This study set out to display the coming into being of a new global sector, with its rules, representations, and responsibilities, which is a puzzle in itself; to investigate how this sector differs from the existing system of international health governance, which is based on the representation of nation-states; and to illustrate how the new level of policy making relates to preexisting levels of governance. Using the Global Fund’s emergence in the health domain, the study has demonstrated the co-production of an issue to be governed at a new scale (global HIV/AIDS, tuberculosis, and malaria) and of new governance structures to address it (the Global Fund).

The study illustrates that, crucially, the question of who is responsible for a sick human body is changing as new institutional forms are being created. “World responsibility” is emerging for some things, like HIV/AIDS, with the locus of responsibility shifting away from national governments and the multilateral agencies alone toward a broad arrangement of state and nonstate actors. But at the same time as new forms of governance are emerging, politics at the national level is ongoing. This study has provided a China-specific reading of how responsibilities are distributed between the local and global levels. National processes remain important as China domesticates HIV/AIDS, a disease that was initially regarded as a foreign problem. As the understanding of HIV/AIDS as a Chinese problem emerges and changes over time, and as China starts interacting with the Global Fund, the question becomes who takes responsibility for what in the interaction between the global authority and the local (national) level.

In this situation, the Fund’s implicit normative commitment is to help national governments tackle their HIV/AIDS, tuberculosis, and malaria epidemics under the condition that they can show that they will make their
citizens better-off in ways that are credible to international science. In this model, international science becomes the needle's eye through which all national health policy planning has to pass to receive global money. The responsibility for the initiation, design, and implementation of health policies still lies with the nation-state. However, the accountability of the global authority rests on and is defined by global technological standards, which become a surrogate for responsibility in the global domain. The study provides an ethnographic account of the interplay between China and the Fund, showing how global norms emerged through iterative proposal writing shaped by the Fund’s institutional design (specifically, the Country Coordinating Mechanism), a hybrid process in which local, national, and global actors all had substantial input.

The Global Fund is one kind of global responsibility regime emerging alongside existing institutions. Other examples of responsibility regimes include the new “Product Development Partnerships,” such as the Medicines for Malaria Venture or the Global Alliance for TB Drug Development, global partnerships that aim to redistribute the responsibilities for the development of drugs and vaccines in such a way as to yield health care interventions that cater to the needs of poor patients in developing countries rather than to those of patients in industrialized countries, or Western travelers to tropical regions. In a similar fashion, corporate social responsibility can be seen as an attempt to redefine the responsibilities of corporations in a way that transcends the mere adherence to laws and formal rules so as to include the furthering of the well-being of corporate customers and their larger communities. All of these examples represent new sets of rules that are redefining the interaction between state and nonstate actors.

The example of the Fund shows that the emergence of such alternative responsibility regimes alongside existing governance structures does not occur without friction. The very emergence of the Fund was the result of intense political struggles among existing actors and required the mobilizing of entirely new categories and representations, such that HIV/AIDS was reframed as a global security emergency. Once in existence and fully functional, the Fund challenged and continues to challenge the authority of national governments and multilateral institutions by introducing new rules into the domain, such as the requirement to include civil society in national responses against HIV/AIDS, tuberculosis, and malaria. Under earlier nation-based regimes, the main actors in health policy were national governments and the WHO. Under the Fund’s regime, there are multiple participants at various levels, including local civil society, local branches of the WHO and UNAIDS, companies, and even a “global consumer” that the Fund attempts to reach through its Product(RED) campaign.