Building Public Sector Capacity to Address HIV/AIDS

The Role of the Private Sector

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The Corporate Social Responsibility Initiative at the Harvard Kennedy School of Government is a multi-disciplinary and multi-stakeholder program that seeks to study and enhance the public contributions of private enterprise. It explores the intersection of corporate responsibility, corporate governance and strategy, public policy, and the media. It bridges theory and practice, builds leadership skills, and supports constructive dialogue and collaboration among different sectors. It was founded in 2004 with the support of Walter H. Shorenstein, Chevron Corporation, The Coca-Cola Company, and General Motors.

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I. INTRODUCTION

Corporate activity must extend beyond the traditional horizons of the local community to build partnerships with other stakeholders. Achieving necessary scale from the myriad encouraging cases will require expanded commitment to partnership, sustainability, capacity building and an unprecedented commitment by all stakeholders.
Private Sector Declaration Against HIV/AIDS, Bangkok, July 2004
Signed by 29 global and national business coalitions

…there is no doubt that capacity issues pose a real challenge to successfully scaling up the response to AIDS, especially in the poorest countries. …Addressing and resolving the most binding capacity constraints in the next few years will be critical. Unless these obstacles are overcome services cannot be scaled up, and prevention and treatment goals will not be met no matter how much funding is available.
Millennium Project Report, Task Force on Combating AIDS in Developing Countries, January 2005

Building public sector capacity and overcoming systemic obstacles to address HIV/AIDS in affected and high-risk countries are two of the most important and complex leadership challenges faced by national governments and the international community. Depending on the country and situation, they require a combination of short-term crisis management and 'quick fixes', with the often painstakingly slow and multi-dimensional process of building human, institutional, organizational and communications capacities and infrastructure to strengthen national planning, budgeting, public awareness, and health systems over the longer-term. This in turn calls for both political leadership and commitment from the top of government, as well as dedicated and appropriately trained and supported public health practitioners, public managers and community leaders at all levels of society.

There is growing recognition that building such public sector capacity is a challenge that governments and intergovernmental bodies cannot tackle on their own. It is also a challenge for companies that have operations and investments in high-prevalence and high-risk countries. The central responsibility must remain with government. Billions of dollars in public funding are still needed and millions of people must be reached. Only governments can ensure this. At the same time, the private sector - particularly large domestic and foreign corporations and business associations and coalitions – can play a valuable role to help build the necessary public sector capacity and commitment in these countries.

A number of leading companies have started to implement HIV/AIDS policies and programs for prevention, treatment and care in the workplace – the most essential place to start for any company with employees at risk. But what about the role of companies beyond their own workplaces? What is the most realistic, efficient and effective role that business can play, in partnership with government agencies, NGOs and health practitioners, to address public capacity constraints, and to address lack of public awareness, political consensus and commitment?

In short, how can companies engage in partnerships beyond their own internal workplace programs to help tackle the more systemic and complex obstacles that hinder the scale-up and sustainability of HIV/AIDS efforts in the communities and countries in which they operate?

It is important to emphasize at the outset that there is **no 'one-size-fits-all' approach** when it comes to the role of the private sector. There are major differences across **industries** in terms of the capacities, competencies and constraints that companies face in addressing HIV/AIDS, even in their own operations, let alone more broadly. Companies with a large local footprint in terms of employees, customers, and local business partners will have much more at stake, and a stronger business case for going beyond the boundary of their own workplace, than those with a smaller physical presence. Companies with consumer brands and large marketing budgets are likely to have a different role to play compared to primary resource companies. And pharmaceutical and healthcare companies obviously have a particularly important and challenging role to play in terms of improving access to essential medicines.

The most appropriate and effective types of corporate engagement beyond the workplace will also depend on the **local context**, especially the level of government and political leadership, existing public sector capacity, and the epidemiology and stage of the HIV/AIDS epidemic. As the Millennium Project task force on HIV/AIDS reported in January 2005, "Global statistics cannot convey the growing diversity of the epidemic, which takes radically different forms in different communities, countries and regions." Even with this diversity, however, the task force identified two broad types of situation with varied implications for the strategies needed to address the epidemic in each case.

Diagram 1: Different contexts: Different challenges and solutions

Nature of epidemic	Locations	Fundamental challenges to reversing and/or containing the epidemic
Prevalence is high, transmission is primarily by heterosexual intercourse, and the epidemic is well established in the general population	Countries that are most effected, almost all in sub-Saharan Africa and almost all very poor	- Lack of resources - Weak health systems - Barriers to widespread behavior change posed by poverty and gender inequality
Lower prevalence epidemic concentrated in key populations such as injecting drug users, sex workers, and men who have sex with men.	Many countries in Eastern Europe, Asia and Latin America, facing growing rates of infection	- Denial - Lack of political will - Misguided, punitive policies toward those most affected by the epidemic

Source: Drawn from 'Combating AIDS in Developing Countries', Millennium Project Task Force, Executive Summary, 2005

A compelling humanitarian, economic and business case

The human, economic, social and political costs of the HIV/AIDS pandemic are covered extensively elsewhere. No decent leader can ignore the basic facts and their impact -- that more than 20 million people have already died, with some 39-45 million more infected with HIV, 95% of whom live in developing countries and almost a third of whom are young people ages 15-24, and that 13 million children under the age of 15 having been orphaned, a number that is projected to double by 2010. It is suffice to say:

- There is a compelling **humanitarian and moral case** for tackling HIV/AIDS. This case is being made by growing numbers of political, religious, business and civic leaders, and by award-winning filmmakers, artists and journalists. There continues to be an urgent need, however, to communicate this story more widely to the general public in both donor countries and high-prevalence and high-risk developing countries. There also continues to be a vital need for leaders in all sectors, including business, to speak out publicly on the immense challenge we face and on the practical options and opportunities for addressing the epidemic.

- Likewise, the **macroeconomic and broader development case** for tackling HIV/AIDS has been made increasingly clear over the past five years, by initiatives such as the WHO's 2001 Commission on Macroeconomics and Health, and the findings of the Millennium Project reported in January 2005. In the 2004 Copenhagen Consensus initiative, some of the world's most eminent economists ranked combating HIV/AIDS, especially new measures for prevention and treatment, at the top of the world's priority list in terms of the highest potential impacts, benefits and return on investment to be gained from a finite allocation of financial resources. They estimated that about 28 million cases could be prevented by 2010 at the cost of $27 billion, with benefits almost forty times as high.

- There is an increasingly comprehensive and rigorous **business case** for individual companies to tackle HIV/AIDS, especially in their own workplaces, communities and value chains. This has also been made over the past five years by organizations such as the Global Business Coalition on HIV/AIDS, the World Economic Forum, the International Business Leaders Forum, Business for Social Responsibility, the International Labour Organisation, the International Finance Corporate and others. While the strength of the business case varies, there is increasingly little doubt that the HIV/AIDS pandemic creates risks that no company with global operations, and no institutional investor with an interest in these companies, can afford to totally ignore.

II.   MOBILIZING AROUND A COMMON VISION TO COMBAT AIDS IN THE DEVELOPING WORLD

AIDS is not unbeatable. It is not a natural catastrophe we have to endure. But to get on top of the pandemic, we need to think big and act boldly. We need to invest up front. Unless we reach a high threshold of action and financing, our efforts are wasted.
Richard Feachem, Executive Director, Global Fund

"We now have in hand a range of proven, effective ways to control the spread of HIV and to prolong the lives of those who are already infected. The working group believes that scaling-up these established interventions could save millions of lives and bring the epidemic under control. But success will depend critically on how this is done."
The Millennium Project task force on Combating AIDS in Developing Countries, 2005

Despite the enormous challenges that persist, there has been some encouraging progress in the international response to HIV/AIDS.

First, there has been a **substantial, although still insufficient, increase in the funding** needed to tackle the epidemic. This increase has been driven in part by increased political commitment and budgets allocated to the epidemic by governments in affected countries. It has also been driven by the establishment of major donor initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund), the World Bank's Multi-Country AIDS Program (MAP), the U.S. President' Emergency Plan for AIDS Relief (PEPFAR), and other bilateral initiatives. The leadership of several private and corporate foundations, most notably the Gates Foundation, but also others, has made another important contribution to increased funding.

Second, **much has now been learned about what works best in fighting the epidemic.** There is growing consensus among public health experts, medical scientists, policy makers, people living with HIV/AIDS, non-governmental organizations and businesses who have implemented AIDS programs, on the most effective and urgent interventions in the areas of prevention, treatment, care and mitigation, and on the need for more **comprehensive and systemic approaches** to integrating these different interventions.

There is also widespread acceptance that the challenge is not only about increased funding, and access to essential medicines, although both are crucial, but also about greater efforts to **build capacity in health systems and the public sector** more generally. This paper identifies three central pillars that appear to underpin effective, national-level responses to the HIV/AIDS epidemic: *comprehensive intervention strategies; committed leadership in all sectors, and public capacity*, as illustrated in Diagram 2 – all of which have relevance and potential areas of engagement for the private sector. The Millennium Project has also outlined what it calls 'ten imperatives' for addressing HIV/AIDS which offer another useful frame of reference for companies to think through key priorities and areas in which to get engaged (See Appendix II).

DIAGRAM 2: CORE ELEMENTS OF EFFECTIVE HIV/AIDS RESPONSES IN DEVELOPING COUNTRIES

COMMITTED LEADERSHIP	CAPACITY in the PUBLIC SECTOR	COMPREHENSIVE and INTEGRATED INTERVENTIONS
POLITICAL COMMITMENT - From the top of government and from ministries including but beyond the health ministry **CIVIC LEADERSHIP** - National level leadership by AIDS activists, women's groups, people living with HIV/AIDS, celebrities, media, civic, religious and community leaders. **BUSINESS ENGAGEMENT -** Strong direction from corporate leaders, companies and national or sector-based business associations and coalitions, built on foundation of workplace programs, but extending beyond these where relevant and effective **DONOR COORDINATION –** Increased, predictable funding and coordination by public and private donors to support prevention-treatment-care and mitigation services; technical assistance / public sector capacity building; R&D on vaccines and microbicides; monitoring / accountability. **SHARED VISION –** Agreement among the different sectors on an evidence-based, demand-driven (derived country-level, multi-sector decision-making) and performance-based approach.	**FINANCIAL CAPACITY** – Sufficient national funds, insurance systems, official donor funds, philanthropic funds and private sector investments to finance and/or service HIV/AIDS priorities, especially access to life-saving medicines. **INSTITUTIONAL AND INFRASTRUCTURE CAPACITY –** Medical facilities close to patients; laboratories and local R&D facilities; better transport; better procurement, logistics and supply chain management; information technology to support data collection, monitoring and evaluation; reliable energy services for heath clinics and hospitals. **HUMAN RESOURCE CAPACITY –** Improved training, salaries and working conditions of health workers; managers; administrators; accountants and evaluators; teachers, trainers, policy makers etc. **PUBLIC COMMUNICATIONS AND EDUCATION CAPACITY –** Media and education able to reach large numbers of people, with compelling, targeted messages that can induce and sustain behavior change **NATIONAL COORDINATION, PLANNING and MONITORING CAPACITY**- Integration of HIV/AIDS priorities into Poverty Reduction Strategies; sufficient data and planning capacity to predict future trends; and effectiveness of national HIV/AIDS coordinating bodies such as Country Coordinating Mechanisms. In this context, UNAIDS has launched what it terms the 'Three Ones': **One** agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; **One** national AIDS coordinating authority, with a broad-based multisectoral mandate; **One** agreed country-level monitoring and evaluation system.	**PREVENTION -** Sustained general education programs and communication campaigns aimed at awareness-raising and sustained behavioral change; youth education (a growing issue in many countries as young people ages 15-24 account for 42% of new infections); targeted programs for high-risk populations (sex workers; drug users, men having sex with men, mobile workers); peer-to-peer education; condom distribution; prevention of mother to child transmission (PMTCT); voluntary counseling and testing; prevention of medical transmission, especially blood safety; post-exposure prophylaxis; gender equity programs; STI diagnosis and treatment; link with reproductive health services. **TREATMENT** – Availability, affordability and appropriate use of essential medicines, especially antiretroviral treatment (ART) and monitoring; voluntary counseling and testing; prophylaxis and treatment for opportunistic infections; elimination of user fees. **CARE and IMPACT MITIGATION** – Support for orphans and vulnerable children; palliative care for the chronically ill living with HIV/AIDS; nutrition initiatives; campaigns to overcome stigma; enterprise development, training and job creation initiatives for vulnerable and affected populations, including youth enterprise and rural development initiatives; insurance provision.

III. BUSINESS CONTRIBUTIONS TO HELP ADDRESS PUBLIC HEALTH CAPACITY CONSTRAINTS

Expanding each country's capacity to deliver services at scale will require up-front investments in strengthening public sector management (such as training, information technology, and higher salaries of civil service workers), building and renovating infrastructure (roads, clinics, schools), and critically, training and retaining adequate numbers of workers (community health workers, teachers) to deliver services on the ground.
Millennium Project Report to the UN Secretary-General. *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals***. January 2005**

Across many of the focus countries, there are common barriers to expanding and sustaining prevention, treatment and care activities. Among these barriers are a lack of human resources and capacity; limited institutional capacity; and health care system weaknesses in such areas as health networks, physical infrastructure, and commodity distribution and control.
The President's Emergency Plan for AIDS Relief (PEPFAR). *Engendering Bold Leadership.* **First Annual Report to Congress. March 2005**

Public capacity is necessary to achieve sufficient scale, quality, reach and sustainability of HIV/AIDS efforts. At the country-level, public capacity for addressing HIV/AIDS can be summarized as the ability of national governments and intermediaries to respond to the epidemic. This requires them to effectively manage and/or distribute the necessary funds, resources, competencies, facilities, products and services required to undertake programs that reach the people that need these interventions in an accessible, affordable and appropriate manner.

Public capacity is determined largely by the quality of governance. In countries where governments are repressive, corrupt, or indifferent to the needs and aspirations of their citizens, the ability to undertake effective interventions and partnerships in tackling HIV/AIDS is constrained.

Our focus is on well-motivated governments that are publicly committed to tackling HIV/AIDS in their country, but for a variety of reasons lack the financial, institutional, physical, human resource, public communications and education, or national coordination, planning and monitoring capacity to deliver on this commitment.

The Millennium Project task force on Combating AIDS in Developing Countries identified two main types of capacity constraint that create obstacles to effective and timely use of funds by such governments:
- **Relatively short-term administrative bottlenecks** - which arise from weakness in management systems, especially systems for handling funds, purchasing commodities, contracting services, reporting to donors or governments, and ensuring transparency; and
- **Longer term shortages of human or physical infrastructure** - which include the challenge of insufficient or decrepit clinics and hospitals, lack

of laboratory facilities, unreliable drug supply systems, and most important, lack of skilled healthcare workers.

The task force argued that, "although these two types of constraints interact in important ways both the nature and timescale of the solutions they require are quite different."

It is crucial to emphasize again that governments must take the primary responsibility for mobilizing funds and technical capacity to address both of these two levels of constraint. No company or group of companies, no matter how large, can mobilize the billions of dollars or ensure the training, either directly or indirectly, of the estimated 4 million health workers that the Joint Learning Initiative has estimated need to be trained to provide basic healthcare services to all the people who need them.

Having said that, there is no doubt that the private sector, especially large national companies, multinational corporations and business associations, can play a role in working with governments to tackle at least some of the public 'capacity gaps' that are creating major obstacles in reversing or containing the HIV/AIDS epidemic.

Some potential areas of action, many of which are already being undertaken by a group of vanguard companies, are summarized in the following pages:

DIAGRAM 3: BUSINESS CONTRIBUTIONS TO ADDRESSING PUBLIC 'CAPACITY GAPS'

TYPE OF PUBLIC 'CAPACITY GAP'	POTENTIAL FOR BUSINESS ENGAGEMENT – either individually or through business coalitions
(i) FINANCIAL CAPACITY – Availability and sound management and allocation of sufficient public funds, insurance systems, official donor funds, philanthropic funds and private sector investments to finance and/or service HIV/AIDS priorities, including expanded access to essential medicines.	- Making commercial investments; - Re-focusing corporate R&D priorities; - Funding workplace HIV/AIDS programs; - Creating innovative insurance and financing mechanisms; - Making community level investments; - Undertaking socially responsible portfolio investments; - Supporting small and micro-enterprise and youth enterprise initiatives; and - Providing philanthropic funding; aimed at helping to directly or indirectly increase the level of financial resources that governments (or communities and people affected by HIV/AIDS) have at their disposal to respond to the epidemic?

(ii) INSTITUTIONAL & INFRASTRUCTURE CAPACITY – Establishment of well functioning medical facilities close to patients; laboratories and local R&D facilities; better transport; better procurement, logistics and supply chain management; information technology to support data collection, information provision and monitoring; reliable energy services for heath clinics and hospitals.	• Extending the use of corporate institutional and physical infrastructure; • Pooling drug procurement and insurance mechanisms; • Sharing expertise, donating staff and/or training civil servants on management, administrative and logistics issues; • Ensuring better energy and water supplies to health facilities, especially in low-income urban and rural communities; • Providing pro bono or low-cost consulting services; • Donating or providing low-cost information and communications technology; • Building or helping to fund – either commercially or philanthropically - community clinics, health centers, outreach posts, hospitals, and laboratories?
(iii) HUMAN RESOURCE CAPACITY – Improved training, salaries, working conditions and motivation of health workers; administrators; managers; accountants and evaluators; teachers, trainers, community leaders etc.	• Helping to train, fund and/or improve the working conditions of people undertaking different functions in public health or community health systems; • Seconding top quality staff during crisis periods or on a longer-term basis; • Donating training resources and materials; • Running training and leadership programs or supporting the costs of such programs; • Providing technology, equipment and networks to support distance-learning and computer based training; • Supporting award programs and other efforts to publicly recognize and reward dedicated professionals in the health system; • Investing in building community-level human resource capacity, NGOs that are service providers, community health workers; • Ensuring that they are not 'poaching' key public servants or encouraging a 'brain drain'?

(iv) PUBLIC COMMUNICATIONS AND EDUCATION CAPACITY – media and education able to reach large numbers of people, with compelling, targeted messages that can induce and sustain behavior change and tackle stigma and indifference.	• Cause-related or social marketing campaigns; • Funding government public health promotion or social issues campaigns, ranging from broadcast and print media to billboards and community outreach; • Seconding marketing and communications experts to government and NGOs; • Supporting filmmakers, journalists, celebrities, actors and artists in telling the human stories of the epidemic, especially when this aims to influence donors and decision-makers; • Investing in television series and films that integrate public health messages into the plot; • Individual CEOs and business leaders publicly talking about the urgency of addressing the epidemic and the practical options for finding solutions; • Supporting peer-to-peer education programs that move beyond the workplace into communities; • Supporting school and university-based education and communication campaigns targeted at youth which is a high-risk group in many countries?
(v) NATIONAL COORDINATION, PLANNING and MONITORING CAPACITY- Integration of HIV/AIDS priorities into Poverty Reduction Strategies; sufficient surveillance, data collection and planning capacity; effectiveness of national HIV/AIDS coordinating bodies.	• Contributing to the development, discussion and implementation of national poverty reduction strategies and country AIDS plans; • Engaging in the content development and project proposals of country coordinating mechanisms; • Providing secretariat or other services for such national level mechanisms and roundtables; • Publicly advocating for/ supporting government efforts to implement the UNAIDS 'Three Ones' approach - **One** agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; **One** national AIDS coordinating authority, with a broad-based multi-sectoral mandate; **One** agreed country-level monitoring and evaluation systems; • Encouraging the inclusion of discussion about HIV/AIDS in national economic forums, roundtables and economic development meetings; • Using top level meetings between senior executives and government ministers to address the challenge of HIV/AIDS and business interest in addressing it; • Seconding staff or sharing expertise with public sector bodies on budgeting, scenario planning, other risk management, impact assessment, and planning approaches; negotiating skills; measurement, monitoring and evaluation etc; • Joining country delegations to international events related to HIV/AIDS.

The need for partnership

In almost all of the private sector interventions suggested above, there is a need for partnerships between groups of companies, between business and government, between the private sector and the donor community, and between companies, NGOs and community organizations. Few, if any, companies operating in an increasingly competitive and challenging global marketplace can undertake these initiatives on their own. The core business of business is, and must remain, the profitable production of goods and services, operating ethically and within the law. It is important not to create unrealistic expectations of what activities business can undertake in the fight against HIV/AIDS. Even the implementation of workplace programs is still at a very early and challenging stage.

One could argue that companies should focus on scaling up the implementation of their own workplace programs and nothing else. This would certainly provide services to millions of formal sector employees and should remain a key priority for any company with employees at risk. Yet, many affected or high-risk groups do not work in the formal sector. More is needed, and if approached with realistic expectations, more is possible.

Opportunities for increased business engagement

In a January 2005 discussion paper, entitled *Opportunities for Business in the fight against HIV/AIDS*, (www.businessfightsaids.org) the authors from the University of Cape Town, Columbia University, and the Global Business Coalition, concluded, "Business is only doing a tiny percentage of what it could be doing to address HIV/AIDS. According to a recent survey of nearly 8,000 firms conducted by the World Economic Forum, 47% of firms felt the epidemic is having or will have some impact on their business, yet only 3% of these firms are satisfied with their companies' response to date. Now, twenty-five years after the AIDS pandemic began the majority of companies are still saying that AIDS is not their problem."

The authors argue that, "Business brings with it qualities that can turn the tide of the epidemic. The entrepreneurial spirit and problem-solving expertise that the private sector brings to the table means that most companies operate with a core set of skills that can be leveraged to positively impact the epidemic. Efficiency of operations, overcoming obstacles, responsibility for achieving concrete outcomes, and accurately gauging perceptions on human behavior help business to thrive and are prerequisites for success in battling the pandemic locally, nationally and internationally."

This view is strongly endorsed by Peter Dolan, Chairman and CEO of Bristol-Myers Squibb in a March 2005 Financial Times OpEd. Dolan comments," While financial support must continue to grow, it is time for companies to expand their

view of how they can increase efforts to mitigate the crisis. I am convinced that the answer lies in companies donating the capabilities and expertise that they rely on to run their businesses. …We have learnt that many recipients of our grants – whether a ministry of health or a newly formed community-based organization of grandmothers – not only wanted but needed our expertise in complex project management, monitoring and evaluation, organizational management, strategic planning and finance. We saw that a global business model was urgently required."

Working creatively with others - on either an individual company basis or through business associations, leadership coalitions and AIDS networks - the private sector can make a meaningful contribution beyond the workplace. Several companies working together, either on an **industry sector basis** or a **location-specific basis**, can be especially effective in achieving the leverage, legitimacy and economies of scale needed to make an impact in building public capacity beyond the workplace.

Six types of business engagement beyond the workplace

Drawing on the International Business Leaders Forum spheres of influence model and the Global Business Coalition's business action model for addressing HIV/AIDS, the following six types of corporate engagement beyond company workplace programs can have a valuable impact on addressing the public capacity gaps listed in Diagram 3 and helping to achieve greater scale in national and community-level efforts against AIDS.

While differences exist between different types of companies, industry sectors, size of company and location of operations, these six types of engagement have applicability for companies in almost any industry as they think through ways they can most effectively help governments and communities to build capacity and commitment in responding to the epidemic. These different areas are obviously not mutually exclusive and many of the companies leading the business effort on HIV/AIDS have comprehensive initiatives that incorporate some or all of these types of intervention.

DIAGRAM 4:
**SIX BUILDING BLOCKS OF CORPORATE ENGAGEMENT TO TAKE
EFFORTS TO SCALE BEYOND INTERNAL WORKPLACE PROGRAMS**

1. Demonstrate good workplace programs to other companies – host training, site visits, benchmarking efforts with companies just starting out and SMEs

2. Extend internal programs along corporate value chain - business partners, suppliers and contractors, customers

3. Share core competencies and assets - with community organizations, NGOs, media initiatives and government bodies

4. Make strategic philanthropic donations – to performance-driven efforts that can leverage funds with greatest efficiency, impact and accountability

5. Help to build effective institutions - business coalitions on HIV/AIDS, chambers of commerce, employers organizations, national and community-level intermediary and broker organizations

6. Engage in public policy dialogue and advocacy efforts – at national country-level, with industry bodies, in international forums, and via the media

Source: Adapted from Nelson, Jane *Business as Partners in Development*, IBLF, World Bank and UNDP, 1996 (www.iblf.org) and the *Business Action Model* of the Global Business Coalition on HIV/AIDS (www.businessfightsaids.org)

IV. EXAMPLES OF EXISTING PUBLIC-PRIVATE PARTNERSHIPS TO BUILD PUBLIC HEALTH CAPACITY

Co-investment allows the private sector to contribute real assets and expertise to what must be a joint public/private collaboration in local communities. The Global Fund looks forward to providing financial support to this approach.
Richard Feachem, Executive Director, Global Fund, December 2003

The following section lists some of the most systemic public-private partnerships that have as their main goal, or one of their main goals, efforts to build public sector capacity and infrastructure at the country level. They serve to leverage business resources, assets and competencies, with those of government, donors, NGOs, community organizations, aiming to scale up and/or increase the quality, reach and sustainability of national, regional or community-level efforts to tackle HIV/AIDS.

To a large extent, they are the 'usual suspects' – none of them will be new examples for those who are experts in the field of business and HIV/AIDS. In part this reflects the relatively small number of in-country, systemic public-private partnerships that currently exist, and the early stage of such initiatives. A few of the longer-term initiatives, such as Secure the Future, the Enhancing Care Initiative, Positive Action, and The Africa Comprehensive HIV/AIDS Partnership (ACHAP) have been underway for 5 - 12 years, and there is sufficient experience and data to start assessing what has worked, what hasn't, and what lessons and good practices can be shared. Most are still at an early stage, however, and ongoing operational and institutional analysis and impact assessment is needed before being able to draw credible lessons.

This section does not cover the major public-private partnerships that have been established with and by the pharmaceutical sector that have their primary focus on increasing the availability and affordability of specific essential medicines. These partnerships have been extensively reviewed elsewhere. They include global, multi-stakeholder R&D and access to medicine initiatives such as the *Global Alliance for Vaccines and Immunization*, the *International AIDS Vaccine Initiative*, and the *Accelerating Access Initiative* (which involves Boehringer-Ingelheim, Bristol-Myers Squibb, GlaxoSmithKline, Roche, Merck, WHO, the World Bank, UNICEF and UNFPA).

For easy review, the examples are listed under several main headings, but these should not be viewed as rigid categorizations. Many of the examples have access to medicines as one of their goals, but, as outlined, all of them also focus on other types of intervention to build public sector capacity and to address systemic gaps at either the community, regional or national level. Areas of focus include: financial capacity; institutional capacity; infrastructure; human resources; organizational capacity; public communications; education; and national coordination, strategic planning, impact assessment, monitoring and evaluation.

The value-added of private sector leadership in the following partnerships and the additional effectiveness and impact of these partnerships in building public capacity at the country or community level requires further research and analysis. All have the potential to share lessons and models for other companies and governments to replicate. In some cases, they offer opportunities to expand business engagement and directly involve other companies:

A)   COMPREHENSIVE GLOBAL OR NATIONAL INITIATIVES AIMED AT SUPORTING IMPLEMENTATION OF NATIONAL PLANS AND BUILDING HEALTH CAPACITY AND INFRASTRUCTURE

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria – this major global initiative places strong emphasis on allocating funds to build public capacity and overcome systemic constraints. It is also placing growing emphasis on working more strategically and directly with the private sector, not only by requesting direct funds and in-kind donations, but increasingly on country-level co-investment initiatives, which offer some of the greatest potential for scaling up the corporate contribution to HIV/AIDS beyond workplace programs.

2. African Comprehensive HIV/AIDS partnerships (ACHAP) – this is the most comprehensive and ambitious nationwide, country-level partnership currently underway. Established in 2000, ACHAP is led by a partnership consisting of the Government of Botswana, Merck and Co., and the Gates Foundation. It has recently been extended for a further five years. At its core, ACHAP seeks to support and enhance the national response to the HIV epidemic, in a comprehensive manner that is locally-driven and integrated into the country's own national strategy. After a slower than envisaged start-up phase, itself a reflection of local capacity and data constraints, the initiative is now starting to achieve scale, although challenges remain. A central component of the initiative has been building public capacity through transferring skills and strengthening the health care infrastructure. Interventions in this context have been wide-ranging and extensive covering almost all the public sector capacity gaps outlined in Diagram 3.

3. Tanzania Care – A partnership between Abbott, Abbott Laboratories Fund and the Government of Tanzania, this initiative aims to modernize the country's key public health care facilities and systems, to improve services and access to care for people living with HIV/AIDS and other serious illnesses. From the outset, like ACHAP, a key goal has been to create a model that can be adapted by other countries and companies. The program focuses mainly on the country's largest public health facility, aiming to build a regional 'center of excellence', but also covers regional hospitals, laboratories, modernizing systems, training, and expanded access to VCT.

4. Avahan (The India AIDS Initiative) – launched in 2003 by the Gates Foundation, this initiative is still at an early stage, but is working actively with major companies in India to leverage corporate infrastructure, management expertise, communications skills and networks, and financial support with the clear and ambitious goal of reducing prevalence among high-risk groups and to stabilize overall prevalence by 2008. This is an example of a national program that offers a variety of opportunities for companies from different industry sectors to get involved, often in a way that they can still carve out their own brand recognition and identity, but benefit from the leverage of a large national effort.

B.   PARTNERSHIPS TO CO-ORDINATE AND/OR EXTEND INTERNAL HIV/AID PROGRAMS ALONG CORPORATE VALUE-CHAINS AND INTO COMMUNITIES

5. Coca-Cola Africa – the Coca-Cola Company, working with the Coca-Cola Africa Foundation and bottling partners in Africa, as well as UNAIDS, other UN agencies, and local partners, is engaged in a variety of co-operative efforts to build in-country capacity. These range from an initiative to roll out its workplace program to bottler employees and their families, to a variety of marketing, education and outreach programs in local communities, harnessing the company's renowned marketing and communications competencies. Many of these initiatives have helped to address systemic gaps and capacity constraints and have useful lessons to offer for the 'next wave' countries in Asia and Russia, where communications expertise will be crucial in overcoming denial, stigma, and lack of political will.

6. Co-investment to expand community HIV/AIDS programs using corporate infrastructure and core competencies – In December 2003, nine companies widely recognized as individual leaders in the fight against HIV/AIDS through their internal programs – ChevronTexaco, Bristol-Myers Squibb, Pfizer, Lafarge, Anglo-American, DaimlerChrysler, Eskom, Heineken, and Tata Steel – announced a partnership with the Global Fund through which they would use their human capital, facilities, and other infrastructure to extend their workplace HIV/AIDS prevention and treatment programs into the communities where they operate, thereby reducing the start-up and running costs of public programs and community initiatives.

C.   COMPREHENSIVE EFFORTS FOCUSED ON VULNERABLE AND/OR HIGH-RISK POPULATION GROUPS

7. Secure the Future – This is a five year $115 million program of the Bristol-Myers Squibb Foundation clearly targeted at providing care and support for women and children affected by or infected with HIV/AIDS focused on selected countries in Africa. Working in partnership with the government, NGOs and community organizations in each country, a key goal is to find innovative, replicable and sustainable solutions for this crucial population group. Key components of the initiative place a strong emphasis on building country-level capacity of public and non-governmental and community organizations. The community outreach and education fund provides grants to NGOs and CBOs; the HIV Research Institute facilitates medical training and epidemiological and medical research aimed at women and children dealing with HIV/AIDS; and the Bristol-Myers Squibb Foundation NGO Institute aims to strengthen and build the capacity of NGOs and CBOs in areas such as leadership, management and governance.

8. Step Forward – An initiative of Abbott Laboratories and the Abbott Laboratories Fund, this program is targeted at improving the lives of AIDS orphans and vulnerable children by supporting model programs, with the potential of scale-up and replication, in four countries, with the following integrated approach: improving local healthcare services; offering HIV counseling and testing; providing clean water and other basic needs; and supporting education programs and local schools. A recent grant to the Baylor College of Medicine will create the first international network of centers treating children with HIV. This offers an interesting model for addressing what is a growing crisis of orphaned children and also youth at risk.

9. Focusing on youth - Given the high percentage of young people ages 15-24 infected with or at risk from HIV/AIDS, this is another critical population groups that needs targeted attention and offers opportunities for increased corporate engagement. Two interesting partnership models in this area are: **Coca-Cola Africa's continent-wide partnership with ASIESEC**, the world's largest student run organization, with an extensive network in university campuses around the world. Another is the **Anglo-American partnership with South African NGO LoveLife**, supported by the Global Fund, which supports a network of adolescent friendly clinics and communication efforts – aiming to establish 900 of such clinics within the next five years. A number of innovative media partnerships, especially those led by **MTV**, have youth as their main focus.

D.   PUBLIC COMMUNICATIONS AND EDUCATION PARTNERSHIPS

10.   Global Media AIDS Initiative – This global partnership aims to activate media organizations to reach the world's people – especially youth – with information on how to prevent and treat HIV and to help combat AIDS-related stigma and discrimination. Still at an early stage, its members and their networks have immense potential to influence the spread of the epidemic in parts of Asia and Russia.

11.   Non-media companies supporting flagship media partnerships – There are also a number of innovative partnerships and potential for many others, whereby non-media companies engage actively in media-based projects. Apart from the area of cause-related marketing partnerships, there is also potential for companies to support specific 'flagship' projects. Two examples are **BP and Old Mutual's support for Soul City**, alongside a number of government donors and foundations. This support has enabled Soul City to create a multimedia edutainment program that integrates AIDS awareness and has reached over 20 million young people between ages 16-35 in Africa.

The second is **General Motors' support for 'A Closer Walk'** the internationally acclaimed documentary on HIV/AIDS. GM has worked with the film's writer, producer and director, Bob Bilheimer since the release of the film two years ago, to support premiers and previews attended by key decision-makers and opinion formers in major cities around the world, including in high-prevalence or high-risk countries such as the Ukraine, South Africa, India and Thailand. It has also supported grassroots screenings and screenings in high schools and universities. The company has developed an integrated AIDS awareness and education strategy that aims to spread the message further by coordinating viewings of the film, translating into multiple languages and providing various dissemination formats.

Opportunities exist for other companies to get actively engaged in supporting multi-media efforts to increase dissemination and promotion of highly acclaimed communications, education and awareness-raising tools such as A Closer Walk and Soul City.

E. PARTNERSHIPS FOCUSED ON BUILDING HUMAN CAPACITY AND TRAINING

12. Pfizer Health Fellows and the Infectious Diseases Institute in Uganda - Pfizer is engaged in a variety of public-private partnerships with a central focus on building human capacity in both the health sector and more generally. They include the *Infectious Diseases Institute*, a partnership with Makerere University in Kampala, the Academic

Alliance for AIDS Care and Prevention (an association of African and North American infectious diseases experts) and several NGOs, which aims to train health care professionals and support local medical scientists in conducting operational research, in addition to providing HIV/AIDS treatment and care. Through the Pfizer Health Fellows program, the company sends between 20 and 30 of its professional employees each year for assignments of up to 6 months to support NGOs working in the area of HIV/AIDS as well as other public health threats in developing countries. This offers an interesting model for employee engagement and leadership development, which can also have a beneficial local multiplier impact.

G. GLOBAL, REGIONAL or NATIONAL BUSINESS LEADERSHIP COALITIONS

13. The Global Business Coalition On HIV/AIDS – Launched in 1997 with less than ten members, today GBC has grown into an influential global network of over 170 business leaders with a clear strategy and a growing influence among political decision-makers and policy makers. It offers a useful mechanism for companies to get engaged in joint efforts to increase the range and quality of business sector AIDS programs – both in the workplace and broader community. In addition to providing business with frameworks and tools on how to respond to the epidemic, GBC encourages government bodies to partner with the private sector, and is helping to build the capacity of national-level business coalitions around the world.

14. National business coalitions – Some 25 in-country business leadership groups now exist, of varying quality and impact, but nonetheless offering another useful model for companies aiming to have an impact beyond their own workplace. The *Thai Business Initiative* on HIV/AIDS offers some useful partnership examples, and it is likely that the GBC's *China Working Group on HIV/AIDS*, will also have growing influence and impact, as the Chinese government takes on the challenge.

15. Transatlantic Partners Against AIDS (TAPAA) – This multisector initiative is focused on mobilizing corporate and other resources to combat the spread of HIV/AIDS is Russia, Ukraine and neighboring countries. It operates mainly through raising awareness, sharing good practices, training and advocacy efforts.

The above list of innovative partnerships aimed at building in-country capacity and taking HIV/AIDS interventions to scale is not exhaustive. In the pharmaceutical sector, in particular, there are a number of other highly regarded and effective partnership initiatives, such as GlaxoSmithKline's Positive Action, Merck and Harvard School of Public Health Enhancing Care Initiative, and Johnson and Johnson's training program for nurses and health administrators.

The 15 examples outlined, however, represent some of the most interesting mechanisms for engaging and mobilizing many more companies and for leveraging their core competencies, networks and strategic assets, as well as their money, in the effort to address systemic challenges in tackling HIV/AIDS beyond the workplace. All of these examples provide models worthy of further analysis, and in most cases they offer potential for scale-up and replication, either by engaging other companies or by being implemented and adapted in other locations.

V.   OPPORTUNITIES FOR FURTHER DIALOGUE, RESEARCH and COLLABORATION

What are some of the key opportunities to work together beyond companies' internal programs to share learning, enhance existing partnership initiatives, and/or extend existing good practices and partnership lessons from Africa to countries threatened by the epidemic such as China, India, Indonesia, Vietnam and Russia?

Ten potential areas for further dialogue, research and collaboration between business and other sectors

(i)   Engage with **country-level mechanisms of the Global Fund** and other donor initiatives such as PEPFA**R**– especially country-level co-investment proposals and processes and country coordinating mechanisms

(ii)   Explore greater **pharma and non-pharma** cooperation – there may be valuable opportunities for other sectors to learn from and build on some of the long-standing pharma 'flagship' partnership initiatives

(iii)   Coordinate and/or jointly expand **community outreach** in selected locations, harnessing core business assets and competencies – agree on one or two locations to undertake targeted community outreach

(iv)   Leverage impact through **business coalitions and associations –** review country-level engagement in business leadership networks and ways to leverage these more effectively, as well as industry-focused networks, and the Global Business Coalition on HIV/AIDS

(v)   Coordinate **awareness-raising campaigns** – explore areas to support the work of outstanding filmmakers, journalists, artists, and communicators

(vi)   Cooperate on joint **training and research** initiatives

(vii)   Invest in high-performing **brokers, intermediaries and civic leaders –** identify and support, both directly and through endorsement some of the leading brokers and activists in key countries

(viii)   Support education, training, job creation and enterprise development initiatives for **vulnerable groups** – orphans, youth, women

(ix)   Jointly advocate for and support **national implementation of key frameworks** – (The Three One's, Country Coordinating Mechanisms)

(x)   Explore joint initiatives in countries such as **China, Russia, India and Indonesia, the Ukraine.**

APPENDIX I: THE UN MILLENNIUM PROJECT'S TEN IMPERATIVES FOR ACTION

The text in this box is summarized verbatim from the Executive Summary of the Millennium Project Task Force report 'Combating AIDS in Developing Countries', January 2005, pages 4-12. For the full text in each of these areas and full report see www.unmillenniumproject.org

1. REINVIGORATE PREVENTION - Prevention must be the mainstay of the response to the epidemic, as only by preventing new infections can the epidemic eventually be brought under control. The long-overdue drive to expand treatment – energized by the WHO/UNAIDS initiative to provide antiretroviral therapy to 3 million people by 2005 ("3 by 5") and large influxes of funds - has mobilized activists, national governments, and the UN system, and now dominates the AIDS agenda at all levels. Every effort must now be made to bring the same sense of urgency and excitement to meeting ambitious prevention goals.

2. FOCUS ON VULNERABLE POPULATIONS – The working group reiterates the fundamental importance of focusing prevention efforts on populations most at risk, especially in concentrated epidemics. Few elements of HIV prevention doctrine rest on as solid an empirical and theoretical foundation.

3. ENSURE EQUITABLE ACCESS TO TREATMENT – Only treatment can prolong the lives of the 39 million people who already carry HIV and, in the highest prevalence countries, forestall continued catastrophic rates of illness and death and the attendant social and economic devastation. Moreover, the current situation, in which access to life-saving treatment is primarily determined by ability to pay or country of residence, is fundamentally unjust. …The working group believes that the greatest barrier to meeting the goal of widespread access to treatment is the deplorable state of health systems in most of the hardest-hit countries. Poverty, misplaced priorities, and years of externally imposed restrictions on social spending have left health services for over 2 billion people dysfunctional, inaccessible, or priced beyond the reach of the poor. …In Russia, China Viet Nam and many other places [facing concentrated HIV epidemics] it will be very important to ensure that access to treatment is not denied to the very groups that need it most.

4. INVEST IN HEALTH SYSTEMS AS AIDS SERVICES ARE EXPANDED – Even with the most creative delivery strategies, it will be impossible to bring antiretroviral treatment to all who need it in the poorest countries without strengthening health systems and recruiting and training new health workers.

5. INTEGRATE PREVENTION AND TREATMENT – The working group shares the current enthusiasm for integrating prevention and treatment. We call for the incorporation of concrete prevention elements into treatment plans now being developed in many countries.

6. ADDRESS ROOT CAUSES: EMPOWER WOMEN AND GIRLS – Prevention and care programs will fail if they ignore the underlying determinants of the epidemic: poverty; gender inequality; and social dislocation. The relative powerlessness of women and girls, together with pervasive gender attitudes and practices, contribute particularly strongly to the spread of HIV. …the most powerful answers to the problem of women's vulnerability will be those that transcend AIDS: promoting girls' education; guaranteeing equal property rights and economic opportunity; and combating violence against women.

7. PLAN FOR ORPHANS AND VULNERABLE CHILDREN – This enormous tragedy has received far too little attention. Countries must develop national strategies for assisting families and communities to care for orphans, ensuring that they are able to attend school, protecting them from exploitation, and enforcing their rights to property. Donors and international organizations must provide greatly expanded resources and technical assistance.

8. REQUIRE MORE FROM THE UNITED NATIONS – The working group believes the UN could do more, particularly in holding accountable member nations that have failed to honor their commitments to fight AIDS and doing more to help countries meet their objectives by providing more useful and appropriate technical and management assistance.

9. EXPAND INTERNATIONAL AND DOMESTIC FINANCING AND REMOVE BARRIERS TO USE – International Financing for AIDS and, more broadly, for building the health systems needed to combat the epidemic remains insufficient. …Moreover, donor aid in general must be more predictable and free of conditions that reduce efficiency and distort policy. While the poorest countries cannot defeat AIDS without much greater help from the international community, they can demonstrate commitment by increasing national spending on AIDS and health systems, creating a true partnership with donors**.**

10. EMPOWER GOVERNMENTS AND HOLD THEM ACCOUNTABLE – National ownership and control should be an overriding principle: donors and international organizations must ensure that their work contributes to national priorities and national plans as defined by governments, working with other stakeholders. …where well-developed government strategies are in place, donors should move toward broad and flexible financing of government programs, including capacity-building and salary support. The working group endorses UNAIDS' call for "three ones" at the country level: one AIDS action framework, one national AIDS coordinating body, and one monitoring and evaluation system. In many of the hardest-hit countries, as well as those threatened by growing epidemics – India, China, Russia – AIDS still does not receive sufficient attention and resources from national leaders and governments. ...National governments should be required [by donors] to demonstrate how they plan to combat the epidemic, who will be responsible and how progress will be measured.

THE AUTHOR

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