



The role of public-private partnerships in fulfilling public health goals

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Outline

1. The Sustainable Development Goals and Universal Health Coverage

2. The roles of the private sector

3. Three case studies of public-private partnerships

Addressing HIV/AIDS in Botswana

Eliminating onchocerciasis as a public health problem in Latin America

Meeting the challenge of cancer care and control in Colombia

4. Conclusions





The SDGs and Universal Health Coverage

What role does health play in the SDG era?



Fig. 1.1. Health is central to the SDG agenda

Source: WHO Report Tracking Universal Health Coverage: 2017 Global Monitoring Report

Sustainable Development Goals



Ensure healthy lives and promote well-being for all at all ages

Goal 3.8 | Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

What is universal health coverage?



“All people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, to sufficient quality to be effective, while also ensuring that the use of those services does not expose the user to financial hardship.”

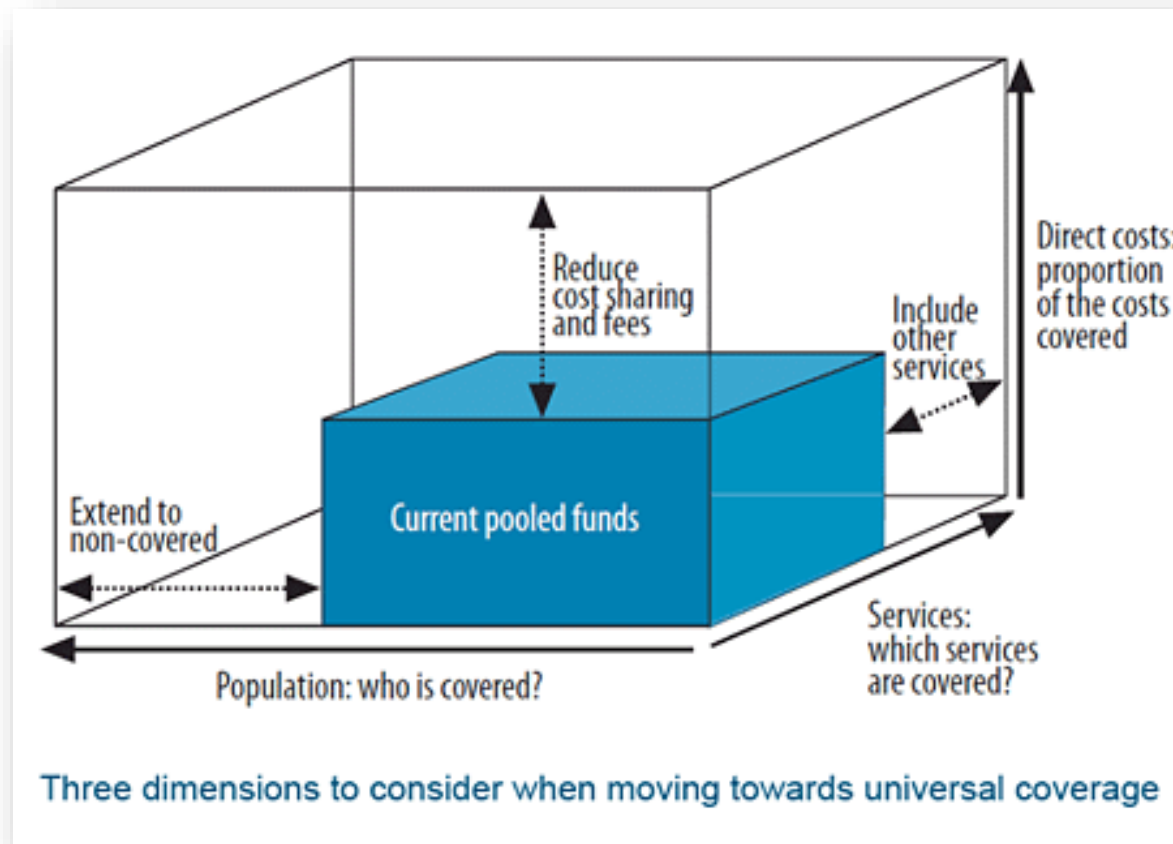
“All roads lead to universal health coverage—and this is our top priority at WHO. For me, the key question of universal health coverage is an ethical one. Do we want our fellow citizens to die because they are poor? Or millions of families impoverished by catastrophic health expenditures because they lack financial risk protection? Universal health coverage is a human right.... [UHC] “is ultimately a political choice. It is the responsibility of every country and national government to pursue it.”



Dr. Tedros Adnanom Ghebreyesus

Director-General, WHO, “All roads lead to universal health coverage,” *Lancet Global Health* (September 2017).

The three dimensions of UHC



Source: http://www.who.int/health_financing/strategy/dimensions/en/



Universal Health Coverage (UHC)
means that **ALL PEOPLE** can obtain the quality health services they need without suffering financial hardship.

DESPITE SOME PROGRESS, THERE IS STILL
A LONG WAY TO GO TO ACHIEVING UHC BY 2030
—OUR COMMON GLOBAL COMMITMENT UNDER
THE SUSTAINABLE DEVELOPMENT GOALS (SDGS).

2



**AT LEAST
HALF THE
WORLD'S
POPULATION
STILL LACKS ACCESS
TO ESSENTIAL
HEALTH SERVICES.**

3



ABOUT
100 MILLION PEOPLE FALL INTO
EXTREME POVERTY

(LIVING ON
\$1.90
OR LESS A DAY)
BECAUSE OF
OUT-OF-POCKET
HEALTH EXPENSES.

HEALTH EXPENSES

ARE AN IMPORTANT REASON
FAMILIES AROUND THE WORLD ARE
PUSHED INTO POVERTY.



6

7

OVER
800 MILLION PEOPLE

SPENT AT LEAST
10 PERCENT
OF THEIR
HOUSEHOLD
BUDGETS PAYING
FOR HEALTH CARE.
THIS NUMBER HAS
GROWN BY OVER
3 PERCENT ↑
PER YEAR
GLOBALLY.



10%



AMONG
THEM,
ALMOST

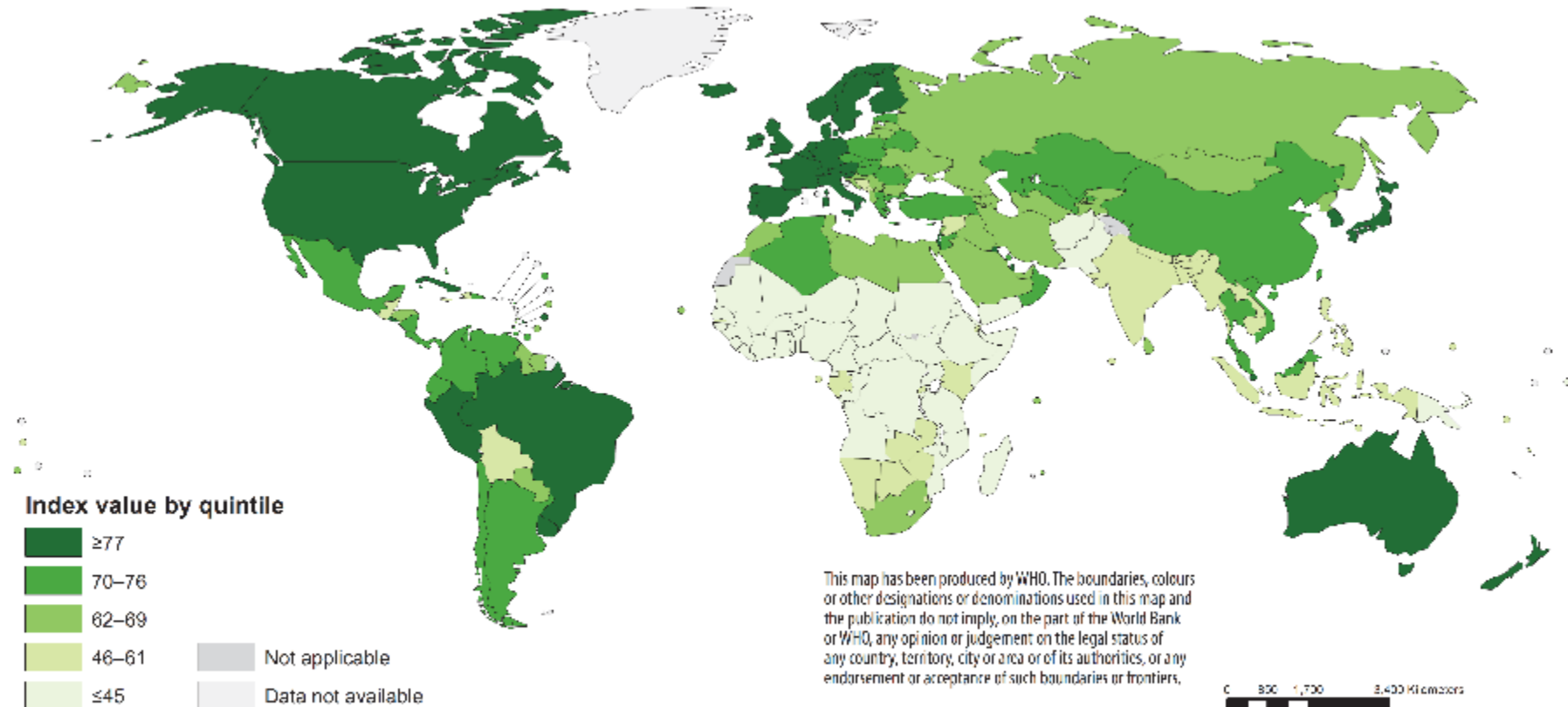
180 MILLION PEOPLE

SPEND A
QUARTER
OR MORE OF
THEIR HOUSEHOLD
BUDGETS ON
HEALTH EXPENSES
—AND THEIR
NUMBERS
HAVE INCREASED
BY ALMOST
5 PERCENT ↑
PER YEAR GLOBALLY.

25%



UHC service coverage index by country



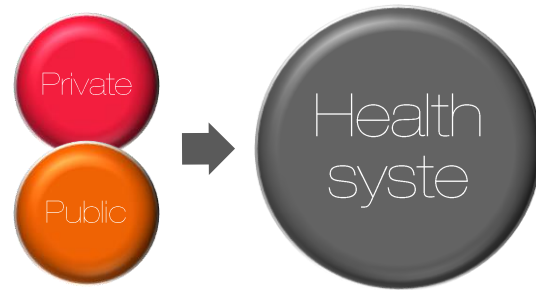
SDG: Sustainable Development Goal; UHC: universal health coverage.

Fig. 1.3. UHC service coverage index by country, 2015, for monitoring SDG indicator 3.8.1

Source: WHO Report Tracking Universal Health Coverage: 2017 Global Monitoring Report



The roles of the private sector



“Our collective goal should not be to arrive at some settled ideological position either for or against the private sector. Instead, we should keep the objective of universal health coverage firmly in mind, ensuring that whatever mix of public and private health provision exists in a particular setting meets that goal. What we do know is that the public and private sectors cannot be seen as mutually exclusive entities within a health system. Each depends upon the other, and the performance of one is often intimately linked to the performance of the other. **Public and private sectors therefore should be viewed as entwined elements of a whole health system, and managed as such.**”

The Lancet, 6 August 2016.

Stephanie Clark & Richard Horton

The roles of the private sector in health

» Capabilities

- Project management
- Workforce development
- Financial management
- Insurance models
- Logistics and supply chain management
- Marketing and communications
- Digital and AI
- Other new technologies

» Creative innovations

- New medicines and vaccines
- New medical devices and diagnostics
- New software tools for improving health care
- New technologies to improve efficiencies across the patient journey

» New modes of collaboration

- Public-private partnerships
- Product development partnerships
- Service delivery partnerships
- Innovative financing mechanisms



Case studies of public-private partnerships

“

*We are threatened with extinction.
People are dying in chillingly high
numbers. It is a crisis of the first
magnitude.*

President Festus Mogae of Botswana

Los Angeles Times, 27 June 2001

(emphasis added).

Challenges and power of partnership

Government of Botswana

Office of the President
National AIDS Coordinating Agency
National Drug Control Coordinating Council (NDCCC)
'Masa' National ARV Program
Ministry of Health
Ministry of Finance
Ministry of Education
Ministry of Local Government
Botswana Defense Force

National Institutions

Botswana National AIDS Service Organization
Botswana Police Force
Botswana Television
University of Botswana
Princess Marina Laboratory

Donors

Bill and Melinda Gates Foundation
Merck & Co., Inc.
The Merck Company Foundation

Academic/Medical School Institutions

Baylor University (USA)
Chelsea & Westminster Hospital (UK)
University of Pennsylvania (USA)
University of Amsterdam (Netherlands)

Consultants

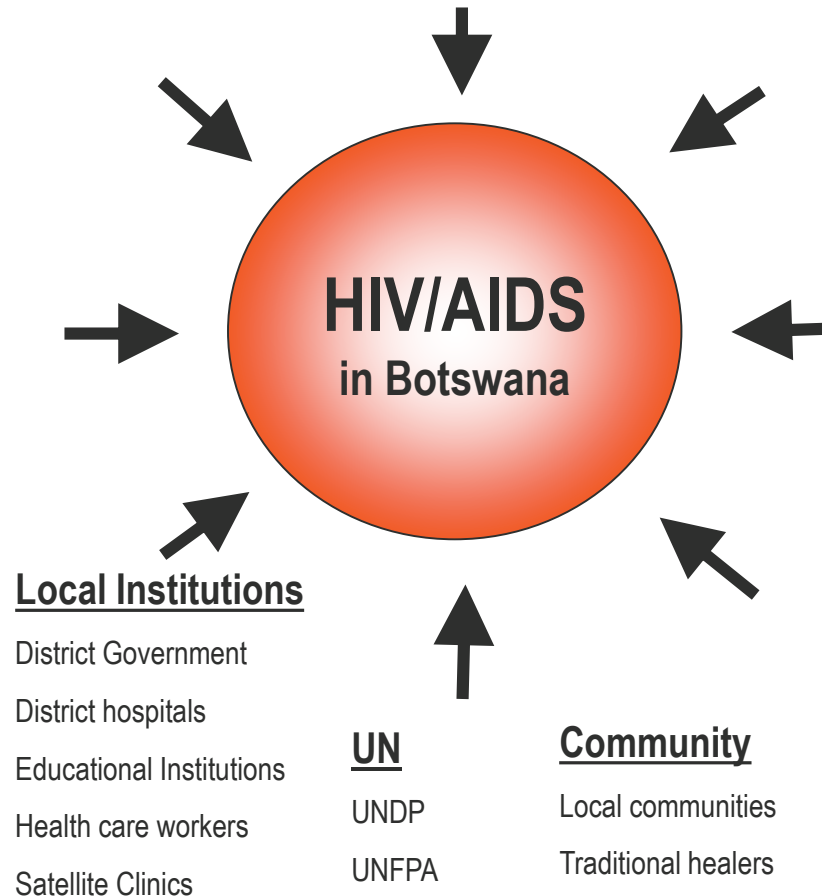
McKinsey & Co.
Monitor

Bilateral Organizations

Centers for Disease Control
USAID

Non-governmental organizations

ACHAP
African Youth Alliance
Botswana Christian AIDS Intervention Programme
Botswana Network of AIDS Service Organizations
Coping Centers for People Living With HIV/AIDS
Harvard AIDS Institute
House of Hope
Population Services International



Impact on Botswana's AIDS epidemic

- » First African country to achieve universal ART coverage
- » First African country to reach UNAIDS 90-90-90 goal
- » Life expectancy recovered from 30's in 2005 back to 66 by 2015
- » Adult HIV prevalence halved from nearly 40% to 22.2% in 2015
- » Dramatic drop in AIDS deaths
- » Pointed the way for PEPFAR
- » Introduced routine testing for HIV (opt-out)
- » Introduced universal PMTCT coverage, with % of HIV+ infants falling from 40% to < 4%
- » Built a national network of HIV clinics
- » Helped develop national counseling infrastructure and services
- » Developed a cadre of physicians, nurses and community health workers to build national response
- » Implemented and helped to scale up safe male circumcision and behavior change programs for prevention
- » Developed local capacity for addressing TB/HIV co-infection

The fight against onchocerciasis (river blindness)

- » 1975: William Campbell suggests use of ivermectin for treating human onchocerciasis (shares Nobel Prize in 2015 for his work on the avermectins and ivermectin); works with colleague Mohammed Aziz on clinical trials to establish that annual Mectizan treatment can prevent the blindness associated with oncho
- » 1987: Merck & Co., Inc., establishes Mectizan treatment program to donate the medicine to all who need for as long as necessary until onchocerciasis is eliminated as a public health problem
- » 1991: The Pan American Health Organization (PAHO) passes a resolution calling for the elimination of onchocerciasis as a public health problem in the Americas by the year 2007.
- » 1993: The Onchocerciasis Elimination Program for the Americas (OEPA), formed by the River Blindness Foundation and currently sponsored by [The Carter Center](#), brings together the ministries of health of six countries in the Americas affected by onchocerciasis.
- » 1998: Program is expanded to include joint treatment of lymphatic filariasis with albendazole in countries where the diseases are co-endemic.
- » 2008: PAHO passes a resolution calling for the interruption of transmission of river blindness in the Americas by the year 2012.

The Merck MECTIZAN Donation Program is a public/private partnership



Selected results of the Mectizan Donation Program

- » 2007: Colombia stops treatment with Mectizan for river blindness and becomes the first country to begin the three-year post-treatment surveillance phase.
- » 2010: Ecuador is the second country to stop treatment with Mectizan for river blindness and begin the post-treatment surveillance phase.
- » 2011: Colombia becomes the first country to apply for WHO certification for the elimination of onchocerciasis transmission, after suspending treatment with Mectizan in 2007.
- » 2013: WHO verifies that Colombia has eliminated river blindness, thus becoming the first country in the world to achieve this goal.
- » 2014: WHO verifies the elimination of onchocerciasis in Ecuador. Ecuador has worked in partnership with MDP and a number of other organizations and now becomes the second country in the world to be free of this disease.
- » 2018: 346 million treatments approved for onchocerciasis and lymphatic filariasis
- » Some 40,000 cases of blindness prevented annually
- » Nearly 3 billion tablets donated since 1987
- » Hundreds of thousands of communities conduct community-directed treatment programs, which also deliver vitamin A enrichment, immunization, delivery of insecticide-treated bednets for prevention of malaria and other primary health care interventions

C/CAN: The City Cancer Challenge

Building a world where cities deliver quality and equitable cancer care for all

- » Launched in 2017 by the Union for International Cancer Control, C/Can is now a standalone foundation active in several cities around the world, including Cali in Colombia.
- » The C/Can model targets cities with a strong need and readiness for improved cancer care.
- » Once a city is chosen, convene C/Can convenes local leaders across sectors (government; civil society; UN agencies; bilateral and multilateral agencies; academia and research centers; healthcare facilities, professionals, and professional societies; and private sector).
- » Local leaders drive the process from the ground up
 - Selecting a multi-sectoral executive committee
 - Prioritizing specific needs and planning necessary actions
 - Identifying partners for capacity building
 - Establishing sustainable financing models
 - Monitoring and sharing results with other cities around the world.
- » Working closely with global and local strategic and implementation partners, e.g,
 - Access Accelerated
 - AdvaMed
 - World Bank
 - World Economic Forum

Snapshot of C/CAN in Cali, Colombia

Established in 2017

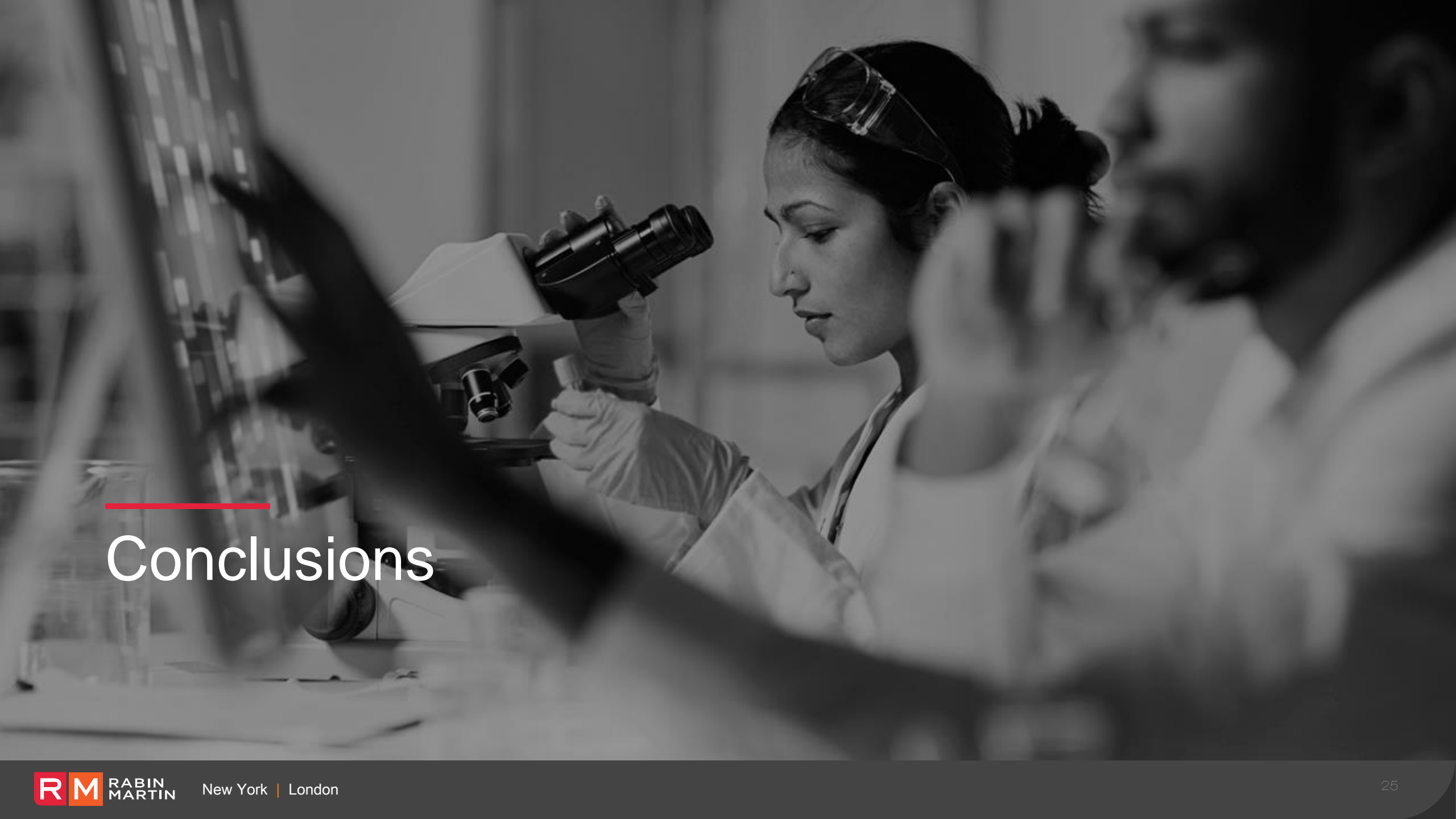
- » TOTAL POPULATION : 2.4 million
- » POPULATION REACHED BY HEALTHCARE FACILITIES: 9 million
- » CANCER INCIDENCE (PER 100,000): 178.8
- » CANCER MORTALITY (PER 100,000): 79.2
- » PREMATURE CANCER RATE (PER 100,000): 57.7
- » MOST COMMON CANCER SITES: MALE
 - Prostate, stomach, colorectum, lung, non-Hodgkin lymphoma
- » MOST COMMON CANCER SITES: FEMALE
 - Breast, colorectum, thyroid, cervix uteri, stomach

» EXECUTIVE COMMITTEE MEMBERS

- Secretaría Departamental de Salud - Valle del Cauca
- Secretaría de Salud Pública Municipal - Cali
- Fundación Valle del Lili
- Centro Médico Imbanaco
- Hospital Universitario del Valle
- Universidad del Valle - Registro Poblacional de Cáncer - Cali
- Universidad del Valle - Facultad de Salud
- Unicáncer
- La Asociación Colombiana de Empresas de Medicina Integral (ACEMI)
- Emssanar
- Fundación Pediatras Oncohematólogos (POHEMA)
- Asociación de Pacientes de Cáncer
- Servicio Occidental de Salud (SOS)
- Clínica de Occidente
- Ministerio de Salud y Protección Social
- Instituto Nacional de Cancerología

» MOU SIGNATORIES

- Gobernación del Departamento del Valle del Cauca
- Alcaldía de Cali



Conclusions

The role of public/private partnerships

- » Private sector companies can also make contributions to health and development by building partnerships to address these challenges
- » Working together, we can achieve more than any single organization or country can do on its own
- » Public/private partnerships offer an important mechanism that works to combine the complementary resources and expertise of the public and private sectors to achieve public health goals

The value of collaboration

» “The marketplace is not the answer to all questions facing society. Likewise, the public sector cannot solve all social problems. But the combination of public and private efforts, when harnessed together, in an effort to achieve a clear and shared health objective, provides a powerful force that exceeds the sum of its separate efforts.”

- Dr. William H. Foege, in *Ethics and the Pharmaceutical Industry* (2005)

What lessons have we learned?

- » High-level political commitment and engagement are critical
- » Partnerships have a key role to play in marshalling the necessary resources and expertise
- » Programs must be country-led – and integrated into national strategies and priorities -- to succeed for the long term
- » Building local capacity and engaging communities early are also key elements of sustained success

Lessons learned about designing partnerships

- » The complexity of the issues is often beyond the ability of any single organization or country alone
- » Important to invest in building relationships with key partners and stakeholders – private, public and non-governmental
- » Planning frameworks should specify clear shared objectives, well-defined roles & responsibilities, mechanisms for mutual accountability, and opportunities to deploy complementary expertise for mutual benefit

Lessons learned about developing partnerships

- » Recognize varying capabilities, cultures, and different ways of working among all partners, including NGOs.
- » NGOs bring “on-the-ground” local knowledge
- » Private sector approach helps to drive results: business brings expertise, resources, and efficiency-oriented approach, complementing NGO and Government strengths
- » Adopting shared principles of partnership will encourage transparency and build trust among all partners

Lessons learned about sustaining partnerships

- »» Achieving agreement on roles aligned with strengths of partners and setting clear metrics for impact increases accountability for all partners
- »» Important to invest in continuous evaluation and improvement:
 - Levels of engagement of partners
 - Commitment of team to solving the problem at hand and achieving results
 - Transparent communication & feedback
 - Accomplishment of overall project objectives
- »» Critical need for continuing coordination, communication and commitment
- »» Persistence pays off

The path forward: working together to fulfill public health goals

- » We need to find the best solutions and scale them up -- across borders, across sectors, and through collaboration and cooperation among all stakeholders
- » Progress is possible -- and there have been encouraging developments in the recent years with respect to dealing effectively with major global health issues
- » Continued partnerships provide the best way to build on this momentum -- and offer the best hope for fulfilling unmet public health goals