The Private-Sector Role in Public Health

REFLECTIONS ON THE NEW GLOBAL ARCHITECTURE IN HEALTH

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Introduction

In recent decades, there has been a decided evolution in perspectives on the roles and responsibilities of business in society. The classic position was Milton Friedman’s 1970 pronouncement that the only responsibility a business has is to return a profit to its shareholders. That view has largely been replaced by a more nuanced understanding of the ways in which businesses can enhance their competitiveness and economic returns by addressing the needs and challenges of the communities in which they operate. Corporate responsibility is no longer an oxymoron, as skeptics claim, but rather an emerging approach designed to create shared value for businesses and their shareholders—having positive social impact while also generating the return on investment expected by shareholders. There is still wide variation in corporate responsibility practices, from firms that see such activities as little more than a public relations strategy to improve their brand image to others that find meaningful opportunities to drive social change through their core businesses. At the same time, there has been growing interest and acceptance of the private sector in the broader global development agenda. Private-sector engagement was among

1 Jeffrey L. Sturchio is a senior associate of the Global Health Policy Center at the Center for Strategic and International Studies in Washington, DC, and senior partner at Rabin Martin in New York City. Akash Goel, a medical student at the University of Michigan, is a research associate at Rabin Martin. The authors thank Brian Brink, Rich Feeley, Gargee Ghosh, Gina Lagomarsino, Susan Mitchell, Steven Phillips, Pam Bolton, and Derek Yach for their counsel on the private-sector role in global health; and Paul Davis, Vinca LaFleur, Louis Galambos, David Golub, J. Stephen Morrison, Steve Rabin, and Maria Schneider for their comments on earlier drafts of this paper.


the main issues addressed at the recent 4th High Level Forum for Aid Effectiveness in Busan, Korea; as Lars Thunell, executive vice president and CEO of the International Finance Corporation (IFC), observed, “This could be the turning point where we recognize the mutually supportive roles of the private and public sectors in promoting development.”

As these trends suggest, there is a convergence in perspectives between those who see business as a potential partner in improving the prospects for people living in low- and middle-income settings and those (primarily in the donor community) searching for new methods and new resources to address key unanswered questions about how to catalyze and sustain development gains in a world that faces growing constraints.

There are few policy areas in which these issues are more salient than in global health, or where there is more promise for meaningful private-sector contributions. Sometimes the challenges faced in global health seem intractable—ranging from the global epidemics of HIV/AIDS, TB, and malaria; to the emerging epidemics of chronic noncommunicable conditions (cardiovascular disease, cancers, diabetes, respiratory diseases, mental illnesses); maternal mortality; and childhood illnesses that still cause too many unavoidable deaths. But in recent years, there has been tremendous progress in marshaling the financial resources, relevant expertise, and necessary partnerships to improve global health outcomes, along with a major shift in norms, outlooks, and practices. The private sector is already working alongside partners in the public sector and civil society across a broad front in global health, and every day new initiatives and investments are announced.

At the same time, there is continuing distrust and skepticism—even antagonism—in some circles toward greater business involvement in global health. Recent examples include the concern expressed by a coalition of nongovernmental organizations (NGOs) about the involvement of companies from the food and beverage industries in the UN High-Level Meeting on Non-Communicable Diseases in September 2011 because their products and marketing practices were seen to “contribute to the development of non-communicable diseases.” Similar concerns about conflicts of interest have been noted with respect to a Global Fund grant that provided cost sharing for an HIV-prevention, care, and support program to reach at-risk populations in South African bars and taverns in partnership with an alcoholic beverage manufacturer. In both cases, the

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companies involved have made important commitments of financial support and expertise in collaborations designed to improve the health of target populations in measurable ways, yet certain stakeholders remain unpersuaded. In part, this reflects an enduring and deep-seated antipathy between some segments of civil society and the business community, mirrored in some cases by similar concerns on the part of business toward government and the NGO world. We also acknowledge that some private-sector contributions to global health and development, such as certain aspects of microfinance, have been oversold in the past, which leads to justifiable caution in assessing whether business commitments are real, constructive, and sustainable.

To help in reconciling these viewpoints, this paper outlines the evolving role of the private sector in helping to address the challenges of global health. The central question is not whether the private sector has a role to play—as we indicate below, in many developing countries the majority of health care services are already delivered through the private sector—but how to put the particular skills of the private sector to best use. In the pages that follow, we present a case for why private-sector involvement in global health matters and provide an overview of the key ways in which the private sector is already involved. We then examine how businesses can bring unique contributions to global health and offer recommendations for how to catalyze further private-sector engagement in the years ahead. In doing so, we hope to help readers understand the evolution of multisectoral engagement in global health and obtain a clearer view of criteria by which to judge the credibility and performance of the private sector in this arena.

A Rationale for the Private Sector’s Role in Global Health

The private sector’s stake in global health is increasingly apparent. Since the landmark 1994 World Development Report, and the findings of the World Health Organization (WHO) Commission on Macroeconomics and Health, it has been widely understood that a country’s health and wealth are inextricably linked. More recently, this linkage has been understood to apply beyond geographic


borders; as the UK Interministerial Group for Global Health noted, “poor health is more than a threat to any one country’s economic and political viability—it is a threat to the economic and political interest of all countries.” Further demonstrating the extent of this relationship between global health and wealth, the World Economic Forum’s 2010 Global Risks report found that noncommunicable disease poses one of the greatest threats to the global economy, second only to asset price collapse. Improving health clearly contributes to the economic development and political stability of countries, which benefits companies operating in these environments in the long term.

In addition to its macroeconomic impact, investing in health is also in the interest of companies. As Robert Mallett, then senior vice president of Pfizer, once observed, “disease is destabilizing.” In the pharmaceutical industry, for example, in countries with a high burden of disease, the state of health has an impact on research priorities, clinical trials, the recruitment of scientists and the infrastructure in which businesses operate. Moreover, the scarcity of human resources in health and marginal health systems impose costs on multinational corporations. Less than 10 years ago, for example, Coca-Cola routinely hired two workers for every job opening in Africa because it was understood that at least one worker would soon become terminally ill. As social partners in these countries, the private sector has a clear interest in working to improve global health—in stopping avoidable illness and death and in improving living conditions for individuals and populations—all of which will promote economic development, create new markets, and improve the conditions under which firms operate.

There is also public value in this private-sector engagement in global health. The challenges of ill health and poverty are so complex and resource intensive that states and other stakeholders cannot tackle them on their own. It is well known, for instance, that the global community is facing a steep hill in achieving the Millennium Development Goals (MDGs). Industry can provide vital
assistance in achieving the health MDGs directly and also by working in global partnerships to bring complementary resources and expertise to bear on problems. Businesses have long worked along these lines, and early adopters provide important models for further action.

Pharmaceutical companies, for example, are supporting numerous projects in HIV/AIDS, TB, malaria, neglected tropical diseases, and health systems strengthening. While there is still contention over questions of intellectual property protection and its relation to access to affordable medicines, over the past decade there has been a sea change in pricing and access to antiretrovirals to fight HIV infections and vaccines to protect against numerous infectious diseases, due to individual company actions, global partnerships, and the impact of organizations like the Clinton Foundation, the Global Fund, and GAVI on market dynamics. To take one example from the area of women and children’s health, in 2010, Johnson & Johnson made a major commitment to develop new mobile health applications, to donate its deworming medicine, mebendazole, at scale, and to provide training and support for front-line health workers as part of Every Woman Every Child, the UN secretary general’s global initiative to accelerate progress on MDGs 4 and 5. Similar initiatives are being taken by companies outside the health sector, with organizations as varied as Anglo-American, Exxon Mobil, Nestle, PepsiCo, Procter & Gamble, Standard Chartered Bank, and Unilever, beginning to engage in efforts to improve outcomes in malaria, HIV infection, nutrition, and hygiene (through improved access to water and sanitation).

A Typology of Private-Sector Actors: The New Landscape of Global Health

Between 1990 and 2010, annual development assistance for health has more than quadrupled from $5.7 billion to nearly $27 billion. This dramatic increase in funds has been accompanied by a host of new global health actors. Two decades ago, global health governance was managed by the World Health Organization, a limited number of bilateral donors including the U.S. Agency for International Development (USAID), the World Bank, and recipient governments around the
world. Now, we live in a much more complex global health world, with ambitious new initiatives by bilateral donors, as well as new multilateral and private partners. The Global Alliance for Vaccines and Immunization and the Global Fund to Fight AIDS, TB and Malaria did not even exist 20 years ago; today, they are major funders, having pledged nearly $30 billion in grants combined since 2000.16 The Bill & Melinda Gates Foundation spends roughly as much each year as WHO and has had a transformative impact in areas such as children’s vaccinations. The private sector (both for-profit and not-for-profit), nongovernmental organizations, and academic institutions also now contribute billions each year to global health initiatives.

In addition to playing an increasingly significant role in the donor community, the private sector already plays a significant role in health systems globally. According to the International Finance Corporation (IFC) report on The Business of Health in Africa, about 60 percent of the $16.7 billion spent on health in sub-Saharan Africa in 2005 was private, most of it out-of-pocket spending by individuals, and about half of this went to private providers. In India and Cambodia, roughly 80 percent of health care is provided through the private sector. Even in the United Kingdom, which has a dedicated commitment to public-sector provision, private health care still accounts for about one-eighth of health expenditures.17

The landscape of this private health sector varies widely, from sophisticated facilities providing care comparable to the best international standards (such as the Aravind Eye Care System and LifeSpring hospitals in India), through the many private practices of individual physicians, nurses, and pharmacists, to a diverse and complex mix of private-sector facilities that include clinics, pharmacies, drug kiosks and shops, and informal practitioners, such as traditional healers.18


18 For an introduction to the growing literature on private-sector engagement in global health and development, see J. Gregory Dees, “Philanthropy and enterprise: harnessing the power of business and social entrepreneurship for development,” in Global Development 2.0: Can Philanthropists, the Public and the Poor Make Poverty History? ed. Lael Brainard and Derek Chollet (Washington, DC: Brookings Institution Press,
The roles are complex, ranging from someone in a market stall selling aspirin to anyone who wants it to ambitious contracting arrangements like the NetCare/Lesotho integrated partnership. In this case, the government of Lesotho has gone beyond the kind of hospital building and maintenance arrangements as in the Private Finance Initiative in the United Kingdom to a more ambitious program of enlisting private partners for infrastructure renewal and delivery of clinical services with the potential to improve access, quality, and efficiency of health care in Lesotho. The basic design principle in this innovative model has been “cost neutrality squared” (i.e., services will be expanded while holding operating budgets—and patient copays—at current levels).

In addition to direct delivery of health care services, there are roles for the private sector at all stages of the value chain—including research and development; manufacturing and supply; and wholesale and retail distribution of new health technologies, medicines, vaccines, diagnostics, and medical devices. There are also roles for the private sector in health insurance and in medical education.

The challenge is to find better ways to manage this complexity, to ensure that the proliferation of potential allies adds up to more than just competition for resources and people. In that regard, global health partnerships, which have become a fixture of this new landscape, offer an important mechanism to bring new resources and expertise to bear on the global health challenges we face. The Global Fund to Fight AIDS, TB and Malaria; GAVI and the expansion of immunization in 72 developing countries; and the global polio eradication campaign are just some of the leading examples of how partnerships are playing a central role in global health. Public-private partnerships (PPPs)—involving the structured collaboration of one or more public and private entities to achieve a common objective—represent a distinct model for engagement that has flourished in recent years. McKinsey & Company notes that while there were only around 50 PPPs in the 1980s, today there are hundreds; USAID alone has cultivated nearly 700 public-private alliances through


its Global Development Alliance program. Evidence suggests that PPPs are effective models for development in part because of their ability to expand reach and multiply impact.

Take, for example, Merck’s Mectizan Donation Program (MDP), a multisectoral partnership to combat river blindness involving WHO, the World Bank, UNICEF, ministries of health, dozens of nongovernmental development organizations, and local communities. Through MDP, Merck has donated more than 4 billion tablets of Mectizan (valued at $6 billion), with nearly 1.5 billion treatments approved since 1987. The program currently approves more than 100 million treatments for onchocerciasis and lymphatic filariasis in more than 30 countries in Africa, Latin America, and the Middle East (i.e., Yemen) each year. Also, to capture the promise of PPPs, projects such as Strengthening Health Outcomes through the Private Sector (SHOPS), led by Abt Associates with the support of USAID, are providing technical assistance for the implementation and scaling of partnership initiatives in maternal and child health and HIV/AIDS.

Beyond PPPs, there are also product development partnerships (PDPs)—collaborations designed, as the name suggests, to focus on developing new drugs or vaccines—and a host of other interactions between the public and private sectors in particular areas for particular purposes. Mary Moran and her colleagues at Policy Cures have studied more than 60 PDPs that are providing promising results in research and development for neglected diseases. In 2009, the WHO

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Maximizing Positive Synergies Collaborative Group published a review of nearly 100 global health partnerships in *The Lancet*, ranging from large, multisectoral collaborations to address broad, cross-cutting issues (such as Vision 2020, to eliminate unnecessary blindness, or the Global Alliance for Improved Nutrition), to more targeted initiatives to improve access to existing interventions, develop new medicines or vaccines, or address health policy and systems issues.\(^{24}\)

Social franchising—essentially applying the principles of commercial franchising to social businesses—offers another promising model for optimizing the delivery of health care. A patient’s first point of contact in the provision of health care services is likely to be with a private provider, however often the private sector is under-regulated, with poor quality and high costs. Social franchising provides a model of networked private health providers that has been shown to improve the delivery of health care through standardizing and quality-controlling services.\(^{25}\) The University of California at San Francisco (UCSF) Global Health Group has organized Social Franchising for Health, a web-based knowledge-sharing platform to aggregate and demonstrate best practices of 50 clinical social franchises.\(^{26}\) Population Services International has been a major contributor to this field and now supports franchise networks that provide more than 13.5 million people in sub-Saharan Africa, Asia, and Latin America with essential health services.\(^{27}\)

As these examples suggest, robust engagement between the public and private sectors offers an opportunity to combine resources and expertise in innovative ways that are valuable in improving health outcomes in resource-constrained settings. In an era of pressure on scarce public budgets, a focus on shared priorities will help to ensure the most efficient and effective use of available resources.

**Beyond Corporate Social Responsibility and Branding: How the Private Sector Adds Value in Global Health**

In the process of creating shared value—generating economic returns in a way that promotes social returns—the private sector can harness its comparative advantage relative to the public sector when

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\(^{27}\) Archer, “(Social) Franchising Improves Health Care Quality.”
it comes to expertise in innovation, management, and efficiency. This knowledge transfer adds value primarily through core business operations. The following examples illustrate salient ways in which the private sector is currently having an impact on global health across the value chain.

- **Research and development.** The Institute for OneWorld Health (OWH), was founded as a nonprofit company to develop drugs for neglected tropical diseases by first convincing pharmaceutical companies to donate the intellectual property for orphaned drugs whose development was stalled mid-pipeline due to lack of funding. OWH then secures foundation grants and the pro bono expertise of research scientists to continue exploring potential uses for the compounds. Among its accomplishments is the development of the antibiotic Paromomycin Intramuscular Injection (PMIM), an effective, inexpensive treatment for kala-azar (visceral leishmaniasis), which infects 500,000 people annually via the bite of a sand fly and is a systemic disease that is fatal if left untreated. This drug development process would not have been possible without leveraging private-sector capabilities in research and development.

- **Innovation and technology.** Google’s Flu Trends mines search-engine data to identify trends in influenza transmission and provides remarkably accurate results weeks ahead of governments that rely on clinical or laboratory health reporting. The national surveillance program at the Centers for Disease Control and Prevention (CDC) is based on weekly reports on patients with fever, cough, and sore throat from 3,000 health clinics. While it typically takes up to two weeks for these numbers to be filtered into meaningful flu trending data, Google Flu Trends is updated daily, providing public health officials potentially a two-week head start in responding to and preventing the virus’s spread. Moreover, Google provides this information via its philanthropic arm Google.org, which uses Google’s strengths in information and technology to build products that address global challenges.

32 Michaud, “Global Health’s Private-Sector Revolution.”
Supply chain and distribution networks. ColaLife is piloting a project in Zambia to open up Coca-Cola’s secondary distribution channels to carry oral rehydration salts (ORS) and zinc supplements. This approach is based on the commonplace observation that one can buy a Coca-Cola virtually anywhere in developing countries, but in these same places as many as one in five children die before their fifth birthday from preventable causes like dehydration from diarrhea.\(^{34}\) ColaLife Advisory Board member Prashant Yadav writes, “Consumer product companies such as Coca-Cola have distribution channels with deep reach. At the core of these distribution systems is a system of incentives that ensures high product availability at the point of sale. There are various opportunities of leveraging, learning and collaborating with Coca-Cola and similar distribution models to improve access to health products such as ORS, condoms, zinc, water filtration devices, and many other products with public health needs. ColaLife is a partnership model to achieve this objective.”\(^{35}\)

Cost reduction through continuous quality improvement. LifeSpring Hospitals, an Indian maternal hospital chain developed for women who earn $3 to $6 per day, has standardized procedures and optimized workflows such that three physicians are able to manage up to 94 births per month.\(^{36}\) This approach has allowed the hospital to reduce the cost of delivering a baby to $40, a fifth of the cost at comparable local hospitals.\(^{37}\) The hospital is able to keep costs down by staying basic—the wards have no air conditioning, no food is provided, and lower-skilled nurses use standardized care protocols.\(^{38}\) India’s Aravind Eye Hospital has achieved similarly impressive cost savings. It performs 70 percent of the number of eye operations performed by the entire UK National Health Service for just 1 percent of the cost through maximizing productivity.\(^{39}\) Aravind’s surgeons perform an average of 2,000 operations per year, whereas the average for eye surgeons in the United States is 125. The high volumes and standardization enable Aravind’s surgeons to achieve half the number of complications that the British health system experiences for the same procedure.\(^{40}\) Aravind has a built-in, tiered-pricing strategy that allows it to cross-subsidize the care of nonpaying patients with the profits generated by serving wealthier patients.

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39 The Economist, “Saving Britain’s Health Service.”
Other core business competencies. The skills, processes, and models with which private-sector organizations routinely manage their operations are also relevant to improving global health outcomes. The U.S. Global Health Initiative, for instance, has stressed the importance of building systems and programs that will yield accountable, measurable outcomes. Private-sector approaches to management and leadership, budgets and finance, training and human resource development, information infrastructures, marketing and knowledge sharing, and myriad other disciplines can make significant contributions to public-sector programs in global health, as can the application of private-sector expertise in such areas as the design and deployment of health insurance mechanisms.41

In addition to leveraging expertise, the private sector also provides a source of insights for innovative approaches to global health financing. UNITAID, an international drug-purchasing facility, has raised more than $1.5 billion through the levy of an excise tax on international airline tickets and contributions from donor countries. GAVI has raised more than $1 billion in short-term financing through the International Finance Facility for Immunisation (IFFIm), which converts long-term government commitments into immediately available cash resources by issuing bonds—“vaccine bonds”—on the capital markets.42 The Global Fund has launched its own exchange-traded fund, based on an index of firms investing in health and development, and Product (RED)43 has raised more than $150 million over three years for the Global Fund by donating a percentage of the sales of consumer goods.44

Fund managers and investors are increasingly looking to emerging markets as opportunities for robust returns on investment. Aureos Capital recently announced a $105.4-million private equity fund called the African Health Fund to invest in health services for the continent’s low-income population. In addition to the social model of providing the bottom of the pyramid with affordable health services, the fund is targeting investor returns of 8 to 10 percent. These returns come as no surprise, as the IMF has predicted that 7 of the 10 fastest-growing countries in the world over the next five years will be in Africa.45 While these mechanisms hold promise for the future of development assistance for health, they are not a panacea. The Economist notes that government


43 Product (RED) is a brand licensed to partner companies to engage the private sector in raising awareness and funds to help eliminate AIDS. See http://www.joined.com/aboutred. For a critical perspective, see Lisa Ann Richey and Stefano Ponte, Brand Aid: Shopping Well to Save the World (Minneapolis: University of Minnesota Press, 2011).

44 Michaud, “Global Health’s Private-Sector Revolution.”

spending still comprises the lion’s share of such assistance, but nontraditional financing is the yeast
that leavened its growth in recent years.\(^{46}\)

**Strengthening the Business Case**

As USAID administrator Rajiv Shah noted in an October 2011 speech, “Embracing Enlightened
Capitalism,” the sectors most associated with development work—health care, agriculture, water—
are dominated by private-sector activity. He argued that working with private firms is essential to
encouraging sustainable and broad-based economic growth in developing countries.\(^{47}\) To
strengthen the business case and further catalyze private-sector engagement in global health, five
elements are critical:

1. **Evidence base.** At a time of competition for constrained resources, there is an increasing
premium on demonstrating what works best and why. Armed with detailed case studies,
advocates for private-sector engagement in health and development initiatives will have a more
compelling case. An example of providing the evidence base is the UN Development Program’s
open-access, knowledge–sharing platform, Growing Inclusive Markets, which highlights
portraits and best practices of hundreds of successful social business models to demonstrate
how business can contribute to human development.\(^{48}\)

2. **Inclusion.** To encourage additional private-sector investment, it is important for public-sector
programs to welcome the contribution of private-sector roles and skills as they plan for the
future. The remarkable coalition of interests—development experts, foundations, advocates,
implementing organizations, and companies—that has stood behind the success of the U.S.
President’s Emergency Program for AIDS Relief (PEPFAR) shows just how vital the
contribution of the private sector can be. PEPFAR has relied on innovative private-sector
partnerships for everything from supply chain management to laboratory strengthening to HIV
prevention among youth.\(^{49}\) Even though PEPFAR offers an encouraging case study, there is still
skepticism in some circles. For example, Sonia Shah has argued that private WHO funding
distorts public health agendas because the dollars are earmarked for special interests.\(^{50}\) This
clearly presents a challenge, but with appropriate guidelines to avoid conflict and ensure
transparency, private dollars can help to enable public health agendas at a time when public
funds are increasingly scarce. There has been a more recent and encouraging trend with the

\(^{46}\) *The Economist*, “A spoonful of ingenuity.”

\(^{47}\) Rajiv Shah, “Embracing Enlightened Capitalism” (remarks at USAID Public-Private Partnership Forum,


documents/organization/79660.pdf.

\(^{50}\) Sonia Shah, “How Private Companies are Transforming the Global Public Health Agenda,” *Foreign Affairs*
(November 9, 2011), http://www.foreignaffairs.com/articles/136654/sonia-shah/how-private-companies-are-
World Bank, UN agencies, and a number of bilateral development organizations, including the Millennium Challenge Corporation, establishing external advisory councils to include representatives from the private sector in the policymaking process.  

3. **Leverage.** Collaboration in program design will enable the whole to add up to more than the sum of the parts. USAID’s Development Credit Authority (DCA) leverages partial credit guarantees to encourage financial institutions to lend to underserved borrowers. Since DCA was established in 1999, more than 267 partial credit guarantees have facilitated over $2.3 billion of private capital debt financing in more than 64 countries. Through the DCA guarantee mechanism, USAID is able to leverage an average of $28 in private-sector funds for every dollar spent by the United States. In 2011, DCA and J.P. Morgan Chase, along with a unique collection of impact investors, capitalized a $25-million private investment fund in sub-Saharan Africa focused exclusively on agricultural enterprises. And as Administrator Shah has noted, further initiatives can help unlock the economic opportunity sought by many of the protestors during the Arab Spring by partnering with the Overseas Private Investment Corporation to catalyze private-sector investment in Egypt and Jordan.  

4. **Implementation.** Here is an opportunity for the private sector’s core capabilities of measurement and management to come into play. As we focus our attention more and more on “making the money work,” private-sector approaches provide a pragmatic focus on understanding how to implement plans effectively and manage operations for maximum output. There is considerable scope for innovation in this area, which can complement and strengthen the operational research already being conducted globally. One example is the Enterprise EthioPEA initiative announced at the 2011 Clinton Global Initiative’s annual meeting. In this collaboration, USAID partnered with PepsiCo and the UN World Food Program (WFP) to increase chickpea yields; develop a locally sourced ready-to-use-supplementary food to address malnutrition; and scale up and strengthen the Ethiopian chickpea supply chain. This partnership employs PepsiCo’s agricultural expertise and WFP’s distribution capabilities to ensure successful implementation.  

5. **Enabling policy environment.** The World Bank’s work on developing the private sector highlights the importance of coupling an enabling business environment with a stable macroeconomic setting; a strong rule of law that supports the public interest but doesn’t interfere with private enterprise; and stable financial systems and infrastructure. To achieve these goals, the World Bank’s Doing Business Project, launched in 2001, provides analysis of 10

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53 Rajiv Shah, “Embracing Enlightened Capitalism.”  
major macroeconomic indicators tracked in nearly 200 countries globally. The metrics provide benchmarking data for donors and private enterprise.\textsuperscript{55}

Progress in these five focal areas will help to encourage additional efforts by the private sector to improve global health, based on the conviction that there are important opportunities to achieve social good through cooperation and collaboration. As William H. Foege has written: “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 objective, provides a powerful force that exceeds the sum of its separate efforts.”\textsuperscript{56}

\section*{Conclusion}

On both the private and public sides of health care issues, attitudes have changed in recent years—largely, we believe, for the better. There are those who believe that a commitment to universal public health care is the preferred answer to improving access and quality of care for the millions of people in underserved populations around the world. No one would argue that we shouldn’t continue to invest in public provision of health care, particularly in lower- and middle-income countries whose citizens lack access to proven public health interventions. But the best way forward is one that combines public- and private-sector approaches, drawing on complementary capabilities and resources.

There are signs that a new consensus may be converging around this principle, as donor governments, developing countries, emerging markets, and their partners in the private sector and civil society gain more experience in collaboration and see the opportunities to accomplish more. The new strategy of the U.S. Department of Health and Human Services (HHS), issued in October 2011, notes that HHS “can be most effective outside the borders of the United States by partnering with others [including the private sector] to maximize the impact and sustainability of global health efforts.” And a year earlier, the G20 issued its Seoul Development Consensus for Shared Growth—which saw the private sector as an engine of that growth, “advancing innovation, creating wealth, income and jobs, mobilizing domestic resources, and in turn contributing to poverty reduction”—and convened the first B20, a forum of more than 100 business leaders from G20 countries, to explore how the public and private sectors could collaborate across a range of issues, including


health.\textsuperscript{57} Some of the G20 countries seem even more market-oriented than the G8, so it will be interesting to see how the role of the private sector in global health evolves in different regions over the coming years.

As this new role for businesses continues to take shape, there is a need to think carefully about rules of the road, to ensure that leveraging business assets and skills is done with appropriate attention to transparency, equity, and accountability. Best practices and new norms are already emerging to encourage businesses at all levels to expand their engagements with global health. By doing so in a manner that builds on country ownership and helps to develop country capacity, the private sector will be able to make critical contributions to improving global health. Working together, we can make a real difference—with important and measurable improvements in the health and lives of people living in poverty around the world.

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