Role of Partnerships in Improving Global Health & Safety in LMICs.

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IOM PPP Forum, DC
18 -19 November, 2014,
Presentation Outline

• **Context**: Why all this?, What is Health, Health Systems, Key players, Africa rising

• **Partnerships**: Definitions, types, Partnership principles, ownership, accountability for health outcomes

• **Illustrative examples** of Partnerships/lessons

• **Way forward/Recommendations**
ACHEST

• African Center for Global Health and Social Transformation: an independent Regional "Think-Do Tank" comprising a Network of Experts with a mission to promote evidence-based and technically sound policies and strategies that are owned and driven by African populations themselves to attain better health outcomes - http://www.achest.org/

• Registered in Uganda as a NOT FOR PROFIT ORGANISATION - Corporate entity without share capital and applies internationally accepted governance principles.

• ACHEST work areas: Health workforce, Stewardship, Leadership and Governance of health systems and Strategic communications and partnerships.
Context: Why all this discussion? What is the name of the game?

- Health of the people as precondition for productive life;
- Quality of life, Poverty, Dignity, Social Justice, Equity;
- Connected Globalized World has Knowledge, Resources: but seems to lack the will to remove sever inequalities;
- Governance, Organisation of society, development
- "Nothing important ever happens until the climate of opinion is right." Movements on Slavery, Apartheid, etc
- Political Choices, informed- people centred
- This is a good time to make the big push: let's all join the global movement for the right to health, human dignity and equity (Universal Health Coverage).
Context: What is health?

• Health is inborn; homeostasis (Claude Barnard);
• “Health is made at home; repaired in health facilities”, Social Determinants of Health
• WHO definition of Health, Universal Declaration on Human Rights; well being, food, housing, security
• Health care vs Health Promotion: Health for All
# Major causes & effects of household poverty in Uganda

<table>
<thead>
<tr>
<th>CAUSES</th>
<th>%</th>
<th>EFFECTS</th>
<th>%</th>
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<tbody>
<tr>
<td>Poor Health &amp; diseases</td>
<td>67</td>
<td>Poor Health &amp; diseases</td>
<td>50</td>
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<tr>
<td>Excessive alcohol consumption</td>
<td>56</td>
<td>Theft</td>
<td>44</td>
</tr>
<tr>
<td>Lack of education and skills</td>
<td>50</td>
<td>Death</td>
<td>38</td>
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<tr>
<td>Lack of access to financial assistance &amp; Credit</td>
<td>50</td>
<td>Inability to meet basic needs</td>
<td>35</td>
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<tr>
<td>Lack of access to markets</td>
<td>44</td>
<td>Low productivity</td>
<td>32</td>
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<tr>
<td>Ignorance &amp; lack of information</td>
<td>44</td>
<td>Food shortage and hunger</td>
<td>27</td>
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<tr>
<td>Idleness and laziness</td>
<td>42</td>
<td>Limited income, funds &amp; capital</td>
<td>27</td>
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<tr>
<td>Lack of co-operation</td>
<td>42</td>
<td>Divorce or separation</td>
<td>24</td>
</tr>
<tr>
<td>Large families</td>
<td>42</td>
<td>Excessive alcohol consumption</td>
<td>24</td>
</tr>
<tr>
<td>Insurgency</td>
<td>40</td>
<td>Failure to educate children</td>
<td>24</td>
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Source: Uganda participatory Poverty Assessment Survey 2002
Definition of a Health System

COUNTRY HEALTH SYSTEMS

Public (Population) Health Services

Personal Health Care Services

Health Research Systems

Health In All Policies
Key Players

- National governments: Rich (Development agencies (USAID, DFID, GIZ, JICA, NORAD etc.;) Poor countries, Bricks countries
- UN Family: UNGAS, WHO, UNAIDS, UNICEF, UNFPA, UNDP, UN Women
- Global Health Initiatives: Technical: Stop Tb, GHWA, RBM, PNMCH. Funding: Global Fund, GAVI
- Philanthropy: BMGF, Rockefeller, Hewlett, Packard, Pharmaceuticals: GSK, Merck Serono, Pfizer
- HRIPs/CSOs at country, regional and global level
- Youth: the future, exposure and opportunities to travel and work abroad
Africa’s Economy

The Economist Dec 3-9 2011

- “Hopeless Africa” May 2000;
- “Rising Africa” Dec 2011
- Africa’s GDP is however projected to keep growing 5-6% for some years to come
- 8/10 fastest growing economies globally
Per capita health expenditure

- > 44$ per capita: 26 pays
- 20 – 44 $ per capita: 14 pays
- <20 $ per capita: 5 pays
Public-Private Partnerships

- Public sector: primary responsibility and ownership with local, national, regional governments or intergovernmental agencies
- Private sector: For profit, Private sector: Not for profit, Civil Society
- “The term public-private partnerships covers a wide variety of ventures involving a diversity of arrangements, varying with regard to participants, legal status, governance, management, policy-setting prerogatives, contributions and operational roles. They range from small, single-product collaborations with industry to large entities hosted in United Nations agencies or private not-for-profit organizations.” WHO
PPP Opportunities for improving the health of the poor

• Combining the different skills and resources of various organizations in innovative ways. Maximizing Comparative advantages, skills, experience:

• Private sector: e.g. in product development, production process development, manufacturing, marketing and distribution

• Public sector: Public health policy-making and regulatory approvals, legislation, enforcement
PPP Concerns

• Conflicts of interest over the role of industry partners.
• Donations in kind, such as drug donations, which often require relatively high national inputs, including costs associated with guaranteeing distribution networks, storing drugs at ports and airports, and training health workers.
• The exclusion of poor countries with large populations, unpopular governments or poor infrastructure from public-private partnership programmes.
• The circumvention of mechanisms designed to ensure that developing countries have a say in the policies that will affect their populations.
PPP Principles

• Common good, equity, social justice, human dignity, sustainable development, global human and health security. Common destiny

• Ownership by beneficiaries essential: endogenous, required for sustainability

• Co-development: joint learning, no monopoly of right

• Focus on Institutional Capacity building

• Build trust, fellowship, well prepared individuals and institutions
Illustrative Examples

• PPP Unit in MoH Uganda:
  - Not for profit health providers signed MoUs to serve as the designated PHC service providers in districts
  - Introduction of Home management of fevers: local pharmaceutical companies package antimalarial for children for the MoH
  - GSK mectizan drug donation programs for river blindness and fillariasis

• Uganda Heart Institute: Rotary International (Gift of Life), Beds donated, grateful patients, training partnerships: Italy, India

• Pfizer: Infectious Diseases Institute with Academic Alliance
• Baylor: Pediatric HIV Center
Illustrative Example; Merck

• 5 year Program  to expand professional capacity in Africa.
• - medical education on diabetes,
• Community awareness campaigns
• Advocacy for NCDs
• Supply chain management, R &D
• Conference tracks on, NCDs, cancer, reproductive health
Illustrative Examples ctd: GHIs:

- Stop TB partnership (WHO): drug donations, greenlight committee, technical support
- Global Fund Aids, Tb, Malaria: governments, BMGF. Private sector has a market but not contributing enough
- GAVI: BMGF major donor
- GHWA: governments and BMGF. High priority but no support
- RBM
Challenges

• Huge implementation gap; capacity of governments and partners to act on agreed policies; governance, logistics, M &E
• Public sector working conditions; poor pay, poor management
• Weak institutions both public and CSOs Techno-professionals
• Governance issues with UN System and GHIs
• Politics and priority setting
• Poor public demand for accountability
• Poverty
Lessons & Way forward

- Capacity grows up from within; not dropped down.
- Country context critical: political, social, cultural, resource factors. Takes time and patience.
- Local Institutions to grow capacity exist HRPIs.
- Need to support governments and HRPIs simultaneously to grow local:
  - Expand locally driven research, Strengthen management and leadership, Improve sharing of information and strengthen networks, Close implementation gap and improve monitoring and evaluation of performance.
Taking Action Together

• “African Health Leaders: making change and claiming the future: a new book’s messages:
  - The role of African techno-professionals. Need to feel the pain and shame of African condition. Partnership with communities, politicians, global
  - Evidence that when committed a lot can be achieved.
  - International partners to see Africa in new way
  - Create a global health system leaving no one behind. Universal health coverage.
Way forward/recommendations

• USA private sector to invest in rising Africa support economic growth, reduce eliminate poverty. China is already there.
• Advocate and promote good governance and accountable governments.
• Support HRPIs (Techo-professionals): professional associations, academies, universities, think tanks
"Triangle that Moves the Mountain"

Knowledge creation:

Social mobilization

Political involvement