal eine bessere Wettbewerbsposition, besonders durch gesteigerte finanzielle Ressourcen und die Assoziation mit Prestigeprojekten. Bezüglich der Verbesserung der Effektivität der Entwicklungspolitik haben die *trust funds* einen gemischten Effekt: die Harmonisierung

(*harmonisation*) kann durch das Bündeln von Geldern gesteigert werden und die Nutzung von *trust funds* ist dem Gründen von ganz neuen Mechanismen oder gar Organisationen vorzuziehen, das internationale *alignment* profitiert also. Da jedoch Empfängerinstitutionen nur eingeschränkt genutzt werden, profitiert das *alignment* auf nationalstaatlicher Empfängerebene nicht. Das gleiche gilt für *ownership*. Die Eigenständigkeit der Empfänger wird zum einen durch die Zweckgebundenheit der Gelder stark eingeschränkt. Hinzu kommt beim *trust fund* System noch, dass Empfänger bereits in den Planungs-, aber auch in den Durchführungsprozess in der Weltbank nur sehr eingeschränkt eingebunden sind. Gegenseitige Verlässlichkeit (*mutual accountability*) scheint durch einen stärkeren Fokus der Weltbank auf Transparenz und einheitliches Management derzeit verbessert zu werden. Hinsichtlich des stärkeren Fokus auf Ergebnisse (*focus on results*) hat die Weltbank in den letzten Jahren große Anstrengungen unternommen. Da die *trust funds* einen bestimmten, klar definierten Zweck haben, lassen sich Ergebnisse gut aufzeigen. Jedoch sind die Finanzierungslaufzeiten der *trust funds* meist nur auf zwei Jahre beschränkt. Damit langfristig wirksame und nachhaltige Ergebnisse zu erzielen, ist eine Herausforderung. Gerade im Gesundheitssektor haben jedoch die horizontalen, Gesundheitssystem-stärkenden Ansätze besondere Relevanz. Um diese System-verändernden und nicht kurzfristig zu erreichenden Ergebnisse zu erzielen, sind jedoch weitaus längere Laufzeiten notwendig und das Messen von Ergebnissen nach wenigen Jahren oftmals noch nicht möglich. Die meisten gesundheitsbezogenen *trust funds* sind immer noch strikt auf einzelne Krankheiten bezogen. Damit verfehlen die Weltbank und die Geber – trotz ihrer Bekenntnisse – die Möglichkeit, dort die verstärkte Finanzierung hinzuleiten, wo sie von den Empfängerländern am nötigsten gebraucht wird: zu den Gesundheitssystemen.



Quelle: eigene Darstellung

Zusammenfassend lässt sich feststellen, dass der dritte Finanzierungskanal ein entscheidender Faktor in der Finanzierung von gesundheitsbezogener Entwicklungspolitik geworden ist. Das Schema des dritten Finanzierungskanals, das in dieser Arbeit erarbeitet wurde, kann als Grundlage für weitere Forschung zu multilateraler Entwicklungszusammenarbeit dienen. Hierbei ließe sich beispielsweise untersuchen, ob Geber und andere internationale Organisationen in derselben Weise von der Finanzierung profitieren oder ob die Integration der Empfänger in anderen Sektoren eventuell stärker im Fokus steht.