GOLD VII Multimedia Journal

Contribution to the 7th Global Report on Local Democracy and Decentralization (GOLD VII) on the **Economies of Equality and Care**

# Careful Infrastructures:

## Public-Common Partnerships for a City that Cares

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***Abstract***

*This contribution argues that we should focus on the development of careful infrastructures: socio-technical systems that incorporate both physical assets (the what) and social relationships (the who) with a focus on questions of how we might live well. It provides the example of Public-Common Partnerships (PCPs) as one example of a careful infrastructure. Local governments can play a leadership role in their development through establishing Careful Infrastructure Commissions (CICs). This contribution outlines five priorities for their work: Mapping the status of assets; Developing clear understanding and guidance for asset transfers; Define and innovate with existing corporate models; Understand the relevant technical and social base; Explore different approaches to social evaluation. The contribution uses the example of the pharmaceutical industry to explore the potential for PCPs, but emphasises their applicability in a wide range of sectors.*

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## 1. Introduction

As the first phase of UCLG's GOLD VII process has shown, care is a 'central concept' in helping us develop *critical* – rather than *palliative* – approaches to improving 'the health and wellbeing of people… and highlighting the role of the public sector in such an endeavor'. A broad and embracing concept that speaks to the sorts of lives we collectively want to live, the concept of care offers us a firm entry point for thinking creatively about how we might 'move from a profit- and consumption-led economy to one that centers on social needs and aspirations'[1]. Building on this perspective, we can make a clear distinction about what it means to adopt the lens of care as an action-frame for local government. After outlining what this means *in principle*, this contribution will explore the example of essential pharmaceutical production to demonstrate what this could mean *in practice*. To give a clear indication of how local governments might act, we will introduce the approach of *public-common partnerships* as a careful infrastructure that can directly support the development of cities that care.

In the broadest sense, our cities – and the operational landscapes upon which they rely – are a product of two fundamentally conflictual logics. One of these is an inherently social logic, which accounts for the multitude of everyday acts that reproduce collective and *caring* modes of existence. Whilst many of these acts are informal, others can be embodied in organizational forms. The other is an inherently antisocial logic, an economic imperative that is operationally defined by its disregard and indifference to *what* people do – or what effects this has – so long as it maximises the return on investment. This fundamental conflict results in apparently bizarre contradictions, such as when increased house prices are cheered as a sign of economic health *despite* it leading to increased indebtedness, housing precarity, and social stratification.

A great deal of progressive government intervention – including and often especially at the municipal level – can be understood as an effort to *ameliorate* the effects of this antisocial logic and its impact on urban inhabitants. Against an economic system of disregard and indifference, many local governments are often striving to construct social housing, extend alternative modes of public transport, provide collective green spaces, regulate against exploitative platform economies, and support processes that promote social inclusion. Yet as wealth

[1] UCLG (2025) *Care as aspiration and inspiration*. GOLD VII Multimedia Journal: Economies of Equality and Care.

disparity continues to grow[2] – and with it, the threat of both oligarchic governments and reactionary populist movements – it is clear that local government attempts to mitigate the effects of this antisocial economic logic have been, to be blunt, inadequate.

The adoption of care as an action frame provides a fundamentally different way to think about the prospects of local government action, **putting the emphasis not on the symptoms but their causes**. A care framework informs the inherently positive project of *undermining* antisocial logics through supporting the development of infrastructures of everyday life that are characterized by an inherently social logic. As suggested in the outcomes of UCLG's GOLD VII Stage 1 research, this means advancing an intrinsically more democratic and participatory approach to urban life. Yet this is not primarily about citizen participation in formal processes of local government decision making, although this remains crucial. Instead, it is premised on **integrating democratic control into the everyday social infrastructure that we require to live well** - from food, to housing, to education, to water, to mobility infrastructure, to energy to healthcare. It means approaching our foundational economy as social goods that must be run in the common interest, rather than as opportunities for private enrichment. In this way, inequality and injustice are no longer interpreted as problems of the inequitable distribution of outcomes, but rather an inequitable distribution of control over that infrastructure which we need to live well.

It is comparatively easy to put this in terms of an abstract sentiment, to argue that we must focus on causes rather than symptoms, and to agree that we need our foundational infrastructures brought under social control. Yet to help us understand what local governments can actually do about it, we need a clearer understanding of what this antisocial logic looks like in practice, and how it undermines a caring society. The following section demonstrates this in the context of the pharmaceutical sector, a fundamental piece of our healthcare system which is nonetheless demonstrably structured against the social interest. We will then proceed to outline a proposal for an alternative pharmaceutical infrastructure – a public-common partnership – and detail how and why this would embody a distinctly social logic. We took the pharmaceutical sector as an example, but this could also be applicable to other sectors like food systems,

[2] Anjela Taneja, Anthony Kamande, Chandreyi Guharay Gomez, Dana Abed, Max Lawson, Neelanjana Mukhia (2025) *Takes not Makers: The unjust poverty and unearned wealth of colonialism*. Oxfam. https://www.oxfam.org/en/research/takers-not-makers-unjust-poverty-and-unearned-wealth-colonialism

housing, energy production, or urban markets. The final section outlines a series of steps that local governments can take, either individually or in collaboration, to support the development of careful infrastructure like public-common partnerships. These steps help to reimagine how local governments might approach the development of careful infrastructure in the different sectors, policy areas or public services they are often engaged with.

## 2. The disregard and indifference of the pharmaceutical industry

From research into vaccines that protect entire populations through to the supply of medicines used to manage chronic illness, pharmaceuticals are fundamental in ensuring human wellbeing. A careful approach to pharmaceuticals means that every aspect of the pharmaceutical process – from what illnesses get researched, to how pharmaceuticals are produced, where raw materials are sourced from, and how products are distributed – should be determined by human need. Yet the global pharmaceutical industry ("Big Pharma") is *structurally* organised to act with disregard and indifference, and it is of pressing importance that we develop an alternative pharmaceutical sector that puts health and wellbeing at its core. To understand what this means in practice, and to identify how local governments might actually support such an endeavour, we have to offer a clear account of *why* the existing pharmaceutical industry produces the outcomes it does.

There has long been discontent with the global pharmaceutical industry, but the Covid pandemic brought it to the fore. Seeking a rapid response to a global crisis, vast sums of public money were directed towards accelerating the development of vaccines and the rapid scaling up of production, not least in the United States where as of August 2020 — only five months after the first lockdown had been introduced — eight companies had already received $11 billion in public funding. By May the following year, the pandemic had created nine *new* Pharma billionaires: individuals with 'a combined net wealth of $19.3 billion (15.8 billion euros), enough to fully vaccinate all people in low-income countries 1.3 times'.[3] At the same time, it was widely reported that much of the research underpinning vaccine development had come from public sources. This included the Pfizer

[3] Oxfam (2021) COVID vaccines create 9 new billionaires with combined wealth greater than cost of vaccinating world's poorest countries. May 20. https://www.oxfam.org/en/press-releases/covid-vaccines-create-9-new-billionaires-combined-wealth-greater-cost-vaccinating

vaccine, where the underpinning technology was financed by a $445 million research grant from the German government to BioNTech, and the Oxford-AstraZeneca vaccine, where an estimated 97 to 99 percent of development funding had come from public or charitable sources. The development of the Moderna vaccine, a company which accounted for four of the nine new billionaires, had reportedly been funded entirely by the United States National Institutes of Health.[4]

In what amounts to public subsidy to Big Pharma, vaccines developed largely or entirely through public and philanthropic funding had effectively been gifted to the pharmaceutical companies who then systematically overpriced them. Research indicates that the Pfizer/BioNTech and Moderna vaccines 'could be mass produced for as little as $1.18 to $2.85 a dose' but were being sold 'at an average price of $16.25 and between $19.20 and $24 per dose respectively'.[5] When donations were made to lower and middle-income countries, the vaccines were often past their expiry dates and so unusable, with over 100 million doses being refused by recipients in December 2021 alone.[6] The stark global inequality in access to vaccines led to declarations of a 'vaccine apartheid'[7] which not only left billions of people unprotected, but also critically undermined the global effort to further contain the emergence of new variants. India and South Africa's effort to secure a TRIPS waiver on vaccine patents was watered down and delayed under intense lobbying, such that when a text was finally approved in June 2022, the World Health Organization estimated there had already been at least 6.4 million Covid-related deaths worldwide.[8]

Yet while the pandemic created a situation in which the pharmaceutical industry was under unprecedented public scrutiny, it provided only a small glimpse into the systemic tendencies of the entire sector. A wholly financialised industry structured through a global system of intellectual property rights has for decades resulted in an artificial scarcity of necessary pharmaceuticals through the systematic lack of research into 'less profitable' conditions and diseases (which

[4] Nick Dearden (2023) *Pharmanomics: How Big Pharma Destroys Global Health*. London: Verso. P. 100-101.
[5] Anna Marriott and Alex Maitland (2021) *The Great Vaccine Robbery: Pharmaceutical corporations charge excessive prices for COVID-19 vaccines while rich countries block faster and cheaper routes to global vaccination*. The People's Vaccine policy brief. July 29. p.3.
[6] Lise Barnéoud (2022) The huge waste of expired Covid-19 vaccines. *Le Monde*. April 4. https://www.lemonde.fr/en/science/article/2022/04/04/the-huge-waste-of-expired-covid-19-vaccines_5979632_10.html
[7] Simar Bajaj, Lwando Maki and Fatima Stanford (2022) Vaccine apartheid: global cooperation and equity. *The Lancet* 399(10345): 1452-1453.
[8] Our World in Data (2024) Cumulative Confirmed COVID-19 Deaths by World Region. Our World in Data.

includes vaccine technologies); overpricing enforced through monopolistic behaviour, resulting in an increased strain on both national, local government, and individual finances; cartel behaviour of coordinated price-fixing between companies; 'pay to delay' strategies where major pharmaceutical companies, intent on maintaining high prices on a given product, pay generic competitors to delay the release of a cheaper competing product; and increasingly severe shortages as manufactures cease production of products, especially generic off-patent medicines, that are no-longer considered sufficiently profitable. We have also been subjected to an abundance of drugs that have undergone minor adaptations solely to extend a company's monopoly privileges, a practice known as evergreening. Not only do these adaptations often offer no clinical advancement on the drug they're replacing, and not only are the associated research costs then used to justify higher prices, but some drugs have been found to be of *more harm than benefit.*[9]

Even before the Covid vaccine gold rush, these systemic failures should be understood in the context of corporate profit margins that typically outstrip most other sectors of the economy. One cross-sectional study found that between 2000 and 2018, the profit margin of the 35 largest pharmaceutical companies listed on the S&P 500 Index averaged 13.8 percent, significantly higher than the 7.7 percent margin of 357 other, large non-pharmaceutical companies listed.[10] In the same time period, the total payout to shareholders 'increased from 88% of total investments in research and development in 2000 to 123% in 2018', which at $146 billion was an increase of almost 400 percent.[11] Meanwhile in the UK, NHS spending on hospital-prescribed medicines increased by 35 percent between 2018 to 2022, rising from £6.7 billion to £9.1 billion, a figure which *excludes* expenditure on Covid-related vaccines and treatments.[12] The European Commission has recognised that 'access to affordable and innovative essential medicines may be endangered by a combination of (i) very high and unsustainable price levels; (ii) market withdrawals, or other business strategies by pharmaceutical companies;

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[9] Prescire Int. (2014) Drug Developments in 2013: Little Progress, But French Authorities Take a Few Positive Steps to Protect Patients. *Prescrire Int* 23(148). p107–110.
[10] Fred Ledley, Sarah McCoy, Gregory Vaughn and Ekaterina Cleary (2020) Profitability of Large Pharmaceutical Companies Compared With Other Large Public Companies. *Journal of the American Medical Association.* 323(9): 834–843.
[11] Rodrigo Fernandez and Tobias Klinge (2020) *Private Gains We Can Ill Afford: The Financialisation of Big Pharma.* Stichting Onderzoek Multinationale Ondernemingen.
[12] Aris Angelis, James Lomas, Beth Woods and Huseyin Naci (2023) *Promoting popular health through pharmaceutical policy: The role of the UK Voluntary Scheme*. LSE Report. June 2023. https://www.lse.ac.uk/lse-health/assets/documents/Reports/23-0275-Pharma-Report-V10.pdf

and (iii) the limited bargaining power of national governments against those pharmaceutical companies'.[13]

Efforts to regulate this industry have proved ineffective. In the US alone, a sample of 26 publicly listed pharmaceutical companies — including giants such as GlaxoSmithKline, Pfizer, Sanofi, Merck, and Eli Lilly — found that between 2003 and 2016, 85 percent of companies had received a financial penalty for illegal activities, totalling a value of $33 billion.[14] This eye-watering sum is demonstrative of the failure of government efforts to effectively regulate industry behaviour because, given the profit margins of the industry and the inflation in shareholder and executive payouts over the same period, these fines can be perceived as little more than a 'cost of doing business'.

## 3. Building Careful Infrastructures

The Stage 1 summary document of UCLG's GOLD VII process emphasises that 'true change requires moving from practices towards infrastructures, so that principles of care are mainstreamed and systematically shape decisions across sectors and thematic priorities'[15]. In this next phase we must ask how this might be brought about? What exactly is an infrastructure of care, or perhaps more accurately, a careful infrastructure? And how might such infrastructures help us confront – and provide a structural alternative to – the sort of endemic disregard and indifference that currently characterizes the pharmaceutical industry?

Careful infrastructures are socio-technical systems. This means they are the combination of things (such as pipes, buildings, machinery, raw materials, and packaging) and relationships (between people, and between things and people). Although these are sometimes distinguished as hard and soft infrastructures, it is necessary to think of careful infrastructures in the singular: the social-physical systems through which we reproduce and ensure access to that which we need to live well (ranging from housing and food through to cultural resources, education or healthcare). Rather than a siloed focus on the "what" of hard infrastructures or the "who" of soft infrastructures, careful infrastructures address

[13] European Commission (2019) *Competition Enforcement in the Pharmaceutical Sector (2009-2017)*. Report from the Commission to the Council and the European Parliament. 28 January. https://ec.europa.eu/competition/sectors/pharmaceuticals/report2019/report_en.pdf

[14] Denis Arnold, Oscar Stewart and Tammy Beck (2020) Financial Penalties Imposed on Large Pharmaceutical Firms for Illegal Activities. *Journal of the American Medical Association*. 324(19): 1995–1997.

[15] UCLG (2025) *Care as aspiration and inspiration*. GOLD VII Multimedia Journal: Economies of Equality and Care.

these questions through a fundamental concern with the "*how*". How are decisions made about our needs? How can we identify our social priorities? How do we organise the production and distribution of that which we need to live well? How can we prioritise the collective good over individual gain? How can we meaningfully include those hitherto marginalized and excluded from these processes? And in every case, what role can local government play in directly helping societies to both ask *and* answer such questions?

As the existing pharmaceutical industry produces (some of) the drugs which are essential to human wellbeing, we can consider it as part of the dominant care infrastructure. Yet as summarised in the previous section, the pharmaceutical industry is the antithesis of a *careful* infrastructure. At every possible stage – from the setting of prices, to the prioritisation of research efforts, to ensuring equitable distribution and access – human wellbeing comes a distant second to the aim of maximising profit. The pharmaceutical industry makes money out of a sick society, with chronic illness representing a stable business opportunity.

A careful infrastructure must turn the existing pharmaceutical industry on its head. Yet faced with a trillion dollar industry, what sort of 'local' socio-technical arrangements will enable us to even begin responding to questions as daunting as: How do we decide (and enforce) the social prioritisation for research into new pharmaceuticals? How do we ensure that we are manufacturing drugs for which there is the greatest social need? How can we ensure equitable access across geographical scales? How can we systematically reduce the ecological impact of an industry which, per dollar revenue, has emissions 55 percent higher than the automotive industry?[16] How can this industry focus on *reducing* demand rather than profiting from it? These appear as totalising and 'global' challenges, yet in each case it is possible to emphasise the unique leadership role local governments can take in responding to these problems.

## 4. Public-Common Partnerships as Careful Infrastructure

The process of designing careful infrastructure for the pharmaceutical sector must begin by analysing current public interventions into the sector. While publicly owned pharmaceutical production exists in some countries (such as the

[16] Lotfi Belkhir and Ahmed Elmeligi (2019). Carbon Footprint of the Global Pharmaceutical Industry and Relative Impact of its Major Players. *Journal of Cleaner Production*. 214: 185–194.

effort to establish community pharmacies in Chile, under Daniel Jaude's leadership of the municipality of Recoleta), the vast majority of public intervention takes the form of public-private partnerships (PPPs). These PPPs, which underpin the current oligopolistic structure of the pharmaceutical industry, range from national level joint ventures, through the private enclosure of publicly funded research, to local government supporting asset transfers to facilitate the building and operation of privately owned pharmaceutical production facilities.

We propose that Public-Common Partnerships (PCPs) exemplify careful infrastructure precisely because they invert the logic of the public-private partnership. Instead of the state acting to derisk and facilitate private investment, the state, we argue, can actively support and underwrite initiatives promoting social control and common ownership.[17] When applied to the pharmaceutical sector this would fundamentally alter the conception of health and care in which pharmaceutical production is embedded. To illustrate this let's take the example of the treatment of Type-2 Diabetes, which not only requires the production of insulin and diabetes medicine, but also collective interventions into environmental risk factors such as access to affordable good food, affordable and high quality public transport, accessible green space and walkable cities – functions that are very often in the hands of local government. Whereas the dominant pharmaceutical sector views Type-2 Diabetes as an 'expanding market' for its products, socially owned and directed pharmaceutical production – in addition to local government investment in food sovereignty, sustainable mobility and inclusive urban planning amongst others – can be committed to *undermining* demand through supporting interventions into these risk factors. These more expansive conceptions of health and care should also inform a breadth of second-degree guiding principles such as ensuring transparency in costs of production, that decision-making in research be driven by health priorities rather than financial return, that production be ecologically sustainable, that the intellectual property structure incentives collaboration and access, and so forth.

The basic structure of a PCP (see Figure 1) is a model of co-ownership and co-governance that includes (at least) three stakeholders: a public body (e.g. the local authority), the employees (as worker-owners), and a Common Association

[17] Bertie Russell and Keir Milburn (2019) *Public-common partnerships: Building new circuits of collective ownership*. Common Wealth. https://www.in-abundance.org/reports/public-common-partnerships-building-new-circuits-of-collective-ownership

(a legally constituted body in its own right). Each of these stakeholders forms their own electoral college and, on the principle of one member one vote, are responsible for electing representatives to the board of the enterprise. This board is responsible for the overall governance of the organisation (e.g. setting the company's goals, direction, broad allocation of resources, limitations and accountability frameworks). It should be noted that the distinction between governance and day-to-day management is maintained here, where the latter is concerned with the internal operation of the company (e.g. the allocation of defined resources and overseeing day-to-day operations). A fundamental principle of democratic management is that those who do the work are also those who should make collective decisions about how this work is done.

**Le Pharmacie Populaire** Public Common Partnership Model

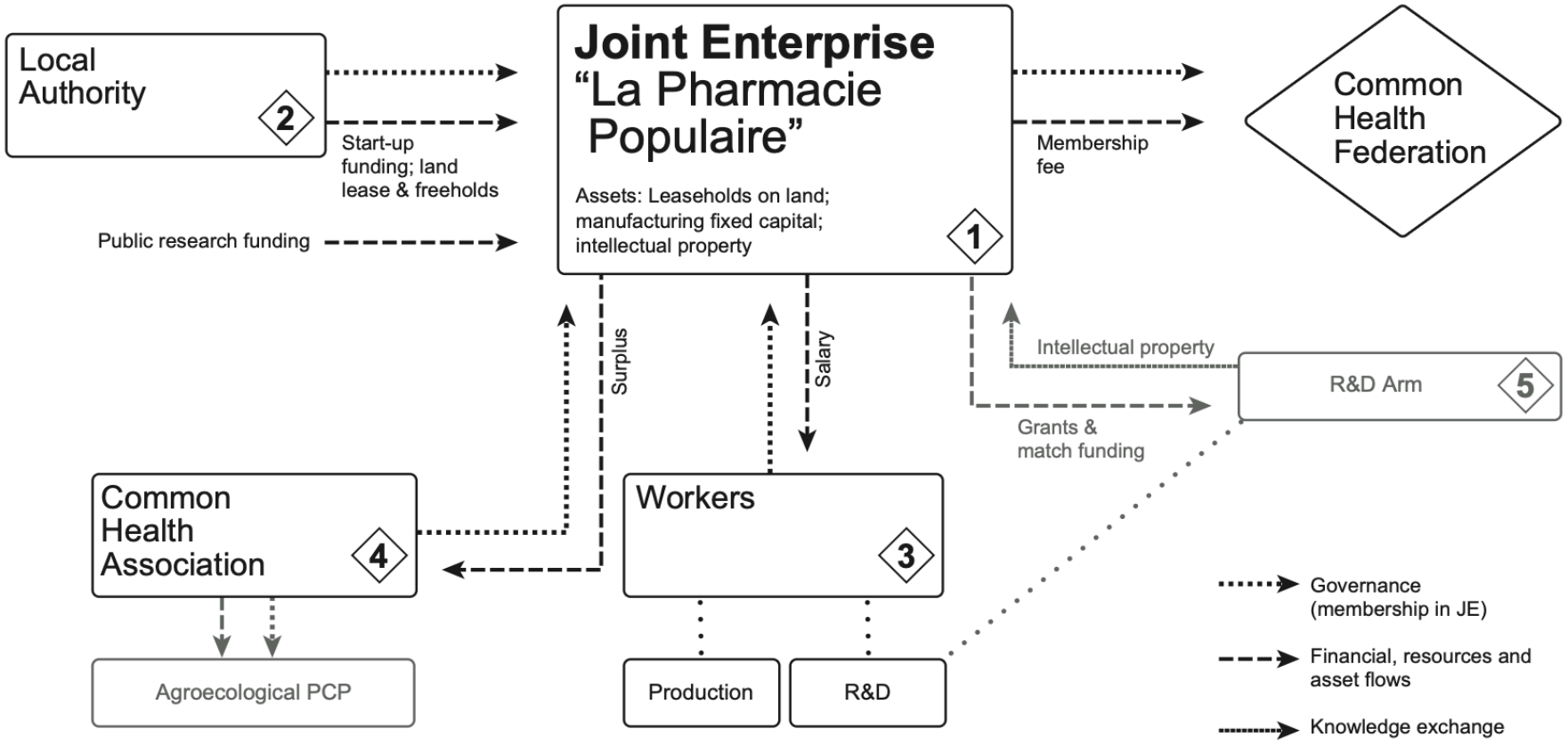


*Figure SEQ Figure * ARABIC 1: Proposed Public-Common Partnership Model.*
*Source: Kai Heron, Keir Milburn and Bertie Russell (2025) Radical Abundance: How to Win a Green Democratic Future. Pluto Press*

In a Pharmaceutical PCP the Common Association takes the form of a Common Health Association (CHA). A CHA is conceived as its own legally constituted body whose objectives are aligned with the aims of the PCP as a whole, but which has its own constitution, its own board, and its own internal democratic decision making processes. The membership of a CHA is primarily defined by an individual's proximity to a production facility, and is open to anyone within that defined territory. In practice, this CHA may also have forms of institutional membership that are relevant to the objectives of the association, although this is wholly determined by the specifics of a site. What is envisioned is therefore something akin to the territorially defined membership of a Community Development Corporation in the US, but whose objective is the furtherance of public health. This territorially defined membership organisation is inserted as a shareholder of a pharmaceutical PCP and is responsible for electing its own representatives to the board.

A portion of the surplus of a pharmaceutical PCP is transferred annually to the Common Health Association. In practice this is much like a company paying dividends to one of its majority shareholders, except in this case the 'shareholder' is a territorially rooted, democratic membership organisation, with the defined objective of intervening to further public health objectives. What exactly these interventions look like is the prerogative of an individual CHA, but they will share the fundamental characteristics of being *up-stream, collectivised, and citizen-led* responses that further public health objectives. In many ways, **the operation of the CHA can be understood as drawing on the tradition of participatory budgeting** (PB). However, whereas typically PB is concerned with how citizens can play a role in the allocation of local government finance, within a CHA the PB process is focussed on the allocation of the surplus from the pharmaceutical PCP. Just as with other forms of participatory budgeting, there is a recognition that organised communities have access to the lived, tacit knowledge of the problems they face, that enable them to make decisions on the specific forms of intervention that might be appropriate in responding to them.[18]

To return to the example of Type-2 Diabetes, this might mean the CHA providing a leadership role in establishing a community supported agriculture scheme in the region. Not only is this a collectivised 'upstream' response that may improve

[18] Examples of research on the importance of tacit knowledge and co-production include: Namperumal Sridharan, Rama Umesh Pandey and Tania Berger (2023) Co-production through tacit knowledge for water resilience, *Land Use Policy*. Volume 126.

access to affordable and nutritious food (a key risk factor in the development of pre- and Type-2 diabetes), but it also supports the expansion of the local democratic economy, whilst making interventions that could, in turn, help move food systems in a socially reparative and ecologically regenerative direction.[19] The development of a Common Health Association is thus itself a process of producing an active 'empowered' community, one that is *articulated* through the processes of design, decision-making, and implementation of grassroots-led public health interventions.

The localised benefits of developing pharmaceutical PCPs are comparatively easy to visualise. Essential productive facilities (the "hard" infrastructure) are co-determined by territorially grounded communities, workers and local governments (the "soft" infrastructure) so as to define and begin addressing the structural determinants of ill health. Yet in previous sections we illustrated how the dynamics of disregard and indifference of the pharmaceutical industry are entrenched at a global scale. **Our wider work on PCPs explores how such apparently 'local' interventions also act as strategic entry points for developing a systemic response to such apparently unalterable global dynamics**.[20] For example, the expansion of careful infrastructures might significantly increase the competencies of local governments to respond to health crises through mobilising networks of public-common pharmaceutical facilities. Consider how a coordination of municipal authorities might have responded to the challenge of obtaining Covid-19 vaccines if they had been stakeholders in a network of public-common pharmaceutical facilities. Or consider the increased leverage governments might have when looking to develop pharmaceutical products based on publicly funded research. Instead of being strong-armed into handing over intellectual property to pharmaceutical companies, a network of public-common facilities could provide an alternative infrastructure through which to conduct trials. **PCPs are small scale interventions when viewed from the perspective of the trillion-dollar pharmaceutical industry. But the innovative public-common structure lends itself to being a *starting point for addressing the wider structural disregard and indifference that characterises Big Pharma*.**

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[19] Kai Heron, Bertie Russell and Keir Milburn (2024) *Food systems in common: council farms, agroecological food sovereignty, and public-common partnerships*. Abundance. https://www.in-abundance.org/reports/food-systems-in-common

[20] For more on the system-change dynamics associated with public-common partnerships, see Kai Heron, Keir Milburn and Bertie Russell (2025) *Radical Abundance: How to Win a Green Democratic Future*. London: Pluto.

## 5. How can local governments facilitate careful infrastructures?

We offer public-common partnerships as a tangible example of a careful infrastructure that can be implemented in a wide range of sectors. We've briefly explored what this could look like using the ambitious but achievable example of a PCP for pharmaceutical production, identifying, in particular, the more expansive conception of health and care it could open up. The strategies and processes for establishing a PCP will vary significantly across different geographies and economic sectors, but the initial steps a local government could take will look broadly similar, because of the need to understand the opportunities and barriers specific to each territory and sector being addressed. Establishing this involves identifying the range and ownership status of existing assets and resources, surveying the asset transfer processes available, understanding the legal forms an innovative organisation can adopt, and because PCPs involve a partnership between the public and organised communities, assessing the current level of social organization and skills base within the territory.

In each case, local governments must establish whether they have the existing "in-house" competencies to undertake these diverse tasks. Some will, but in many cases, local governments – or coalitions of local governments – should seek to establish a Careful Infrastructure Commission (CIC). The shape this takes must be territorially appropriate, but it ought to facilitate the coordination and expertise of existing organisations – including local government, representatives of the social solidarity and transformative economy, trade unions, community and voluntary sector organizations, legal and governance experts, universities, and so on. In each case, the focus of such a commission should be to survey the existing state of careful (or potentially careful) infrastructure, and establish the preconditions necessary to establish new careful infrastructure or the reform of existing ones.

Among the steps a Careful Infrastructure Commission (CIC) should take are the following:

### 5.1. Mapping the status of assets

*The ownership status and availability of assets – whether they are privately or publicly owned – has a significant impact on how to approach the establishment of a PCP.*

Pharmaceutical manufacturing demands significant capital investment, requiring laboratories and factories that must conform to strict standards. In most cases, it will not be feasible for local government actors to finance the construction of this infrastructure from scratch. There are also few cases globally of publicly owned pharmaceutical infrastructure. As such, the establishment of pharmaceutical PCPs will primarily focus on assets that are currently privately owned, with a view to how they might be transferred into alternative forms of ownership (see *2 – Develop clear understanding and guidance for asset transfers*). A Careful Infrastructure Commission (CIC) should undertake a systematic mapping of the production facilities that exist within their jurisdiction. This includes understanding what they produce, the numbers of staff employed, the degree of unionisation, any existing public subsidies they receive, and the financial solvency of the facilities. The priority should be identifying those facilities that are currently at risk, and thus potential candidates for asset transfer.

In other sectors, in many cases, the assets required to establish public-common partnerships might already be under some form of public ownership. Examples might include municipal land and buildings, agricultural land, publicly owned water utilities whose lease is currently owned by a private operator, and so on. In these cases, the CIC should develop a comprehensive and cross-sectoral database of publicly held assets, including information on their contractual status, current use, and any usage restrictions. This database should be made publicly available, and the CIC should be positioned to handle requests about future access.

## 5.2. Develop clear understanding and guidance for asset transfers

*There are many different ways in which the ownership of an asset can be transferred, from bankruptcy measures, to public asset transfer policies, to constitutional clauses.*

The purchase of assets is the most conventional approach to transferring ownership. In some circumstances local governments may be able to support the direct purchase of assets, either through direct financing or through derisking community-led interventions (such as guaranteeing a private loan against public assets, or acting as a financial intermediary to enable favorable repayment terms). However different national legal frameworks often provide a range of

measures through which to conduct asset transfers using extra-economic means. Indicative examples of these might include utilising bankruptcy measures (such as those of the French commercial courts) or special administration regimes (such as the UK's insolvency process for businesses that provide a statutory or critical public service or supply), compulsory purchase agreements, formal asset transfer provisions (such as those included within the Scottish Crown Estate Act 2019), mechanisms for transfers into employee ownership, or constitutional clauses (such as Article 15 of the German constitution on socialization, or article Article 5, XXIII of Brazil's constitution that requires property to fulfil a social function).

The Careful Infrastructure Commission should conduct a full assessment of the different asset transfer mechanisms that exist within a national legal framework. It should also prepare and provide clear guidance on how these transfer mechanisms can be utilised, and work towards providing support to groups looking to harness these mechanisms to further the democratic economy.

### 5.3. Define and innovate with existing corporate models

*The establishment of a PCP requires an understanding of which corporate forms exist within national legal frameworks, and the scope for innovation within these corporate models.*

Careful infrastructures such as public-common partnerships require innovation in the use of existing corporate forms, which requires a comprehensive understanding of which corporate forms are available in the relevant national legal context. An indicative example of this work was published in 2020 by the European Commission, entitled *Social Enterprises and their ecosystems in Europe.*[21] This research provided a country-by-country review of the different corporate forms that were being used by social economy enterprises in Europe, ranging from collective interest cooperatives to community benefit societies to mixed ownership enterprises.

Different corporate forms offer different prospects for the development of careful infrastructure. For example, the corporate form of the Community Benefit Society (CBS) in the UK, the Société Coopérative d'Intérêt Collectif (SCIC) in France, or Enterprises of Communal Social Property in Venezuela, all offer distinct legal

[21] European Commission, Directorate-General for Employment, Social Affairs and Inclusion (2020) *Social enterprises and their ecosystems in Europe: comparative synthesis report*. Publications Office.

architectures for developing caring infrastructure. However, a corporate form does not immediately indicate the existence of caring infrastructure. Instead, the legal architecture must be *harnessed*, requiring innovations in *how* organised communities, workers and local governments (the who) can co-own and co-determine physical infrastructure (the what). Public-Common Partnerships offer one example of how an innovative caring infrastructure can be built upon existing legal architectures. But they might not be possible or appropriate in other legal jurisdictions. The CIC should lead on evaluating which corporate forms are most appropriate to the development of careful infrastructures, and focus on developing potential models – such as that demonstrated by the PCP approach – for implementing careful infrastructures.

### 5.4. Understand the technical and social base

*Depending on the sector, the existing skill-base is a significant factor in the viability of establishing a PCP. Similarly, there must be a clear understanding of which civil society actors or organised communities may lead in the development of a PCP.*

Some careful infrastructures, including the pharmaceutical sector, require highly skilled labour. In such sectors there needs to be a clear evaluation of the available skills and knowledge within the workforce, and an assessment of whether there is a sufficient labour supply for establishing new careful infrastructure. As part of a process of identifying appropriate sites for intervention, the Careful Infrastructure Commission should undertake an assessment of the necessary workforce, and collaborate with labour representatives – especially trade unions – to understand the potential for implementing a PCP.

All careful infrastructures, as socio-technical systems, require organised communities to be an integral part of their design. In the case of PCPs, these are primarily articulated through membership and participation in the common health association. Yet such organised communities don't come from nowhere, but rather mark an evolution of existing groups - whether these be mutual aid groups, environmental and campaigning organisations, women's initiatives, organised diasporas, or otherwise. The Careful Infrastructure Commission should conduct a systematic mapping of the social fabric in its territories, establishing lines of communication, and fostering an understanding and interest in supporting the development of a public-common partnership.

### 5.5. Explore different approaches to social evaluation

*The scope of local government action is often constrained within formal mechanisms of evaluating the financial and social impact of decisions.*

Partnerships between public and civic actors can not only lead to better decisions by drawing on a wider range of knowledge, but can also increase social cohesions while developing the democratic capacities of those participating. They can, however, also be marked by tensions around conflicting organizational logics and modes of assessing activity. The Careful Infrastructure Commission should assess and develop mechanisms, such as Barcelona's Patrimoni Ciutadà (Citizens Assets) programme, which aim to ameliorate those tensions.[22] Of particular sensitivity are the metrics used to value the activity of organised communities. As local government budgets have come under pressure we've seen the growth of social value models which assign economic value to the activities of civic actors and the social and solidarity economy. These can be effective ways of legitimising those activities within cash strapped local authorities, but they should be supplemented by forms of measure which emerge from and speak to the values of the communities involved.[23] This is important because forms of measurement are also disciplinary. They tend to shape and sometimes distort the activities they purport to simply measure.

## 6. Conclusion

The existing pharmaceutical industry is characterised by a structural focus on the maximisation of profits and as such, it operates with disregard and indifference to human wellbeing. The same dynamic can be seen across many other sectors which are fundamental to us living well, such as housing, energy, telecommunications, food and culture. The development of careful infrastructure means turning this dynamic on its head, so that the direction of the infrastructures which we rely upon to live well are socially determined. This can only be achieved by focusing on the development of careful infrastructures: socio-technical systems that incorporate both physical assets (the what) and social relationships (the who) with a focus on questions of *how* we might live well.

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[22] Gareth Brown and Keir Milburn (2024) *Commoning the public: translating European new municipalism to the UK context.* Rosa Luxemburg Stiftung. https://www.rosalux.de/en/publication/id/51944/commoning-the-public

[23] For more on valuing the multidimensional aspects of initiatives, see Doina Petrescu, Constantin Petcou, Maliha Safri, Katherine Gibson (2021) Calculating the value of the commons: Generating resilient urban futures. *Environmental Policy and Governance*. 31(3): 159-174

Public-Common Partnerships (PCPs) are one example of what careful infrastructure can look like in practice. Through the combined action of organised communities, workers, and local governments, physical infrastructure is controlled through a co-productive multi-stakeholder approach. They are characterised by the continuous passing of the initiative to organised society. Emphasis is placed on developing the capacity of formal community structures to collectively determine the changing nature of social needs *and* how these social needs can be met.

PCPs appear as comparatively small interventions when faced with careless infrastructures such as the global pharmaceutical industry. However, they are achievable entry points that enhance the capacity of local government and organised communities to address existing problems, whilst simultaneously acting as a first step in addressing wider structural dynamics. They are tools for both meeting social needs and enhancing the democratic capacities of local government and organised communities.

Local governments can support the development of careful infrastructures, such as PCPs, through a series of defined steps. The establishment of Careful Infrastructure Commissions (CICs) is premised on the understanding that, although local governments can't do this alone, they can act as facilitators. To respond to specific contextual realities, we suggest five tasks that should be undertaken by a CIC; Mapping the status of assets; Developing clear understanding and guidance for asset transfers; Defining and innovating with existing corporate models; Understanding the relevant, existing technical and social base; Exploring different approaches to social evaluation.