

Plenary III

Public-Private Partnerships: Exploring the Framework

Public-Private Partnerships for Health

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Overview

- Background and sources of information
 - Diversity of public-private sector interactions, particularly 'PPPs'
 - Assessing public-private partnerships for health
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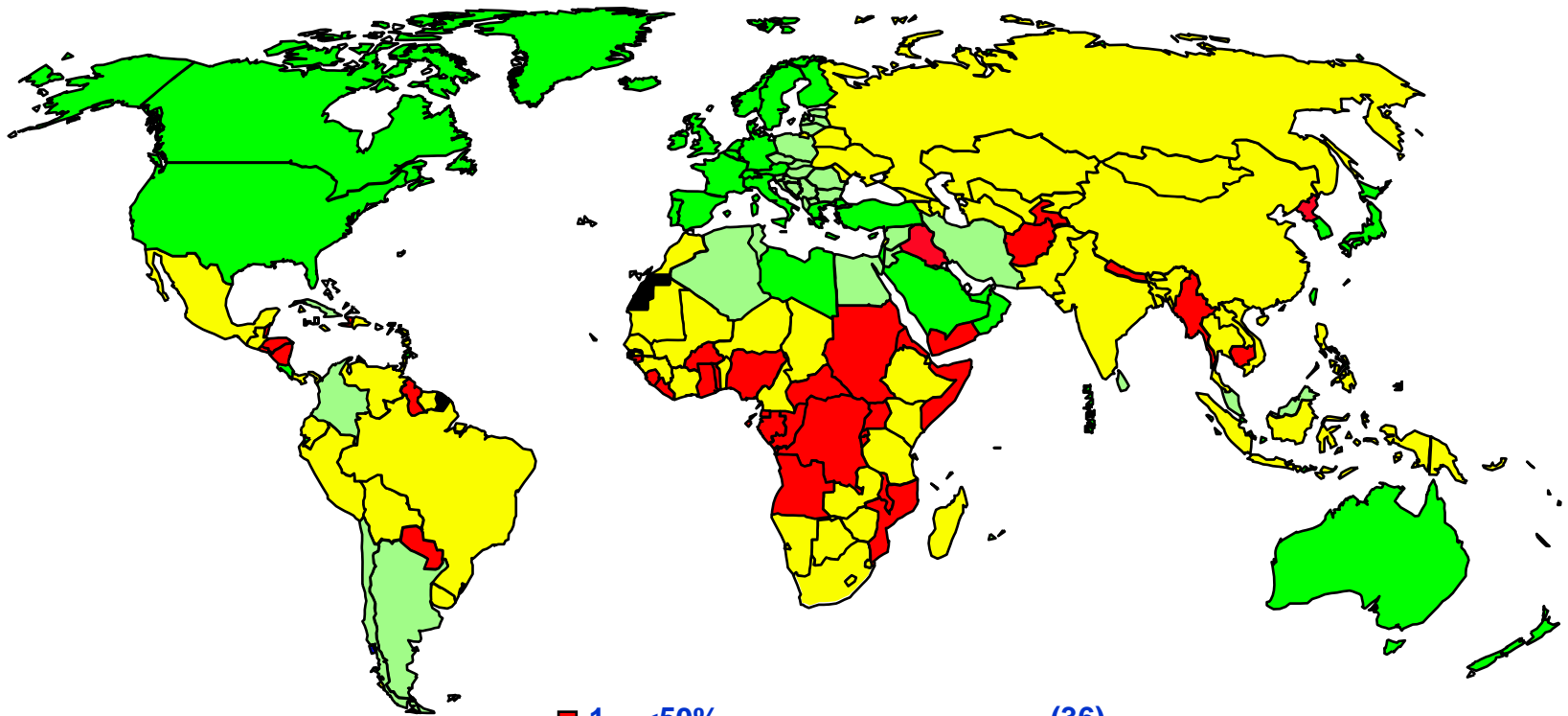
Background
and
sources of information

General background to PPPHs

- **Market driven R&D does not respond to health problems experienced predominantly by the poor**
- **Governments of poorer countries lack funds and human resources for basic health services & infrastructure**
- **Governments of affluent countries fail to provide sufficient international aid (and/or it is used inefficiently to reach the poorest – Gwatkin et al., and Transparency International 2006 report on health sector corruption)**
- **'Globalization', esp w.r.t. international organizations**

Many people still lack access to essential drugs

Percentage of population with regular access to essential drugs (1997)



1 = <50%	(36)
2 = 50-80%	(68)
3 = 80-95%	(33)
4 = >95%	(41)
5 = No data available	(1)

Sources of information and conclusions

- From late 1999 to early 2005 the *Initiative on Public-Partnerships for Health*, operated under umbrella of Global Forum for Health Research, Geneva
 - Some activities on health partnerships continue under the Global Forum
- Prior work with multi-agency Children's Vaccine Initiative

Major analyses of IPPPH

- **Focused on health problems of poor populations and PPPHs with commercial, particularly 'pharma', involvement, operating internationally**
- **Systematic scan for such PPPHs**
 - Approaching 100 by late 2002
 - Most address infectious disease control, the biggest source of rich/poor health inequities
- **Conducted 'in-country' studies in 2002-2004 for UK DFID of PPPHs addressing disease control**
- **In-depth engagement with PPPHs addressing product development**



Impact of Public-Private Partnerships Addressing Access to Pharmaceuticals in Selected Low and Middle Income Countries

A Synthesis Report from
Studies in Botswana, Sri Lanka,
Uganda and Zambia

Karen Caines
Institute for Health Sector Development, London, UK

Louisiana Lush
London School of Hygiene and Tropical Medicine, London, UK



Initiative on
Public-Private
Partnerships
for Health

ABRIDGED VERSION

Combating Diseases Associated with Poverty

Financing Strategies
for Product Development
and the Potential Role of
Public-Private Partnerships

Authors

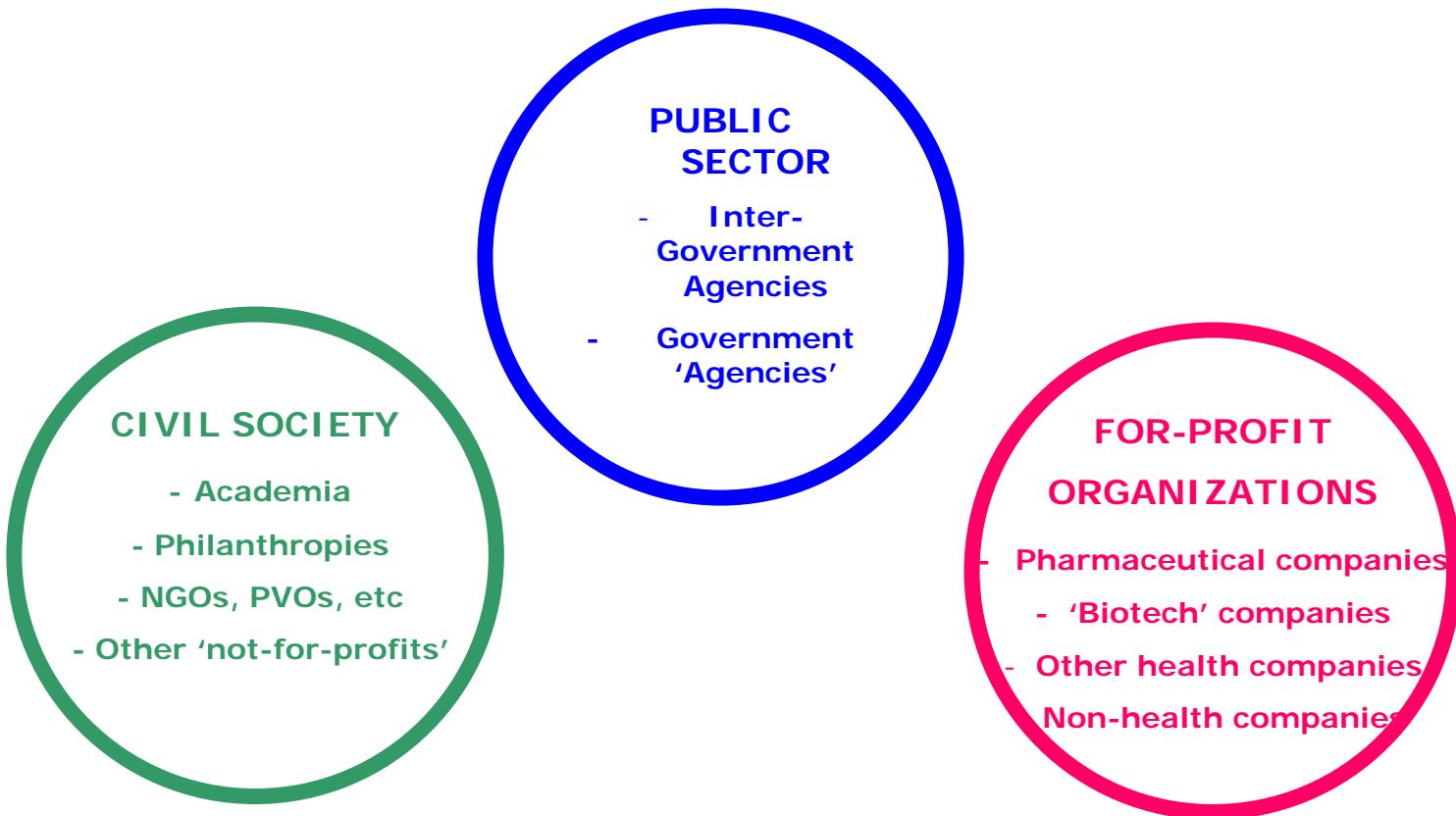
Roy Widdus
Katherine White

*Based on a workshop of the same title organized by the
Initiative on Public-Private Partnerships for Health*



The diversity of
public-private sector interactions,
particularly
'PPPs'

Components of the public and private sectors



Roles and strengths of different organizations by sector

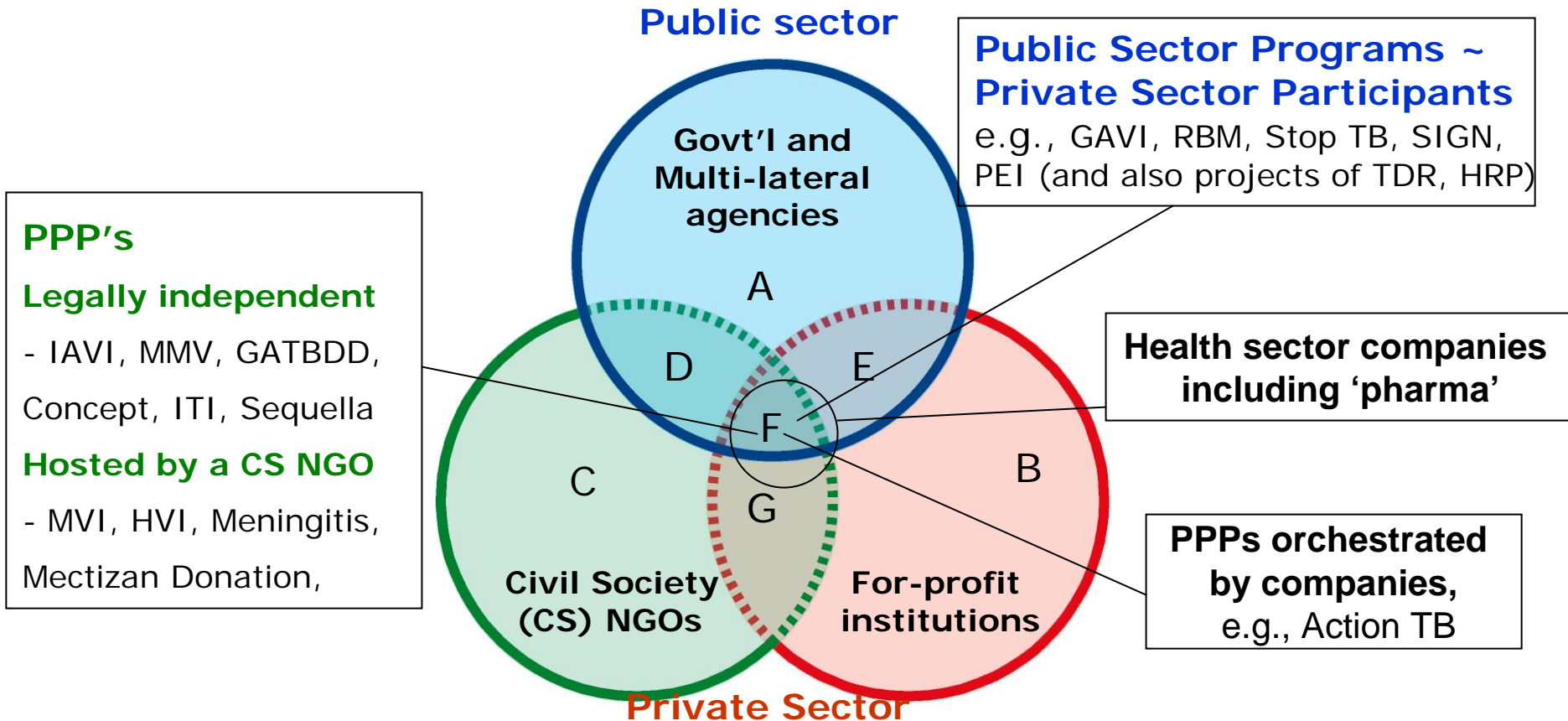
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graph TD; A[Roles and strengths of different organizations by sector] --- B[Gov'ts & Int'l Agencies]; A --- C[Commercial]; A --- D[NGOs]; B --- B1[Policy consensus development]; C --- C1[Focus, Accountability, Product dev't & manufacture]; D --- D1[Flexibility, 'Reach' to grass-roots];
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Gov'ts & Int'l Agencies
Policy
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Commercial
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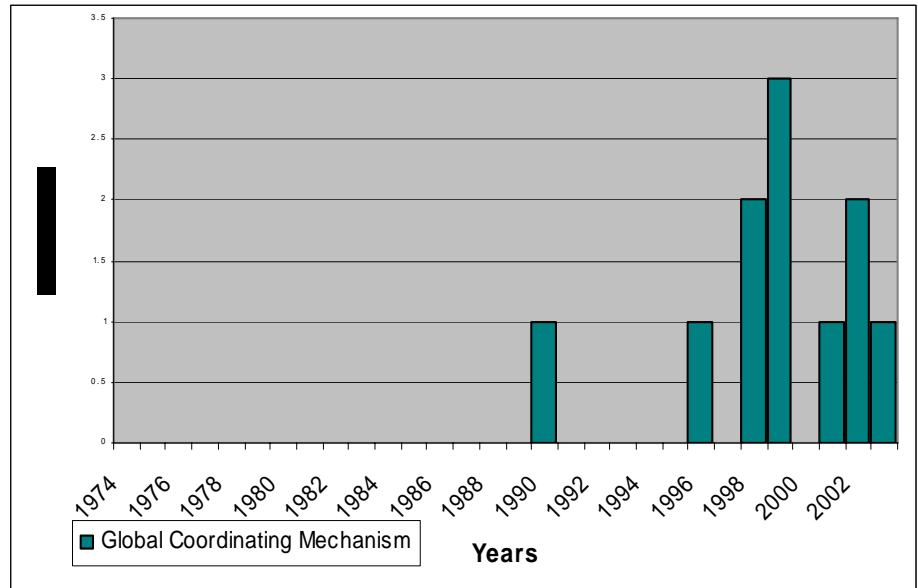
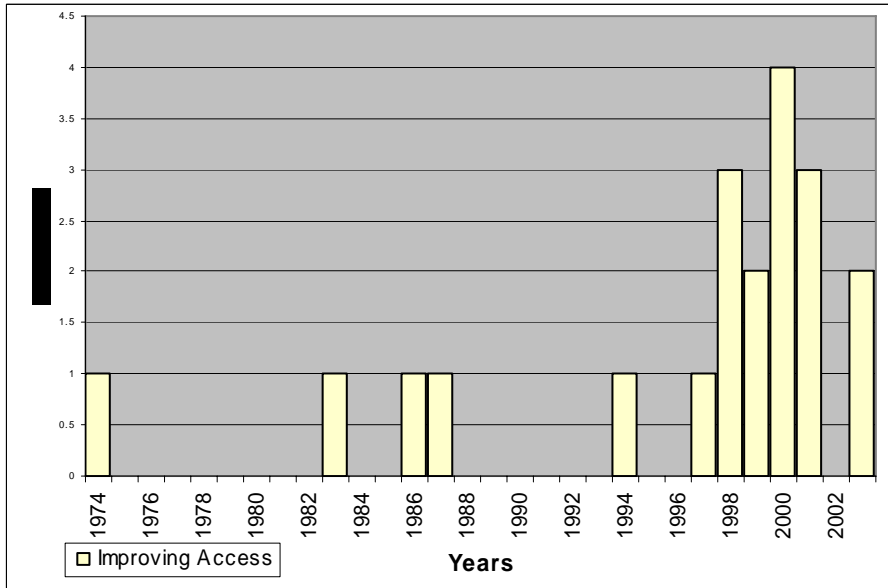
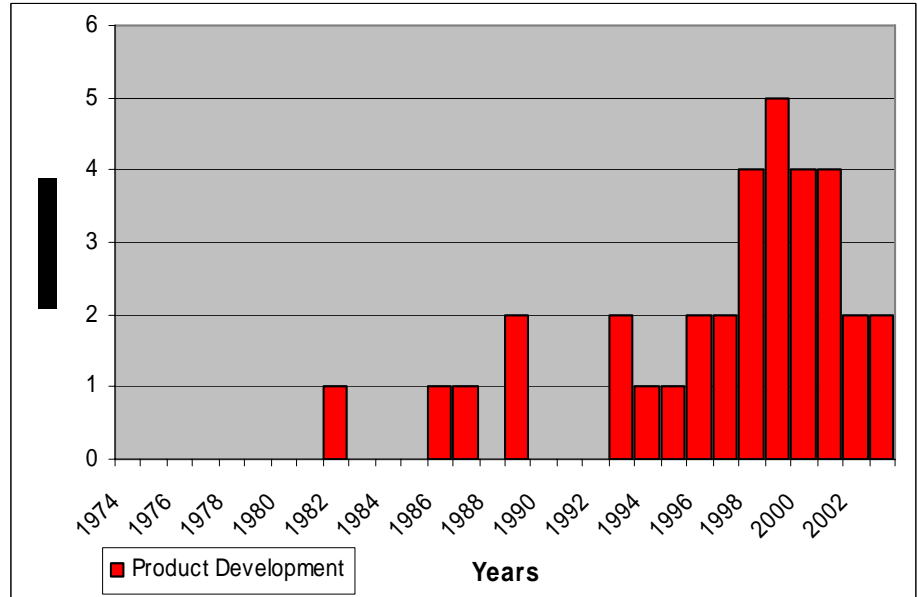
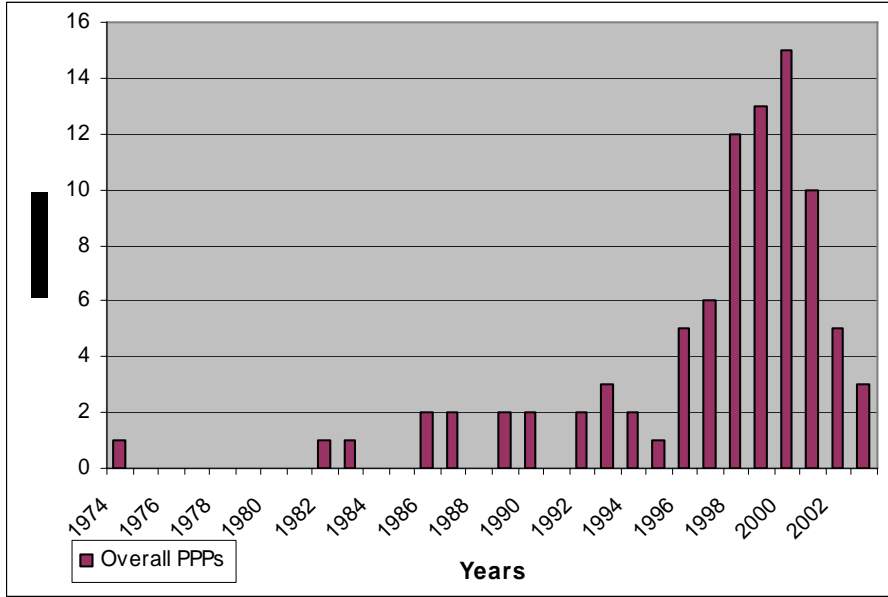
Many possible collaborative relationships between public and private sectors



Attributes of 'joint venture' partnerships

- A shared objective
Although motivations and values differ
- Shared risk-taking
Inherent in new ways of doing business
- Shared decision making
In implementation at a minimum
- Contributions from each participant
Will differ
- Benefits to each participant
May differ

Trends in 'partnering'



Categorization of partnerships for health by strategy

- **Product development partnerships**
- **Improving 'access' (to donated, discounted or subsidized products) – 'Access' partnerships**
- **Global coordination or funding mechanisms**
- **Strengthening health services**
- **Educating the public, or political advocacy**
- **Ensuring product quality, rationalizing regulations, standardizing reporting**
- **Business Action for Health ('BAH') by non-health sector companies**

Some Product Development Partnerships (PDPs)

- **Vaccines**

- IAVI
- (SAAVI)
- MVI
- IDRI
- HHVI
- MVP
- Aeras/TB
- PDVI

- **Diagnostics**

- TBDI
- FIND

- **Drugs**

- MMV
- GATBDD/TB Alliance
- MSF-DNDi
- IOWH, etc
- Esparanza Med. Fndn

- **Contraceptives**

- CONRAD/CIICR

- **Microbicides**

- IPM, GMI, MDP

- **Bed nets**

'Access' PPPs

- Contracept'n/Concept
- Onchocerciasis/MDP
- Leprosy/GAEL
- Lymphatic filariasis/GAELF
- Malaria/Coartem
- Trachoma/ITI
- Tuberculosis (MDRTB)

HIV/AIDS

- DAI/AAI (multi-company)
- Diflucan
- Viramune
- ACHAP

Global coordination mechanisms and **funding mechanisms**

- **Global Alliance for Vaccines and Immunization (GAVI)**
- **Roll Back Malaria (RBM)**
- **Stop TB Partnership**
- **Safe Injection Global Network (SIGN)**
- **Polio Eradication Initiative**
- **Partnership for Safe Motherhood, Newborn Health and Child Survival**
- **Global Alliance for Improved Nutrition (GAIN)**
- **GFATM**
- **GAVI Fund (previously the Vaccine Fund)**

Strengthening 'Corporate Social Responsibility' (CSR) trend.....

- Business action for health (by non-health sector companies)
 - Most frequently in partnerships to deliver education and services, e.g., AIDS treatment, also malaria
 - WEF Global Health Initiative
 - Global Business Council on HIV/AIDS
 - Occasionally in product development
 - In IAVI, MMV, SAAVI, others
- Challenge – In LMICs, most are employed in SMEs or informal sector

Diversity -- Legal Status of Various Partnerships Addressing Health Problems

Category by Principal Aim	Independent	Hosted in:		
		Public/International Agency	Private/Not-for-Profit Organizations	Private/For-Profit Organizations
Knowledge generation/research	SNP			
Product development	AMD, DNDi, FIND, GATBDD, IDRI, IOWH, IAVI, IPM, MMV	Artesunate, EMVI, JPMW, LAPDAP, MDP, PDVI, SAD, TBDI	CONRAD, CICCR, DVP, GMP, HVI, LFI, MVI, MVP, Norplant	Action TB, ICCADD
Product access	CF, ITI	AAI, APOC, GAELF, GAEL, GPEI, OCP, ORS, UNFPA/Industry, VVM, WPESS, Coartem	CVP at PATH, MSF (DND), GWEP, Malarone, Mectizan, MTCT-Plus, Netmark,	Diflucan, GSK-AMP, MNT, Viramune
Global coordination & financing mechanisms	GAIN, GFATM, MI, VF	CVI, GFUNC, GAVI, RBM, SIGN, Stop TB, VISION 2020		
Health system strengthening	ACHAP	GET 2020, IPAAA, MIM	AHPSR, SEAM	Secure the Future, Step Forward
Public education & advocacy	CCA, GCB	GPHW, HIN, IPCS	GCM	
Regulation, quality & standards	PSI, GRI	Anti-counterfeit drug initiative	ICH	

Assessing
public-private partnerships
for health

Important features of 'PPPHs'

- **Start 'focused' on specific gaps, needs, technologies**
 - Address shortcomings of independent action
 - This is less true where industry is not a central player
- **Typically strive to avoid *"Mission Creep"***
- **Recognize the responsibilities/'authority' of governments and international agencies for overall health policies –**
 - Want to work in concert to help them implement programs to 'deliver' on such policies, not abrogate the policy setting roles

Issues raised regarding PPPs (1)

- 'Governance' (their own)
- Representation of 'stakeholders', esp. intended beneficiaries, and 'shareholders'
- Accountability

Issues raised regarding PPPs (2)

- Relationship to national priorities
- Relationship to overall health sector 'governance' systems
- Proliferation/admin. burden
- Sustainability

Issues raised regarding PPPs (3)

- Inter-organizational learning
- Measuring effectiveness/added value
- Looking 'downstream'

In assessing criticism of PPPHs

- Ask if the problem PPPHs appear to be associated with is really *caused* by, or just *revealed* by, their operations, i.e., inherent in weak systems
- Ask is it unique to partnerships in which commercial entities are involved
- Ask if the criticism is one that can be made of *any* new activity in a resource-poor health system
 - E.g., a new public-public partnership or new government program

Funding sources of PPPs

- PDPs: Philanthropies, selected bilateral aid agencies
 - Little from OECD Medical Research Councils/NIHs
- Access PPPs: 'Pharma' for products, but less for operations; LMIC gov'ts for operations
- Business Action for Health: industry; +/- LMIC for operations
- Global Coordination Mec'hs: OECD aid agencies; philanthropy
- GFATM: Overwhelmingly OECD Gov'ts; limited philanthropy; v. limited commercial
- GAVI/Vaccine Fund: Gates; selected bilateral aid agencies

Reflections on the current situation

- **The array of PPPs that now exists has arisen by 'serendipity'**
 - They started individually responding to specific needs, not based on a comprehensive comparison of disease burdens
- **There is scope for systematic analysis of other opportunities to respond to LIC needs**
 - But PPPs are not the answer to every need
- **The lead in developing public health systems/policies/priorities -- into which PPPs can fit -- must come from (LMIC) Governments**
- **Only with this lead will things be 'sustainable' and the potential of PPP contributions be fully tapped**

What needs to change for optimizing PPP contributions?

- A comprehensive study by Marek *et al* (World Bank, 2005/6) identified many examples and opportunities for PPPs and private sector delivery of health services in sub-Saharan Africa
- A companion study by the Center for Development Communications (MD) identified many difficulties arising from public health sector **suspicion/anxieties towards the commercial sector**
 - Mindset of public sector as 'provider', rather than 'steward'
 - E.g., in malaria, PH impact of *private* access neglected

Why should we pay attention to PPPHs?

- They tackle health problems that are:
 - Globally important
 - Historically intractable
 - Disproportionately affect the poor
 - Perpetuate poverty
 - Need the skills (and products) of the private as well as the public sectors
- They are potentially valuable ‘social experiments’
 - Which achieve **synergy through complementarity**
 - To which few, if any, realistic alternatives exist



*'I'm going to explain Public,
Private Partnerships until you
feel drowsy and fall asleep'*