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The political economy of consulting firms in reform processes: the case of the World Health Organization

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ABSTRACT

Existing research interprets the rise of consulting firms in intergovernmental organizations (IGOs) primarily as evidence of the global spread of managerialism. We highlight that consultants are not merely carriers of business-like world cultural norms, but also part of contentious IGO politics and governance. We unpack the consulting black box and reconstruct how consulting firms are hired and active in IGOs. Analyzing the experiences of the World Health Organization (WHO), we show how IGOs have been informally ‘opened up’ to consulting firms (and to their funders) and we investigate what the consequences of their privileged access are in practice. Consultants *curate* voices and input (including their own) into reform packages, *promote* certain contents, and engage in *self-effacement* practices that undermine accountability to stakeholders. The pivotal position of the consultants can have a disempowering effect on actors excluded from the consulting agreement or marginalized through consulting practices. We illustrate our general discussion by zooming in on the consultant-mediated reform of WHO’s Roll Back Malaria partnership in 2015. Our analysis is based on primary documents, key informant interviews, informal conversations, and participant observation.

KEYWORDS

Global governance; consulting firms; informal governance; private authority; institutional reform; World Health Organization; Gates Foundation; McKinsey

Introduction

The rise of consulting firms is increasingly noted as a major trend that drives the broader ideational shift toward business-like thinking and acting in intergovernmental organizations (IGOs). The existing literature suggests that this rise and the growing relevance of managerial expertise are mutually reinforcing since consultants’

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prestige is rooted in managerialist world culture (Seabrooke & Sending, 2020). It derives from their command of new forms of knowledge (Momani, 2017), and depends on the establishment of new management and private sector norms in global institutions (Eagleton-Pierce, 2020; Whiteside, 2020). While extant scholarship is rich on these macro-level developments, the actual consulting process is commonly treated as a black box (O'Mahoney & Sturdy, 2016, p. 247).

The starting point of our contribution to International Political Economy (IPE) scholarship is that we unpack the consulting black box. We analyze concrete processes through which consulting firms are hired to and active in IGOs. Our focus is on international management consulting firms and their engagement in reform processes. We thereby explore the role of consulting firms in IGO politics and governance. While our account provides empirical details on lived experiences, we offer a generalizable conceptualization of the practices to which the consultants resort once they have been hired. Consultants *curate* voices and input (including their own) into reform packages, *promote* certain contents, and engage in *self-effacement* practices that undermine accountability to stakeholders.

We also speak to scholarly discussions on the 'opening up' of IGOs. While these discussions tend to focus on the formal access of non-state actors to IGOs and their governance bodies (Tallberg et al., 2013), we argue that the way IGOs have granted access to consultants (and to those who finance them) can be interpreted as an informal 'opening up' that is part of the general proliferation of informal modes of IGO governance (Stone, 2011). In other words, we deepen the understanding of how informal governance works in practice. Moreover, as consultants can both support and circumvent IGO secretariats, our analysis adds to recurrent discussions on the relative autonomy and agency that secretariats hold vis-à-vis other actors (e.g. Rittberger et al., 2012).

At the same time, we clarify what characterizes the consultants' position and distinguishes them from seemingly similar actors. Being invited into IGOs, consultants differ from advocacy groups that work primarily through external pressure and rely on a mix of overt and covert strategies to influence IGOs (Lauber et al., 2021). Consultant engagement also differs from the proceedings of expert bodies in IGOs that are subject to formal rules—but might still encounter political dynamics (Littoz-Monnet, 2020).

Moreover, while recent IPE scholarship has centered on the distribution of professions among IGO staff (Seabrooke & Nilsson, 2015; Chwioroth, 2008), consultants are not a fully-fledged profession (Kirkpatrick et al., 2012). Consulting is not characterized by the academic disciplines that individual consultants studied but by *consulting practices*. The doctrines that consultants promote are important but consulting methods and style matter just as much if not more: 'The medium is the message' (see McKenna et al., 2003), and they manage governance processes through it.

Consulting firms have been able to secure access for themselves (and for those who finance them) to the 'commanding heights' of global governance although no formal role had originally been foreseen for either of them. While this is classified as the unproblematic outsourcing of a service to a neutral provider, the (recurrent) hiring of consulting firms changes internal governance. It is conducted in an underregulated environment where the rules in place for the engagement with other non-state actors (and those for the recruitment of permanent staff) do not apply. Terms and contracts are often not transparent from the perspective of IGO member states—let alone the

public. The same applies to the very scope of consultancy engagement (Interview B, 2020). Being characterized by ‘exceptional access’ and ‘lack of transparency’, consultancy engagement fulfills two major preconditions for informal influence in IGOs (Stone, 2011, p. 16).

The roles and practices on which the consultants rely exacerbate informal governance and the asymmetries it generates. ‘Letting consultants in’ does not simply imply that they (and those who finance them) become yet another voice at the table. Rather, they become moderators and agenda setters. In particular, consultancies curate voices and input (including their own) into reform packages. While the exact way consultants use their privileged and non-transparent position can vary from one context to another, the change in governance is that they are allowed to fill this pivotal role in the first place. Consultancy engagement has not only the potential to further the spread of specific managerial ideas but also to give greater voice to those who are on good terms with the consultants.

While consultants will promote their managerial ideas, try to expand the market for their business model, and strive to please their (paying) clients, it is just as important to see that their privileged access can have a disempowering effect on others—be it because they could have taken on the very role that the consultants hold or because their voices would have been taken more seriously in a different setting. By analyzing such background conditions of decision making, we pay tribute to the second view of power that investigates institutionalized authority, agenda setting, and non-decisions (Bachrach & Baratz, 1970) and can be interpreted as ‘institutional power’ (Barnett & Duvall, 2005).

Empirically, we base our claims on a study of consulting firms at the World Health Organization (WHO). Our study of the WHO experience allows us to reconstruct consulting practices and to investigate how they contribute to informalization. WHO is an organization that has long been marked by a mismatch between formal sovereign equality of its member states and informal power exercised by the main financial contributors (Chorev, 2013; Hanrieder, 2015). In recent years, this mismatch has continued to grow due to a relative decrease of member states’ assessed contributions compared to voluntary contributions by member states and other actors (Graham, 2015). We will show how the voluntary financing of consultancy services fits into this larger picture and how it offers funders additional entry points into IGO governance.

We focus on consultancies in WHO reform. This is far from their only role in IGOs or in global health, yet a critical one as it helps remaking the very polity in which IGO policies are negotiated. Reforms are salient IGO processes which bring to the fore conflicting coalitions and interests, and they are claimed as a key area of expertise of consulting firms specialized in process optimization. They are thus a politically important and empirically rich focus for understanding the political economy of consulting firms in IGOs.

While rising expectations towards IGOs and an increasing reform pressure on these organizations are a general trend (Dingwerth et al., 2019), WHO is an organization that has been pressured to reform for a particularly long time—inter alia due to discontent with its performance, financial downfalls, and competition from alternative institutions. Turning to consulting firms has become a default option when conducting internal reforms or when creating new external governance structures in which WHO is one of several partners. Most recently, this has been evident with the

support of McKinsey in setting up the Covax vaccine facility (Médecins Sans Frontières (MSF), 2020), but examples abound ever since the One WHO reform of 1998 ushered in an era of a reforming WHO. Our focus on reforms promises to generate insights that are relevant beyond health—as the contemporary discussions on consultants in the context of World Trade Organization (WTO) reform have shown (Devarakonda, 2022).

The paper is based on different kinds of empirical material. Each of us has worked on WHO for more than a decade and analyzed documents, conducted formal interviews, held countless informal conversations, and engaged in participant observation. While consultancy firms were initially not at the center of our research, we came across them recurrently and a first set of empirical material on their work was collected along the way. This includes the ethnographic material on the reform of WHO's Roll Back Malaria (RBM) partnership that we will analyze in more detail below. We complemented the existing material with additional document analysis and nine formal interviews with high-profile informants—current and former senior WHO staff, senior Gates Foundation staff, and a key member state representative with long-term experience in WHO's governing bodies. The interviews reconstruct trends in WHO reform and financing, the activities and governance of consultancy firms, and the role of external donors.¹

Our empirical analysis proceeds in three steps. First, in the section 'Money and informality in consultancy engagement at WHO', we analyze the market for consulting WHO. Constant reform pressure as well as regulatory loopholes have produced a context in which actors beyond member states have become relevant—albeit informal—participants in WHO governance. Within these informal arrangements, consultants can hold a pivotal position while their engagement would often not be possible without the financial support of external funders who also get informal access to IGO processes.

Second, in the section 'Consulting practices', we reconstruct how consultants use their pivotal position and how consulting *practices* exacerbate informal influence and the asymmetries it generates. Practices of *curating* reform proposals involve paying selective attention to stakeholders and reform models as well as packaging these creatively; practices of *promoting* certain contents range from taking space in IGOs to overloading participants with input; and practices of *self-effacement* allow consultants to blur their authorship and agency to evade accountability.

Third, in the section 'RBM: Management consultants in action', we illustrate our account of consultancy contracting and consulting practices by zooming in on the consultant-mediated reform of WHO's RBM partnership in 2015, which was both high-profile and contentious. During the reform process, marginalized stakeholders challenged consultants' involvement due to their bias toward solutions favored by a coalition of radical reformers, including the Gates Foundation as the funder of the McKinsey team. The reform led to a new, less representative governance structure and to the re-hosting of RBM from WHO to the United Nations Office for Project Services (UNOPS) as a more business-minded entity in the UN system. Our rich account sheds rare light on the concrete and material practices through which consulting firms contribute to bias and informality in reform processes.

Preparing the ground for our three-step empirical analysis, the next section situates it in discussions on international consulting.

Consultants in global politics

Consulting firms are integral to transformations of capitalism, state structures, and—increasingly—international institutions. A growing literature investigates these dimensions of consultancy involvement. On the first point, IPE scholars and sociologists have scrutinized how big accounting firms and management consultancies were part of the spread of ‘American capitalism’ to European corporations (Djelic, 1998), and contributed to settling Post-World War II struggles between capital and labor in favor of capital (Van der Pijl, 1998, p. 152). Furthermore, scholars have highlighted that the growing subjection of states to global markets created the functional necessity for ever more administrative capacity and consulting (Stopford & Strange, 1991, p. 22), but also the need to legitimize new modes of capitalism, including the neoliberal shrinking of the state (Strange, 1996, p. 144). This shows how consulting firms and management gurus socialize states into their new roles as competition states (Fougner, 2008), diffuse business fads (Thrift, 2005), introduce new analytical technologies (Momani, 2017), and promote myths about workers’ emerging skill requirements (White et al., 2022) as well as human resource management tools (Amoore, 2002)—in brief, how they act as ‘capitalism’s commissars’ (Thrift, 2005, p. 93).

An important stimulant for the rising status of consultants was the emergence of new public management (NPM) thinking in the 1980s.² It enabled consulting firms to become key actors for diffusing private managerial norms to public administrations (Harrison, 2001) and normalizing new modes of governance such as public-private partnerships (Whiteside, 2020). Analysts have shown how the new ‘consultocracy’ (Hood & Jackson, 1991, p. 24) hollowed out state capacity, for example in British administrations (Wargent et al., 2020), but also created new intrusive modes of governance in areas such as migrant management (Amoore, 2006).

Increasingly, IPE scholars explore how consultants remake international organizations—both IGOs and International Non-Governmental Organizations (INGOs) (Eagleton-Pierce, 2020; Seabrooke & Sending, 2020; Harrison, 2001). They highlight how new requirements of accountability create a demand for consulting services (Eagleton-Pierce, 2020), but also how general NPM norms and managerialist trends create normative pressure for IGOs to adhere to consultants’ prescriptions (Eagleton-Pierce, 2020; Seabrooke & Sending, 2020). With a focus on the macro-normative and ideological drivers of consultants’ rise in IGOs and INGOs, these studies identify how a broader world culture of managerialism empowers consultants and grants them prestige and legitimacy. The effects of these dynamics are legible in new managerial techniques in international organizations (Eagleton-Pierce, 2020) and in the type of skillset—managerial generalist instead of technical expert—nowadays recruited to IGOs (Seabrooke & Sending, 2020).

Hence, the extant literature effectively shows how consultants serve as conveyors of a managerial and neoliberal world culture to I(N)GO bureaucracies. This macro-diffusional focus on discursive shifts resonates with the concerns of the third and fourth views of power (Lukes, 2005; Digeser, 1992) that can be interpreted as ‘structural’ and ‘productive power’ (Barnett & Duvall, 2005; Strange, 1996). Such accounts are also helpful to appreciate that the rise of consultants and the diffusion of a new form of expertise are mutually reinforcing. Consultants are authoritative

because their skills are prestigious in managerialist world culture—and they legitimize new modes of governing for powerholders at IGOs (Strange, 1996, 145).

Our analysis of consultants at WHO is in line with such macro-level observations. However, existing accounts of consultants as vehicles of normative diffusion in and to IGOs also leave open important questions regarding the institutional dynamics of consulting—and thus the institutional level of power (Bachrach & Baratz, 1970). By contrast, our close-up approach allows us to address questions like: what about dissenting voices? As we show below, in IGOs such as WHO, consultants are not only endorsed by IGO staff and stakeholders, but also resented and resisted by many. Underneath a seemingly smooth socialization machinery, what is the actual—but empirically neglected—role of ‘consultants in action’ (Sturdy et al., 2009, p. 172) to overcome such resistance? This question shifts attention from the contents promoted by consultants (e.g. NPM principles) to the *practices* through which they manage change and affect existing power dynamics in IGOs.

IGOs are not unitary actors. They are sites of struggle where states and other stakeholders seek to shape outcomes drawing on formal and informal means (Stone, 2011). Building on research about the opening-up of IGOs to new, non-state actors, we identify consulting as a case of a few actors getting deep access (which is usually not granted to more extensive actor groups, see Tallberg et al., 2013). Building on scholarship highlighting the importance of financial resources in these struggles (Graham, 2015), we show that the financing of consulting services offers donors additional entry points into IGO governance. This raises not only the question of how consultants navigate these conflicts but also the concern that they will be biased towards those who finance them, while a much broader set of other actors has only shallow access. Our emphasis on external funders in IGOs enriches a literature that so far focuses on dyadic relationships between public administrations and consulting firms—both in domestic (Wargent et al., 2020) and in intergovernmental settings (Seabrooke & Sending, 2020).

Hence, our analysis uncovers the reorganization of governance in IGOs that consulting firms are part and parcel of. We emphasize that new forms of informality and hidden private influence are not only an outgrowth of consultants’ world cultural authority, but of concrete funding arrangements, secrecy norms, and discretionary practices. The governance of seemingly technical ‘procurements of services’ has implications for power and accountability at IGOs and may counteract attempts at increasing transparency and due process. The following sections develop these points in more depth.

Money and informality in consultancy engagement at the WHO

Consulting firms are increasingly present in IGOs and in global health institutions such as the WHO. In the health context, consultants advise *inter alia* on responding to disease outbreaks, creating new global health organizations, formulating organizational policies, fundraising, and running hospitals, but also provide practical support such as temporarily seconding staff to public-private partnerships; moreover, they write reports on global health issues that they or their clients deem relevant (People’s Health Movement et al., 2017; Belluz & Buissonniere, 2019; DeftEdge, 2021, pp. 19–21). In this section, we explain that while consultants’ rise is one element of a cultural shift toward the celebration of managerial expertise and norms, it is also part

of an ongoing reconfiguration of *governance* at WHO. Constant reform pressure as well as regulatory loopholes have produced a context in which actors beyond member states have become relevant—albeit informal—participants in WHO governance. Within these informal arrangements, consultants can hold a pivotal position.

How reform pressure allows consultants and donors to make themselves relevant

Ever since the mid-1990s WHO has been said to be in ‘crisis’ (Godlee, 1994). Pulled in different directions by different stakeholders, WHO has traditionally been caught between cost-sensitive major financial contributors from the ‘Global North’ on the one hand and states from the ‘Global South’ on the other whose demands towards WHO have cost-implications (Chorev, 2013). Given these tensions, WHO has been chronically underfunded and is highly dependent on voluntary contributions, which are less reliable and commonly earmarked for specific projects and types of expenses (WHO, 2021b). Additionally, controversies about the role of WHO in a crowded global health space and its complex federal structure contribute to an image of WHO as excessively bureaucratic (Hanrieder, 2015, ch. 5).

Generations of reformers have therefore pledged to make WHO more efficient and entrepreneurial. Major reforms such as the One WHO reform initiated by Director-General (DG) Gro Harlem Brundtland (DG 1998–2003), the decentralization initiated by DG Jong-Wook Lee (DG 2003–2006), the financing and programming reform initiated by DG Margaret Chan (DG 2007–2017), and the reform processes launched by the current DG Tedros Adhanom Ghebreyesus (DG since 2017) are only the most prominent reforms. Recently, the Covid-19 pandemic has sparked an endless stream of reform proposals.³ Sub-programs and partnerships of WHO are equally subject to reform exercises and contribute to the impression of an organization that is permanently in motion.

External consultants are an integral part of these reform processes. Sometimes, they come in the form of expert teams, which was the case for Brundtland’s ‘transition team’ consisting of academic management experts, experts with former UN experience, and former collaborators from her time as Prime Minister of Norway (Lerer & Matzopoulos, 2001, p. 430). More often though, WHO and its DGs rely on the services of consulting firms to guide reform processes, or to later evaluate them (Interview F, 2021). Brundtland, for example, hired management consultants to make proposals for HR reform (WHO, 2001), and her successors Lee, Chan, and Tedros all worked with consulting firms to prepare major organizational reforms.⁴ In the case of the current DG, Tedros, at least six consulting firms are reported to have been part of the newest round of reform, heralded by the DG as support ‘from the *best firms in in the world*’ (WHO, 2021c, 2:44:18–2:44:38, emphasis added).⁵ Thus, bringing in consultants seems now the normal thing to do when the next reform is up given consultancies’ reputation for superior process management skills and their self-confident promotion of managerial concepts such as ‘deliverology’ (DeftEdge, 2021, pp. 19–21).⁶

For consulting firms, reform pressures on WHO (and on other IGOs, see Devarakonda, 2022) create a new market to sell their services. Such expansion beyond established business clients is in line with the firms’ claims to cutting edge and general problem-solving abilities, or, in Charlotte Hooper’s words, their

cultivation of an ‘entrepreneurial frontier masculinity [...] in which science and business mix *to solve all our problems*’ (Hooper, 2014, p. 67; emphasis added). From this perspective, consulting firms are keen to enter the domain of global health not only because of its lucrative character but also because it is generally important for them to be active in various domains to demonstrate the universal applicability of their approach.

This mix of motives helps to understand the determination of consulting firms to advise IGOs who do not have the financial means of big corporations. Serving as IGO consultants usually does not pay as much—at least from the start. In particular, consulting firms offer their services at times pro bono to public sector actors including WHO. While ‘pro bono’ does not necessarily mean ‘for free’, it implies at a minimum a price reduction. Such arrangements are good for consulting firms’ public image (Interview A, 2020; Interview F, 2021), which can be particularly important in those cases in which consultants have previously engaged in health-damaging activities (see Forsythe & Bogdanich, 2021). Pro bono engagement also offers the employees of consulting firms the opportunity to have ‘social projects’ next to serving business clients, and thus working with the public sector can have an internal staff retention function for these firms (Interview G, 2021).

Pro bono pricing can simultaneously serve as a start-up investment to enter new lucrative markets in which follow-up contracts are based on fully prized services—a practice which has been criticized by the WHO’s External Auditor who investigated consultancy contracts for managing Covid-19 technology supply chains (WHO, 2021a). In that case, consulting services were initially financed by a mix of pro bono price reductions by the consultants, external funding by the Gates Foundation, and a WHO contribution. This first phase resulted in a follow-up contract for which WHO paid the full price (ibid.).⁷ This incident illustrates not only the strategic use of pro bono pricing but also that the WHO as an underfunded IGO under reform pressure, and consulting firms as actors venturing into new domains, do usually not engage with each other dyadically. Often it takes a third party: sponsors who serve as the paying clients and donate the consulting services in-kind to WHO reformers.

For example, Brundtland’s transition team was funded by the Norwegian government (Lerer & Matzopoulos, 2001, p. 429). In more recent years, the services of consulting firms are often donated in-kind to WHO by the Gates Foundation (Belluz & Buissonniere, 2019; Interview A, 2020; Interview I, 2021). As one Gates Foundation employee explained to us, the foundation can help WHO because leading consultancies’ rates are often above what WHO can afford (Interview G).

For the Gates Foundation, donating consultants to WHO also improves its position in the IGO. While it does have a strong agenda-setting power through its project funding and gets a regular stage at WHO member state assemblies, it still is not a member of the formal governing bodies. Sponsoring and working closely with full time consultants give the foundation an additional—and exclusive—mode of access to strategic transformations at WHO. Indeed, it has become clear in our interviews that Gates Foundation representatives are in close exchange with their partners at WHO. They are delighted if they can help and make a difference with their more flexible support (Interview I, 2021; Interview H, 2021). The continuous demand for WHO reform in combination with WHO’s dire financial situation create the perfect context in which the financial resources of a private foundation can be made relevant by paying for the consulting firms.⁸

It can be assumed that the Gates Foundation is generally on good terms with the consultants. Not only are former consultants among its staff but also is the foundation itself a regular consumer of consulting firm services and probably a prime customer.⁹ The foundation is furthermore keenly aware of these firms' potential to overwhelm those who are consulted. Senior Gates Foundation (and WHO) staff have observed that consulting firms may develop their own, expansive agendas and need to be actively guided by clients to really serve them (Interview C, 2020; Interview I, 2021). Notably, for that reason, the Gates Foundation has decided in the last decade to insource some management consultancy capacity and thereby develop inhouse competencies to better manage the work of external consultancies and avoid the loss of institutional memory (Interview G, 2021). It has become a more 'active client' (Sturdy & Wright, 2011) vis-à-vis external service providers. This suggests that the foundation knows how to commission a consultancy project to a third party on its own terms.

The politics of informality and lacking transparency

Consultants are not subject to the same transparency and accountability requirements as other external actors. Different from collaboration with non-state actors, which must follow the regulations of the Framework of Engagement with Non-State Actors (FENSA; WHO, 2016), consultancy services are classified as a procurement of services. Similarly, in comparison to permanent staff their engagement is underregulated as the normal recruitment rules do not apply either (Interview B, 2020). This 'falling between the cracks' comes with much lower standards of scrutiny and transparency. Consulting services can be purchased like an IT or infrastructural service, and the products of this engagement belong to the client—usually a leader in the secretariat—who may or may not decide to make it publicly available.

Additionally, even the procurement rules are only partially applicable. In the understanding of senior WHO staff, the DG can decide on exceptions to procurement rules and can make some discretionary expenses (Interview A, 2020; Interview F, 2021). Furthermore, consultancy services that are (in-part) provided as a gift will often fall below the minimum threshold and are not subject to the general procurement rules that would require competitive bidding. Interviewees from the Gates Foundation emphasized that going through the full procurement process is slow at WHO and therefore not always practicable (Interview G, 2021; Interview H, 2021).

While each consultancy arrangement is unique, both regarding its funding and its terms of reference (Interview C, 2020; Interview H, 2021), there is often an informal triad of consultants, funders, and secretariat who are closer to the core than others. Being part of the inner circle is promising for each of them, although there can also be conflicts among them as our study of the RBM reform will show. A closer look at each of the three potential members of the triad sheds some light on the advantages (and challenges) that come with the informal and non-transparent dimension of consulting.

For the secretariat, informality and lacking transparency help managing member state voices and influence. The discretionary consultancy methodology offers some leeway regarding the question of whose voice matters while the governance bodies

as an alternative input channel foreground the perspectives of member states. By the same token, potentially controversial status quo assessments and reform proposals can be removed from the debate instead of creating conflicts with criticized states (Interview G, 2021; Interview H, 2021; Interview I, 2021). The challenge is, however, that the consulting process is commonly not under the full control of the secretariat.

The advantages for funders have already been discussed: financing consultants can be a means to informally get access to IGO processes and to influence the reform agenda. What we would like to add here is the particular relevance of the funders *within the triad*. While our Gates Foundation interviewees have stressed that they prefer not to direct the terms of consultancy engagement (Interview G, 2021; Interview I, 2021)—and referred to instances of co-writing the terms of reference as unfortunate, even if regular deviations from this preferred state (Interview H, 2021)—it is to be expected that the importance of Gates Foundation funding makes it unlikely that reform proposals will be pursued that could provoke a conflict with this funder.

In cases where a consultancy contract expires before a reform process has been concluded, discussions on a follow-up contract give the funders even a factual veto position beyond the initial contract. In other words, it becomes sensible for the consultants (and for the secretariat) to anticipate the funder's reform ideas, take them into consideration, and share information on the reform with the funder. Our interviews have made it clear that the funders do not question their close exchange with WHO (Interview H, 2021) and their privileged access to the work of the consultants (Interview I, 2021). At the same time, they do not have full control over the consulting process.

For the consulting firms, informality can be an advantage when procurement procedures are bypassed, and when established players can easily and repeatedly secure new engagements—a common phenomenon at WHO despite the claims of consultants to continuously bring in new and fresh outside perspectives. Furthermore, the lack of transparency allows consultants to blur their concrete role and to follow a philosophy of not assuming responsibility for the outcomes of engagements ('no credit, no blame'). Exactly because the consultants hold a pivotal role in the consulting process, they can, however, be considered a prime target of informal influence themselves as others try to turn them into tools to reach their own ends.

The following section elaborates on the institutional role of the consultants and discusses the concrete practices through which consulting firms steer reforms at the detriment of those who are not part of the inner circle of the process.

Consulting practices

In a metaphor used by WHO's current DG Tedros, consultants are like 'engineers' or 'architects' who help implement a vision of change, without themselves producing this very vision (quoted in Belluz & Buissonniere, 2019; similarly Interview E, 2021). Yet, consultants are much more than neutral technocrats. They dispose of means to steer reform outcomes in specific directions, even if, given the informal arrangements discussed above, these are hard to observe from the outside. This section discusses three sets of practices through which consultancies influence IGO reform: curating, promoting, and self-effacing, and argues that these practices

exacerbate the asymmetries between outsiders and insiders created by informal governance.

Curating

Consultancies have considerable leeway in interpreting their mediator mandate through selective attention to different stakeholder groups and selective use of information (Sturdy et al., 2006). When engaging in the classic exercise of interviewing stakeholders, they can be selective regarding who is not asked at all, superficially heard, attentively listened to, and seriously considered. Likewise, when bringing in information about ‘best practices’ or models for reform, consultants can shape the process by their choice of models and best practices. This can sideline alternative proposals for organizational reform and can hence be interpreted in terms of the second view of power (Bachrach & Baratz, 1970).

We conceptualize this aspect of consultancy work in the following way: consultants shape reforms as active *curators* of problem definitions, reform knowledge, and policy proposals. While it has been shown that IGOs can select and manage their experts and thus ‘orchestrate’ (Littoz-Monnet, 2020) expert input, we emphasize that IGO-reform consultants themselves assume such roles. They do so through the consultancy methodology that consists in screening organizations, conducting interviews, and synthesizing the views and inputs from the IGO ecology into a reform package. We choose the term ‘curating’ instead of ‘orchestrating’, which is more concerned with the steering of activities of others. Thus, we highlight the creative but ultimately non-transparent process of selecting, reformulating, and packaging knowledge. Curating implies also that the consultants gain an information advantage in comparison to the other players in the reform process. While consultants serve as a nodal point towards which knowledge flows (as they review internal documents and interview people), they can determine which knowledge is shared with others.

Promoting

While consultants are technically hired to be disengaged advisors and to provide services according to their clients’ needs, they are not passive bystanders. At a minimum, they will usually promote at least two things: a case for change and the reform proposal that the consultancy methodology produced—i.e. that they curated. ‘Promoting’ can take various forms but, most basically, consulting firms are enabled to do so through their social role and by ‘taking space’ in reform processes.

They can work full time on reforms, which is usually an additional side task for busy WHO staff or governing body members. Consultants are physically present at the secretariat for extended periods of time, conduct interviews, request information, present at meetings, and engage in informal dialogues with their clients. From the viewpoint of staff this can mean that consultancies ‘ma[k]e a lot of noise, g[i]ve a lot of advice’ (Interview A, 2020) and thus occupy critical organizational space. As O’Mahoney and Sturdy (2016, p. 257) highlight, ‘there are only so many conferences, talks and reports to which senior decision-makers can give their attention’. Hence, the sheer presence of consultancies implies the absence of alternative input.

Furthermore, as will become clear in our case study below, in the context of individual meetings, consultancies can also make use of their pivotal position in the reform process. Enjoying an information advantage, holding reform authority, and drawing on excellent presentation skills, they can, for example, overload decision makers with hard-to-dispute information in short periods of time. Similarly, they may not give time for pre-reading their proposals in-depth, and if so, only occasionally and to select sub-groups of stakeholders (Interview I, 2021). Thus, contextual factors like information advantage and process-related factors like timing and pacing provide critical assets for tilting the balance in favor of the promoted solution.

Self-effacing

While such modes of influence are real and reform stakeholders are aware of them, they are notoriously difficult to pin down. As noted above, consulting firms do not sign WHO reforms, and they usually pull out before these are implemented. This makes it difficult to hold consultancies accountable and engage in transparent evaluations of what worked (or not) and why (see Jupe & Funnell, 2015).

Through their practices, consultants actively contribute to this foggy situation. In informal conversations with WHO staff but also in a formal interview with a senior Gates Foundation staff (Interview I, 2021), it became clear that the consulting firms are very selective when it comes to putting their logo on the work in which they have been engaged. For example, one WHO staff with whom we spoke in an informal setting explained vividly that she and other staff recognized consultancy slides in the reform processes that they were involved in, but the slides had no corporate logos, and they could not prove that these were consultancy slides. While they efface their own role and foreground the notion of ‘co-production’ when presenting information to those who are affected by the reforms, the firms use their logos more readily in communications with the funders.

Moreover, it is common to share more extensive information on the consulting process with the funders and with those who act as (paying) clients as opposed to broader sets of stakeholders (Interview I, 2021). Some of our interviewees (Interview A, 2020; Interview D, 2020) did not consider this to be problematic since it is ultimately the WHO secretariat (or any other client) that takes the responsibility for the reform, but this overlooks not only the way in which the consultants curate the process but also the problem that only limited account is given regarding the problems that have to be addressed and the solutions that are available. Knowledge of the available policy alternatives is however an important precondition not only for an informed choice but also for retrospective accountability. Through self-effacing, consultants make it not only difficult to judge the quality of their work but also to appreciate the degree to which they pre-structured and pre-cooked a decision.

The particular approach of consulting firms to transparency also became obvious in their responses (and non-responses) to our interview requests. While we were able to identify the names and contact details of key consultants who had worked with WHO, none was prepared to conduct a formal interview. In an e-mail, one of them pointed out explicitly that, as a matter of principle, they would not comment on the work performed for their clients. Consequently, we could

only draw on personal observations of, and informal conversations with, consultants at WHO to enrich the insights gained through other sources.

The following section will detail how the features discussed in the previous two sections—hiring consultants and consulting practices in reforms—unfolded in one major reform.

RBM: management consultants in action

In her first speech as WHO's newly-elected DG, Gro Harlem Brundtland pointed out that she saw Roll Back Malaria (RBM) as one of her core projects (WHO, 1998). Originally, RBM was initiated by a small group of IGOs—WHO, the World Bank, UNICEF, and the United Nations Development Program (UNDP). However, in line with its task to serve as a pathfinder, RBM expanded quickly and crossed sectoral boundaries. While RBM was eventually called the RBM partnership (rather than the RBM project) and referred to as a public-private partnership, from the internal perspective of WHO, it constituted a so-called 'cabinet project' that was run by WHO staff and reported directly to the DG.

RBM is a promising case study since it is a central part of Brundtland's efforts to react to the reform pressure that WHO had been facing. Moreover, we will be able to zoom in on a key reform phase that involves McKinsey, which has 'dominated the picture' of WHO reform for years (Interview A, 2020). Finally, we have unusually good empirical material and were able to complement publicly available material with direct observations at key RBM meetings from May 2015 onwards.

In the following, we first describe the evolution of RBM and the context in which calls for radical reforms emerged. Next, we show in what sense the McKinsey team played the role of an active curator and promoter but at the same time effaced their authorship and agency. Finally, we show how ultimately a significant part of the McKinsey-curated reform proposal was institutionalized.

Continuous reform and the eventual push for 'radical reform'

The early years of RBM reinforce our observations above that constant reform pressure has created a market for external service providers in which consulting firms both develop and evaluate reforms. However, at the outset, such services were also provided by civil society and academic organizations.

Due to its experimental nature, RBM initially had a rather loose structure. After a first external evaluation (Malaria Consortium, 2002), RBM received a more formal, constituency-based governance structure with a board at its center (eventually called RBM Partnership Board). Thereby, the partnership gained more independence within WHO but the workforce of the RBM secretariat was employed by WHO and the partnership had no legal personality independent of WHO. RBM's structures and focus were further clarified in a subsequent change initiative that responded to a second evaluation report (Dalberg, 2009) and for which BCG was engaged.

By the time at which a third evaluation was undertaken (Boston University, 2013), RBM had existed for more than a decade and it had become common practice to commission external evaluations, hire external consultants, and repeatedly

initiate reforms. The conflict that unfolded in the wake of the third evaluation consequently did not question the notion that there was need for some reform. Rather, there was considerable disagreement on the question of how radical the reform should be, and this disagreement grew during the reform process.

While positions were evolving and there were also disagreements amongst the supporters of a radical reform, it can be stated that three issues would turn out to be particularly polarizing: first, the radical reformers favored a re-hosting of RBM, for example at a new hosting entity within the UN system, or by turning RBM into a private foundation; second, they wanted to abandon the constituencies on which the eligibility for a seat at the Board and the nomination of its members were based¹⁰; instead, the reformers wanted to appoint private individuals in a personal capacity; thirdly and relatedly, they wanted 'global leaders' to play a more prominent role within the partnership. In line with NPM thinking, a recurrent theme of the radical reformers' proposals was the assumption that the public sector had to learn from the private sector.

Supporters of incremental change agreed that performance deficits should be addressed but insisted that RBM should remain hosted with WHO; moreover, while they could see the value of engaging 'global leaders', they did not want to cede the governance of the partnership to them and aimed to preserve a constituency-based (and representational) board at the partnership's heart.

Among the vocal supporters of radical reform were the UN Secretary General's Special Envoy for Malaria (non-voting ex-officio member), the Gates Foundation (holding the seat for the foundations constituency), and the USA (holding one of the three seats for the donor countries constituency), while mainly members from the malaria endemic countries constituency (eight seats), but also representatives from the research and academia constituency (one seat) supported an incremental approach.¹¹

The Task Force and McKinsey

The push for major reform gained further momentum with the engagement of McKinsey to support the Task Force on Architecture and Governance (Task Force, or TFAG), which the RBM Partnership Board established in May 2014 with the mandate to develop reform proposals (Decision Point, RBM/BOM.26/DP.9).¹² Technically, the McKinsey team was hired as a mediator and impartial outsider, but it entered the process with a broadly perceived bias for the radical change side.

First, McKinsey was funded by the Gates Foundation (at a cost of 1.5 million USD),¹³ a supporter of radical change. Second, some members of the McKinsey team had been involved in the then most recent reform of the Stop TB Partnership, which had led to a termination of its hosting by WHO and to its transfer to UNOPS.¹⁴ Finally, one key member of the McKinsey team had not only been involved with this other reform process but was additionally the partner of a leading representative of the team of the UN Special Envoy—also a strong supporter of radical change. While this situation was continuously criticized in informal conversations, there were obviously no formal safeguards in place to address this conflict of interest. In any event, due to personal and financial relations as well as due to the team's historical track record, the presence of McKinsey propelled concerns that the Task Force would be biased in favor of radical reform.

Formally, the mission of the Task Force was carried out by volunteers from the Board and its constituencies. Different from these volunteers who had paid jobs on the side, the supporting McKinsey team could focus on RBM reform, which gave them considerable advantage in shaping the process and the opportunity to amplify specific voices—both from within and from outside of the Task Force. Put differently, the McKinsey team could take on the role as an active curator both within the Task Force and within the wider reform process.

This did not go unnoticed. Much of what was provided (in terms of materials such as slides) and suggested (in terms of substantive proposals) by the Task Force was seen as a product of the McKinsey team even though the consultants relied on self-effacing practices. These included: not listing their team members as members of the Task Force or not using the McKinsey logo on any of the slides that were presented by the Task Force—while they were referred to as McKinsey slides in informal conversations. Even though it remained unclear what *exactly* the contribution of the consultants was, it was time and again suggested that the contribution was *considerable* and that the work of the Task Force would not have been possible without the consultants.

In a meeting of the Executive Committee (EC) of the Board, for example, the co-chairs of the Task Force ‘noted that the McKinsey consultants had made great contributions beyond simply acting as a secretariat’ (EC Minutes, 24 March 2015). Similarly, during a meeting on the next day when the upcoming end date of the contract with the consultants became an issue, one of the co-chairs pointed out ‘that the consultant company is providing work of good quality, and that it would be desirable to continue their services in the light of their good knowledge and understanding of the needed requirements and commitment and interest in continuing this RBM process’ (EC Minutes, 25 March 2015). In other words, while the exact contribution of the McKinsey team was not made transparent, it was often seen as standing behind the output of the Task Force and key members of the Task Force insisted on working with this very consultancy team.

The perceived merger of the McKinsey team with the Task Force aggravated the impression that the Task Force was not an inclusive group paying due tribute to the different perspectives regarding the reform. It worked in a secretive manner, had no representative membership, and was increasingly viewed as a clear supporter of radical reform that even went beyond its original mission (see also Pillinger, 2020, pp. 476–480). Regarding its boldly expanding mission, its co-chairs highlighted the Task Force’s increasing ambitions to review ‘every element’ of RBM (EC Minutes, 26 February 2015). Presumably, the Task Force would never have had the capacity to go that far without the consultants.

In making the case for radical change (*ibid.*), the co-chairs even referred to a document that was still in the making and highly controversial since it was an independent project of the UN Special Envoy and the Gates Foundation that had not gone through RBM’s or WHO’s policy making procedures and set a much more ambitious goal for malaria control than the official documents in that it called for malaria eradication by 2040.¹⁵ Obviously, this reinforced the impression that the Task Force paid particular attention to the supporters of radical reform.¹⁶

Consulting practices, managerial thinking, and their discontents

While the preceding account has already shown that the work that was presented in the name of the Task Force was at a minimum co-produced by the McKinsey

team, the role of consulting practices and potential biases of the co-production process became ever more important as the Task Force neared the conclusion of its mandate. In March 2015, a retreat was convened to give the Board a chance to discuss the (preliminary) recommendations of the Task Force. It was also a chance for the Task Force and McKinsey to (defend and) promote their work. Following common practice, members of the Board were provided with so-called pre-reads containing a short summary in the form of a text but also two decks of slides.¹⁷ A closer look at these slides as a key artefact in any consulting process casts further light on the role of curating.

In one deck (Slides, 9 March 2015 b), twenty external interview partners were listed as sources that had inspired the reform proposals. Out of these, five were affiliated with the Gates Foundation and two more were representatives of the UN Special Envoy, hence these supporters of radical change made up over a third of the interviewees. But also the other interviewees can be seen as standing for major change in that they represented organizational alternatives to a WHO-centered global health order that rests on public international bureaucracies.¹⁸ Only two of the interviewees were from WHO and represented classic public sector organizations of the UN system; moreover, as noted in the minutes of the meeting, '20 interviews had been carried out, but not a single one with a country' (Board Minutes, RBM/BOARD RETREAT/2015/MIN.1).

In the same deck of slides, several organizations were presented that had served as a source of inspiration for the reform proposals—referred to as 'external case studies considered'. Mirroring the private sector background and the managerial thinking of both the McKinsey team and of the supporters of a radical reform, these organizations were neither taken from the UN system nor did they represent examples of other IGOs; rather, next to different public-private partnerships and regional networks, they included private sector entities such as Uber, ebay, AirBnB, Alibaba, and Visa.

Referring to these models, the focus was on the question of whether these organizations were 'successful' in one way or another (output legitimacy), but no consideration seems to have been given to issues such as inclusiveness and transparency (input and throughput legitimacy), which are particularly relevant for public organizations. This is in line with the general observation that consultancies disregard organizational specificities and hold the view that the 'same sort of corporate values should be applicable to a public organization' (Interview A, 2020).¹⁹ Moreover, it dovetails with the reform proposal to abandon the constituency-based (and representational) board in favor of a board composed of private individuals who serve in a personal capacity.

It is also striking that there is no critical reflection on the question of what present problems might be the consequence of previous reform efforts, that there is no discussion of what problems are not so much organizational problems but a consequence of structural constraints, and that there is no engagement with insights from the scholarly literature on IGOs and public-private partnerships.²⁰ In other words, the slides suggest that it was necessary to start from scratch and that this could be done by drawing on the consultants' authority, by learning from other cases, and by interviewing key informants. Since this approach is a taken-for-granted knowledge practice among consulting firms, no details about the underlying methodology were disclosed in this process.

However, the subsequent reactions to the Task Force's reform proposals illustrate that consultancy-led reforms can be highly controversial and lead to open dissent. Among the constituencies who were represented at the Board, it was the malaria-affected countries that felt bypassed by the Task Force and questioned both the process and the recommendations. They repeated several times that RBM should remain hosted by WHO (Board Minutes, RBM/BOARD RETREAT/2015/MIN.1). In a meeting of the Executive Committee (EC) right after the conclusion of the retreat, serious concerns regarding the reform process were expressed:

The TFAG should have been, and in the future should be, more open and consultative to avoid this sentiment of 'disempowerment' expressed by countries. It is essential to look, not only at financing, but also at collaborations, non-financial inputs, and the human capital aspect. [...] It was regrettable that some Board Members, particularly the Endemic Country constituency, did not have enough time to review the pre-reads. [...] In view of the numerous discussions, one undeniable lesson learned is that the process could have given better consensus with earlier and more consultation and dialogue, even though TFAG Co-chairs indicated that they had tried to achieve this throughout the process; (EC Minutes, 25 March 2015)

The impression of a lack of meaningful consultation with affected countries was further reinforced by the way the discussion was organized. Referred to by one board member as the 'McKinsey approach' of using '500 slides', the practice of overwhelming the audience with massive (sometimes last-minute) decks of slides rather than to (well in advance) produce argumentative texts that can be scrutinized much better, leads certainly to a sense of not being heard. This also illustrates the ability of the consultants to promote the curated reform proposals. In the specific case of RBM this meant that they enhanced the clout of the Task Force.²¹

Given that the very purpose of global malaria control is to fight malaria in those countries in which it is endemic (next to preventing the spread or reintroduction to other countries), the sidelining of the malaria-affected countries constitutes a particularly problematic instance of selective attention. It indicates that the McKinsey team related more to its peers, namely global-level players, and to its paying clients rather than promoting the divergent positions of malaria-affected countries. Instead, these countries' concerns, such as the preference for a participatory-representative character of the Board and for the public sector characteristics of the WHO-hosted RBM secretariat, appeared only as obstacles to past and future success.

Showdown

The board meeting in May 2015 was perceived as a showdown by many participants. It took place in a coercive environment in the sense that no reform was not an option since the donors had threatened to stop funding the partnership.²² At the same time, it remained unclear how much change was necessary to appease them. The meeting ended with the compromise that the findings of the Task Force were accepted but additional fine tuning would be conducted down the line. The relevant decision was filled with hedging language such as that 'the main thrust' of the proposed model would be accepted 'in principle' (Decision Point, RBM/BOM.25/DP.4). The decision also stated that the proposal of the Task Force was going to be developed further, which was expected to give some leeway to continue

the discussions in the Transition Oversight Committee that was set up in the process (Decision Point, RBM/BOM.25/DP.5).

From the perspective of the malaria-affected countries, for example, it was important that there was still a chance that RBM could remain hosted with WHO. The representatives of several constituencies cherished that the constituency-based board might be preserved even though it was going to be weakened in the new model. But since the decisions could equally be interpreted as a (cautious) support for the reform proposal, also the radical reformers celebrated the outcome of the meeting and one of the McKinsey consultants was reported to have ordered a round of champagne at the bar of the hotel where the meeting took place.

In the end, the hopes of the supporters of incremental change proved to be a false hope and the change turned out to be rather far-reaching. A few months after the meeting, the remaining key donors of the partnership (in particular the Gates Foundation and the USA) stopped their payments, which led to the radical step of disbanding the WHO-based secretariat (Decision Point, RBM/BOM.ELÈCTRONIC_2015/DP.1). While some observers assumed that this was the end of RBM, the secretariat work was temporarily organized by a London-based consulting firm and by a London-based NGO before it was re-hosted with UNOPS, which means that RBM eventually followed the example of Stop TB in this regard. While the board of the new partnership is no longer constituency-based but filled with people who serve in an individual capacity, the radical reformers were not able to establish a forum of 'global leaders' above the board. Rather, this forum became eventually the independent 'End Malaria Council' that has, at least formally, no authority over RBM.

While it was clearly the payments-withholding funders who were responsible for the final push that ended RBM's hosting-relationship with WHO and enabled the implementation of some of the more radical reform proposals, it was the consultant-curated reform process prior to the showdown that narrowed down the reform options, promoted certain solutions, and preordained the reform trajectory. It provided a blueprint that could be referred to after the funding had stopped.

The fact that the McKinsey team had obviously been good at anticipating what was acceptable to their funders and peers can probably also explain the striking bypassing of a second set of stakeholders. Considering our discussions above, it is noteworthy that in the RBM-reform phase studied here, the consultants were not in close contact with the WHO secretariat (in the form of the RBM secretariat). While secretariats can otherwise be one of the actors with privileged access to the consultants, in this case the WHO/RBM secretariat was one of the sidelined opponents of the more radical reform demands.

Conclusion

In this contribution, we have analyzed how consulting firms contribute to the transformation of governance. Based on documents, key informant interviews, and ethnographic observations of WHO reform processes and, specifically, the case of RBM reform, we have analyzed the informal mechanisms that 'open up' IGOs and allow consulting firms, funders, and (usually) the secretariat to cooperatively produce reforms while not necessarily all member states—if any—are part of the 'inner circle'. In terms of the broader political economy, we have argued that WHO is a ripe market for consultants due to its perennial reform pressure and precarious

funding. Consultants are often donated in-kind or come at a reduced price while some stakeholders value their engagement and others resent it.

Further, we have conceptualized the distinct practices on which the consultants rely and that exacerbate informal governance. First, they play the role of curators. Their selective use of information and their attention to specific stakeholders privileges certain governance models and actors over others. Second, they promote the reform proposal that they have curated. For example, their information provision strategies can reduce the scope for critical scrutiny by decision makers. Third, they tend to downplay their own role through self-effacement, for example, through a limited use of their company logo. This lack of transparency and publicness in combination with selective stakeholder engagement reduces the possibility for participation by all concerned stakeholders, such as malaria-affected states and the WHO/RBM secretariat in the case of RBM.

Since our research conceptualized and illustrated the formative role that consultants can play, the existing regulatory gaps and the lack of transparency are problematic. They have consequences both in terms of accountability for individual consultancy engagements and from a long-term perspective. Regarding the latter, they make it difficult, if not impossible, to correct previous reform failures and past mistakes, because consultants are not held to account for their input or its outcomes. New standards for engagement and transparency, including proper documentation and public accountability of WHO reform consultants, should accompany the next reform to minimize these legitimacy and accountability deficits. This matters not only with a view to the work of the consultants themselves but also to hold their funders and clients to account, who can currently use consultants as their own means of accountability evasion.

Beyond the WHO, our work shows avenues for further research and speaks to wider IPE discussions on informal governance, public versus private authority, and knowledge practices. First, scholars should study the specifics of the political economy in which other IGOs find themselves. Our research suggests questions such as the following ones: who defines reform pressure and how, what (financial) dependencies characterize the IGO, how are consulting firms financed and regulated, and who tries to use the consultants for their own ends? Second, the practices employed by consultancies are general traits of this field and will re-appear in different IGO contexts. This indicates growing private influence and raises the question of how consultants draw on curating, promoting, and self-effacing elsewhere. Future research should also look more closely at different variations of IGO-consultancy collusion, for example long-term pro bono arrangements between BCG and the World Food Program (BCG, 2021). Given that such partnerships are perceived as making work at consultancies more attractive for young, motivated staffers (Interview G, 2021), it is also to be expected that IGO experience can become an asset in global consultant careers and thereby impact expert hierarchies in global politics.

Contributing to discussions on the politics of knowledge in IGOs, our research indicates that expert power in the global political economy is not only determined by the types of substantive knowledge and disciplines achieving dominant status in certain issue areas (Seabrooke & Nilsson, 2015), but also by the (non-)regulation of expert engagement. The legal status and methodology of consultancies shape how they can influence policy processes; and their distinctive features as compared to other actors deserve further scrutiny.

Notes

1. JE has been engaged in a political ethnography of global health governance since 2010. From 2014 onwards, this included WHO-related sites and since May 2015 JE has been directly involved in some of the key RBM meetings as well as in myriad subsequent meetings, where these events were further discussed. TH participated in reform-related WHO meetings in Geneva between 2008 and 2011 and conducted historical interviews on the WHO reform process until 2011. The consultants-focused interviews were conducted by both authors between 2020 and 2021. Finally, the brilliant work of Mara Pillinger (2020), which describes reform meetings closely related to the events that this paper covers, allowed us to complement our own material and to cross-check some of our interpretations.
2. Key elements of NPM include cost sensitive, more disaggregated public administration forms, a shift from process to output (results-based management), and more private sector delivery (cf. Hood & Jackson, 1991, ch. 8).
3. E.g. The Independent Panel for Pandemic Preparedness and Response (IPPPR), 2021.
4. DeftEdge, 2021, p. 21; Belluz & Buissonniere, 2019; People's Health Movement et al., 2017, pp. 278–297; Lancet, 2003; Interview A, 2020; Interview C, 2020; Interview F, 2021.
5. At the same time, there are criticisms that consultancies often do not send their top staff but junior colleagues to work with WHO (Interview A, 2020).
6. Deliverology is a trademarked management technique promising to help governments to achieve results, for example, by following best practices (see Birch & Jacob, 2019).
7. In the same report, the External Auditor criticized that the consultants could use their privileged access to WHO for the benefit of other clients.
8. This exemplifies a more general pattern of private foundations using financial resources to gain authority in their field of engagement (Eckl, 2014).
9. For example, the following members of the foundation's leadership team have self-reportedly worked for international consultancies: Gargee Ghosh (McKinsey), Allan Golston (KPMG), and Ankur Vora (BCG) (as of August 2022). The status of the Gates Foundation as a prime customer is evidenced by the fact that large consulting firms like BCG pride themselves publicly with this long-term relationship (BCG, 2022).
10. Most but not all board members were nominated by constituencies deploying their own nomination processes (cf. Art. 1.3 and 3.2 of the RBM Partnership By-laws). For example, the research and academia constituency had one seat held by a rotating, elected board member while the four seats of the multilateral development partners constituency were permanently held by RBM's founding members (UNDP, UNICEF, WHO and the World Bank).
11. Some members of the Northern NGOs (sub-)constituency were also vocal supporters of radical change while the private sector constituency was particularly divided over certain aspects of the reform.
12. RBM's old webpage <http://www.rollbackmalaria.org/> has been relaunched during the reform process at <https://endmalaria.org/> which raises problems of accountability since the governance documents referred to in the following are no longer available and can only be found in a cumbersome manner by using the Wayback Machine at <https://archive.org/>. All documents quoted are on file with the authors.
13. EC Minutes, 25 March 2015.
14. On UNOPS that was designed as a businesslike organization within the UN system, see Dijkzeul (2012).
15. For more details on this conflict, see Eckl (2017).
16. Given its independent and informal status, the document by the UN Special Envoy and the Gates Foundation was eventually not considered by the RBM Board (EC Minutes, 13 May 2015).
17. See Summary Memo, 9 March 2015, Slides, 9 March 2015a, and Slides, 9 March 2015b.

18. Five were representatives of global public-private partnerships (three from the Global Fund, one from Unitaid, and one from the Stop TB Partnership), three were from regional networks that are potentially in an uneasy relationship with WHO's (regional) structures (the African Leaders Malaria Alliance, Asia Pacific Malaria Elimination Network, and Asia Pacific Leaders Malaria Alliance), and three were private individuals or consultants.
19. The emphasis on corporate values resonated with the perspective of the radical reformers who focused on resource mobilization (i.e. fundraising) as a responsibility of RBM, which privileges one of its functions as well as a specific, readily measurable, output.
20. On one slide, a reference is made, however, to a piece from the management literature: Ken Everett (ed.) *Designing the Networked Organization*, published in 2011 by Business Expert Press.
21. Efforts to promote specific solutions become visible not only in the pre-reads but also in (partially responsive) material produced during the retreat. While two decks were made available in advance, a third, reform-related, one was prepared on site (Slides, 25 March 2015) and presented by one of the McKinsey consultants; a fourth one covered the next steps (Board Minutes, RBM/BOARD RETREAT/2015/MIN.1).
22. See also the discussions on the impossibility of preserving the status quo during the board retreat (Board Minutes, RBM/BOARD RETREAT/2015/MIN.1).

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