

B10/11/8

BOARD PAPER - PARTNERSHIP ENGAGEMENT WITH PRIVATE SECTOR

SUMMARY

This paper discusses options, and presents recommendation for private sector engagement with the Partnership. Three recommendations are presented for the Board's consideration and decisions. The recommendations are that, the Board agrees:

Recommendation 1: To the establishment of a private sector constituency as the appropriate mechanism for including the private sector in the governance of the Partnership (see page 5).

Recommendation 2: with respect to constituency membership, to Option 1:
Open membership of the private sector constituency (including both individual companies and alliances/trade associations), guided by the Partnership's principles on engaging with the private sector (see page 6).

Recommendation 3: with respect to Board representation, to Option 2:
Only business alliances/trade associations represent the private sector constituency on the Board (through private company representatives who are members of the relevant alliances, speaking for the constituency on behalf of the alliance and not as an individual company) (see page 7).

Recommendation 4: That the private sector constituency has two seats on the Partnership's Board (see page 7)

I. PURPOSE AND CONTEXT

This paper responds to the request by the Board of the Partnership for Maternal, Newborn & Child Health (Partnership) for the Secretariat to set out the options and practical next steps for the Partnership's engagement with the private sector, and its involvement in the governance of the Partnership.¹ It builds on the existing decisions made by the Board as summarised in the box below.²

Box 1: Summary of relevant Board decisions to date on private sector engagement

7th Board Meeting – December 2009, Ottawa, Canada. The Board:

- Requests addition of private sector engagement in the next Board meeting agenda.

8th Board Meeting – April 2010, Dhaka, Bangladesh. The Board:

- Supports the Partnership's engagement with the Private sector and requests exploring opportunities to engage with existing alliances such as mHealth and the World Economic Forum.
- Asks the Secretariat to facilitate strategic consultations between lead partners of priority action areas and existing alliances to determine potential collaboration (i.e. mHealth and PA2).
- Asks Secretariat to develop principles to guide the Partnership's engagement in this area.

9th Board Meeting – November 2010, New Delhi, India. The Board:

- Affirms that engagement with private sector should continue.
- Adopts seven principles defining the Partnership's engagement with the private sector.
- Asks the Secretariat to prepare a paper for the 10th Board on options to formalise the engagement with the private sector within the context of Partnership's governance.

The seven Principles defining the Partnership's engagement with the private sector³ are set out in more detail in Annex 2 and in summary cover:⁴

- Strategic alignment.
- Clear value add.
- Independence and impartiality.
- No endorsement and no exclusivity.
- Transparency.
- No conflict of interest.
- Due diligence.

¹ Work supported by Cambridge Economic Policy Associates (CEPA), a UK based economic, strategy and finance consultancy (www.cepa.co.uk).

² See Annex 1 for relevant extracts of discussions and decisions from Board meeting minutes.

³ For avoidance of doubt, the private sector in this paper is defined as businesses (for-profit commercial enterprises), alliances / associations of businesses (which may themselves be not-for-profit), and company foundations that are not at 'arms length' from the company. Based on this definition, this paper does not consider non-commercial non-state actors, such as NGOs, who are all already involved in the governance and work of the Partnership. In particular, medical professionals who practice privately are not included in this definition, as they are already represented on the Board through the existing Health Care Professional Association (HCPA) constituency.

⁴ The discussion on the Principles is set out in more detail in the Board Paper B9-10-8_2: "Engagement with the private sector – principles for engagement", and subsequent decisions by the Board. These principles are consistent with and build on the WHO Policy Framework for Engaging and Working with the Commercial Private Sector, as developed by the Department of Partnerships and UN Reform and endorsed by the WHO Global Policy Group in March 2010.

The wider context for this paper is the increased recognition of the role of the private sector as an essential partner and stakeholder in reproductive, maternal, newborn and child health (RMNCH), which culminated in its significant involvement as part of the UN Secretary General's Global Strategy (Global Strategy), including but not limited to:

- its key role in service delivery in many high disease burden countries (e.g. up to 80% of health services in India, and elsewhere, are delivered by the private sector);
- the value that it adds in innovation in R&D of products and services, as well as service delivery;
- its importance as a key provider of technology to support information delivery;
- its comparative advantage (expertise and experience) in areas such as finance, institutional and infrastructure capacity, human resources, public communication and advocacy, coordination and planning etc.; and
- the role that the private sector plays in the development, production and distribution of key RMNCH commodities.

Annex 3 of this paper summarises the commitments that were made to the Global Strategy from companies and business alliances operating in the ICT / Mobile, medical equipment and diagnostics, media and communications, pharmaceuticals, consumer goods, food and beverage, and logistics / transportation sectors.⁵ In addition to that, the outcome document on MDGs at the 2010 MDG Summit in New York, as adopted by the UN General Assembly by consensus, repeatedly recognized the role of many stakeholders, including the private sector, and called for increased involvement of the private sector and the need to enhance and strengthen public-private partnerships.⁶

2. THE CASE FOR INCLUDING THE PRIVATE SECTOR IN THE GOVERNANCE OF THE PARTNERSHIP

2.1 Existing engagement

The Partnership's engagement with the private sector over the last couple of years has also grown significantly and has included:

- involvement of private sector representatives at the November 2010 Partners Forum in New Delhi, India;⁷
- strong engagement from the private sector in the development of the Global Strategy, whose development was facilitated by the Partnership;
- ongoing and significant collaboration with the private sector in the context of the Global Strategy Innovation Working Group;
- exploring options for engagement directly or indirectly with the private sector in delivering some aspects of the current priority action areas (e.g. support in the development of decision support tools in PA 1, support in advocacy PA 5 and accountability work PA 6);
- participation at the Boston Board Retreat in March 2011 and subsequent consultations on the new Strategic Framework for the Partnership; and

⁵ For further details setting out these commitments see the Global Strategy's "Commitments Summary: 1 October 2010" document. Source: www.un.org/sg/hf/global_strategy_commitments.pdf

⁶ Outcome document: www.un.org/en/mdg/summit2010/pdf/mdg%20outcome%20document.pdf

⁷ Annex 4 summarises the message to the Partners' Forum from the private sector.

- ongoing current members' collaboration and partnerships with the private sector in many areas across the RMNCH continuum of care.

2.2 Case for private sector involvement on the Board

There is a strong case for increasing the Partnership's engagement with the private sector beyond project specific consultations and occasional participation in relevant meetings, and towards a more formal involvement in the governance of the Partnership. This would reflect and be in line with the evolving Strategic Framework for the Partnership, its new mission of supporting Partners to align their strategic direction and catalyze collective action, and its strategic objectives (SO3 in particular: "Advocate for mobilising and aligning resources and for greater engagement").

More broadly, the case for private sector involvement reflects the following considerations:

- **Multistakeholder engagement.** The current reality of the RMNCH landscape is that the private sector is and will continue to be an important stakeholder in the efforts to improve the health of women and children in high disease burden countries. Engaging with the private sector in a meaningful manner will therefore ensure that the Partnership continues to be the successful and inclusive global platform it has been to date, where all key stakeholders have an opportunity to discuss and align strategic directions.
- **Brokering linkages for mutual benefit.** It would allow the Partnership and its Partners to benefit from the expertise and knowledge available in the private sector (which may not be available from other stakeholders) on a regular basis and as an integral part of the organisation. It would also enable the private sector to benefit from the wide experience of other constituencies in the RMNCH arena.
- **Potential for scale up.** It will provide opportunities to work with the extensive capacity of the private sector to accelerate the scale-up processes for essential interventions in high disease burden countries. The private sector has the innovative potential, management skills and required resources to be an important partner in the implementation of projects (e.g. support to other partners, such as NGOs, on the ground) and ensuring the sustainability of these efforts.
- **Achieving Partnership's broader objectives.** Having a formal relationship with representatives of the private sector has the potential to increase the ability of the Partnership to achieve its objectives through increased private sector participation and contribution to relevant elements of the Partnership workplan, including, for example:
 - contributions and support to brokering of knowledge and innovation for effective delivery of interventions, commodities and strengthening human resources;
 - support in advocacy efforts through corporate leadership ("Champions"), key events, publications, joint campaigns, expertise, financing etc.; and
 - participation in the accountability framework, monitoring of commitments and impacts, through mutual accountability of Partners through inclusiveness and transparency.
- **Emerging practice.** This would mirror the standard practice in other partnerships and alliances (e.g. GFATM, GAVI, RBM, Stop TB, IAVI, FIND, GAIN etc.).⁸

⁸ Further information on emerging standard practice can be found in Board Paper B9-10-8_1: "Engagement with the private sector – Background Paper". This document was presented at the 9th Board meeting in New Delhi and can be accessed here: http://www.who.int/pmnch/about/steering_committee/B9-10-7-2-privatesectorengagement.pdf.

2.3 Mechanism for private sector involvement in governance

As requested, this paper has considered the possible mechanisms for introducing the private sector participation in the Partnership's membership and Board. In presenting the options and the recommendation, the following two issues have been considered: (i) risk mitigation mechanisms; and (ii) rights and responsibilities of a potential private sector constituency. These are briefly discussed in turn.

- **Risk mitigation.** The Board is currently in the process of adopting a Conflict of Interest policy⁹ and the application of a Declaration of Interest for all Board members. These policies will be an important instrument in managing and mitigating risks in the operations of the Board and the Partnership more generally. Any private sector members' interests and potential conflicts (and those of their Representatives on the Board) will be subject to the same scrutiny as all other members of the Partnership and in line with the Conflicts of Interest policy, so as to ensure that no situations might arise where undue influence or unfair advantage may be present or perceived to be present.¹⁰
- **Rights and responsibilities.** Having agreed the principles (as per Section I above) and rules of engagement, including the Conflict of Interest policy, it would seem appropriate for the private sector to have equal rights and responsibilities of participation on the Board, e.g. in terms of declaring interest, participating in discussions, views and contribution to the Board's decision making processes. Such an approach would also be reflective of the key role played by the national, regional and global private sector in RMNCH, and is likely to help strengthen the level of engagement of private sector organisations (both on the Board and in wider Partnership activities). Restricting the rights of the private sector constituency would create a two tier Board membership, which is not aligned with the emphasis on engagement with the private sector as set out in the Global Strategy.

Given the relevant risk mitigation mechanisms in place and the benefits of having the private sector as a member of the Partnership on an equal footing to other constituencies, the option of establishing a formal constituency is preferred to pursuing a less formal option (such as ad-hoc invitations to some Board meetings). Creating a formal constituency for the private sector speaks to the agreed principles such as those related to transparency, and no endorsement and exclusivity. In addition, having a formal constituency reflects the reality of the private sector as a real and separate stakeholder in RMNCH.

Recommendation I:

That the Board agrees to the establishment of a private sector constituency as the appropriate mechanism for including the private sector in the governance of the Partnership.

⁹ To be approved at 10th PMNCH Board Meeting, June 2011, Geneva.

¹⁰ The potential for real or perceived conflict of interest is relatively low in the Partnership compared to other entities in this sector, given that the Partnership is not a financing entity. It does not have financial resources to use in purchasing commodities, for example, nor does it have a technical mandate to influence agendas. Its role is focused on aligning strategic directions and catalyzing collective action of Partners, which is best achieved through open communication and broad participation in discussions.

3. HOW SHOULD THE PRIVATE SECTOR BE ENGAGED IN PARTNERSHIP'S GOVERNANCE?

This paper considers three questions about the proposed private sector constituency. The answers to these questions together define the detail of the proposed approach:

- Who could be a member of the private sector constituency?
- How should this constituency be represented on the Board?
- How many representatives should there be?

3.1 Membership: Who could be a member of the private sector constituency?

There are two possible options for private sector constituency membership. These are:

- **Option 1: Open membership.** Any private sector organisation – individual company, business alliance or trade organisation – could be a member of the Partnership (and by extension the constituency). This would include, for example, those organisations that have made commitments to the Global Strategy, are operating in sustainable health markets and promoting innovation for health, and are involved in project specific public-private partnerships (e.g. supporting relevant regional knowledge networks, mobile health projects etc.). As with all the other constituencies, one of the necessary criteria for membership would be the relevance and alignment of the activities to the vision and mission of the Partnership. Organisations whose work is not deemed to be consistent with WHO's mission (as defined in the relevant WHO rules and regulations on corporate activities, e.g. tobacco industry), would not be considered for membership.
- **Option 2: Alliances only membership.** This option would only allow business alliances or trade associations engaged in relevant activities for RMNCH to be members of this constituency. It would prohibit individual corporations becoming members of the private sector constituency.

Recommendation 2: with respect to constituency membership the Board agrees to Option 1:

Open membership of the private sector constituency (including both individual companies and alliances/trade associations), guided by the Partnership's principles on engaging with the private sector.

3.2 Board Representation: How should this constituency be represented on the Board?

There are two possible approaches to considering Board representation of the private sector constituency:

- **Option 1: Open representation.** This option would not place any restrictions on who (i.e. individual company or business alliance) may sit on the Board and represent the private sector constituency. For example, the private sector constituency may choose a specific company and / or a business alliance or trade association to represent the constituency.
- **Option 2: Alliances only representation.** Alternatively it would be possible to define in advance the type of organisation that would be most appropriate to represent this constituency on the Board. For example, representation could be limited to representatives of business alliances or trade associations only. This could have merit in reducing any real or perceived risk that that a company sitting on the Board would either: (i) promote its commercial interests and / or gain an

advantage over its competitors; (ii) that the Partnership might be seen to endorse a particular company or product.¹¹ The business alliances would select individuals who are from private sector companies that are members of the alliance and will represent the constituency on behalf of the alliance and not their respective companies on the Partnership's Board. This approach is likely to be preferable, so as to ensure genuine private sector participation whilst maintaining the desired safeguards (see Figure 1 below).

Recommendation 3: with respect to Board representation the Board agrees to Option 2:

Only business alliances/trade associations represent the private sector constituency on the Board (through private company representatives who are members of the relevant alliances, speaking for the constituency on behalf of the alliance and not as an individual company).

Figure 1: Potential attributes of options on 'Who could be a member of the private sector constituency' and 'Who could represent the private sector constituency on the Board'

Who could be a member of private sector constituency?	Option 1: Open membership	(PREFERRED OPTIONS RECOMMENDATIONS 2 AND 3)
	<ul style="list-style-type: none"> • Widest possible membership • Any member can represent - possibility to have most competent / relevant representation • Highest risk of real / perceived conflict (perceived endorsement of specific companies) 	<ul style="list-style-type: none"> • Widest possible membership • Genuine private sector participation but reduced risk of perceived conflict through alliance representation
Option 2: Alliances only membership	n/a	<ul style="list-style-type: none"> • Lowest risk of real / perceived conflict of interest • Dependent on Alliances to have resources & mandate to represent • Excludes altogether individual companies from Partnership, who are recognised as important stakeholders

Option 1: Open representation

Option 2: Alliance only representation

Who could represent the private sector constituency on the Board?

3.3 How many Board representatives should there be?

Subject to Board discussion, the paper suggests that there should be two private sector representatives. This is less than the number of Board seats held by other constituencies.

Recommendation 4 is that the Board agrees:

That the private sector constituency has two seats on the Partnership's Board.

¹¹ Advice from WHO Legal Office indicates that, subject to the Board's decision, they see this option of defining the Board representation in advance as being significantly easier to implement than the open membership option. It is also important to note that the defined representation option relies on mechanisms that already exist in business alliances to ensure membership involvement.

4. IMPLEMENTATION AND NEXT STEPS

The Executive Committee (EC), supported by the Secretariat, should engage in the process of identifying private sector stakeholders that could potentially be approached to begin discussions on forming the constituency with the attributes agreed above.

Suggested next steps are that the Board agrees for the EC / Secretariat to:

- approach private sector representatives already engaged with the Partnership and the Global Strategy to gauge their willingness to participate in establishing a constituency; and
- start a process to agree on the mechanism to choose the first constituency representatives, according to final decisions of the Board, and invite the relevant representatives to the next (eleventh) Board meeting in October 2011.

ANNEX I: RELEVANT DECISIONS TAKEN BY THE BOARD TO DATE

AI.1 8th Board Meeting – Dhaka, Bangladesh

No Paper was presented. Al Bartlett made a presentation based on a background paper developed by CEPA and Barbara Bulc.

Decision under item I.ii) Other recent developments in Public-private initiatives & opportunities for PMNCH to engage:

- presentation by Al Bartlett
- presentation on mHealth (David Aylward)

Al Bartlett of USAID presented the results of the consultation with Board Members and others carried out by consultant Barbara Bulc on opportunities for engaging with the private sector. Recommendations were made to the Board.

David Aylward presented on the mHealth Alliance, which is hosted by UNF and was founded by the Rockefeller Foundation and Vodafone to use ICTs to support implementation of known and valuable interventions. PMNCH was requested by mHealth to provide expertise on aspects of the continuum of care that require such technology.

Discussion

Board Members supported the idea of engaging with the private sector, and agreed that PMNCH should continue exploring how best to move forward, especially as opportunities for private-public engagement on MNCH issues are multiplying in many areas. There is, however, a need to develop defining principles to guide our engagement in this area. There was a discussion on potential collaborations to use ICTs, for example, for improving health information and providing access to information on MNCH interventions using mobile phones. The Global Campaign on the Health MDGs annual report will be used as a reference as we explore how to engage in private-public collaborations.

Decisions → Agreed on recommendations 1 and 2 from the presentation:

- 1) Support the Partnership's engagement with the Private sector and explore opportunities to engage with existing alliances such as mHealth and the World Economic Forum;
- 2) The Secretariat to facilitate strategic consultations between lead partners of PMNCH priority action areas and existing alliances to determine potential collaboration (i.e. mHealth and PA2).

Actions → The Secretariat to work on a set of principles for PMNCH engagement with the private sector.

The Secretariat to develop a mapping on private sector engagement in other global health alliances

AI.2 9th Board Meeting – New Delhi, India

There were two papers (developed by CEPA) distributed to the Board – as a follow up to the decisions taken at the 8th Board meeting

- B9-10-8_1-Background paper PS Engagement.
- B9-10-8_2-Principles & recommendations PMNCH PS Engagement – for decision

The relevant section of the Note for the Record follows:

The main messages from the background document were presented, making the link to the discussions, recommendations and request from the last Board Meeting. The objective of the presentation and the discussion was to present the principles that would guide PMNCH's collaboration with the private sector for approval, and suggest two potential pathways to officialise PMNCH's engagement with the private sector. Board members had received copies of a draft paper presenting PMNCH principles of engagement with the private sector which were presented for endorsement.

Discussion

The general agreement was that the engagement with the private sector had already started (particularly during the Global Strategy for Women's and Children's Health) and therefore the engagement should continue (not a question of "if" but of "how").

There was a general agreement on the principles, a modification was requested to add "no conflict of interest" and "due diligence" as two additional principles.

On the pathway to engagement, the fast track option was preferred, however it was suggested that the Secretariat presents a paper on what mechanism could be used, whether it is through the addition of a constituency or another mechanism, before agreeing that adding a constituency is the only way. To add the private sector thinking into the retreat discussions, it was agreed that the WEF, as an umbrella organization, will be invited to participate.

Decisions → Agreed to continue engagement

Approved the following principles:

- Strategic alignment with PMNCH mission and priority actions
- Value added
- Independence and impartiality
- No endorsement and no exclusivity
- Transparency
- No conflict of interest
- Due diligence

Secretariat to do a paper on practical next steps, and specific procedure for a decision during the retreat.

Secretariat to work on actual and potential companies to engage on in detail.

A1.3 Board Retreat , 9&10 March, Cambridge, MA

The private sector was not included separately in the agenda of the Board Retreat (March 2011), however, the following was recorded in the notes:

Private sector – reminder that, following the last Board Meeting, the Board had agreed to the principles of engagement with the private sector presented – and the next step was to decide “how” (and with whom). A paper suggesting practical next steps should be presented at the next Board Meeting.

ACTION → The Secretariat to present the private sector paper at the June 2011 Board Meeting

ANNEX 2: PARTNERSHIP (PMNCH) PRINCIPLES FOR ENGAGEMENT WITH PRIVATE SECTOR

Sourced from Board Paper I. B9-10-8_2: “Engagement with the private sector – principles for engagement”, and subsequent discussions and decisions by the Board at its ninth Board meeting.

1. Strategic alignment

- Engagement has clear links to PMNCH mission and priority actions, and is well aligned with the PMNCH strategy, priority actions, and work plan.
- Engagement is consistent and compliant with WHO technical norms and standards.
- Private sector organisation should not produce a product or engage in practices that would be detrimental to health in any way or harm PMNCH's / WHO's reputations.

2. Clear Value add

- Engagement demonstrates value for public health in the area of MNCH.
- Engagement is additive, and creates value which is over and above what could be achieved by PMNCH without engagement of the private sector.

3. Independence and impartiality

- Engagement must maintain PMNCH objectivity, integrity, independence and impartiality.
- Potential or actual, real or perceived conflicts of interests should be reported and managed in keeping with relevant WHO policy and PMNCH Board approved COI principles.
- Pursuit of the public health goal takes precedence over the interests of the private sector organization.

4. No endorsement and no exclusivity

- Engagement should not bestow any unfair competitive advantage to the private sector organization and should allow a level playing field for all companies by ensuring that the collaboration is open to all interested commercial parties on the same basis.
- Engagement should not provide endorsement or preference of a particular private sector entity, its products and / or services.

5. Transparency

- While respecting individual privacy and institutional confidentiality, as appropriate, all interested persons (within PMNCH and public at large) should easily be able to obtain information on:
 - benefits to PMNCH and private sector organization;
 - the nature and scope of activities;
 - rules of engagement and mechanisms of decision for selection process
 - delineation of roles, responsibilities, and contributions; and
 - outcomes of engagement.

6. No conflict of Interest

- Compliance of private sector entity / individual with any Board procedures and conflict of interest policy.

7. Due diligence

- Including risk assessment, risk management and guidelines on the selection of Partners (including legal and communication aspects) and the engagement process. For example, Partners should have sound corporate social responsibility track record and leadership, a history of commitment to development and health goals, responsible environmental and labour practices, and a positive public image.

ANNEX 3: PRIVATE SECTOR AND THE GLOBAL STRATEGY

Figure A3.1 below provides a brief overview of the commitments that the private sector has made to the Global Strategy, and the areas of ongoing discussions. It also provides some areas where no engagement has yet happened, providing an opportunity for the future.

Figure A3.1 Private sector and the global strategy¹²

Commitments made to Global Strategy	Discussions in progress for commitments
ICT/MOBILE <ul style="list-style-type: none"> ▪ LG Electronics (South Korea) ▪ SingleHop (USA) MEDICAL EQUIPMENT & DIAGNOSTICS <ul style="list-style-type: none"> ▪ Becton Dickinson (USA) ▪ GE Healthcare (USA) ▪ Medtronic Foundation (USA) MEDIA/COMMUNICATION <ul style="list-style-type: none"> ▪ BBC World Trust (UK) PHARMACEUTICALS <ul style="list-style-type: none"> ▪ J&J (USA), Pfizer (USA), GSK (UK) ▪ Merck and Quiagen (USA) ▪ ViiV Healthcare JV btw GSK and Pfizer (UK) ▪ NovoNordisk (Denmark) CONSUMER GOODS <ul style="list-style-type: none"> ▪ Body Shop (UK) FOOD & BEVERAGE <ul style="list-style-type: none"> ▪ Nestlé (Switzerland) LOGISTICS&TRANSPORTATION <ul style="list-style-type: none"> ▪ John Snow (USA), PSI (USA) ▪ RHSC* (Belgium) 	ICT/MOBILE <ul style="list-style-type: none"> ▪ Intel, HP, Cisco ▪ Bharti, Ericsson, Idea cellular, Telenor/Uninor, France Telecom - Orange, Vodafone, MTN ▪ mHealth Alliance* ▪ GSMA* MEDICAL EQUIPMENT & DIAGNOSTICS <ul style="list-style-type: none"> ▪ Siemens ▪ Phillips PHARMACEUTICALS <ul style="list-style-type: none"> ▪ GSK, Novartis, Roche, Beyer CONSUMER GOODS <ul style="list-style-type: none"> ▪ Unilever ▪ P&G FOOD & BEVERAGE <ul style="list-style-type: none"> ▪ Coca Cola ▪ Pepsico ▪ Britannia ▪ DSM HEALTHCARE DELIVERY <ul style="list-style-type: none"> ▪ Apollo, Fortis , Lifespring
Sectors/companies NOT yet engaged	Important global/regional industry alliances NOT yet engaged
<ul style="list-style-type: none"> ▪ FINANCIAL SERVICES (Banking, Insurance, Microinsurance, Social Venture) ▪ LARGE IN-COUNTRY EMPLOYERS ▪ INTERNET/SOCIAL NETWORKS ▪ SOCIAL ENTREPRENEURS 	<ul style="list-style-type: none"> ▪ CONTINUA Alliance* ▪ Global Business Coalition* ▪ ICC* ▪ IFMPA* ▪ AdvaMed* <p>(*) Alliances and coalitions</p>

¹² Bulc, B, internal Partnership discussion presentation, "Role of the Private Sector in PMNCH 2011", December 2010.

ANNEX 4: MESSAGE FROM THE PRIVATE SECTOR TO THE PARTNERS' FORUM

The private sector reiterated its commitments to the field of women's and children's health at the November 2010 Partners Forum in New Delhi, India. Its message is set out below.

A special pre-Partners' Forum consultation on the role of the private sector in the UN Secretary-General's Global Strategy for Women's and Children's Health was held on 12 November 2010 in New Delhi. It brought together more than 70 participants, including international and Indian companies and all other stakeholders. The organizing partners were: the International Business Leaders Forum; the United Nations Foundation; and the Business & Community Foundation (with support from Intel and PMNCH). The following are some messages from the consultation.

- Good health is everybody's business. Countries cannot tackle the problems of poor maternal and children's health without concerted multi-sectoral action. All stakeholders – including governments, business, NGOs, academia, health professionals and multilateral organizations – need to work together as a society.
- Business is already involved by providing sustainable solutions through their core business operations and value chains, through social investment, and via policy dialogue and advocacy. The question is how to tap its potential more effectively – several successful examples exist.
- There are enormous opportunities to harness the potential of all business sectors, including ICT and mobile, media and communications, consumer goods, pharmaceuticals, diagnostics, health-care delivery, financial services and others.
- Businesses can engage across the continuum of care – depending on their particular industry – via their products/services, distribution, delivery and infrastructure; using communications/IT/media, or through investing in human capital – workforce health and wellness, job creation, education and training, and skills exchange.
- Innovation is critical to drive change. We must take advantage of ICT and mobile technologies to empower women and providers with information and health services.
- Building trust is important for public-private partnerships. This can be done by leveraging capabilities and by verifying results for all partners – the potential is huge.
- Successful public-private partnerships need to serve each partner's interests. Financial incentives and returns are crucial to getting buy-in from business, which wants to see an economic return on its investment.
- We need to promote awareness and a better understanding of how, and why, economic development and wealth creation are good things for health. But to do this we need to ensure accountability and promote responsible business standards and behaviour to safeguard the interests of the vulnerable.
- No partner alone has a monopoly on caring. Facilitating cross-sector dialogue is vital to promoting a better understanding of what business can offer, and for building the skills and capabilities of other sectors, governments and NGOs to partner effectively with the private sector.

Indian business is in many cases a pioneer in innovation. It can use this genius to develop cost-effective products and services for the bottom of the pyramid and scale them up, working with partners.