

## SUMMARY

The last quarter-century has seen a transformation of world politics. Greater participation by multinational corporations, civil society organizations, and philanthropic foundations has challenged the post-war international order of intergovernmental cooperation. “Multistakeholderism” has become the norm, and public-private partnerships (PPPs) have become a dominant mode of global governance, not least in addressing global health challenges.

PPPs are often thought of as networks or arenas facilitating interactions between voluntary partners from the public and private sectors to advance narrow policy objectives. This PhD thesis, by contrast, argues that certain PPPs have developed into bureaucratic organizations that can be better described as *agents* of global governance.

Drawing on in-depth research into the case of pandemic preparedness and response, the thesis analyzes how five established global health PPPs acquired the authority to lead the global response to the covid-19 pandemic. It traces how these PPPs came together in the Access to Covid-19 Tools Accelerator (ACT-A), an experimental cooperative framework conceptualized as a “super-PPP.” Thereby, they gained the authority to formulate policy proposals and norms around global vaccine equity, build policy coalitions with governments and philanthropies, fundraise extraordinary amounts, and implement the largest vaccine roll-out in history.

This thesis demonstrates that these partnerships’ leadership role during covid-19 resulted from an authority leap facilitated by the crisis, but crucially, stems from a decade long build-up of administrative capacities. These organizational developments enabled the partnerships to increase their authority vis-à-vis their donors, boards, and other external actors. The thesis shows how PPP secretariats have worked to gradually expand PPP mandates from responding to specific diseases towards general pandemic preparedness and response. They also developed a degree of financial autonomy that reduces reliance on donors, and cooperated with other partnerships through joint projects, shared offices, and mutual representation in other multilateral forums.

While the PPPs involved in ACT-A are highly institutionalized independent legal entities, this thesis also offers a contrasting analysis of a partnership with a different institutional form, the Emergency Medical Teams (EMT) initiative, which is embedded within the World Health Organization (WHO). The thesis traces how the EMT initiative developed within the WHO’s bureaucratic structure and gained authority by forming a symbiotic relationship with its host organization. This institutional arrangement has important implications for the partnership’s governance, notably in making it accountable to both its partners and the WHO.

Finally, PPPs’ agency is, in theory, constrained by the voluntary nature of partnership. Yet, the thesis identifies the increasing ability of partnership secretariats to bypass control mechanisms in ways that may evade accountability, both towards taxpayers in donor countries and intended beneficiaries, most often in lower-income countries.

Overall, the thesis shows the ubiquity, prominence, and diversity of global PPPs, underscoring that this model has become the dominant norm for what constitutes legitimate global governance.