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## Review Paper

# A means of improving public health in low- and middle-income countries? Benefits and challenges of international public–private partnerships

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## ARTICLE INFO

## Article history:

Received 7 September 2016

Received in revised form

8 February 2017

Accepted 9 March 2017

Available online 6 June 2017

## Keywords:

Public–private partnerships

Public health

Pharmaceutical companies

Humanitarian assistance

Benefits

Challenges

Motives

## ABSTRACT

**Objective:** In the last two decades international public–private partnerships have become increasingly important to improving public health in low- and middle-income countries. Governments realize that involving the private sector in projects for financing, innovation, development, and distribution can make a valuable contribution to overcoming major health challenges. Private–public partnerships for health can generate numerous benefits but may also raise some concerns. To guide best practice for public–private partnerships for health to maximize benefits and minimize risks, the first step is to identify potential benefits, challenges, and motives. We define motives as the reasons why private partners enter partnerships with a public partner.

**Study design:** We conducted a systematic review of the literature using the PRISMA guidelines.

**Method:** We reviewed the literature on the benefits and challenges of public-private partnerships for health in low- and middle-income countries provided by international pharmaceutical companies and other health-related companies. We provide a description of these benefits, challenges, as well as of motives of private partners to join partnerships. An approach of systematic categorization was used to conduct this research.

**Result:** We identified six potential benefits, seven challenges, and three motives. Our main finding was a significant gap in the available academic literature on this subject. Further empirical research using both qualitative and quantitative approaches is required. From the limited information that is readily available, we conclude that public–private partnerships for health imply several benefits but with some noticeable and crucial limitations.

**Conclusion:** In this article, we provide a description of these benefits and challenges, discuss key themes, and conclude that empirical research is required to determine the full extent of the challenges addressed in the literature.

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Abbreviation: PPPHs, public–private partnerships for health.

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## Background

Humanitarian assistance is active in protecting the interests of vulnerable population groups before, during, and after periods of conflict, crises, or natural disasters, and are funded and managed by donations from governments, corporations, individuals, and non-governmental organizations.<sup>1</sup> While in the past the primary responsibility for development in this particular field rested with national governments, international health organizations, and non-governmental organizations, today these central actors in humanitarian assistance and public health (PH) are looking increasingly to the private sector for help. Collaboration with the private sector in so-called private–public partnerships for health (PPPHs) has become popular, with the purpose of tackling larger and expensive PH projects in low- and middle-income countries (LMICs). According to Barr,<sup>2</sup> the term public–private partnerships rarely appeared in articles abstracted in PubMed before 1990. However, since then there has been a steady rise; their numbers increased by a factor of 20 in 2004. Nishtar<sup>3</sup> notes that in 2004 the database of the Initiative on PPPHs of the Global Forum for Health Research listed 91 international partnership arrangements in the health sector.

Today, international pharmaceutical companies play a major role in many humanitarian projects. Numerous projects have been successfully established and financed in the last few years and are still ongoing. The pharmaceutical industry spends billions on product donations and cash contributions for global health programs each year.<sup>4</sup> According to The World Economic Forum, PPPHs are working better than the traditional approaches in many cases. True partnerships combine different skills, expertise, and resources to achieve a common goal that is unattainable by independent action.<sup>5</sup> In an optimized PPPH, the aim is to maximize health benefits for everyone, including the poorest and the weakest, whereas minimizing risks for all the stakeholders in the partnership. But these partnerships also bring potential problems and controversies. Indeed, when it comes to the most neglected diseases, where there are no profitable market opportunities, there are only a few PPPHs to be found.<sup>6</sup> Yamey<sup>7</sup> claims that pharmaceutical companies only enter into a partnership if they see at least one small market opportunity. Since pharmaceutical companies are increasingly testing their new products on people who live in the developing world, where it is cheaper to conduct trials and there are often fewer regulatory controls, the question arises: might the ulterior motive behind pharmaceutical companies involvement in humanitarian projects be ‘whitewashing’?<sup>4,8</sup> A contrary view is held by Widdus,<sup>9</sup> who states that most partnerships have relied on the altruism of pharmaceutical companies and also the prospect of good public relations. Only a few of the identified partnerships have explicitly attempted to expand the sale of health products, for example, by tapping new market segments.

By their very nature private companies are primarily profit-seeking organizations; the question then is whether they can

play an appropriate role in partnerships that address global health inequities or health problems of poor countries. There is not a clear understanding on structuring partnerships or about the relevant ethical principles. Who sets the criteria and why, and with what kind of responsibility, motivation, accountability, and transparency? Transparency is needed regarding what stakeholders gain from PPPHs, and how they equitably share their contribution and balance interests. Finally, another major question is how to incentivize health improvement worldwide.

Asante and Zwi<sup>10</sup> point out that there has not been sufficient debate on how PPPHs improve or undermine global health equity. Barr<sup>2</sup> emphasizes that there is a demand for a systematic evaluation that can answer crucial questions and that includes qualitative and quantitative methods of analysis to describe and measure the effectiveness of and the ethical challenges raised by PPPHs. In their article about PPPHs and the challenges in research and development of neglected diseases, Nwaka and Ridley<sup>11</sup> conclude that PPPHs are still in their infancy and are themselves social experiments.

In light of the scarcity of evidence concerning the positive and negative effects of PPPHs on the health of the populations and the absence of more recent reviews of the scientific literature, we carried out a systematic review. The objective was to summarize existing evidence and expert opinions on benefits and challenges posed by PPPHs with respect to their role in improving the health of targeted populations. We will summarize and subcategorize the benefits and challenges mentioned in the literature. To our knowledge, no such review of humanitarian assistance has been carried out within the past 10 years, since the significant increase of PPPHs in this field occurred. We will try to weigh benefits and challenges based on the frequency with which they have been mentioned, the existing evidence and the provenance of the authors mentioning them. The article is intended to stimulate further debate on the implications of partnerships for global health equity and examines the viability of PPPHs in terms of global health improvement.

The private sector in this review refers to for-profit international corporations and includes pharmaceutical companies and other health-related companies. The public sector refers to national, governmental, and inter-governmental agencies. PPPHs in this review refer to partnerships, which involve at least one private sector organization and at least one not-for-profit or public organization.

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## Methods

First, we conducted a literature search concerning the subjects of humanitarian assistance provided by international PPPHs. We searched three databases: PubMed, Web of Knowledge, and ScienceDirect.

Key terms used included: public–private partnerships AND humanitarian assistance OR aid OR pharmaceutical companies OR health OR benefits OR challenges OR ethics. Since

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