

# 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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## 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

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

[1] PMNCH Executive Committee

## Secretariat

Name	Role and organisation
Flavia Bustreo	Director, PMNCH
Andrés de Francisco	Special Adviser Strategy and Team Coordinator, PMNCH
Lori McDougall	Senior Technical Officer, Policy and Advocacy, PMNCH
Marta Seoane	Board Relations and Information Officer, PMNCH
Henrik Axelson	Technical Officer, Economics, PMNCH
Kadidiatou Touré	Consulting Technical Officer, PMNCH
Lydia Kemunto Bosire	Technical Officer, PMNCH

## GHPs, Private sector, Experts, others

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

## 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

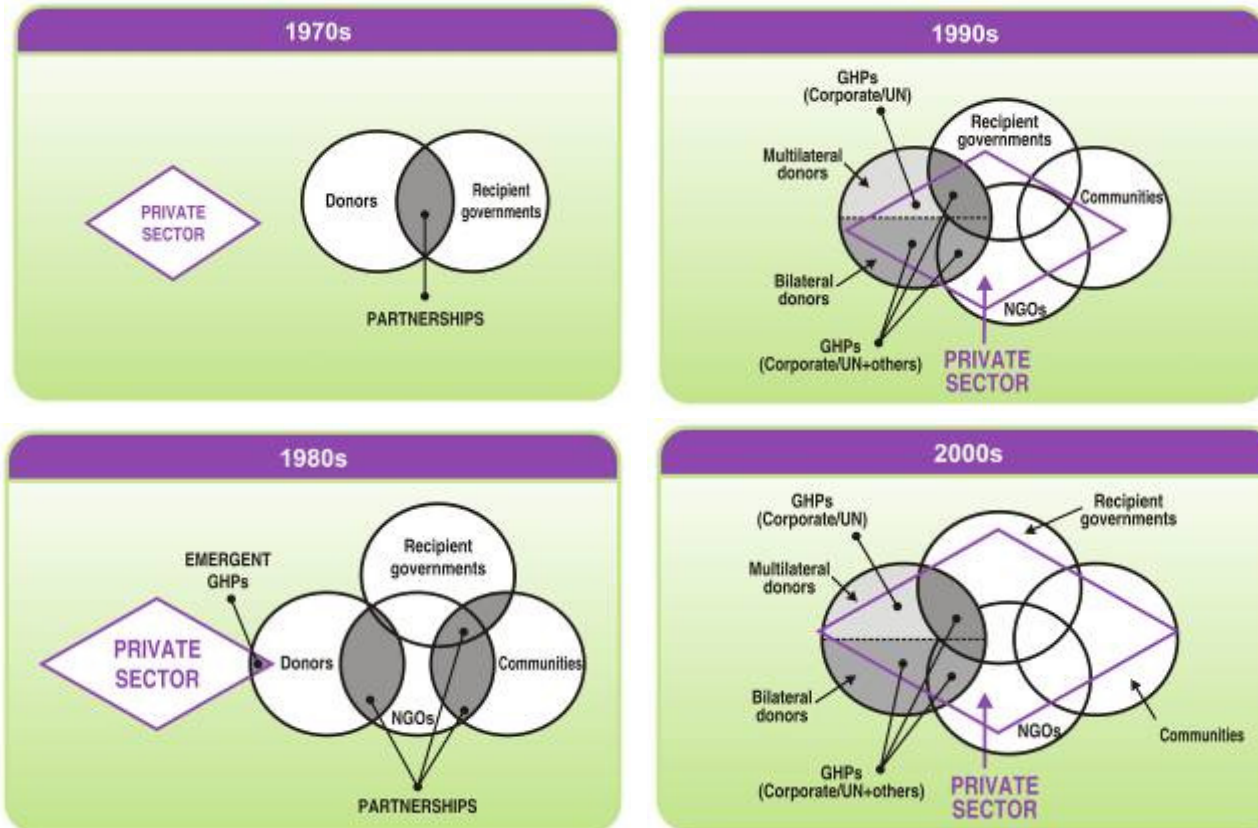
### 3. Context (II)

- 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:





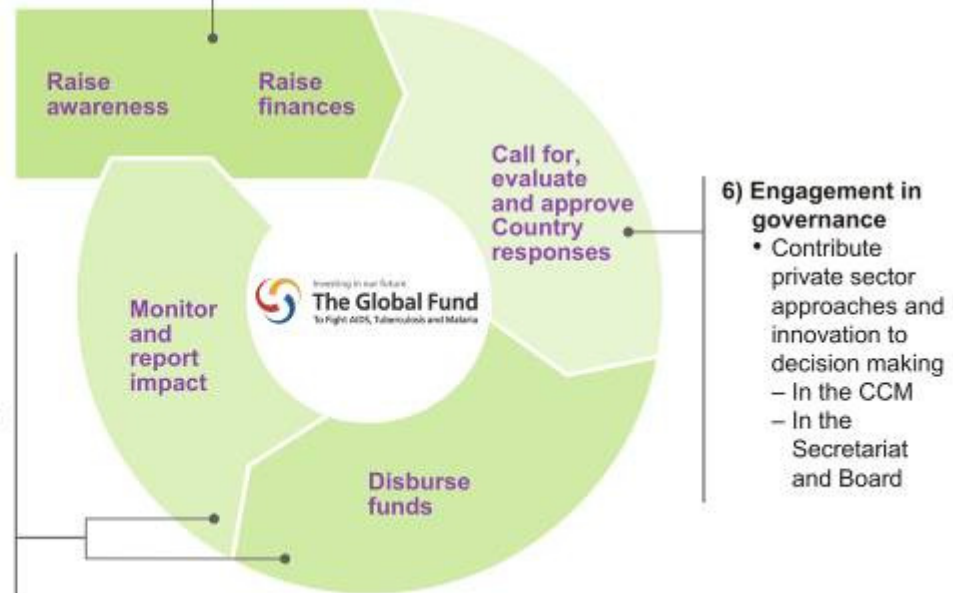
## 4. GHPs – Examples (I): The Global Fund PPP

### 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

#### Overview of Global Fund mechanism and private sector engagement

- 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



## 4. GHPs - Examples (II) - others

Types of private sector engagement and PMNCH position:

GHPs*	Products	Service	Technology	Knowledge	R&D	Advocacy	Governance	Fundraising
<b>GAVI</b>	yes	yes	no	yes	yes	yes	yes	yes
<b>GFATM</b>	yes	yes	no	yes	no	yes	yes	yes
<b>GAIN</b>	yes	yes	no	yes	no	yes	yes	yes
<b>RBM</b>	yes	no	no	yes	yes	yes	yes	yes
<b>Stop TB</b>	yes	yes	no	yes	yes	yes	yes	yes
<b>FIND</b>	no	no	yes	yes	yes	yes	yes	yes
<b>UNITAID</b>	yes	no	no	yes	yes	yes	yes <sup>1</sup>	yes
<b>PMNCH</b>	no	no <sup>2</sup>	no	no	no	no <sup>3</sup>	no	no

Light grey: Companies

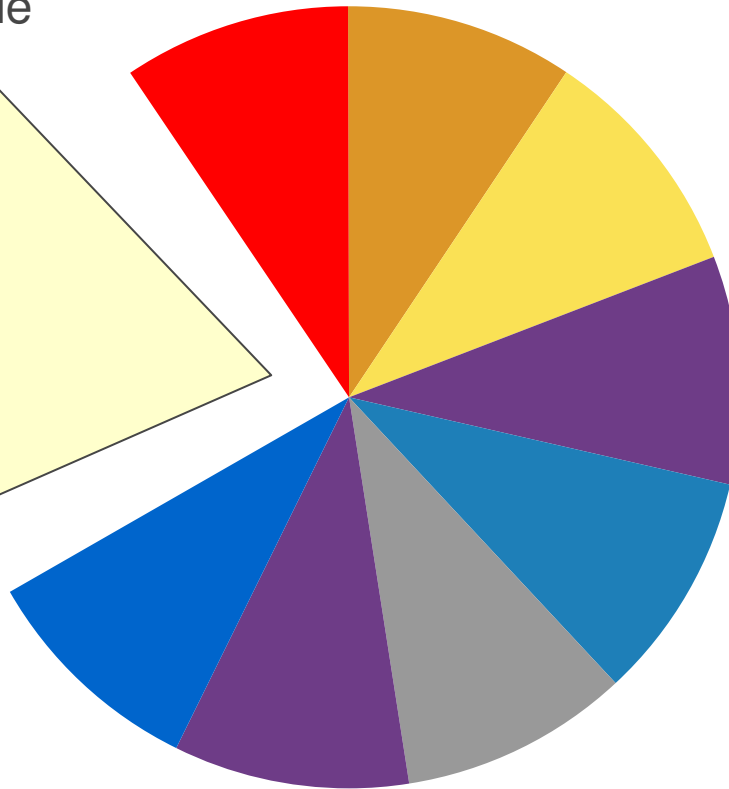
Dark grey: Business alliances or coalitions

- 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

Pharma



- Research
- Policy
- Resources
- Procurement
- Logistics
- Delivery
- Mobilization
- Demand Creation

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

## 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**

