

# Chapter 13

## Public–Private Partnerships in Global Health

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### ABSTRACT

*In global health in general and the field of HIV/AIDS in particular, market failures have occurred because those most affected by diseases are often the least able to pay for treatment and prevention. Public private partnerships (PPPs), such as those developed through the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief, have been created to address this problem. One limitation of PPPs is their broad definition and thus, the inability to measure and compare outcomes across partnership types. Nevertheless, appropriately planned, well-measured and mutually beneficial PPPs have shown important results in both the betterment of health sector delivery and the fight against single diseases, such as HIV/AIDS globally.*

### INTRODUCTION

The field of public-private partnerships (PPPs) is an expanding sector that in recent years has taken on various definitions and models. Viewed through the lens of public-private partnerships in the health industry, traditional PPPs imply a collaboration between government (public) and business or for-profit entities (private), and include relationships at a micro level, such as single product or project-oriented partnerships, and may expand to larger-scale industry-level or multi-lateral relationships based in national or international structures (Barr, 2007).

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PPPs are rooted in the assertion that businesses contribute to the overall development of a society based on their capacity to drive economic successes, failures and growth; thus the private sector has an important contribution to the greater social, financial, and political stability of a country. Additionally, private firms may have intrinsic execution or efficiency capacity that the public sector often does not and could benefit the overall service delivery in a given health system. However, PPPs acknowledge that the private sector is often disconnected from public sector initiatives and may have limited familiarity with concepts that drive public sector development. Concurrently, the public sector is inherently charged with investing in infrastructure and socially-oriented projects that benefit and increase human freedom and development as a whole, but it often lacks the systems management to efficiently actualize these investments. Thus, while the public sector holds the responsibility for orienting the development of a given society, the private sector can help to drive the investment capacity of the public sector, and PPP models assert that the private sector should not be detached from participation in increasing human resource capacity, empowering individuals in society, building appropriate health and education infrastructure, and ultimately advancing human development (Sen, 1999).

While PPPs have been in existence since the 1970s, the expansion of PPPs occurred in the 1990s and often focused on specific diseases or initiative (Barr, 2007). In 2002, the World Health Organization (WHO) convened a conference of global experts from various sectors and reasserted that PPPs have potential to greatly increase the capacity of health delivery systems, though there was a lack of scientific evidence regarding effectiveness of these partnerships (Barr, 2007). In the decade thereafter, various forms of PPPs have emerged. While these relationships are not standardized, this chapter attempts to provide an overview of existing and past PPPs, the frameworks in which PPPs function, and present some successes, weaknesses and lessons learned over the past four decades of PPPs implementation within the health sector. Since Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) funding has grown substantially in the past decade, a large portion of the chapter will focus on HIV/AIDS-related PPPs, with consideration for other PPPs in the broader global health sector.

## **HISTORY/ EVOLUTION OF HEALTH AND DEVELOPMENT SECTOR PPPS**

One of the earliest examples of a successful health PPP dates back to 1974 and involved multilateral organizations, private businesses, nongovernmental organizations (NGOs), and private foundations and donors. The PPP, initiated by multilateral organizations, the WHO and the World Bank, focused on the elimination of onchocerciasis (river blindness) in sub-Saharan Africa (World Bank, 2007). Onchocerciasis is caused by infection by the parasitic worm *Onchocerca volculus*, which is transmitted to humans through the blackfly. The subsequent infection causes visual impairment or blindness, and an itchy skin disease (Centers for Disease Control and Prevention [CDC], 2013b). The partners first focused on prevention through expensive insecticide treatment of blackfly breeding sites. In 1987, the first private sector organization, the pharmaceutical company Merck, joined the partnership, pledging to donate their breakthrough treatment drug, Mectizan to as many countries as needed for as long as needed (Merck, 2011). In 1995, the World Bank and WHO, along with several NGOs, foundations, and donors, established the African Program for Onchocerciasis (APOC) to facilitate the delivery of Mectizan to affected communities. While Merck agreed to pay for the drug's delivery up to point of entry, receiving countries and partners would be responsible for distribution. Then in 1998, another private sector

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