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# Public–private health partnerships: a strategy for WHO

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**Abstract** Following early success with a number of high-profile partnerships, WHO is increasingly working with the private for-profit sector. In so doing, the organization finds itself in the maelstrom of a vibrant debate on the roles of public, civic, and commercial entities in society and on the appropriate modes of interaction among them. This paper examines WHO's involvement with the commercial sector, particularly in partnerships. WHO's approach to this sector is outlined and the criticisms levelled at public–private partnerships are reviewed. An indication is given of the steps recently taken by WHO to confront the concerns that have been expressed. The paper argues that partnership between WHO and the commercial sector is inevitable and that it presents considerable opportunities, but also significant risks, for the organization and for public health. A strategy is proposed for directing the debate on issues critical to WHO and its role in the promotion and protection of public health.

**Keywords** World health; Intersectoral cooperation; International agencies; Private sector; World Health Organization; Industry; Conflict of interest; Organizational policy; Social responsibility (*source: MeSH*).

**Mots clés** Santé mondiale; Coopération intersectorielle; Organisation internationale; Secteur privé; Organisation mondiale de la Santé; Industrie; Conflit d'intérêt; Politique institutionnelle; Responsabilité sociale (*source: INSERM*).

**Palabras clave** Salud mundial; Cooperación intersectorial; Agencias internacionales; Sector privado; Organización Mundial de la Salud; Industrias; Conflicto de intereses; Política organizacional; Responsabilidad social (*fuentes: BIREME*).

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Voir page 753 le résumé en français. En la página 753 figura un resumen en español.

## Introduction

In 1993 the World Health Assembly called on WHO to mobilize and encourage the support of all partners in health development, including nongovernmental organizations and institutions in the private sector, in the implementation of national strategies for health for all (1). Subsequently, interaction with the commercial sector has broadened and deepened. WHO's Director-General has stated that it was necessary to be more innovative in creating influential partnerships and that progress was being made in building partnerships with nongovernmental organizations and the private sector (2). Partnering is outlined in WHO's corporate strategy as a core function that can help to bring about health for all (3).

WHO participates in a number of global public–private partnerships. These collaborative relationships transcend national boundaries and bring together at least two parties, a corporation (or industry association) and an intergovernmental organization, in order to achieve a health-creating goal on the basis of a mutually agreed and explicitly defined division of labour (4). The emergence of these partnerships can be traced to various factors that have been indicated elsewhere (4). The Initiative on Public-Private Partnerships for Health has identified nearly 70 global health partnerships (5). This relatively new trend in global health cooperation is demonstrating significant possibilities for tackling problems that formerly seemed intractable, particularly those requiring increased research and development (R&D) on drugs and vaccines for diseases disproportionately affecting the poor. For example, several partnerships are achieving positive results against infectious diseases: the Mectizan Donation Programme (6), the Global Polio Eradication Initiative, and the Global Programme to Eliminate Lymphatic Filariasis (7). Partnerships with the private sector have also demonstrated an ability to advance public health messages and create industry incentives for the development of healthier products (8). Through collaboration, the United Nations (UN) has the opportunity to gain access to resources and

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expertise so as to further its mission, while the commercial sector may, through an improved corporate image, among other things, attract new investors and establish new markets. Many benefits, therefore, including the immediate health-related ones, favour the continued development of public-private collaboration for health.

## WHO and the commercial sector

WHO is inevitably engaged in various types of interaction with the private sector, many of them desirable and necessary. The tobacco industry, for example, participated in public hearings organized by WHO in October 2000 on the Framework Convention on Tobacco Control and its experts contribute regularly to the WHO Scientific Advisory Committee on Tobacco Product Regulation. WHO's interactions with the private sector range from working with employees of companies who act in their personal expert capacities or are seconded from companies to participate in decision-making bodies, to engaging in more formal partnership arrangements (i.e. based on bilateral legal agreements). This paper is principally concerned with formal, longer-term, task-oriented partnerships. A useful distinction has been made between partnerships in which the management functions are undertaken by a secretariat within an intergovernmental agency (e.g. the Global Alliance for Vaccines and Immunization) or in a not-for-profit host (e.g. the Mectizan Donation Programme) and those where the management is housed in a separate legal entity (e.g. the International AIDS Vaccine Initiative) (5). A more comprehensive review of WHO's relations with the private sector should be aware of the spectrum of relationships as well as the diversity embraced by the term 'partnership'.

WHO's enthusiasm for partnership is in line with the UN's "global compact", which aims to promote, among other things, corporate responsibility in the areas of labour, human rights, and the environment in response to the unfavourable effects of globalization (9). Nevertheless, WHO's approach to partnerships with the private sector is distinctive because of the explicit focus on health and the ethical principles that support its mission and values. WHO enters into partnerships that usually seek to achieve well-defined and specific health outcomes, such as those that are linked to disease or risk factors. The aims which WHO seeks to achieve through such partnerships are listed in Box 1.

## Processes governing WHO's interaction with the commercial sector

The intensity, extent, and velocity of interactions between WHO and the commercial sector over the past decade have been unprecedented. For this reason WHO has initiated two approaches to regularize its processes of work with the private

### Box 1. WHO's aims in establishing partnerships

Through partnership, WHO seeks to:

- encourage industry to abide by the health-for-all principles (10);
- facilitate universal access to essential drugs and health services;
- accelerate R&D in the fields of vaccines, diagnostics, and drugs for neglected diseases;
- prevent premature mortality, morbidity, and disability by giving special attention to policies and behavioural change;
- encourage industry to develop products in ways that are less harmful to workers and the environment;
- acquire knowledge and expertise from the commercial sector;
- enhance WHO's image among typically hostile constituencies.

sector. The first facilitates the outreach of the organization to private partners. The second seeks to deal with the challenges that arise from such collaboration.

### Facilitating outreach

Among the facilitating mechanisms was the designation in 1999 of a focal point for the coordination of interactions with commercial donors. More recently, an informal working group on private sector engagement was formed with the purpose of sharing information and knowledge. Some of the eight "clusters" of technical programmes at WHO headquarters have designated their own focal points for coordinating relationships with commercial entities, enhancing resource mobilization activities, and seeking partnership opportunities. A gradual delegation of authority to the clusters is taking place, enabling them to work independently with the private sector in the context of an evolving framework of organizational rules.

A further type of outreach involves high-level interaction with industry. In 1998, for example, a round table process was established with chief executive officers of the pharmaceutical industry, the International Federation of Pharmaceutical Manufacturers Associations, and the World Self-Medication Industry (11). The meetings are aimed at building trust with these bodies, raising differences and identifying prospective partnerships. Other examples of outreach include the Director-General's address to the World Economic Forum in Davos, Switzerland, in January 2001 (12, 13).

### Developing safeguards

In parallel with facilitating outreach, a process was initiated for developing institutional safeguards that would counterbalance potential risks and for examining concerns about global public-private partnerships. An internal working group met in 1996 to consider partnership in the context of the renewal of health for all (14). In 1999, draft guidelines on working with the private sector were released for comment by Member States, nongovernmental

organizations, and academia (15). Their objective was to help staff to interact appropriately with commercial enterprises in order to achieve positive outcomes for health. The document included procedures concerning the implementation of the guidelines. An internal Committee on Private Sector Collaboration was established in 1999 to review the suitability and compatibility of proposals for partnership with organizational policies and guidelines.

In 2000 a document aimed at WHO experts was issued with the goal of ensuring that the best possible assessment of scientific evidence was achieved in an atmosphere free of either direct or indirect pressure (16). It asks experts to disclose information on financial and other interests with commercial entities. In an attempt to address the issues involved more fully, a briefing paper on conflict of interest was recently commissioned by the organization. Furthermore, a mechanism was devised to screen the suitability of candidate firms for partnerships with WHO (17). It provides a systematic way for assessing companies in accordance with criteria relating to human rights, labour and environmental standards, product characteristics, involvement in the manufacturing of dangerous products, and so on.

As WHO introduces mechanisms intended to safeguard its integrity, it finds itself at the centre of debate on the appropriateness of public–private collaboration. On the one hand, a ground swell of support for partnerships is evident. Practitioners wish to avail themselves of promising opportunities and to initiate new partnerships in order to meet urgent needs. These proponents are often frustrated by the perceived slowness with which WHO acts and view its guidelines and procedures as a hindrance to their efforts. On the other hand, at a recent meeting of the WHO Executive Board a significant number of members drew attention to a variety of actual or potential perils associated with public–private partnership. The suggestion has been made that precautions established by the organization are inadequate (18, 19).

## A critique of partnerships

Public–private collaboration has elicited strenuous objections. The types of questions that have arisen include: are partnerships desirable, and under what circumstances, from a societal point of view? What are the appropriate criteria for the selection of candidate companies, industries and activities, and how are such criteria developed? How can interactions be structured and monitored in order to avoid or deal with conflicts of interest? How can partnerships be made to function in accordance with principles of good governance?

### A slippery slope

Some critics situate public–private partnerships within a discourse over the appropriate role of the state and public institutions in society. In relation to the UN,

fears arise that inadequately monitored relations with the commercial sector may subordinate the values and reorient the mission of its organs, detract from their abilities to establish norms and standards free of commercial considerations, weaken their capacity to promote and monitor international regulations, displace organizational priorities, and induce self-censorship, among other things. Interaction, it is argued, may result in these outcomes, not just because the sectors pursue opposing underlying interests, but because the UN, having very limited resources, may face institutional capture by its more powerful partners. Critics argue that new partnerships are leading down a slippery slope towards the partial privatization and commercialization of the UN system (20). Partnerships, it is asserted, are the thin edge of a wedge whereby international public authority, as exercised through the UN, gives way to a norm of voluntary private regulation in which the UN simply provides endorsement and legitimization (21).

### Shifting responsibilities

Other critics have argued that partnership enables nation states to abdicate their responsibilities for the promotion and protection of their citizens' health. These critics contend that partnerships may legitimize the withdrawal of social safety nets, resulting in the benefits of partnership being restricted to islands of excellence in seas of underprovision, while seemingly exonerating public authorities from blame for breaching the social contract (22).

### A danger for WHO

In relation to WHO, critics believe that some of their fears are materializing. For example, it is charged that the independent setting of standards was jeopardized during the elaboration of the guidelines for the management of hypertension because of the influence of a firm that stood to benefit from them (23). Similarly, it has been asserted that deliberations on breastfeeding were subject to "censorship" because of considerations of the sensibilities of WHO's new commercial constituencies (24). Others argue that WHO's emphasis on the marginalized will be displaced as resource-rich partnerships dictate organizational priorities and strategies. It has been suggested that WHO's involvement in the Global Alliance for Vaccines and Immunization has derailed its commitment to equity in relation to the goal of universal vaccination with traditional vaccines, as it joins its partners in bringing new vaccines to the relatively less hard to reach (25). Moreover, for understandable reasons, partnerships sometimes focus, at least initially, on countries and activities that offer a reasonable chance of success. Thus they usually concentrate on relatively affluent countries rather than on those that are very poor, and on drug donations and development instead of the more difficult challenges of capacity development for service delivery and research in low-income countries (26). Yet even relatively non-controversial initiatives,

such as donation programmes, may have considerable and unintended consequences linked, for example, with costs to recipients, sustainability, and equity, which could damage WHO's reputation by association (27, 28).

### Greater regulation

Others argue that some concerns could be eased if relations with the commercial sector were better regulated and if WHO entered only into partnerships that were reasonably well governed (29). Institutional procedures for ensuring adequate representation are evidently underdeveloped and most partnerships in which WHO participates therefore have little representation on their governing bodies from low-income and middle-income countries (26). There is little information in the public domain regarding the composition of oversight bodies; the volume, allocation and monitoring of resources; how decisions are made; and who can be held responsible for them. In order that partnerships inspire confidence and assuage the concerns of the sceptics, their governing arrangements should be improved and made more transparent.

### The future

Although there have been some success stories, it is too early to predict the consequences of partnership. Many partnerships are new and best seen as social experiments. Despite their novelty and the concerns they provoke, partnerships have not been subjected to significant empirical research. Some observers have called for a moratorium on partnerships until more reflection is possible (30). An alternative approach, although somewhat bureaucratic, is a precautionary one. In WHO, such caution has manifest itself in the form of guidelines and internal monitoring arrangements. These precautions have been welcomed by some critics but many view them as inadequate both in substance and process (19, 31).

## Addressing the critique: developing a strategy for WHO

In response to mounting concerns over WHO involvement with the commercial sector, the Director-General gave an assurance that funds would not be accepted if the conditions on which they were provided went against the organization's values or undermined its governance structures and established procedures (32). What is needed is an operational strategy that enables WHO to enter into public-private partnerships while safeguarding its values and improving the accountability and transparency of its operations. Such a strategy will have to provide sufficient flexibility to differentiate the types of risk to the organization: a single approach for all circumstances is unlikely to be useful. The strategy should also encourage staff to become involved in partnering work and guard against excessive institu-

tionalization. One option would be to leave the question of the suitability of partnership activities to the discretion of WHO managers, guided by existing rules and procedures. This, however, would fail to placate critics who argue that the present arrangements are not adequate for balancing benefits against potential risks. Another option would involve further action to tackle the critique. The proposals that follow are intended to stimulate debate on specific areas that may require such action. Details of more specific measures and a consideration of their costs to WHO can be obtained from the authors.

### Organizational policy

There should be a statement that clarifies WHO's approach to partnership in the context of its mandate. This statement should reconcile and align commercial partnerships with WHO's commitment to a number of non-negotiable, health-for-all principles (10). It is necessary to specify what the organization wishes to achieve from partnership, how to use partnerships so that its technical expertise and moral authority can achieve greater health gains, how to address the many potential problems inherent in partnership, and when and why to reject partnership. The development of such a policy would require broad consultation, both internal and external.

### Guidelines

Each proposed partnership should be reviewed in terms of its alignment and compliance with WHO's mission, priorities, policies, and procedures. The Committee on Private Sector Collaboration currently holds this responsibility but relies on inadequately articulated policy and circumscribed guidelines which fail to place the procedures relating to individual initiatives within a framework of the organization's mission and priorities. Although detailed guidance is given on a number of activities, e.g. stipulations are made in respect of donations and seconded personnel, they lack clarity on conflicts of interest, the appropriateness of interacting with individual industries, companies and activities, dealing with multi-party collaboration, institutional arrangements governing partnerships, and other issues. The development of a broad-based policy could lead to improvements in the operational guidelines on engagement with industry. External inputs into both the guidelines and procedures through which they are to be implemented should be considered.

### Selection of partner companies

The present approach to the selection of partner companies, which relies on in-house assessments, seems inappropriate. Our perception is that WHO does not seem to have the expertise or capacity needed for screening companies in a credible manner. We believe an effort should be made to contract this work to a suitable third party, e.g. a professional audit service, a civil society organization, or a specially mandated UN body.

### Governance

While it is acknowledged that each partnership has unique needs in relation to its governance arrangements and that excessive institutionalization may detract from the positive attributes of partnerships such as innovation and flexibility, there are convincing arguments in favour of establishing benchmarks of good practice. Although evidence about good practice remains scarce, we believe that partnerships involving WHO should meet the requirements outlined in Box 2.

### Mechanisms to ensure WHO's accountability

Real and perceived conflicts of interest suggest that it may be worth subjecting WHO's involvement with the commercial sector to greater external scrutiny. Improved oversight could, in part, be accomplished by placing more information in the public domain. For example, minutes relating to decisions of the Committee on Private Sector Collaboration as well as partnership agreements could be posted on the Internet and the establishment of a "partnership ombudsperson" could be considered as a means of improving communication and transparency. In addition to consultation with public agencies, enhanced efforts could be made to obtain inputs from civil society.

### Leadership on partnering knowledge

WHO should promote and support research aimed at identifying good partnership practice and leveraging private sector contributions to health development. The organization should draw lessons from its own experience of partnership and develop indicators of success. Comparative research is required to understand the impact of differing institutional arrangements on effectiveness and efficiency, optimal approaches to managing intellectual property, handling confidentiality, and good practice relating to raising social capital, etc. Furthermore, it is desirable to understand better how to achieve appropriate oversight of multiparty partnerships in which WHO plays a minor role or none at all. Other groups are undertaking such work, but a more proactive engagement of WHO in this area of research could prove extremely valuable.

### Conclusions

Public–private partnerships are a central feature of the global health landscape and there seems no reason to believe that the current trend will not

#### Box 2. Governance requirements

Partnerships involving WHO should:

- be governed by bodies that are widely representative yet give WHO adequate decision-making power so as to reflect its position as the premier health organization with universal representation. Moreover, the governing bodies should have mechanisms ensuring the participation of constituencies that might otherwise lack the material resources needed in order to participate, particularly those that provide a counterbalance to the influence of industry. All members should undertake to adhere to WHO principles.
- establish clear goals, roles, responsibilities, and decision-making structures, and the means of monitoring and enforcing decisions should be taken into consideration.
- establish systems of communication whereby information about decision-making structures, funding, resource allocation and results is regularly conveyed to all concerned, and should provide for consultation with stakeholders.
- document and publicize details of the process and outcomes of the partnership.

continue (33). WHO should not shy away from partnership or interaction with the commercial sector. Although the evidence is still limited, there are grounds for believing that many initiatives may meet various needs in public health. Partnerships, however, clearly require improved systems of institutional governance. Systems should be established within public sector agencies to ensure that the greatest possible importance is attached to protecting the public's interest. WHO should be proactive and enter into partnerships on the basis of a comprehensive and broadly agreed strategy so as to allay the concerns of critics and proponents alike. By adhering to widely endorsed guidelines on interaction with the commercial sector, WHO can not only protect its integrity and legitimacy but can also confer its valuable imprimatur on deserving partnerships. ■

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## Résumé

### Partenariats public-privé pour la santé : une stratégie pour l'OMS

Compte tenu des bons résultats rapidement obtenus dans le cadre d'un certain nombre de partenariats en vue, l'OMS collabore de plus en plus avec le secteur privé à but lucratif. Ce faisant, l'Organisation se place au cœur d'un débat passionné sur les rôles respectifs des entités publiques, politiques et commerciales dans la société et sur les modes appropriés d'interaction entre elles. Le présent article porte sur les rapports de l'OMS avec le secteur commercial, notamment dans le cadre de partenariats. La ligne d'action de l'Organisation y est exposée dans ses grandes lignes et les critiques

formulées à l'encontre des partenariats public-privé y sont examinées. Les mesures prises récemment par l'OMS pour répondre aux questions qui se posent sont également évoquées. Le présent article fait valoir que le partenariat entre l'OMS et le secteur commercial est inévitable et que s'il offre des avantages considérables il présente aussi des risques importants tant pour l'Organisation que pour la santé publique. Une stratégie est proposée pour orienter le débat sur des questions essentielles pour l'OMS quant à son rôle dans la promotion et la protection de la santé publique.

## Resumen

### Alianzas de los sectores público y privado en pro de la salud: una estrategia para la OMS

En la línea de los primeros éxitos cosechados con varias alianzas muy destacadas, la OMS está colaborando cada vez más con el sector privado de fines lucrativos. La Organización se ha encontrado así en la vorágine de un acalorado debate acerca de los papeles de las entidades públicas, civiles y comerciales en la sociedad y de las formas apropiadas de interacción entre ellas. En este artículo se examina la participación de la OMS en el sector comercial, en particular en diversas alianzas. Se resume brevemente el enfoque aplicado por la OMS en este sector, y se analizan las críticas dirigidas contra las

alianzas de los sectores público y privado. Se indican asimismo las medidas adoptadas recientemente por la OMS para atender las preocupaciones expresadas. En el artículo se sostiene que la colaboración entre la OMS y el sector comercial es inevitable y brinda numerosas oportunidades, aunque también entraña riesgos importantes, tanto para la Organización como para la salud pública. Se propone una estrategia para orientar el debate sobre aspectos de crucial importancia para la OMS y sobre el papel de ésta en la promoción y protección de la salud pública.

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