Recent Developments in Public-Private Partnerships and opportunities for PMNCH engagement with the Private Sector

Barbara Bulc (presented by Al Bartlett)
Overview

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5. Potential engagement through business coalitions or alliances
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I. A bit of history…

- During 2009, the Board had expressed interest in analysing the various roles of the private sector in the delivery of the health MDGs
- In Nov-Dec 2009, the Secretariat commissioned an initial study about the Role of Private Sector in PMNCH
- Feb-Mar 2010, Barbara Bulc carried out extensive consultations among Board Members, as well as representatives of Global Health Partnerships, experts and some private sector representatives
- Apr 2010 – the issue is presented for Board discussion with some recommendations emerging from the consultation
### List of consultations Feb-Mar 2010

#### Board Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and organisation</th>
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<tbody>
<tr>
<td>Julian Schweitzer</td>
<td>(EC)[1], Director of Health, Nutrition and Population, World Bank</td>
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<tr>
<td>Ann Stars</td>
<td>(EC), President, Family Care International</td>
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<td>Al Bartlett</td>
<td>(EC), Senior Advisor for Child Survival, USAID</td>
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<td>Daisy Mafubelu</td>
<td>(EC), Assistant Director General, World Health Organization</td>
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<tr>
<td>André Lalonde</td>
<td>(EC), Executive Vice president, SOGC</td>
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<tr>
<td>France Donnay</td>
<td>Senior Program Officer, Bill and Melinda Gates Foundation, UCU</td>
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<td>Pius Okong</td>
<td>Assistant Professor, UCU, FIGO</td>
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<td>Kwamy Togbe</td>
<td>Associate Director, Country Operations, CARE USA</td>
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<td>Jane Schaller</td>
<td>Executive Director Director, International Pediatric Assoc</td>
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<td>Bridget Lynch</td>
<td>President, International Confederation of Midwives</td>
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<td>Nkeiru Onuekwusi</td>
<td>Head of Child Health Division, MOH Nigeria</td>
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<tr>
<td>Amit Mohan Prasad</td>
<td>Ministry of Health, India</td>
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<td>Afsana Kaosar</td>
<td>Head of Program, MNCH, BRAC</td>
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<td>Mickey Chopra</td>
<td>Chief, Health, Associate Director, UNICEF</td>
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**Note:** [1] PMNCH Executive Committee

#### GHPs, Private sector, Experts, others

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<thead>
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<tr>
<td>Dr Awa MarieColl Seck</td>
<td>Executive Director, Roll Back Malaria</td>
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<tr>
<td>Julian Fleet</td>
<td>Deputy Director, Roll Back Malaria</td>
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<td>Enrico Molica</td>
<td>Chief of Staff, The Global Fund</td>
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<td>David Aylward</td>
<td>Executive Director, mHealth Alliance</td>
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<td>Denis Gilhooly</td>
<td>Executive Director, Digital He@lth Initiative</td>
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<td>Olivier Raynaud</td>
<td>Director, World Economic Forum, Global Health Initiative</td>
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<td>Jeffrey Sturchio</td>
<td>President, Global Health Council</td>
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<td>Georg Kell</td>
<td>Executive Director, UN Global Compact</td>
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<tr>
<td>Ursula Wynhoven</td>
<td>Head Policy &amp; Legal, UN Global Compact</td>
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<tr>
<td>Chris Burgess</td>
<td>Senior Vice President, Vodafone</td>
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<td>Nada Dugas</td>
<td>Associate Director, Baby Care, P&amp;G</td>
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<td>Steven Philips</td>
<td>Senior Vice President, Health, Exxon Mobile</td>
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<tr>
<td>Roy Head</td>
<td>CEO and Founder, Development Media International</td>
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<tr>
<td>Adrian Hodges</td>
<td>Senior Vice President, CSR, GSK</td>
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<td>Stefan Germann</td>
<td>Director, Learning and Partnerships, World Vision Int.</td>
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<td>Jill Sheffield</td>
<td>President, Women Deliver</td>
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<tr>
<td>April Harding</td>
<td>Senior Health Economist, Investment Climate Advisory Services and Health, Nutrition, and Population, World Bank Group</td>
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<td>Bo Stenson</td>
<td>Independent consultant</td>
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<tr>
<td>Tonia Marek</td>
<td>Lead Public Health Specialist, AFTHE, The World Bank</td>
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<td>Ian Anderson</td>
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<td>Claire Topal</td>
<td>Head, Pacific Health Summit, The National Bureau of Asian Research</td>
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#### Secretariat

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<tr>
<td>Flavia Bustreo</td>
<td>Director, PMNCH</td>
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<tr>
<td>Andrés de Francisco</td>
<td>Special Adviser Strategy and Team Coordinator, PMNCH</td>
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<td>Lori McDougall</td>
<td>Senior Technical Officer, Policy and Advocacy, PMNCH</td>
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<td>Marta Seoane</td>
<td>Board Relations and Information Officer, PMNCH</td>
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<td>Henrik Axelson</td>
<td>Technical Officer, Economics, PMNCH</td>
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<td>Consulting Technical Officer, PMNCH</td>
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**Note:** Improving maternal, newborn and child health through active partnership
2. Purpose of the presentation

- Summarize results of the consultation carried out by consultant Barbara Bulc among Board Members on this item
- Start the discussion among Board Members on the potential for engaging with the Private Sector
- Present examples of private sector work/initiatives contributing to MNCH
- Highlight upcoming opportunities during 2010 where PMNCH could engage in activities with the private sector
- Make a number of recommendations to the Board on ways forward to advance this objective in PMNCH
3. Context (I)

Definition of the private sector

- For this study the private sector is defined as: 
  
  *for-profit formal commercial organizations as well as business coalitions or business alliances*

- Using this definition, private sector includes:
  a) For-profit commercial enterprises or businesses
  b) Business coalitions and alliances (cross-industry, multi issues groups; issue-specific initiatives; industry-focused initiatives)

- Other “non-state” private for-profit or not-for profit actors are not discussed in this study
3. Context (II)

- Major role of private sector in providing MNCH-related goods, services and information in essentially all countries
- Significant challenges in achieving MDG 4 & 5 require concerted action
- Current initiatives trying to reach to private sector (UN SG Joint Action Plan) – recognition of the PS as a critical partner
- Rapidly increasing number and role of global health public-private partnerships (GHPs)
- Untapped resources of the private sector for MNCH (unlike for vaccines, for example)
- Existing private sector initiatives in MNCH lacking the policy guidance and other valuable inputs that could only be provided by public health
4. GHPs: historical evolution

Significant shift in public and private relationship:

- **1970s**
  - Donors
  - Recipient governments
  - Partnerships

- **1980s**
  - Donors
  - Recipient governments
  - Communities
  - NGOs
  - Emergent GHPs

- **1990s**
  - Recipient governments
  - Multilateral donors
  - Bilateral donors
  - GHPs (Corporate/UN+others)
  - NGOs

- **2000s**
  - Recipient governments
  - Multilateral donors
  - Bilateral donors
  - GHPs (Corporate/UN+others)
  - NGOs

Improving maternal, newborn and child health through active partnership.
4. GHPs – Examples (I): The Global Fund PPP

6 key roles for the private sector engagement:

1) Cash contributions
   - Directly from corporations and HNWI, 20% (e.g. Corporate Champions)
   - Indirectly from consumers, public advocacy and new financing mechanisms, 80% (e.g. Product (RED) campaign)

2) Contribute goods and global services
   - Reducing need for expenditure on
     - Medical goods
     - Non-medical goods
     - Global services to assist the Fund Secretariat

3) Assist in implementation
   - Provide service support in critical competencies – for example, supply chain, general management, financial planning

4) Co-investment
   - Co-investment of programmes using private sector infrastructure and resources

5) Act as a service provider to deliver implementation
   - In-country private healthcare providers, or other for-profit entities, deliver programmes

6) Engagement in governance
   - Contribute private sector approaches and innovation to decision making
     - In the CCM
     - In the Secretariat and Board
### 4. GHPs - Examples (II) - others

#### Types of private sector engagement and PMNCH position:

<table>
<thead>
<tr>
<th>GHPs</th>
<th>Products</th>
<th>Service</th>
<th>Technology</th>
<th>Knowledge</th>
<th>R&amp;D</th>
<th>Advocacy</th>
<th>Governance</th>
<th>Fundraising</th>
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<td>PMNCH</td>
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Light grey: Companies

Dark grey: Business alliances or coalitions

1-Private sector in Consultative Forum
2-contracted IT, consulting services
3-contracted DMI and Hoffman&Hoffman
Another Model – Complementarity and Intrinsic Role of the Private Sector

- Vaccine Production & Sale
- Research
- Policy
- Resources
- Procurement
- Logistics
- Delivery
- Mobilization
- Demand Creation

- Countries
- Multilaterals
- Bilaterals
- Academics
- Researchers
- Tech. Experts
- NGOs
- CSOs

Pharma
Some PPP Lessons from Bangladesh

- “Clear roles and responsibilities are essential”
- “Choosing the right partners is important”
- The process is complicated
5. Potential for engagement through business coalitions or alliances (I)

- **mHealth Alliance**
  - Global catalyst for driving mobile solutions to sustainable scale, focus on MNH
  - Launched by the UNF, Rockefeller, Vodafone Foundation in 2008; PEPFAR, GSM Association joined (800+ world’s mobile operators, 200 companies in broader mobile ecosystem)
  - Proposal for collaboration with PMNCH developed

- **Digital He@lth Initiative (DHI)**
  - PPP with goal to harness full potential of ICT and digital user device technology to accelerate MDGs for health
  - Engaging private sector is seen critical: wide range of companies and business coalitions and alliances joined
  - PMNCH invited to join DHI Board
5. Potential for engagement through business coalitions or alliances (II)

**World Economic Forum (WEF)**
- WEF Global Health Initiative (GHI) galvanizes businesses across all industry sectors to improve health including MNCH
- WEF members represent 1000 leading global companies and 200 smaller businesses
- Operates through global/regional summits and health focused Global Agenda Councils (GAPs)
- GHI’s priorities include knowledge database, innovative models for health delivery and GAPs

**Global Health Council (GHC)**
- World largest membership alliance with 530 members dedicated to global health, private sector involved at all levels
- Women, maternal and child health and health systems key focus areas
- Core activities include advocacy, communications policy dialogues, research, and annual summit on global health
6. Upcoming Opportunities

- **2010**
  - **June** - Pacific Health Summit: reaching out to the Private Sector to introduce the Partnership
    - UN Global Compact Leaders Summit
  - **Sept** - Digital health Initiative: launching the Broadband commission for Digital Development in India
    - MDG review at UNGA
  - **Nov** - WEF Regional Economic Summit (India) – linkages to the PMNCH Partners Forum

- **2011**
  - **Jan** - Davos – Global Leaders on Health Summit
7. Suggested steps for Board consideration

1. Support the Partnership’s engagement with the private corporate sector and alliances
   - Begin by establishing collaboration with leading global alliances/initiatives that have already engaged with corporate leaders & stakeholders and include an MDG 4/5 related content, e.g.:
     - mHealth Alliance; Digital He@lth Alliance; World Economic Forum; international Business Leaders Forum; Clinton Global Initiative; Global Health Council

2. Convene a series of strategic consultations between lead partners of PMNCH Priority Action Areas and existing alliances to determine potential of collaboration – e.g. mHealth alliance and PA 2 (consensus on interventions)
7. **Suggested steps for Board consideration (2)**

3. Hold consultations with the private sector to develop a roadmap for collaboration with private sector on specific outcomes (for Board consideration).

4. Develop a map of corporate engagement in current PMNCH members’ activities (for best practices and possible expanded collaboration)

5. Identify corporate champions

6. Consider (after these consultations) adding a private sector constituency to the PMNCH

7. Consider strengthening the Secretariat’s capacity to interact with the private sector (human resource intensive)
8. Conclusions

- PMNCH offers a unique platform for dialogue, advocacy, resource mobilization, and knowledge sharing – the private sector can add value.

- PMNCH can influence the private sector contribution by creating a supportive environment and policies that guide their actions to advance MNCH.

- Taking advantage of existing alliances that can broker the engagement with the private sector would be a meaningful starting point.
End Note – Systematic engagement with the private sector at country level

- Government of South Africa:
- Public-Private Partnership Development Unit